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 2022/23

Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust

Annual Report and Accounts 2022/23

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

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Performance Report

Across numerous sections, this part of the Annual Report provides an overview of the Trust, its purpose, key risks to the achievement of its objectives and how it has performed during the year.

Chair and Chief Executive's statement

The past 12 months has marked a period of recovery and transition for Doncaster and Bassetlaw Teaching Hospitals (DBTH). We are immensely grateful for the tireless efforts of our colleagues, enabling us to return to business as usual to the best of our abilities, while also addressing the backlog caused by the pandemic. As we reflect on the challenges faced and progress made, we are filled with gratitude for the dedication and resilience demonstrated by our staff, partners, and the local community.

Following a theme from the previous 12 months, throughout 2022/23, we cared for 3,065 patients battling COVID-19. The impact of the pandemic, combined with the usual winter illnesses and the presence of flu, made it one of the hardest winters on record for our Trust. However, our colleagues displayed unwavering strength and determination, providing exceptional care under extraordinary circumstances.

Despite these unprecedented pressures, we are proud to report that DBTH has cared for a record number of patients within the financial year, with a total of 795,827 individuals coming through our doors - some 14,000 more than 2021/22. This achievement is a testament to the dedication of our colleagues, who have worked tirelessly to ensure the delivery of high-quality care to the local community remains uninterrupted, and, as ever, we remain committed to putting patients at the heart of everything we do.

This year has also marked a period of transition within our leadership teams. We welcomed a new Chief Nurse, Chief Operating Officer, and Chief People Officer, all of whom bring invaluable experience, insight, and expertise to our organisation. In addition, we eagerly anticipate the arrival of a new Deputy Chief Executive, Zara Jones, in the near future. We believe that this refreshed leadership team will guide us through the new challenges that lie ahead and support our ongoing commitment to excellence.

We have made many of these changes, in the knowledge that we are now a crucial partner in two Integrated Care Systems and Boards in South Yorkshire and Nottingham 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 colleagues across the region and continue to develop collaborations within two 'Places'. Our new leadership structure will enable us to achieve this goal.

Recognising the importance of our infrastructure, this year we have prioritised the development of our sites to ensure they are fit for the future - whilst still pushing for a new hospital in Doncaster. Over the past year, we have undertaken a record-breaking capital projects program, investing £56 million in vital upgrades and expansions. Notable projects include the Community Diagnostic Centre and Elective Orthopaedic Centre at Montagu

Hospital, the Emergency Village at Bassetlaw Hospital, and the newly opened, state-of-the-art Central Delivery Suite at Doncaster Royal Infirmary, to the cost of almost £3 million, to name but a few projects. These investments will enable us to provide enhanced services and improved patient experiences.

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, which is now winding down, as well as how we continue to care for those who needed routine treatment.

Additionally, we have accounted for the finances we received, and how we spent it, in providing services, and to improve our hospital sites now and into the future. In all, this document is an opportunity to reflect upon an extraordinary year and, despite the challenges, we believe it is clear that our development as an organisation has been substantial once again.

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 2022/23, along with our plans for 2023/24.

Suzy Brain England OBE
Chair
28 June 2023

Richard Parker OBE
Chief Executive
28 June 2023

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 maintain strong links with our local Integrated Care Partnerships (formerly Clinical Commissioning Groups) in both Doncaster and Bassetlaw, as well as our system partners in South Yorkshire and Nottinghamshire, as well as organisations across the region and nationally.

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 were still closely regulated and must comply with the same strict quality and operational standards as a non-foundation trust.

We are fully licensed by NHS England 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 425,000 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 450 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 inpatient, 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 inpatient, day case and out-patient facilities.

- **Montagu Hospital in Mexborough:**

  Montagu is a small, non-acute hospital with over 50 inpatient 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. During 2022/23 the site has become the host for the Community Diagnostic Centre (CDC).

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

Introduced at the start of 2023/24 but developed in the previous financial year with the help of colleagues, the DBTH Way outlines our expectations of colleagues, how we lead by example and how we model our values on a daily basis. An infographic can be viewed on page 12.

Our Trust strategy for 2017 to 2022, ***Stronger Together,*** outlined our plans for this period, working with stakeholders and partners. In turn, this helped 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 2023/24) 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.

In 2022/23, we updated our True North and Breakthrough Objectives, to focus upon in the next financial year, as follows:

True North:

- To provide outstanding care and improve patient experience
- Everybody knows their role in achieving the vision
- Feedback from colleagues and learners is in the top 10% in the UK
- The Trust is in recurrent surplus to invest in improving patient care

Breakthrough Objectives:

- Maintain and improve CQC ratings by achieving improvements in quality and outcomes.
- Ensure Divisions and Directorates have the capacity, capability and support to deliver our 2023/24 objectives.
- Demonstrate Trust-wide cultivation of an inclusive, caring and kind culture to ultimately drive improvement in patient and colleague feedback.
- Demonstrate clear improvements in efficiency and effectiveness to achieve our financial control totals.

Our values:

Guide us in everything that we do.

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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.

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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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The DBTH Way

We lead by example and role model the **DBTH Way** and our **We Care values**

We are

- Kind
- Inclusive
- Person centred
- Empowering
- Accountable
- Collaborative

We show

- Attentive listening
- Integrity and honesty
- Courage and positivity

We Care values

- **W**e always put the patient first
- **E**veryone counts – we treat each other with courtesy, honest, 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 colleagues and rewarding ability and innovation

These are examples of behaviours we would expect to see and those we would not expect to see from all leaders and colleagues living the **DBTH Way** and our **We Care values**...

We Care values

- **W**e always put the patient first
- **E**veryone counts – we treat each other with courtesy, honest, 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 colleagues and rewarding ability and innovation

The DBTH Way

We are

- Kind
- Inclusive
- Person centred
- Empowering
- Accountable
- Collaborative

We show

- Attentive listening
- Integrity and honesty
- Courage and positivity

We always put the patient first

What we expect from people

- Greeting patients and others with 'Hello my name is'
- Recognising and seeking the expertise of the patient and carer
- Ensuring patient safety and experience is the top priority
- Ensuring patients are active participants in decisions about their care
- Involving patients to ensure risks are assessed and reviewed in planning and delivering care
- Speaking up when things go wrong and to suggest improvements
- Advocating for those who cannot voice their opinion or beliefs
- Looking for solutions and being flexible to meet the needs of patients and carers
- Collaborating with patients when investigating and learning from incidents and complaints

What is unacceptable from people

- Speaking about the patient and not listening to the patient
- Complaining or having unprofessional conversations in the presence of patients and visitors
- Taking a one size fits all approach to patient care
- Not acting on concerns when they arise
- Not gaining consent or rushing care causing detriment or harm
- Blaming patients or carers when complaints/incidents occur
- Referring to a patient by their diagnosis or bed number
- Letting your mood affect how you treat patients and colleagues

Everyone counts – we treat each other with courtesy, honesty, respect and dignity

What we expect from people

- Treating all people with dignity, respect, kindness and recognising them as individuals
- Saying please and thank you
- Praising more than criticising
- Only making commitments that you know you will keep
- Actively seeking to develop others
- Being polite and courteous in all communication, including on social media, even in disagreement
- Giving constructive feedback at the right time with the intent for the receiver to learn from it
- Always making people, including patients, feel welcomed
- Speaking to the person directly before emailing potentially difficult or upsetting news

What is unacceptable from people

- Micromanaging others or being too controlling
- Using your position to gain privilege
- Gossiping or creating tension in the workplace
- Casting blame and fault on others
- Using barriers to distance yourself from others
- Not collaborating or seeking the views of others
- Doing the bare minimum
- Shouting at or being rude towards people
- Arriving late for work
- Not checking in with colleagues and team

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Committed to quality and continuously improving patient experience

What we expect from people

- Always using mistakes and incidents as learning opportunities
- Taking initiative to act and not leaving work for others to do
- Taking responsibility for our actions and behaviours
- Recognising our limitations and seeking support when needed
- Following NICE guidelines and best practice
- Frequently evaluating systems, processes, practices and local guidance
- Willingness to work across boundaries and departments
- Constructive questioning when things are not working
- Asking patients and families what would make their experience better

What is unacceptable from people

- Being resistant to or opposing change
- Accepting poor practice
- Not reporting incidents or raising concerns
- Doing what is convenient rather than what is right
- Not addressing concerns and complaints when they arise
- Failing to assess patients' pain and comfort with every interaction
- Ignoring the evidence or data presented
- Doing things just because that is how it has always been done

Always caring and compassionate

What we expect from people

- Person-centred, respecting the individual and recognising their unique qualities
- Seeking and building of relationships built on trust
- Focusing on the needs of others and showing empathy
- Offering a helping hand
- Being there to listen attentively and with curiosity to others
- Role modelling self-compassion is as important as showing kindness to others
- Having difficult conversations in private environments
- Using emotional intelligence appropriately to the situation and showing self-awareness

What is unacceptable from people

- Showing abrupt behaviour to others
- Allowing your mood to affect other people in a negative way
- Using an insensitive approach or communication, including on social media
- Being unapproachable
- An uncaring attitude
- Disregard for patients' and colleagues' feelings
- Belittling of patients' and colleagues' feelings or opinions
- Intentional behaviour seeking to harm, hurt or intimidate people
- Setting unrealistic or unfair targets or expectations

Responsible and accountable for our actions – taking pride in our work

What we expect from people

- Taking personal responsibility for our actions and behaviour
- Always behaving in line with the DBTH Way
- Delivering on time, doing what you say you will
- Holding others to account for their behaviour and deliverables
- Having difficult conversations appropriately when they are needed
- Paying attention to detail and quality of your work
- Being an ambassador for DBTH
- Sharing the vision and objectives of the team

What is unacceptable from people

- Saying one thing and doing another
- Not talking about issues that affect patient care and experience
- Leaving overdue or incomplete actions open without challenge
- Allowing poor practice or behaviour to continue unquestioned
- Setting unrealistic or meaningless objectives
- Not investigating when things are not right or when things go wrong
- Not learning from mistakes or issues
- Making excuses instead of seeking solutions

Encouraging and valuing our diverse colleagues and rewarding ability and innovation

What we expect from people

- Valuing individual diversity, different perspectives and people in all roles
- Collaborating with those whose views and voices are not often heard
- Being open to ideas, including those outside of DBTH
- Actively supporting the development of our people
- Giving credit where it is due
- Recognising and praising others
- Supporting others to make a change
- Fostering a culture of creativity with a 'can do attitude' in teams

What is unacceptable from people

- Taking credit for the work of others
- Taking a one size fits all approach
- Excluding the contribution of others
- Rushing or bulldozing decisions and actions
- Assuming silence means there is agreement, without checking in with people
- Applying the same solutions repeatedly when they aren't effective
- Excluding ideas or views of others based on their academic/career history or backgroun

A timeline of our year

A brief summary of achievements, milestones and developments within our hospitals throughout 2022 and 2023.

April 2022

- **Pat Drake Non Executive Director (NED) departed the Trust:** Our Clinical NED, Pat Drake stepped down from her post after completing more than 52 years of service to the NHS.
- **Two year anniversary of the first in-house COVID-19 test:** As the pandemic began, our Microbiology team quickly established in-house testing for the illness - since that time 350,000 tests have been completed.
- **Visiting restrictions eased:** As the pandemic continues to recede, we relaxed some of our visiting restrictions at this time.

May 2022

- **Research Midwife:** The Trust appointed its very first Research Midwife, Kelly Dooley, who has led the organisation's Born and Bred in Doncaster study.
- **Opening of fluoroscopy room**: Following investment of around £410,000, a fluoroscopy suite was opened at Doncaster Royal Infirmary to aid with diagnostic tests.
- **Community Diagnostic Centre (CDC) at Montagu Hospital undertakes 2,500th scan:** Opened in early 2022 to aid with diagnostic work, the service's respective teams complete 1,000 CT and 1,600 MRI scans in little under three months of operation.
- **Doncaster becomes a city:** Doncaster received city-status as part of the late Queen's Platinum Jubilee celebrations.
- **Laura Churm joins the Trust as Divisional Nurse for Paediatrics:** Joining the organisation from Derbyshire Children's Hospital, Laura is responsible for children's services within the Trust.
- **Refurbishment of Central Delivery Suite announced:** Following a significant water leak at Doncaster Royal Infirmary in 2021, £2.5 million was set aside to assist with the redevelopment of the site's labour ward with works completed in April 2023.
- **Bassetlaw Hospital's Rainbow Garden officially opens:** Complete with a handmade sculpture created by a local artist, the space is dedicated to those who lost their lives to COVID-19.
- **Dr Kirsty Edmondson Jones is appointed Acting Director of Innovation and Infrastructure:** Previously the Director of Estates and Facilities, Kirsty is responsible for the Trust's Capital Programme, Quality Improvement and developing the bid for a new hospital.

June 2022

- **Edward Argar, Minister of State for Health, visits Doncaster Royal Infirmary:** The Minister discussed plans for the NHS, as well as heard about the Trust's ambitions for a new hospital in Doncaster.

- **Zoe Lintin joins the Trust as Chief People Officer:** Formerly the Director of Human Resources for Chesterfield Royal Hospital, Zoe is responsible for the organisation's People Strategy amongst other executive responsibilities.

July 2022

- **Sharing How We Care Into the Future event returns:** Following a pause imposed by the pandemic, the unique event for year nine school children returns, promoting health careers locally.
- **Born and Bred in Doncaster study launched:** The study invites pregnant women to consent to their baby's routinely collected health data to be included in research studies. The aim of the project is to help improve the health and wellbeing of children and families across Doncaster. Data collected will provide important insights into health inequalities within the area and inform ways that future health services can address these issues.
- **Denise Smith joins the Trust as Chief Operating Officer:** Following a robust recruitment process and joined the Trust in early 2023.
- **The Annual Members Lecture Series launches:** With a number of films created across a variety of subjects at the Trust.
- **Therapy pets visit the Trust:** Following a pause as a result of COVID, colleagues welcomed 'Thunder' the therapy dog into the Trust.
- **Green light for further funding at Montagu Hospital:** The Community Diagnostic Centre receives £9 million to further enhance diagnostic services in Mexborough.

August 2022

- **Faster Diagnosis Framework:** The Trust introduces a scheme of work which, comprising multiple projects, looks to improve diagnostic services for patients with suspected illnesses such as cancer.
- **Stroke Video Triage pilot:** Along with colleagues in South Yorkshire, the Trust took part in the trial scheme which sees patients experiencing symptoms suspected to be related to a stroke receiving video assessments with a specialist.

September 2022

- **The Trust marks the passing of Her Majesty the Queen:** Colleagues join the period of national mourning following the death of Queen Elizabeth II.
- **Reinforced Aerated Autoclaved Concrete (RAAC) replacement at Bassetlaw Hospital:** Works got underway at the Worksop Hospital to replace reinforced aerated autoclaved concrete roofing panels as part of a national scheme.
- **Retford Oaks Academy becomes the Trust's second Foundation School in Health:** The local school joined the organisation's programme to provide support and guidance for youngsters who wish to pursue a career in health.
- **COVID-19 memorial in place in Doncaster:** A crowd-funded sculpture was erected in Doncaster in memory of those who sadly lost their life to the illness.

October 2022

- **Relocation of some services to Civic Office:** Colleagues within the organisation's Finance team relocate to the Civic Office in Doncaster as part of a partnership to make the best use of public buildings in the area.
- **Winter COVID-19 vaccine campaign begins:** The Trust began efforts to vaccinate colleagues against coronavirus before winter, with 750 jabs administered in seven days.
- **Dr Sam Debbage is appointed Director of Education and Research at the Trust:** Following the departure of previous post holder, Professor Alasdiar Strachan, Dr Sam Debbage is appointed into the role following a number of years as Deputy.
- **Colleague award ceremony takes place following three year pause:** The Trust's Star Awards heads to the Doncaster Dome following postponement since 2019.
- **Modular theatres installed at Bassetlaw:** To support ongoing RAAC works at the Worksop hospital, modular units are placed to enable theatre work to continue.

November 2022

- **Health checks implemented for colleagues:** Over 300 colleagues received complimentary health checks from the team's Health and Wellbeing team.
- **Virtual wards launched:** The Trust joined a pilot scheme which uses video and other technology to undertake consultations with patients staying at home, rather than being admitted as an inpatient.

December 2022

- **Professional Nurse Advocates:** 16 colleagues qualify as Professional Nurse Advocates - these individuals offer restorative clinical supervision for colleagues, providing a safe psychological space.
- **Born and Bred in Doncaster:** 500 candidates sign-up to the research project.
- **Magseed and Magtrace introduced at the Trust:** This new device helps to improve the accuracy and timeliness of breast tumour surgery.

January 2023

- **Chief Operating Officer joins the Trust;** Denise Smith formally joins the Trust
- **Chief Nurse joins the Trust:** Karen Jessop formally joins the Trust.

February 2023

- **Montagu Orthopaedic Elective Centre:** In partnership with Barnsley and Rotherham Hospitals, the Trust secured £14.9 million of funding to create an elective orthopaedic theatre facility at the Mexborough hospital.
- **Further funding for the Community Diagnostic Centre:** The Trust secured a further £16 million in funding to enhance diagnostic services at Montagu Hospital.

March 2023

- **Pain Management Unit reopens:** Following a multi-million pound refurbishment, the Pain Management Unit at Montagu Hospital reopens.
- **Staff Survey results:** The Trust registers its highest ever Staff Survey results, with a 65% completion rate.

Analysis of our activity and performance in 2022/23

As an organisation, we have built upon the achievements and performance of the previous years, improving in some aspects of care, whilst upholding standards in others.

We have also maintained a focus upon good financial performance, with an eye on capital developments and sustainability.

In this section, you can find a brief summary of our activity, and related performance, in a number of areas, highlighting some of our achievements and developments throughout the past 12 months.

A note on COVID-19

Cumulative Covid-19 data (as of 31 March 2023):

- Total Covid-19 discharges: **7,255**
- Total number of patients who have died: **1,439**
- Total number of patients who have been admitted: **8,782**

Note, the Trust's first admission of the illness was 21 March 2020.

Broken down by month:

In total, the Trust cared for an additional 3,065 patients with COVID-19 in 2022/23 this is 574 more than was seen in the previous year, and at a time when the majority of services have been restored to near business as usual levels, and in some cases, expanded.

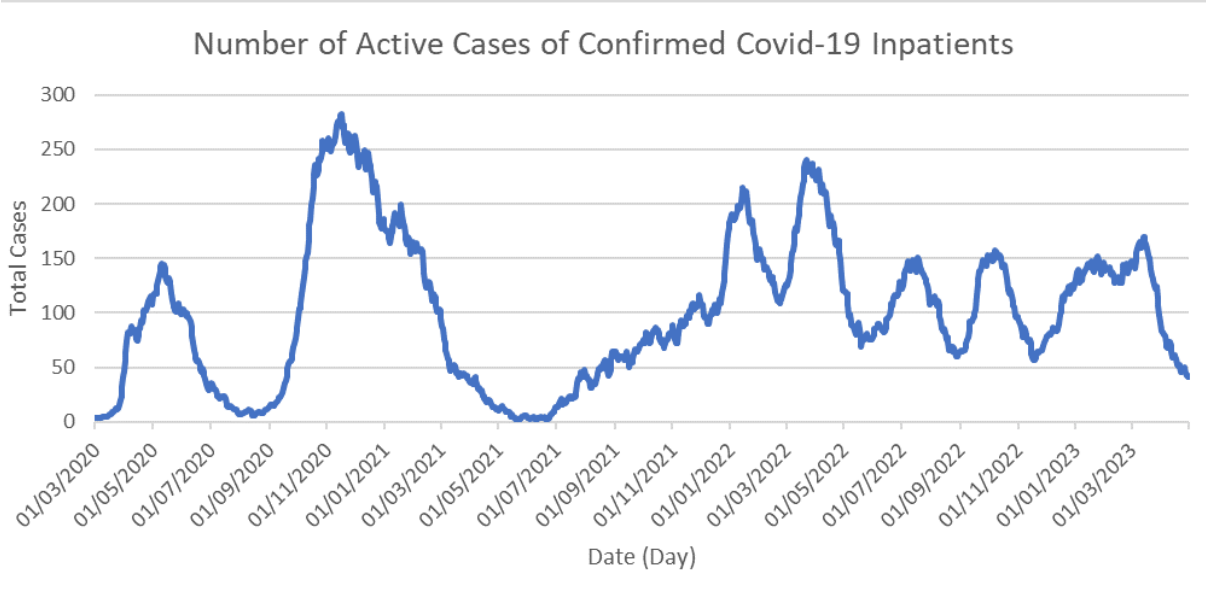


Figure one: Total number of COVID-19 inpatients from March 2020, to April 2023.

Our operational response dealing with COVID-19 in 2022/23:

Since March 2020, like all NHS Services, the Trust has battled with COVID-19 – an illness which has not only significantly changed the way we work, but, throughout the past three years, the physical flow of patients through our hospital sites. It has meant a reorganisation of our priorities, a revision of our plans and strategies, and another year of additional challenge beyond the norm.

Thankfully, the pandemic, while not completely at an end, is now showing signs of receding, and the organisation continues to move forwards with recovery and restoration, and has, by-and-large, returned to business as usual.

In 2022/23, similar to last year, our work was made more challenging by the waves of COVID-19 we faced. This was felt particularly acutely in winter, and reflected within the fact we have continued to operate with a number of restrictions throughout the past 12 months, as well as necessitating the need to re-prioritise our workload on occasions.

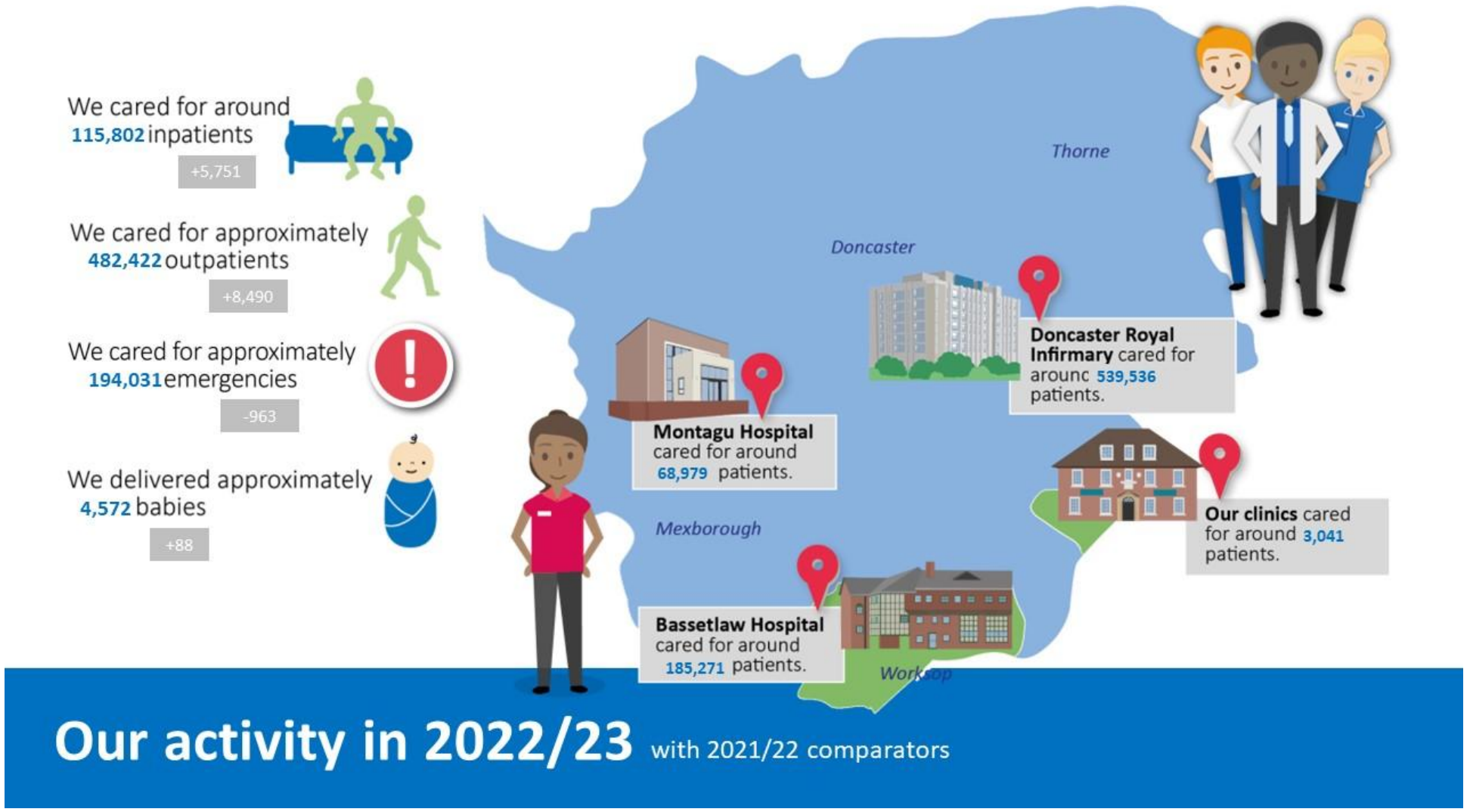
To manage this process, once again the Trust stood up our 'Enhanced Operations Group' at intervals throughout 2022 and 2023 and this was to manage periods of acute activity and pressures. This group consisted of senior managers and health professionals, and met regularly - this was in addition to usual site management and on-call arrangements. These arrangements also proved helpful during times of industrial action.

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 the previous Annual Report.

Additionally, we offered vaccination programmes for colleagues, and maintained our requirement for routine testing up until early 2023.

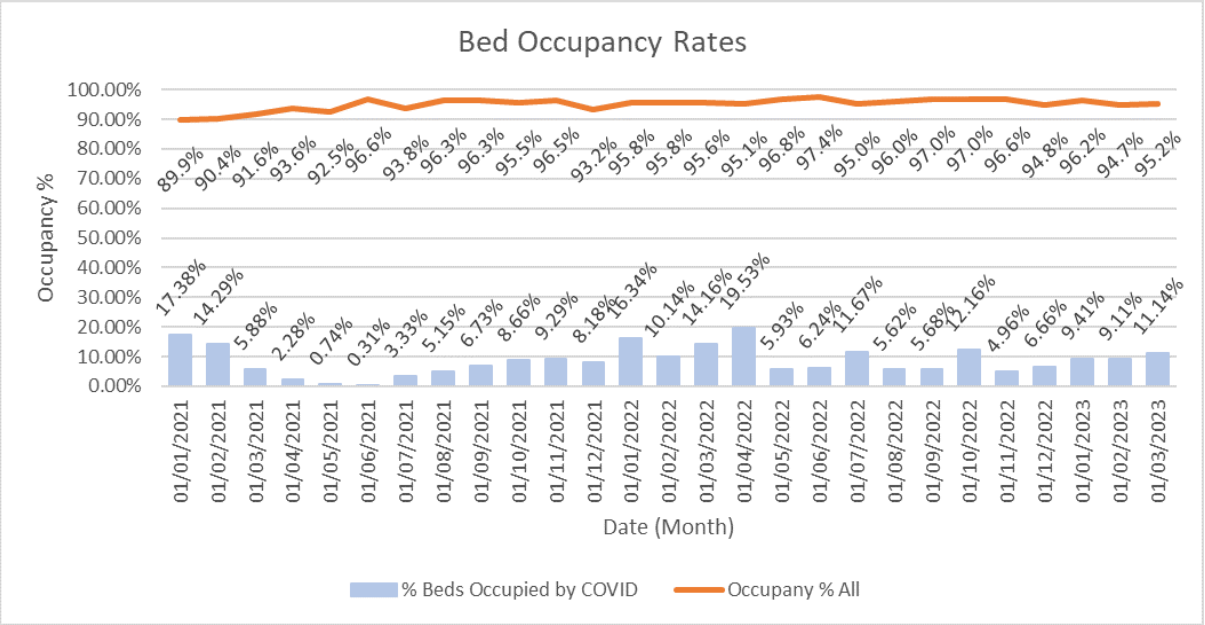
Since March 2023, we have removed all of our masking and visiting restrictions, and have moved back to a business as usual Infection, Prevention and Control national guidance. We do however continue to monitor our infection rates and are ready to take action should we see further periods of acute activity.

Our response to the COVID-19 pandemic has been explored in our DBTH Annual Lecture Series, both in 2021 and 2022, and highlights a number of areas within the hospital, these films can be viewed here: https://www.dbth.nhs.uk/dbth-annual-members-lecture-2022/


We cared for around
115,802 inpatients
+5,751
We cared for approximately
482,422 outpatients
+8,490
We cared for approximately
194,031 emergencies
-963
We delivered approximately
4,572 babies
+88
Thorne
Doncaster
Doncaster Royal Infirmary cared for arounc 539,536 patients.
Montagu Hospital cared for around 68,979 patients.
Our clinics cared for around 3,041 patients.
Mexborough
Bassetlaw Hospital cared for around 185,271 patients.
Worksop
Our activity in 2022/23 with 2021/22 comparators

Performance analysis 2022/23

In total, the Trust cared for 795,827 patients throughout 2022/23, this is 14,329 more than was the case in the previous financial year. As can be seen from the activity infographic, the number of patients we cared for was higher in every single area we have reported except emergency care, making for an incredibly challenging year. As can be seen from the information below the Trust bed occupancy rates has been higher than the suggested maximum of 92% since March 2021.



The above graph also demonstrates that our COVID-19 activity accounts for between zero and 5 to 10% of bed occupancy in the year 2022/23, with the rest being routine referrals or attendances into the Trust.

Emergency care

The organisation achieved 65.52% against the four-hour standard within urgent and emergency care. For comparison, this number was 73.2% for 2021/22.

In total, our Emergency Departments in Doncaster Royal Infirmary and Bassetlaw Hospital, and the Minor Injuries Unit at Montagu Hospital cared for 194,031 patients in 2022/23. This was 963 fewer than in the previous year, however winter was particularly difficult for the Trust, with the most intensive period of activity occurring at the end of the calendar year.

In common with the rest of the NHS, due to capacity challenges, as well as difficulties posed by both COVID-19 and influenza (with 697 patients admitted in the reporting period), our urgent and emergency care teams cared for 64,305 between October 2022 and February 2023, some 4,549 more patients than in the same period last year.

Work is ongoing to improve performance and patient flow through our emergency departments and into, and out of our hospitals. In 2023/24 we will reorganise our Divisional

structure to create a new Division of Urgent and Emergency Care composed of Emergency and Acute Medicine.

Dr Anu Agrawal, Divisional Director, will lead the Division for a 12-month period from April 2023. Andrea Squires will continue as Divisional General Manager and we will commence a recruitment process to the post of Divisional Nurse. In the meantime, Kate Carville will continue to provide nurse leadership to the Division. It is envisaged this new operational structure will aid in decision making, strategy and general flow.

Furthermore, in early 2023, we invited the Emergency Care Improvement Support Team (ECIST) to work with our Emergency Department team to review flow, and help us make improvements. This will be a key aspect of Place work going forward.

Throughout 2022/23 we have continued the work to develop our Bassetlaw Emergency Village which, once complete, will provide facilities for paediatric patients to be observed at BDGH rather than being transferred to DRI. Further details can be viewed in the capital projects section below.

18-week referral to treatment (RTT) Patient Pathway

The organisation achieved 65.40% (national picture was 58.6% as of March 2023) against the 18-Week Referral to Treatment (RTT) Patient Pathway standard. For comparison, this number was 68.3% for 2021/22.

Prior to the pandemic, the Trust had made significant progress in this area, achieving 92.1% for 2019/20, however, due to the backlog which has been created as a result of COVID-19, it will take some time, and significant effort, to bring performance into line with expectations. This will remain a priority in 2023/24.

Mitigations to this position include undertaking Quality Improvement (Qi) projects in challenging areas, better use and support of mutual aid across the system, and implementation of technology and digital infrastructure.

Cancer activity and diagnostic tests

The organisation consistently achieved four of the 10 cancer targets, with two week wait targets standing at 85.3%, which is just slightly short of 87.5% in 2021/22.

Other indicators include:

- 28 Day Waits - Faster Diagnosis Standard: 80.5% (79.4% local comparator)
- 31 Day Waits: 96.3% (96.7% local comparator)
- 62 Day Waits: 60% (63.6% local comparator)
- 31 Day - Surgery: 100% (100% local comparator)
- 31 Day - Drugs: 100% (100% local comparator)
- 63 Day - Screening: 72.2% (74.7% local comparator)
- Breast symptomatic: 69.9% (71.9% local comparator)

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 Faster Diagnosis Framework (FDF), 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.

This has led to various innovations and improved patient pathways, however, much of this work has changed considerably over the past few years, much of which is as a result of the COVID-19 pandemic. With a significantly increased backlog of activity to work through, staff at the Trust are now working at pace to resolve this challenge as soon as possible, with much of this activity coming under the Faster Diagnosis Framework.

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, which is now in phase two following further investment of £9 million, this has seen the placement of mobile CT and MRI scanners within the Mexborough site, and, since 2022 has seen around 2,500 patients and helped to dramatically reduce our MRI backlog.

Further innovations that the FDF is looking to develop, implement and embed within the Trust are:

- Pilot 'One-stop ovarian, cervical/vulval straight-to-test clinics and implementation of best practice timed pathways for gynaecology pathways.
- Evaluation of additional monthly ultrasound core biopsy clinics for head and neck pathways and implementation of best practice timed pathways.
- Histology – testing/evaluating new ways of working using new rapid tissue processors installed in 2022.
- Further upper and lower gastroenterology improvements.
- General non-specific symptoms pathway improvements.
- General skin pathway improvements.
- Prostate – additional capacity for Clinical Nurse Specialists and Patient Navigators.

The above is a snapshot of work which is underway, with significant investment to improve our working practices and the care and treatment we provide for our patients.

Infection prevention and control

Following 800 days without such infection, in 2022/23 we registered one Trust-acquired MRSA infection which resulted in no harm. Additionally we have seen some community infection, however we are pleased to have been able to minimise any further carriage into our hospitals which underlines the strength of our Infection Prevention and Control measures.

In 2022/23, the Trust registered 46 cases of hospital-onset C.Diff infection. This was below the national standard for the Trust, 48 cases, but an increase from 2021/22 where the number stood at 32. To improve this position in 2023/24, we will be making a number of targeted interventions in challenging areas, as well as increasing the deep clean programme and sharing general communications to increase awareness, and as such vigilance, of C.Diff.

A focus on our people

In 2022/23, we appointed our new Chief People Officer, Zoe Lintin. With the creation of this new role (a successor to the former Director of People and Organisational Development) we took the opportunity to create a new People Strategy for our colleagues, to support the working lives and experiences of our colleagues and learners, in line with the Trust's values and objectives.

As such, throughout 2022/23, a number of workstreams got underway to help develop the organisation's People Strategy, as well as the 'DBTH Way' (described at the beginning of the report), to highlight the Trust's intentions for colleagues in the future, and our collective expectations.

Developed with the input of colleagues across the Trust, the Trust's People Strategy was launched in May 2023, following the reporting period for this document.

This is an addition to the focus we have placed on supporting our people, particularly since the advent of the pandemic, which has included an emphasis on Health and Wellbeing (and our expanding offer), as well as improvements we have made, and wish to continue to make, in our Staff Survey results.


People Strategy
in summary

NHS
Doncaster and Bassetlaw Teaching Hospitals
NHS Foundation Trust

Our People Strategy 2023-27 is designed to build on our work so far to improve the working lives and experiences of all our colleagues and our learners in line with our We Care values.

As a result this will contribute to improving the experiences of our patients and supporting our strategic vision to be the safest trust in England, outstanding in all that we do.

We care

Our People Strategy 2023-27 is underpinned by a detailed delivery plan with success measures. It embraces the ethos of the NHS People Promise and has four pillars:

- Looking after our people
- Belonging in #TeamDBTH
- Growing for the future
- New ways of working and delivering care

People Promise

Looking after our people

Health and Wellbeing
We are committed to providing a wide-ranging, sustainable, accessible and proactive health and wellbeing offer to support our colleagues.

Just Culture
We are embedding a restorative just and learning culture which understands the impact of Human Factors, working with patient safety colleagues.

Flexible working
We aim to develop and embed a flexible working culture to support our colleagues in balancing home and work life, as well as supporting the delivery of our services.

Appraisal Season
Appraisal Season approach has been in place for a number of years. We will build on this format to develop a cycle where the appraisal is one part of a year-round conversation.

National staff surveys and learner surveys
We will ensure that the national staff survey is meaningful, feedback is shared and actions identified in a timely manner through a year-round cycle of engagement.

Education
(internally focused)
We recognise that all roles can be built on five pillars and we will provide learning/development opportunities to support: Education, Research, Leadership, Innovation and being an Expert.

Research
We aim to make research integral to every role across our workforce by developing the necessary resources, education and infrastructure in collaboration with our partners.

Retention
We will work with colleagues to consider the requirements and expectations arising from future generations of our workforce.

New ways of working and delivering care

- **Digital and People Systems** we will optimise the use of and ease of access to existing digital solutions within our People & OD and Education functions, including effective use of Electronic Staff Record (ESR) and e-rostering.
- **Education** we have an ambition to achieve University Teaching Hospital status and there are many educational aspects described in our People Strategy which will support our ambition.
- **Temporary Workforce** We will work with our partners, including NHS Professionals and Holt, and key temporary workforce suppliers to ensure the effective use of bank and agency.

Belonging in #TeamDBTH

- **Leadership and Team Development**
  Following engagement, we will launch 'The DBTH Way' behaviours framework and incorporate this into life at DBTH
- **Equality, Diversity and Inclusion**
  We will further embed an inclusive culture where all colleagues feel they belong and feel valued at DBTH. We will encourage and celebrate diversity and expect all to show kindness and respect towards each other.
- **Reward and Recognition**
  Many aspects of reward in the NHS are set nationally and within terms and conditions. Therefore, we will concentrate on the areas locally where we can make a difference in valuing and recognising our colleagues.
- **Speaking up**
  We want to embed a culture where all colleagues including learners and temporary workers, feel confident and supported to speak up and be listened to about any concerns or issues as well as any ideas for improvement.

Growing for the future

- **Recruitment and Induction**
  We will continue to take steps to enhance our recruitment, onboarding and induction experiences for all colleagues.
- **Workforce Planning and workforce development**
  We will work with clinical, operational and finance colleagues to mature our approach to workforce planning, to develop a multi-year strategic workforce plan across the Trust which will take account of our role as a system partner.
- **Career development and career pathways**
  We will strive to ensure that all colleagues are aware of the opportunities available, through appraisal and talent conversations, one-to-ones with managers, communication channels and links with the Education team.
- **Anchor institution and widening participation activities**
  We will continue to embrace our role as an Anchor institution in our local communities and support widening participation through access to education and employment opportunities.
- **Education (externally focused)**
  We will deliver, support and assure that the education, clinical and wider care experience we provide for our learners is of the highest quality, thereby driving the recruitment, development and retention of an outstanding workforce.

The full strategy document can be viewed here.

The People Strategy

As a Trust, it is our collective ambition to improve the working lives and experiences of colleagues at DBTH and to embed an inclusive and open organisational culture, whilst also working positively with our neighbouring and partner organisations within the two regions we serve.

We strive to be an Anchor Institution and employer of choice and to do this, we need to make sure our people feel like they belong.

This strategy sets out how we hope to achieve this through leadership and team development, reward and recognition and supporting colleagues to feel confident in speaking up.

The strategy is underpinned by four pillars, which embrace the ethos of the NHS People Promise.

These are:

- Looking after our people
- New ways of working and delivering care
- Belonging in Team DBTH
- Growing for the future

We know that a more motivated and happier workforce, with the right skills and tools to do their jobs, positively impacts on patient care and safety. This strategy also describes the health and wellbeing, and development opportunities we intend to provide to support this ambition in the coming years.

The delivery of our People Strategy will also be supported by other enabling Trust strategies and functions, aligned with our True North ambitions.

We are committed to working together to deliver the ambitions of our People Strategy. Together, we can keep building an even better place to work for all our colleagues and learners.

The full strategy can be viewed by heading to:
https://www.dbth.nhs.uk/about-us/how-we-are-run/trust-strategy-2017-2022/

Health and wellbeing

Over the last few years, our Health & Wellbeing (H&WB) Team have made a concerted effort to bolster the wellbeing offer for colleagues, to reduce the effects of the pandemic on morale.

We know that by supporting colleagues in a more holistic way, we can improve sickness absence rates, improve retention, and, ultimately, improve the care we deliver to our patients. As such, we have continued to grow our offer for colleagues.

This has resulted in a significant improvement in the Trust's wellbeing package, including initiatives such as: Complementary therapies, reiki and seichem, visits from Thunder the Therapy Dog, colleague physiotherapy, staff smear clinics, Know Your Numbers (blood pressure checks), wellbeing trolleys, counselling and mental health support, as well as financial support and signposting.

The impact of this offer is highlighted in the Staff Survey which showed that we had improved in our scores of 'We are Safe and Healthy' from 5.9 to 6.0, with 67% (higher than pre-pandemic levels) of all colleagues saying the Trust took a positive interest in H&WB up from 60% and higher than the national average of 57%.

Other notable awards include a silver 'Be Well @ Work' award from South Yorkshire Councils in 2022 – with the Trust being the only organisation to achieve this accreditation during the pandemic . The Trust is also working towards Gold, and Menopause Friendly Accreditation.

Feedback across all the initiatives has been overwhelming, with colleagues reporting the initiatives have improved their wellbeing not just at work, but also in their personal lives.

Other initiatives include:

Staff smear clinics: 154 colleagues have been seen to date, with eight being referred to the Colposcopy team and 13 requiring a repeat sample in 12 months due to a human papillomavirus (HPV) positive result on their sample.

Know Your Numbers: 495 colleagues have been seen to date – of those, 53 had raised blood pressures and were referred to their GP.

Health and Wellbeing Seminars: Taking place most weeks at lunchtime, these focus on a range of topics and are regularly attended by upwards of 100 colleagues.

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.

Financial support: The Trust works with Wagestream, an ethical lender which allows colleagues to access money they have earnt whilst working slightly ahead of pay date. This also includes access to financial counselling, as well as saving schemes.

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. These areas are now freely open for colleagues to enjoy their breaks within, or simply take a few moments for themselves.

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:

- 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.
- 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 and continued, 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 which will take place in July 2023.
- 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 proactive interventions that improve and enhance organisational culture/behaviours, services or opportunities for staff, patients, or communities.

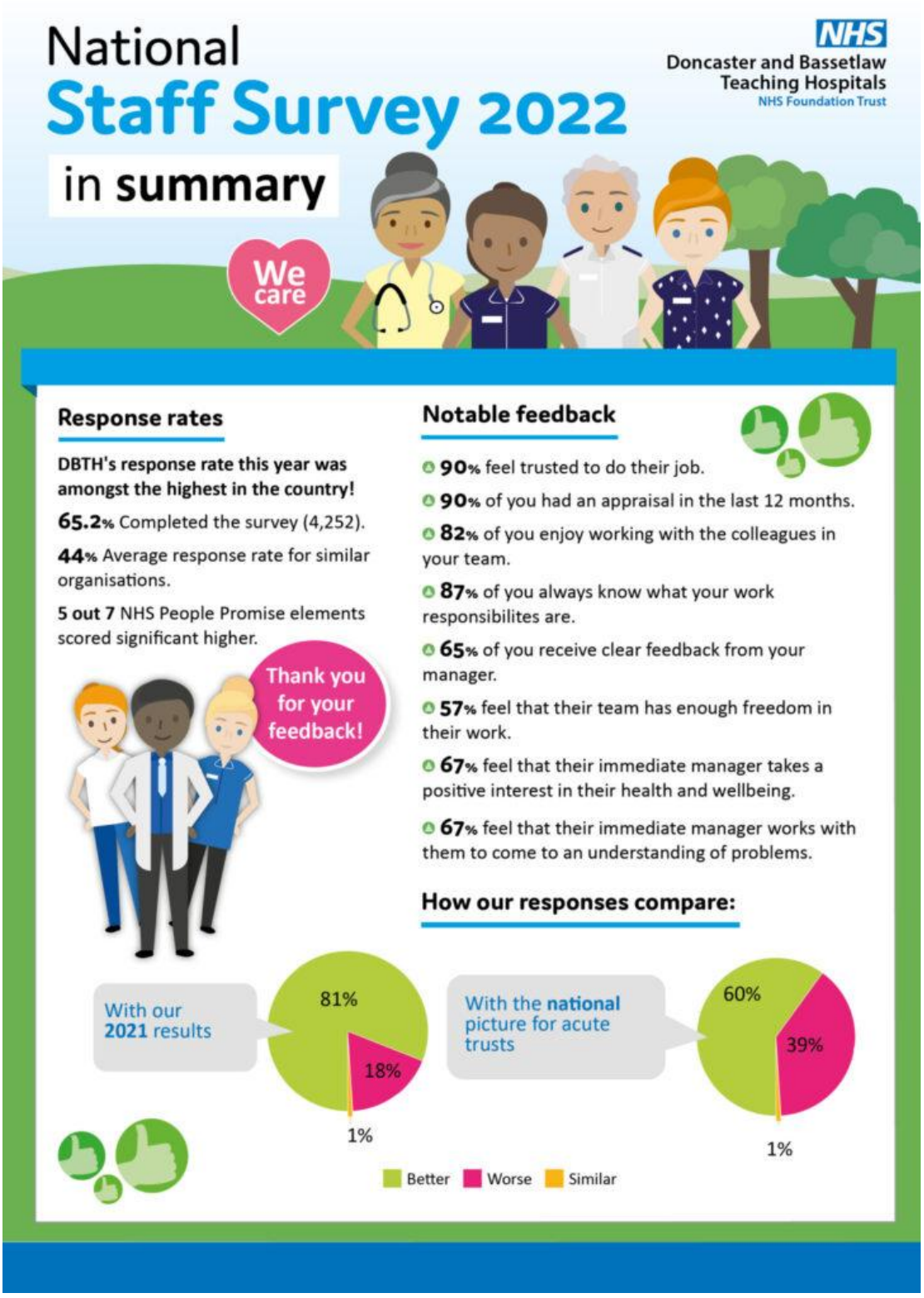
Our Trust Health and Wellbeing offer is continually expanding as colleagues share with us their needs and what would support them to better maintain their health and wellbeing. Many of these initiatives created during the months of COVID-19 will be retained as the pandemic continues to recede, as per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

A note on our Staff Survey results

A snapshot of how colleagues feel about our organisation and the care we provide, the Staff Survey is the most consistent and accurate way we have of measuring team morale and your experiences at work – what we are doing well, and where we need to improve.

Despite this survey landing at our busiest time, we managed a record-breaking response rate, with 65.2% of Team DBTH (4,252 colleagues) taking the time to fill-out the survey. This puts us far beyond the national average which stands at 44% and significantly above our nearest neighbours. Pleasingly, this makes us one of the best performing organisations in the country.

We have collated our findings into a short summary which can be viewed here. This showcases our most improved responses, our performance against overall themes, as well as where we still have work ahead of us as we want to keep making improvements for all our people.



Overall, 60% of our results this year were better than the national average, and 81% of our results saw an improvement from the 2021 survey – a fantastic achievement. Additionally, we showed improvements in five of the seven NHS' People Promises, with higher scores in almost every single one of the themes which underlie these pledges.

The areas most improved from last year are those that demonstrate positive working relationships with colleagues and managers as well as those that focus on how DBTH supports individuals to take care of their Health and Wellbeing.

Whilst these are undoubtedly some of the best survey results we have received at DBTH, there remain areas of improvement, and it is crucial to describe this process as a journey. As well as building on and embedding work in areas where we have seen improvements, we must give equal scrutiny to those scores which are lower than we would want them to be. This focus on improvement will be our aim in the coming months and years to ensure we arrive at our destination of being the very best employer for colleagues and learners.

Overall, it is our intention to ensure that we have a year-round cycle of engagement with colleagues, using what colleagues tell us to make improvements by working together and seeking your input. Team DBTH are integral to our success as an organisation – ensuring colleagues are happy in their work is absolutely key to our goal of being the safest Trust in England, outstanding in all that we do.

A focus upon recovery and investment

As a Trust, we have placed a strong emphasis on recovery and investment during the 2022/23 financial year, as we strive to enhance healthcare services and meet the evolving needs of our community. The Recovery, Innovation, and Transformation team, along with the Estates and Facilities team and other dedicated colleagues, have overseen a substantial investment exceeding £48 million.

The Trust's primary focus has been on refurbishing areas, advancing services, and creating new capacity within Doncaster Royal Infirmary, Bassetlaw and Montagu Hospitals. These initiatives are aligned with the joint plans and joint capital resource plans published by the Integrated Care Boards in both South Yorkshire and Nottingham and Nottinghamshire. Additionally, the Trust has closely collaborated with the Place systems in Doncaster and Bassetlaw to ensure that the investments are in line with local requirements.

The investments made by DBTH have been strategically planned to support the recovery and transformation of healthcare services. By creating new capacity, the Trust aims to meet the rising demand for high-quality care and provide patients with access to state-of-the-art facilities. This investment will not only enhance patient experience but also improve clinical outcomes and streamline service delivery.

Furthermore, we have prioritised the development of services to address emerging healthcare challenges. By investing in innovative technologies, research, and staff training, the Trust is well-equipped to provide cutting-edge treatments and care pathways. This proactive approach ensures that patients receive the most effective and advanced medical interventions available and all within suitable care environments.

In the 2022/23 financial year, the Trust delivered its highest value of capital investment in a 12-month period. With £56m invested in infrastructure and related developments, a number of projects are listed below:

- **Electric infrastructure works (£1,381,000):** This relates to infrastructure within the Women's and Children's Hospital, as well as one of our electrical substations.
- **Refurbishment of the Central Delivery Suite (£3,058,066):** Following a significant flood in 2021, this has enabled the reopening of this area, with additional facilities, further fire precaution works and a temporary theatre.
- **Fire precautionary work (£2,519,650):** Within a number of areas in both DRI and Bassetlaw Hospital.
- **Water Safety Prevention of Legionella (£252,729):** Removal of dead legs (sections of potable water piping systems that have been altered, abandoned or capped such

that water cannot flow through them), replacement of storage calorifiers to enhance water safety and replacement of cold water storage tanks at Bassetlaw.

- **Minor works related CQC feedback (£68,259):** Flooring upgrades across the Trust in communal areas.
- **Road and footpaths upgrades (£242,074):** Work undertaken at DRI.
- **Medical gas at Bassetlaw Hospital (£147,041):** Replacement of air plants and other improvements.
- **Roof upgrades (£57,947):** Including Paediatric Emergency Department and the service's resuscitation unit at DRI.
- **Window replacement and upgrades (£340,344):** Undertaken within Ward 17 and the Maternity service at DRI.
- **Nurse call upgrades and replacement (£144,457):** Installations in Wards 26, 27 and 17.
- **Hot surface remedials (£18,788):** Mainly concerning the replacement and installation of radiator covers in South Block at DRI.
- **Refrigeration (£102,253):** Replacement chiller feeding within Bassetlaw's Day Surgery.
- **Asbestos abatement (£88,952):** Further removal and abatement of asbestos identified within the Trust's Risk Register.
- **Lift maintenance (£1,344,596):** Upgrade to bed lifts within DRI, as well as Montagu Hospital's Pain Management service lift.
- **Ventilation (£671,661):** Purchase of additional kit for DRI and upgrade to Bassetlaw's Maternity airflow.
- **Orthopaedic bathroom upgrades (£366,990):** To improve suitability for patients including walk-in showers.
- **Pathology works (£234,246):** Autoclave replacement at DRI.
- **Investment in Lister Court estate, phase one (£426,545):** Demolition of Lister Court accommodation to prepare for a new, 103-space, car park.
- **Site rationalisation at Bassetlaw Hospital (£46,538):** Movement of Medical Records to Kilton Block.
- **Space utilisation works (£190,429):** Trust-wide works including the creation of a new Student Hub at DRI.
- **Accommodation upgrades (£274,667):** Upgrade of portions of A and D Block accommodation at DRI.
- **Office accommodation (£522,098):** Related to works at the Civic Building to house Trust colleagues, including a £390,000 lease.
- **Travel plan (£34,065):** Establishment of travel plans for Trust sites included tenanted sites.
- **Green Plan (£48,179): I**nvestment in grade surveys to identify energy schemes, climate change risk assessments and development of adaptation plans.

- **Divisional priorities (£1,029,854):** This includes a bevy of works across DRI and Bassetlaw including Gynae Recovery, Mortuary rise and fall tables, training rooms for C Block, bathroom upgrades and theatre laser proofing.

Beyond critical infrastructure works, we have also significantly invested in improving our facilities and enhancing our capacity to deliver care:

Bassetlaw Emergency Village (£17,600,000 with £1,063,000 spend in year): This will allow paediatric patients to remain at BDGH for observation, rather than transferring to DRI, as well as enhanced facilities within the Worksop Hospital. The works have necessitated substantial enabling works which are currently ongoing.

Development work on the Emergency Village project commenced in 2021. A comprehensive consultation surrounding the future paediatric model took place with staff, patients, partners and the Bassetlaw community in the early stages of the work, with 1,893 respondents.

Of those who answered the survey, 85% indicated that their preference was building a new Children's Assessment Unit next to the emergency department, allowing children to stay at Bassetlaw Hospital for a short stay, including overnight for observation (patients requiring a longer length of stay will continue to be transferred to Doncaster Royal Infirmary).

Respondents were asked to consider which factors would be most important in the development of the new Emergency Village. Within the survey findings, the top three priorities were: timely access to clinical treatment (82%), the availability of staff to help with queries (71%), and comfortable surroundings which are inclusive of neurodiversity (55%).

The new build part of the Emergency Village development at the front of Bassetlaw Hospital will be substantial, taking up most of the space once occupied by the pay and display car park at the front of the hospital. Building work will also take place on the building which has historically provided mental health care which has since been vacated.

Some enabling works on the existing buildings got underway as part of the RAAC replacement scheme in mid-2022, ahead of the main build.

Once complete, the development will provide modern urgent and emergency care services which will meet the needs of our communities of Bassetlaw, now and for years to come. The development will increase the size of the Emergency Department (ED) and provide more accessible same day services, so we can get patients to where they need to be to receive the best care more quickly.

Whilst the investment is exciting and extremely positive for the Bassetlaw community we know that such building works can be disruptive and unsettling for staff, patients and public attending the hospital during this time. We have developed a comprehensive communication and engagement plan in order to keep people updated in a timely manner regarding developments which may cause unintended disruptions.

Bassetlaw RAAC replacement (£15,944,000): Replacement to roofing tiles within sections of the hospital, and where the Emergency Village will be housed.

The main hospital building at Bassetlaw Hospital dates back to 1976, with blocks 47 and 43 (mental health facilities and theatres respectively) built with what is known as reinforced aerated autoclaved concrete (RAAC).

Considered a revolutionary new building material at the time, RAAC panels were installed as a lightweight roofing solution but recent issues have arisen in parts of the country leading to a national programme of replacement. Following extensive surveys, it was found that the panels installed at Bassetlaw were in very good condition, however these are to be replaced as part of a national initiative.

Works commenced in late 2022, and completed in 2023, making the Trust the first acute provider in the country to eradicate RAAC from all sites.

Montagu Community Diagnostic Centre phase two (£9,982,095) and phase three (£4,300,000): Including the relocation of the Pain Management Unit, as well as creation of a new Endoscopy Unit.

In 2021, Montagu Hospital, which resides within Mexborough, was selected to host one of a pair of 'Community Diagnostic Centres' (CDCs) within South Yorkshire, following a £3 million investment from NHS South Yorkshire, of which Doncaster and Bassetlaw Teaching Hospitals (DBTH) received around £230,000 of initial capital funding.

Phase one of the project began in January 2022 when a mobile MRI was placed at Montagu Hospital and this was joined in early February by a CT scanner. Between January and the end of March, around 2,600 patients were seen – work that has helped to reduce the backlog of activity which has accumulated as a result of COVID-19-related restrictions throughout the past two years.

Following the completion of this phase, the Trust's Strategy and Improvement team and service leads developed a new business case to enhance services offered by the CDC for its second phase, with further funding secured as a result.

The CDC will be housed in vacated space within the main area of Montagu Hospital, referred to as the 'rotunda', which will be familiar to many who are local to the site. The additional monies will expand diagnostic services, as well as increase staffing for the service, and developments will include:

- The provision of a new endoscopy suite.
- The creation of ultrasound facilities and related rooms.
- The development of multifunctional clinic rooms which can be used for screening and mobile services.
- Further training facilities to develop the workforce for the future.

These facilities will create much-needed capacity for imaging and other diagnostic services and enable patients to get their diagnosis quicker and, it is envisaged, in one place within a community setting.

The phase is due to complete within the 2023/24 financial year.

Montagu Orthopaedic Centre (£14,921,000 with £2,151,000 spent in year): This will see the establishment of a theatre unit, recovery and ward area.

Working in partnership with Barnsley Hospital NHS Foundation Trust (BH) and The Rotherham Hospital Foundation Trust (TRFT), colleagues at DBTH will lead the programme to implement a new, dedicated orthopaedic hub for the people of South Yorkshire, with health professionals undertaking hip and knee replacement inpatient procedures alongside foot and ankle, hand and wrist, and shoulder day case surgery.

In the first year of operation the centre will aim to undertake some 2,200 orthopaedic procedures on behalf of the three partner trusts, equating to about 40% of the current orthopaedic waiting list locally.

Known as the Montagu Elective Orthopaedic Centre (MEOC), the facility will feature two state-of-the-art theatre units, two anaesthetic rooms and a recovery suite, in addition to 12 inpatient beds in a dedicated orthopaedic facility. The development will also benefit from its placement within Montagu Hospital, co-located with rehabilitation services and with access to the planned Community Diagnostic Centre.

Another benefit of its location in Mexborough is that Montagu Hospital is defined as a 'cold site' and does not provide emergency services. This means that, despite peaks in activity within the wider acute hospitals, the MEOC will be ring fenced and protected against the cancellations and postponements which can, unfortunately, be common as staff are moved elsewhere to help manage emergency pressures, particularly in winter.

Further planning is currently underway, with offsite construction of the theatres set to begin in May 2023 and expected to take around seven months to complete with the new centre opening in November 2023.

Making a case for a new hospital (£1.37 billion)

Doncaster Royal Infirmary (DRI) is a large acute hospital with over 450 beds, a 24-hour Emergency Department (ED), maternity services and trauma unit status. In addition to a full

range of general hospital care, it also provides some specialist services including vascular surgery and interventional radiology, as well as inpatient, day case and outpatient facilities.

The site was proposed in 1928 and built in the 1930s, with significant expansion works in the 1960s, as well as further improvements in the 1980s – much of this ageing infrastructure is still in use. Since its creation, DRI has become surrounded by housing on all sides, limiting further expansion beyond the existing footprint.

Additionally, the configuration of clinical services does not support modern care pathways, it is too small for the volume of patients it sees, and many room sizes do not meet current standards for care.

Each year, the Trust spends the majority of its internal capital allocation on maintaining DRI. The site's current backlog maintenance is £118,300,000 and includes: mechanical and electrical infrastructure, water systems, ventilation and cooling, fire compliance, asbestos abatement, and lift replacement.

The backlog maintenance costs do not reflect the full programme which would be required to bring the estate up to modern standards. To deliver such a significant refurbishment exercise, once the complexity of vacating and providing temporary clinical space to make way for works are considered, together with carbon reduction and digitalisation requirements, the costs escalate to around £1.7 billion and the works would take around two decades to complete – much more than the cost of a new hospital with a much longer time frame to implement and the Trust believes that refurbishment would be a substandard solution.

The NHS England and Improvement-led Regional Risk Summit in 2021 described that the infrastructure risk at DRI was significant and unpredictable, and a hospital replacement programme is the highest priority for South Yorkshire Integrated Care Board (ICB) and a priority scheme in NHS Northeast and Yorkshire region.

The level of risk associated with DRI's infrastructure is not sustainable. In April 2021, the Women's and Children's Hospital (a component of Doncaster Royal Infirmary) suffered a significant fire and flooding event caused by a ruptured water supply pipe which resulted in irreparable damage to electrical infrastructure causing power failure to an entire wing (50%) of the building. During the evacuation, vulnerable premature babies, mothers in labour, and sick children were settled into alternative accommodation within DRI. Thanks to our procedures and colleagues, nobody was harmed. This and other incidents have resulted in a growing lack of confidence in the DRI facilities and an increasing concern about the risk to patients and staff. This creates further issues for recruitment and retention as colleagues seek to work in better facilities.

As a result of the site's precarious position, NHS England and Improvement are now working with the Trust on contingency plans in the event of a full or partial site closure enforced by incident or regulators.

The risks and solutions for RAAC issues are easily understood by politicians and the public. The risks associated with the DRI are potentially greater but more ambiguous due to their pervasive nature but require an equally urgent response.

Following a full evaluation of the available options, a site close to the town centre, is the preferred location for a new DRI. The Council successfully bid for 'levelling up' funding to prepare this land for hospital use and works to prepare for construction of a new hospital will be complete by March 2024. NHS approval delays and funding uncertainty now risk this prime estate being used for alternative purposes such as retail or residential

The cost of a new hospital in Doncaster would be £1.37 billion, £300,000,000 less than it would cost to refurbish our current buildings. It is estimated it would take us around five years to complete the new build.

Benefits of a new hospital in Doncaster would be:

- The addition of 123 beds.
- A purpose-built hospital for the people of Doncaster, with future developments and opportunities in mind.
- Modern facilities to ensure the very best patient experience.
- Minimal risk of site-related major incidents.
- Improved efficiency and effectiveness; patient flow, with service provision and location developed as part of the fabric of the building.
- Modern infrastructure with the ability to match surge and activity requirements.
- Co-location with Doncaster's existing educational facilities, furthering the city's university ambitions as well as our own teaching hospital priorities. Ultimately, Doncaster will become a hub for students and a pipeline for future NHS talent as part of the 'Doncaster University City' framework.
- A more accessible modern facility with sufficient capacity and no backlog maintenance meaning better use of public money.
- Better transport links and increased access for car parking.
- The introduction of new models of care, enabled by digital and physical infrastructure, crucial in the delivery of high-quality care for patients and in line with the NHS Long Term Plan.
- New building achieving design excellence, highly functional and effective, pandemic proof, environmentally sustainable and adaptable to future needs. This will be a place that the people of Doncaster will be proud of - both to receive care and work.
- Catalyst for economic regeneration through partnering across the private and public sector.
- Exceptional patient and staff experience, opportunities for training and development, improved recruitment, and retention.

The Trust continues to take every opportunity to make the case to receive funding for a new hospital and is working with partners both at a Place and regional level, despite challenges.

Significant changes since 1 April 2023:

- **Zara Jones** has been appointed Deputy Chief Executive and will join the Trust in the coming months.
- **Simon Brown** has been appointed Deputy Chief Nurse following a period acting into the role.
- **Deanne Driscoll** has been appointed Chief Nursing Information officer - the first role of its kind in the Trust.
- **Dr Ann-Marie Steele** has been appointed Deputy Director of Education.

Sustainable Development Plan

As a Trust, we acknowledge the significant challenges posed by the impact of climate change and as a result 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 vital that we operate in 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 we can for our staff and patients, 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.

To deliver this work, we have convened a working group which is overseeing this agenda, as well as producing regular communications for both our communities and colleagues to understand ongoing projects which includes efforts around:

- Sustainable and future-proofed capital projects
- Waste avoidance
- Energy and water consumption strategies
- Green space and biodiversity

To further highlight our ambitions, and progress, a one-page document has been created which outlines goals, and where we are against them:

Our plan for Net Zero

NHS
Doncaster and Bassetlaw Teaching Hospitals
NHS Foundation Trust

WORKFORCE & SYSTEM LEADERSHIP

Development of appropriate governance, training of colleagues, development of related reports, strategies and other supporting documents to help implement net zero.

Progress so far:

Progress expected by 2026:

ADAPTATION

We will appoint an Adaptation Lead who will monitor the risk to the Trust of climate change and help the Trust adapt the way it works to a changing climate, embedding the climate change in our own risk assessments and business continuity plans.

Progress so far:

Progress expected by 2026:

SUSTAINABLE MODELS OF CARE

Review and assess care pathways to improve their sustainability, Work to reduce resource use, waste, and carbon emissions in care models, Embed prevention in the development of care models, Support health intervention schemes, Review existing care pathways to improve sustainability.

Progress so far:

Progress expected by 2026:

FOOD & NUTRITION

Reducing the carbon emissions from food served. Improve the promotion of healthy eating and lifestyles. It is our intention to provide further, healthier, catering options, launching a fruit mark which will be available on all sites and increase the number of plant-based meals offered.

Progress so far:

Progress expected by 2026:

DIGITAL TRANSFORMATION

Embed sustainability within Digital Strategy, make the best use of technology and digital systems to work innovatively, making use of software and hardware which will enable us to reduce carbon emissions and become more climate resilient. Keeping abreast of the latest technical and digital development to ensure we meet the needs of the future.

Progress so far:

Progress expected by 2026:

TRAVEL & TRANSPORT

Reduce the carbon emissions from the travel and transport. Install charging stations for electric vehicles. Procure low and ultra-low emissions or electric vehicles. Encourage walking, cycling and the use of public transport.

Progress so far:

Progress expected by 2026:

ESTATES AND FACILITIES

Ensure sustainable principles are embedding within all capital projects. Reduce waste, water, energy use and the carbon emissions from our buildings by as much as it possible. Reduce the carbon emissions from our buildings. Improve the biodiversity and greening of the Estate.

Progress so far:

Progress expected by 2026:

SUPPLY CHAIN & PROCUREMENT

We are committed to reducing emissions from the supply of goods and services to the Trust. We will establish in our policies to spend within the local economy, where possible, and will encourage local businesses to tender. This sustainability will be engendered within our procurement cycles, ensuring we are making the best use of our funds, as well as using our influence to ensure our supply chains are reducing emissions. Via our procurement policies, we pledge to a reduce, waste, energy, water use and single-use plastics.

Progress so far:

Progress expected by 2026:

You can view the full **DBTH Green Plan** at:
https://www.dbth.nhs.uk/about-us/how-we-are-run/trust-strategy-2017-2022/

Health inequalities

The foundation work around the Health Inequalities (HI) agenda within DBTH continues at pace, with the introduction of a Project Manager for Health Inequalities and more recently the appointment of a Public Health Consultant. Over the past year discovery work has taken place which has highlighted an initial need for training and awareness, alongside embedding the Health Inequalities strand through policies and procedures to allow future work to commence.

This work has seen the inclusion of Health Inequalities within the Statutory and Essential Training (SET) and over the upcoming months will be completed by all DBTH staff. A wider education and research plan is in development to look at induction, specialist development and future research. Wider co-production work is envisaged to create foundation training for schools, colleges, and universities to ensure the upcoming colleagues have the knowledge and empathy required to address HI.

We have also updated policies and procedures to include HI, thereby ensuring that any future work streams consider HI, HI has been included within the Quality Performance Impact Assessment (QPIA), Quality Improvement (QI) training and the current round of Business planning. Development work is currently underway to offer awareness and identification training for teams and divisions. It is hoped that this will enable bespoke and targeted interventions for HI within divisions and teams by utilising the QI methodology and a bespoke DBTH HI Toolkit.

Communication and networks are key to the success in reducing HI and presentations have been delivered internally to committees and divisional senior management teams, with wider communications via the intranet and other platforms to all staff. Close relationships with Place (across Doncaster and Bassetlaw), our ICBs, RDaSH and Team Doncaster are being forged to ensure the agenda is tackled together with co-production at its heart. The Place HI priorities we are working in collaboration to tackle are:

Bassetlaw Place Priorities	Doncaster Place Priorities
20% most deprived population focus- COVID vaccinations, access, opportunities	Connect and actively listen to core20 communities
Cost of living crisis initiatives	Deep dive into each of the 10 clinical pathways

Increase access for those at risk of experiencing increased inequalities	Increase awareness of the level of poverty, HI and impact on people.
Reducing smoking rates	Embed lived experience, co production and listening to the community voice
Improve early Cancer diagnosis	Focus on Inclusion Health

With the initial groundwork now in place, workshops are being held to develop the future Vision, priorities, and strategy for DBTH, in alignment with the national Core20plus5 framework for adults and Children and Young People. This framework will drive the clear and targeted support of key clinical areas alongside the most deprived and other population groups. This will sculpt the future internal and external collaborative work in tackling HI with partner agencies and the wider community.

Financial performance

NHS England 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 2022/23 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.

2022/23 in review

In a year of increasing elective and non-elective treatment with the backdrop of Covid-19, rising inflation and staffing challenges, the financial performance of the Trust has reflected this.

Clinical income for the Trust increased by £38.9m in the year, as the Trust received additional income to support the additional clinical activity and inflationary cost increases within the sector.

The overall deficit for the Trust was £17m, but this includes £6.7m of impairments, as a result of the Trust's annual valuation exercise. Taking this into account and other technical adjustments, the Trust has a deficit of £10.1m (£56k surplus 2021/22). This position was in line with the Trust's financial plan for the year which was also a deficit of £10.1m.

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 2023 were £32.5m.

Loan Repayments

The Trust made loan repayments of £1.8m 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 £6.8m was payable during 2022/23.

Income

We received a total of £555m income in 2022/23, which is growth of £53m from the previous year. The contracting arrangements for 2022/23 remained similar to 2021/22, 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 £566m. As in previous years, the vast majority of our expenditure is on pay budgets (staffing) at £368.4m, 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 £56m, of which £35.4m was funded by the Department of Health and Social Care, providing medical equipment to assist with the treatment of patients with Covid-19. The major areas of capital expenditure include:

- Reinforced Autoclaved Aerated Concrete scheme - Bassetlaw - £15.9m
- Clinical Diagnostics Centre – Montagu - £14.3m
- Community Diagnostic Hub - £4.7m
- Ward Refurbishment Scheme - £2.9m

A note on joint forward plans and capital resource plans

At the beginning of the 2022/23 financial year, the Trust agreed its capital plan with the South Yorkshire Integrated Care Board (ICB) and partners. The Trust has engaged with the ICB and its partners throughout the 2022/23 financial year with regards to delivery of jointly agreed capital plans.

Additionally, the Trust's business planning process was done in conjunction with Place and ICB based partners to ensure alignment. This includes setting out how as a system we will meet national planning guidance expectations and the role each organisation would play in

this. The Trust is an active participant in the development of the One Doncaster Plan which articulates the key priorities at Place for the coming five years.

As an organisation, we are also an active partner in the Joint Forward View Five Year ICB plan development and we will ensure that all our corporate strategic plans/strategies align with ICB and Place.

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:

- **Recovering from COVID-19 challenges and addressing backlog**

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 Place and system 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 2022/23 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 2023/24. Nevertheless, the availability of capital funds to support improvements remains an ongoing challenge and as such we will continue to make the case for a new hospital in Doncaster.

- **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.

Similar to last year, a key challenge for 2022/23 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.

- **Additional risks include:** Cyber attack, patient harm, critical lift failure and compliance with standards. All of these have mitigations against them.

Opportunities in 2023/24

I. We will further implement digital and artificial intelligence solutions to support innovative and effective ways of working, not only in patient settings but also in support functions 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), and Place partners 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. The Trust's annual report and accounts have been prepared on a going concern basis. This is 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 July 2024 and is based on:

- Continuing support from local and national partners.
- 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.
- Funding for 2024/25 will continue at similar levels to 2023/24.

Planning for 2023/24 indicates that the Trust will be in a financial deficit of £26.8m and the assumptions include an efficiency target of £22.1m and this, coupled with capital expenditure plans means that there will be pressures on cash for the foreseeable future. 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 review any capital spending plans. It is likely that the Trust will need to require central funding in order to maintain a positive cash balance in the Going Concern period as set out in the Trust's financial plan to NHS England. There is a national process in place for requesting revenue cash support for Provider organisations. The request for revenue cash support cannot be requested under the guidance until closer to the time of the need for cash and can only be requested as required (rather than annually). The Trust plans on requesting cash for Q2 - Q4 of 2022/23.

As at 31st March 2023, the financial statements show balances of cash and cash equivalents of £32.5m, which represents 21 days of liquidity to the Trust. In order to accurately predict what support may be required, the trust has produced a reasonable cashflow forecast, which shows liquidity support will be required from Q2 of 2023. Funding for 2023/24 has flowed in line with the financial plan in the first two months of the financial year, demonstrating that forecasting appears accurate.

Richard Parker OBE
Chief Executive
28 June 2023

Accountability Report

Directors Report

Composition of the Board

During 2022/23, 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	7 years	1.1 2017	11 of 11
Neil Rhodes	Non-Executive Director (Deputy Chair of the Board) - left post in January 2023	6 years	1.4.2017	8 of 9
Sheena McDonnell	Non-Executive Director - left post in June 2022	4 Years	1.7.2018	2 of 3
Mark Day	Non-Executive Director (Senior Independent Director)	11 months	1.5.2022	9 of 10
Kath Smart	Non-Executive Director (Deputy Chair of the Board from February 2023)	5 Years	1.4.2018	11 of 11
Mark Bailey	Non-Executive Director	3 Years	1.2.2020	10 of 11
Hazel Brand	Non-Executive Director	8 months	1.7.2022	8 of 8
Jo Gander	Non-Executive Director	8 months	25.7.2022	7 of 8
Dr Emyr Jones	Non-Executive Director	1 month	20.2.2023	1 of 1
Lucy Nickson	Non-Executive Director	1 month	1.3.2023	1 of 1
Richard Parker OBE	Chief Executive			11 of 11
Zoe Lintin	Chief People Officer (from June 2022)			8 of 9
Abigail Trainer	Acting Chief Nurse (from January 2022 to October 2022)			5 of 5
Karen Jessop	Chief Nurse (from January 2023)			3 of 3
Jon Sargeant	Executive Director of Recovery, Innovation and Transformation and Deputy Chief Executive and Chief Financial Officer (from February 2023)			10 of 11
Alex Crickmar	Acting Director of Finance (left post February 2023)			5 of 6
George Brigg	Interim Chief Operating Officer (June 2022 to December 2022)			5 of 6
Denise Smith	Chief Operating Officer (from January 2023)			2 of 3
Dr Tim Noble	Executive Medical Director			10 of 11

All Non-Executive Directors are considered to be independent, meeting the criteria for independence as laid out in NHS England'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 Chartered Directors Lead Examiner 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 2022/23 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 (as of 31 March 2023)

Joanne Gander is a Registered General nurse with most recent executive experience working as Clinical and Product Assurance Director for Supply Chain Coordination Limited, the management function of NHS Supply Chain. Previously, Jo worked in the pharmaceutical and medical device industry for around 25 years before returning to the NHS in 2008 as Commissioning Group Director within North East Lincolnshire Care Trust Plus and also has held senior roles within the Digital Team at NHS England.

As Clinical Non-Executive Director, Jo is Chair of the Quality and Effectiveness Committee. Jo's passion is Patient and Health and Care Professional Safety and making a difference by ensuring patients and their families have the best experience of care possible.

Kath Smart became Deputy Chair from February 2023, and is a Doncaster resident, having an extensive background in the public sector, working within the NHS for over a decade as a commissioner in Doncaster, Wakefield and Hull. 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 and Chair of the Audit Committee until 2018 when she joined DBTH. Kath also has other Audit Committee-related roles with Doncaster Council (Ended April 2022) and is also Chair of Acis Group (social housing provider from Sept 2022), 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.

Mark Day is a Chartered Director with executive experience including NHS finance director roles, as well as being the Chief Operating Officer for a £2.5bn national property company.

He now lives in North Yorkshire but is very familiar with the local area having worked for the former Doncaster Health Authority for five years. His current roles include healthcare business consultant and being an independent lay member of Cornwall Council's Audit Committee.

As part of his work with the Trust, Mark has been appointed Senior Independent Director.

Hazel Brand, was formerly DBTH's Lead Governor and Head of Communications. Initially trained as an Occupational Therapist, Hazel worked in and around London in health and social care before moving into the world of health journalism with roles at the Health Service Journal (HSJ) and British Journal of Healthcare Computing. Following a period at the Institute of Health Services Management, Hazel joined what was then Doncaster and Montagu Hospitals as Communications Managers where she stayed for almost 20 years, supporting major organisational changes. Retiring in 2012, Hazel stood as Governor, and served a maximum term of nine years, the last three as Lead Governor.

In addition to her work as a member of Bassetlaw District Council, Hazel serves as Non-Executive Director for Freedom to Speak Up.

Dr Emyr Wyn Jones qualified in Medicine in 1973. He joined what was then Doncaster Royal and Mexborough Hospital NHS Trust in 1986, beginning a 24 year tenure as a Consultant General Physician with an interest in Diabetes and Endocrinology. He wrote the textbook 'An Illustrated Guide to the Diabetic Clinic', which was published by Blackwell Science in June 1998 and has been reprinted and translated in several countries.

Following a period as Clinical Director of Medicine at the organisation, Dr Jones was appointed Medical Director in 1998, as well as Deputy Chief Executive in 2004, positions he held until his retirement in 2010. Since that time, the Bessacarr resident has held a number of national leadership roles including Medical Advisor to the National Audit Office and Clinical Leader for the Summary Care Records Programme at NHS Digital. Dr Jones was also Secondary Care Doctor Member for NHS Doncaster Clinical Commissioning Group from 2015 to its dissolution in 2022.

Lucy Nickson started in nursing over 30 years ago, training within Sheffield and working at Weston Park Hospital for a number of years, before moving on to a role in Health Visiting, where she practised in Chesterfield and North Derbyshire. NHS management roles followed, including leading Community Nursing within Derbyshire and then on to the East Midlands Strategic Health Authority as Head of Performance.

Lucy paused her career with the NHS 12 years ago and began a new phase within the charity sector. Since 2011, the former nurse has been Chief Executive of both a hospice and a home-based end of life care charity, as well as CEO at The Foundation at Club Doncaster and lead South Yorkshire-based commercial healthcare organisations. She is currently Chief Executive of Day One Trauma Support, a national charity which works alongside the health service to support people impacted by major trauma and serious injury.

Executive Directors (as of 31 March 2023)

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.

Jon Sargeant joined Doncaster and Bassetlaw Teaching Hospitals in November 2016 as Director of Finance, leading this service for five years before being named Deputy Chief Executive and 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 a bid to improve patient care and treatment.

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.

Zoe Lintin was appointed Chief People Officer in June 2022. A Fellow of the Chartered Institute of Personnel and Development (CIPD), Zoe was formerly the Director of Human Resources (HR) and Organisational Development (OD) at Chesterfield Royal Hospital, a position she held since March 2017. Passionate about creating the best possible workplace environment for colleagues, with an acute understanding of the direct impact this has on the delivery of high quality healthcare. Originally from Bradford, Zoe's early career included working in a range of HR, OD and learning and development roles in the private and legal sector. She has lived in South Yorkshire for more than 16 years and began her career within the NHS working for Sheffield Children's NHS Foundation Trust in 2006.

Denise Smith was appointed as Chief Operating Officer in January 2023. Originally from York, Denise joined the NHS over 25 years ago, starting in operational management in Women & Children services. She has worked across primary and secondary care, in both commissioner and provider organisations and, since 2009, Denise has worked in operational leadership positions in a number of Acute Trusts across the country.

Most recently Denise was the Chief Operating Officer at The Queen Elizabeth Hospital, King's Lynn, a position she held from May 2019.

Karen Jessop was appointed Chief Nurse in January 2023. Karen was previously the Deputy Chief Nurse at Sheffield Teaching Hospitals (STH), a position she held between October 2017

and January 2023. Qualifying as a Registered Nurse over 25 years ago, Karen joined Hull University Hospitals in 1995 where she spent the next two decades, holding a variety of roles within critical care and surgery. Karen eventually progressed to become a Matron and a Divisional Nurse Manager, also qualifying as a Registered Midwife and completing a Master's Degree in Health Care Leadership with the University of Birmingham.

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 2022/23 and no charitable donations in 2022/23.

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	103,660	£315,209
Total bills paid within target	99,007	£298,458

Percentage of total bills paid within target	**96%**	**95%**

NHS	Number	Value '£000
Total bills paid in the year	2,671	£19,508
Total bills paid within target	2,451	£18,044
Percentage of total bills paid within target	**92%**	**93%**

Quality Governance

The last formal inspection for Use of Resources concluded "Good" in 2019/20, which informed the overall CQC inspection, this assessed the Trust on five 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 audits 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.

Remuneration 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 2022/23 the Trust continued to build on the benchmarking work undertaken in previous years, comparing executives' remuneration to that of market trends and neighbouring Trusts.

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 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 2023, 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 2023/24.

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 committee	None disclosed	N/A	N/A	Contributions are made in accordance with the NHS Pension Scheme
Framework used to assess performance	Trust appraisal system	None disclosed	N/A	N/A	N/A
Performance Measures	Based on individual objectives agreed with line manager	None disclosed	N/A	N/A	N/A
Performance period	Concurrent with the financial year	None disclosed	N/A	N/A	N/A
Amount paid for minimum level of performance and any further levels of performance	No performance related payment arrangements	None disclosed	N/A	None paid	N/A
Explanation of whether there are any provisions for recovery of sums paid to directors, or provisions for	Any sums paid in error may be recovered. In addition there is provision for recovery of payments in relation to Mutually Agreed Resignation	None disclosed	Any sums paid in error may be recovered	None paid	N/A

withholding payments	Scheme (MARS) payments where individuals are subsequently employed in the NHS				

Annual Report on Remuneration

Nominations and Remuneration Committee of the Board of Directors

The membership of the committee in 2022/23 consisted of the Chair and Non-executive Directors. The Chief Executive, and Chief People Officer (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 two occasions during the year to discuss appointments and the remuneration of Executive Directors.

Name	Role	Attendance
Suzy Brain England OBE	Chair of the Board	2 of 2
Neil Rhodes	Non-executive Director (Deputy Chair of the Board) - left post in January 2023	1 of 1
Kath Smart	Non-Executive Director (Deputy Chair of the Board from February 2023)	1 of 2
Jo Gander	Non-Executive Director (from July 2022)	2 of 2
Mark Bailey	Non-Executive Director	2 of 2
Hazel Brand	Non-Executive Director (from July 2022)	2 of 2
Mark Day	Non-Executive Director (from May 2022)	2 of 2

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.

2022/23	25th percentile	Median	75th percentile
Salary component of pay	£212,500	£212,500	£212,500
Total pay and benefits excluding pension benefits	£24,139	£30,515	£42,556
Pay and benefits excluding pension: Pay ratio for highest paid director	8.80:1	6.96:1	4.99:1

2021/22	25th percentile	Median	75th percentile
Salary component of pay	£197,500	£197,500	£197,500
Total pay and benefits excluding pension benefits	£21,977	£30,933	£40,372
Pay and benefits excluding pension: Pay ratio for highest paid director	8.99:1	6.38:1	4.89:1

The banded remuneration of the highest paid director in the financial year 2022/23 was £210k-£215k (2021/22: £195k-£200k), and the increase between 2021/22 and 2022/23 was 7.6%, based on the mid-points of the pay bandings. This is 4.5 times higher than the salary and allowances of all employees on an annualised basis, divided by the FTE number of employees. (2021/22: 4.9 times).

This was 6.96 times (2021/22: 6.38 times) the median remuneration of the workforce, which is £30,515 (2021/22: £30,933).

For employees of the Trust as a whole, the range of remuneration in 2022/23 was from £95 to £390k (2021/22: £8k to £393k). 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 5.6% higher (2021/22: 5%).

27 employees received remuneration in excess of the highest-paid director in 2022/23 (2021/22: 28 employees).

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

	2021/22			**2022/23**		
	No. in office	**No. receiving expenses**	**Expenses paid (£)**	No. in office	No. receiving expenses	Expenses Paid (£)
Non-executive directors	6	5	£765	10	4	£4,122.69
Executive directors	8	2	£0.00	9	4	£1,216.29
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 31 March 2023
Suzy Brain England OBE	Chair of the Board	1.1.2017	two years and nine months
Sheena McDonnell	Non-Executive Director	1.7.2018	Left the organisation June 2022)
Kath Smart	Non-Executive Director	1.4.2018	One year
Neil Rhodes	Non-Executive Director	1.4.2017	Left the organisation 31 January 2023
Mark Bailey	Non-Executive Director	1.2.2020	Two years ten months
Hazel Brand	Non-Executive Director	1.7.2022	Two years four months
Jo Gander	Non-Executive Director	25.7.2022	Two years four months
Mark Day	Non-Executive Director	1.5.2022	Two years two months

Richard Parker OBE	Chief Executive	14.10.2013	N/A
Zoe Lintin	Chief People Officer	1.6.2022	N/A
Karen Jessop	Chief Nurse	10.1.2023	N/A
Jon Sargeant	Executive Director of Recovery, Innovation and Transformation and Chief Financial Officer	2.10.2016	N/A
Dr Tim Noble	Executive Medical Director	1.4.2020	N/A
Denise Smith	Chief Operating Officer	3.1.2023	N/A

Name and Title	2021/22							2022/23						
	Salary and fees (bands of £5000)	**Taxable benefits** Rounded to the nearest £100	**Annual Perform-ance related bonus** (bands of £5000)	**Long Term Perform-ance related bonus** (bands of £2500)	**Pension Related benefit** (bands of £2500)	**Other Remuner-ation** (bands of £5000)	**Total** (bands of £5000)	**Salary and fees** (bands of £5000)	**Taxable benefits** Rounded to the nearest £100	**Annual Perform-ance related bonus** (bands of £5000)	**Long Term Perform-ance related bonus** (bands of £2500)	**Pension Related benefit** (bands of £2500)	**Other Remuner-ation** (bands of £5000)	**Total** (bands of £5000)
Suzy Brain England OBE – Chair of the Board	50-55						50-55	55-60						55-60
Neil Rhodes Non-executive Director	15-20						15-20	10-15						10-15
Mark Bailey Non-executive Director	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	0-5						0-5
Mark Day Non-executive director	-							10-15						10-15
Hazel Brand Non-executive Director	-							5-10						5-10
Joanne Gander Non-Executive Director	-							5-10						5-10

Emyr Jones Non-Executive Director	-							0-5						0-5
Lucy Nickson Non-Executive Director	-							0-5						0-5
Dr Tim Noble Executive Medical Director	215-220				70-72.5		290-295	210-215				52.5-55		260-265
Richard Parker OBE Chief Executive (1)	195-200						195-200	205-210						205-210
David Purdue Chief Nurse (2)	140-145				70-72.5		210-215	25-30						25-30
Jon Sargeant Deputy Chief Executive	145-150				22.5-25		170-175	155-160				32.5-35		185-190
Zoe Lintin Chief People Officer (3)	-						-	110-115				55-57.5		165-175
Alex Crickmar Acting Director of Finance (4)	35-40				0-2.5		35-40-	95-100				27.5-30		125-130
Anthony Jones Acting Director of People and Organisational Development (5)	10-15						10-15	15-20				2.5-5		15-20
George Briggs Interim Chief Operating Officer (6)	-						-	50-55						50-55
Denise Smith Chief Operating Officer (7)	-						-	30-35				7.5-10		40-45
Abigail Trainer Acting Chief Nurse (8)								55-60				32.5-35		90-95

Karen Jessop Chief Nurse (9)	-						-	30-35				12.5-15		40-45

(1) Nil figures as individuals are in receipt of pension benefits. Due to updated guidance from NHS England/Improvement, no values are required to be reported.

(2) Individual ceased to be a Director on 12 June 2022 and left the Trust on 17 July 2022.

(3) Commenced role on 6 June 2022.

(4) Individual ceased to be Director as the internal secondment role finished on 31 January 2023.

(5) Individual ceased to be Director as internal secondment role finished on 5 June 2022.

(6) Individual became Director on 13 June 2022 and ceased on 1 January 2023. This is a temporary appointment on a consultancy basis, hence not entitled to pension supplements.

(7) Individual became Director on 3 January 2023.

(8) Individual became Director on 2 May 2022 and ceased on 23rd October 2022, but was seconded to another NHS Trust for the rest of 2022/23.
(9) Individual became Director on 9 January 2023.

The 2021/22 Medical Director remuneration includes £15k relating to underpayments in previous years, this was corrected in July 2021. In 2021/22 and 2022/23 the Medical Director's remuneration includes clinical excellence awards and payment for clinical duties.

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.

Pension benefits

	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 2023			Lump sum at pension age related to accrued pension at 31 March 2023			Cash Equivalent Transfer Value at 1 April 2022	Real increase in Cash Equivalent Transfer Value	Cash Equivalent Transfer value at 31 March 2023	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 (1)	0	-	0	0	-	0	0	-	0	0	-	0	-	-	-	-
Jon Sargeant (2)	2.5	-	5	0	-	2.5	55	-	60	110	-	115	1,050	44	1,144	-
Tim Noble	2.5	-	5	0	-	2.5	70	-	75	150	-	155	1,327	62	1,450	-
David Purdue (3)	0	-	2.5	0	-	0	55	-	60	120	-	125	1,108	-	1,158	-
Zoe Lintin (4)	2.5	-	5	2.5	-	5	30	-	35	45	-	50	408	41	489	-
Alex Crickmar (5)	0	-	2.5	0	-	0	15	-	20	0	-	0	108	8	136	-
Anthony Jones (6)	0	-	2.5	0	-	2.5	20	-	25	40	-	45	366	3	406	-
George Briggs (7)	0	-	0	0	-	0	0	-	0	0	-	0	-	-	-	-
Denise Smith (8)	0	-	2.5	0	-	0	40	-	45	80	-	85	749	8	822	-
Abigail Trainer (9)	0	-	2.5	2.5	-	5	35	-	40	65	-	70	478	27	564	-
Karen Jessop (10)	0	-	2.5	0	-	2.5	45	-	50	85	-	90	662	11	749	-

CETV figures are calculated using the guidance on discount rates for calculating unfunded public service pension contribution rates that was extant at 31 March 2023. HM Treasury published updated guidance on 27 April 2023; this guidance will be used in the calculation of 2023-24 CETV figures.

(1) Nil figures as individuals are in receipt of pension benefits. Due to updated guidance from NHS England, no values are required to be reported

(2) Individual had an incident of salary overpayment during the year which was fully recovered in July 2023.

(3) Individual ceased to be a Director on 12 June 2022 and left the Trust on 17 July 2022

(4) Commenced role on 6 June 2022

(5) Individual ceased to be Director as the internal secondment role finished on 31 January 2023.

(6) Individual ceased to be Director as internal secondment role finished on 5 June 2022.

(7) Individual became Director on 13 June 2022 and ceased on 1 January 2023. This is a temporary appointment on a consultancy basis, hence not entitled to pension supplements.

(8) Individual became Director on 3 January 2023.

(9) Individual became Director on 2 May 2022 and ceased on 23 October 2022, but was seconded to another NHS Trust for the rest of 2022/23.

(10) Individual became Director on 9 January 2023.

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 2023

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 2022/23. 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, 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 2022/23, the Board committed to a review of whether there was a robust and effective risk management approach at divisional level, which operated in line with the Trust's Risk Identification, Assessment, and Management Policy. The audit opinion was split; with a significant assurance for risk management activities operating at divisional level, and a limited assurance rating on the design of the divisional risk management framework.

However, the Board is continuing to review its risk management processes to bring a stronger focus on strategic and operational risks in 2023/24 and in fact were aware of the risk areas and developments highlighted by the independent review.

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	6 of 6

Sheena McDonnell	Non-Executive Director (Left post in June 2022)	1 of 3
Neil Rhodes	Non-Executive Director (Left Post in January 2023)	0 of 6
Mark Bailey	Non-Executive Director	6 of 6
Mark Day	Non-Executive Director (From May 2022)	5 of 5
Joanne Gander	Non-Executive Director (From July 2022)	1 of 2

The Trust had a tendered contract for an internal audit function, provided by KPMG until 30 September 2021 and then following a competitive tender were 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
- Delivery of a risk based audit plan to provide assurances to management and ARC
- 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.

ARC undertakes an annual effectiveness review of both the Internal and External Audit provision, this was carried out in October 2022.

For 2022/23, the Trust paid audit fees to the external auditor of £25,000 for the Wholly Owned Subsidiary audit and £15,000 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.

Here are just some of our main communications platforms:

The Buzz: Every Tuesday to all staff, readership of about 3,500 each week (of around 6,300).

The Hive: Our Extranet, around 100,000 page views a month – this features all Trust information including news and developments.

Friday all-user round-up: Sent to all colleagues via email with an average readership of about 3,000.

DBTH Staff Facebook group: 6,600 members and is the most active channel we have – around 90% of all colleagues are within the group.

DBTH Staff App: Available on Android and iOS, the app has 5,000 active users.

Public social media: 50,000 followers on Facebook and about 7,000 on Twitter, making us one of the most followed acute providers in the country.

Team Brief: Every two months presented by the Chief Executive and recorded to be shared with colleagues.

Manager's brief: Sent to around 250 senior managers – usually reserved for developments and significant changes operationally or to process within the Trust.

Reward and recognition

Star Awards: 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 2022, the award ceremony took place for the first time since 2019 with over 300 guests.

Christmas Advent calendar: Beginning in 2021, from 1 to 25 December, every member of staff is enrolled in a prize-draw to mark the days of Advent and as a 'thank you' to all colleagues for their efforts throughout the year. Last year prizes included tickets to West End shows, a smart watch, a spa day and much, much more.

Random Acts of Kindness: We have a schedule of events known as 'Random Acts of Kindness'. This ranges from a free cuppa' and slice of cake delivered by the Executive Team, all staff given a free £25 gift voucher at Christmas and a free trip to the Yorkshire Wildlife Park. Each random act is a surprise, and we organised a number of giveaways in 2022/23.

NHS Fleet and Tusker lease cars: The Trust offers not one but two lease car suppliers. Members of the team receive exclusive discounts and offers via generous salary sacrifice schemes, with significant savings to be made on a range of vehicles including electric cars.

Staff lottery: For a small few, members of the team can take part in our monthly lottery draw. With 11 winners each month, prizes range from £1,000 to £50, and every six months we hold a special one-off prize-draw for £6,000.

Health and Wellbeing

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

Education

We remain committed to secure and provide the highest quality of training and education for all members of team DBTH, which also includes wider learners, thereby enabling safe and excellent care for our patients. Education is a key element of the newly approved People Strategy reflecting the commitment to support, invest in, and develop our workforce.

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 upskilling of colleagues (to complement the introduction of new roles), supporting on-going Professional Development as well as providing high quality clinical placements for a breadth of pre-registration learners, post-graduate doctors in training along with wider work experience. The Education leads, aligned to clinical and corporate directorates, work with the senior leaders to populate an annual Learning Needs Analysis (LNA), ensuring that we commission and deliver education that is aligned to our business need.

As a Trust we have successfully secured funding from Health Education England (HEE) to support our people in the areas outlined above, meeting the quality standards outlined in our education contract. Complemented by 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. DBTH remains a leading employer for apprenticeships, with 2.86% of our workforce identified on an apprenticeship during 2022/23, against the 2.3% government target, demonstrating our commitment to 'growing our own' and investing in our people. This is further enhanced by attrition remaining low. Complementing the traditional education pathways we have also welcomed our first cohort of 'T Level' students thus being one of the first health and care employers across England to do so.

During 2022 we were able to reintroduce our clinical attachments and physical work experience placements (in partnership with our local schools and Further Education Institutes (FEI's), building on and complementing our wider outreach work including virtual workshops, careers events and bespoke development opportunities e.g. designing posters, supporting events. Valuing research outcomes confirming that people in employment have better health outcomes, DBTH remains a strong partner with our local schools, FEI's and wider communities to ensure learners and our Bassetlaw and Doncaster citizens are 'work ready'. During 2022 we launched our second 'Foundation School in Health' with Retford Oaks Academy, building on the successes from our initial partnership 'Foundation School in Health' with Hall Cross Academy, Doncaster.

As part of these partnerships, we recommenced the 'We Care Into the Future' event in Doncaster where over 1000 Year 8 students attended an event to explore the myriad of opportunities we have to offer at DBTH. Two further 'We Care Into the Future' events are scheduled for 2023 across both Doncaster and Bassetlaw with a total of 3000 Year 8 students already confirming attendance. Both the 'Foundation School in Health' and 'We Care Into the Future' have gained national interest with some NHS providers starting to replicate the models. Being recognised for our forward modelling of health and wider care careers, one of our key education leaders within DBTH commenced as a co-lead for supporting the implementation of Doncaster's Education and Skills Strategy 2030, creating a 'Talent and Innovation System' across Doncaster with the Director of Education and Research becoming a member of the Education and Skills strategy board. Recognising our geographical footprint, we have also continued to develop and support the health and care careers aligned to our Bassetlaw hospital, most notably by being a key partner in the development and opening of 'the Bridge skills hub' within Workshop.

DBTH remains committed to providing clinical placements (attachments) to over 1180 pre-registration students from a number of Higher Education Institutes (HEIs) across South Yorkshire and beyond. These include a plethora of pre-registration programmes including Medicine, Nursing, Midwifery and Allied Health Professionals including elective placements as well as returning to practice. We also continue to support a breadth of post-graduate Doctors in Training in collaboration with NHS England (formally Health Education England).

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 reflected by our

student and wider learner evaluation feedback and confirmed by our annual external assessments including the annual Monitoring the Learning Environment (MLE) and The University of Sheffield's Medical School annual assessment. 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 in partnership with our HEIs and our wider partners remains a key priority.

Research

Restating our commitment to have research integrated into our clinical offer for every patient, and to establish ourselves as a centre of research for the benefit of our patients and our Trust, the new Research and Innovation Strategy (2023-2028) was approved by Board in January 2023. Evidence tells us that research active Trusts have been shown to deliver better care, have better Care Quality Commission ratings, and better patient outcomes, with the benefits not just for those who participate in research but also translated into all areas of the Trust-wide and individual performance.

Comparable to our external education quality scrutiny, DBTH has again achieved the standards related to the annual contract and review by the National Institute for Health and Care Research (NIHR) Clinical Research Network (CRN) with overwhelmingly positive feedback in relation to our patients recruited to research studies, the breadth of studies offered e.g., Seldom heard groups, specialist clinical areas. Our most notable studies against recruitment and priority areas include the 'IGLOo' (Sickness absence and sustainable return to work pilot study) and 'BaBiD' (Born and Bred in Doncaster) studies.

Building on our successes with portfolio research activity, and reflected in our new Research and Innovation Strategy, DBTH has continued to build and develop partnerships with our local Academic and Innovation Institutions. DBTH is a co-applicant on a number of National research bids and leading on a number of NIHR Research for Patient Benefit bids.

Progressing the development of Doncaster University City ambition, and recognising the value in developing a collaborative network, engaging with our citizens and formalising a Trusted Research Environment, DBTH hosted a first Place-based research network in September 2022. With a focus on the added value of a joined up approach across our key health and care organisations including Rotherham, Doncaster and South Humber (RDaSH), Doncaster Metropolitan Borough Council (DMBC) our DBTH research teams met to discuss and reflect the value of research for all. Complementing our Place-based activity across Doncaster, DBTH is a key partner within the South Yorkshire Integrated Care Board, supporting the development of the research and innovation activity at ICB level including the development of a new Research and Innovation framework.

It should be noted that we remain committed to working with and supporting all the communities which we serve, specifically in relation to education and research, however we are financially aligned to the SY ICS and therefore align with these partners for commissioning and reporting purposes.

We continue to lead regionally and nationally with our multi professional approach and are often approached by other provider organisations to share our experiences. We are also recognised for how well education and research is integrated into our organisation from individual leadership, engagement and embedded within work profiles and the organisation's strategic priorities.

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 2022/2023) 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

The Trust H&S Committee meets on a quarterly basis, 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 Acting Director of Estates & Facilities (E&F) provides to Board a Trust annual declaration of performance compliance 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 340 accidents/incidents reported on DATIX that may result in personal injury to staff, visitors and contractors. 11 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 2022 – March 2023 is illustrated in Table 1.

Table 1: Breakdown of incidents into Subcategory and Site April 2022 – March 2023

	Doncaster Royal Infirmary	Bassetlaw Hospital	Montagu Hospital	External to DBTH	Total
Accident caused by some other means	47	18	1	3	69
Collisions	12	2	0	2	16
Exposure to electricity, hazardous substance, infection etc	11	3	0	0	14
Injury caused by physical or mental strain	12	5	2	0	19
Moving and Handling Incidents	16	4	1	0	21
Sharps related incident, including knives	87	10	2	1	100
Slips/trips/falls (includes faints)	72	14	8	1	95
Transport related incident	5	0	0	1	6
Total	262	56	14	8	340

The Trust H&S Adviser, Manual Handling Lead and the Education Department have completed a suite of new Trust H&S risk assessment and manual handling risk assessment E-learning packages, approved by the Education team as part of the H&S and Manual handling learning needs analysis (LNA) to increase staff/management competency for undertaking and managing risk within their area of control. The two courses are now live on

ESR and staff communication is currently being produced for circulation. The courses are to be used in conjunction with a new Trust H&S Management folder held on the Trust internal shared (B) I.T. drive, which all managers will have access to, store risk assessments, Standard Operating procedures (SOPs) and other relevant risk-related documentation 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.

A Trust wide Radon Gas review was completed in quarter two of the financial year (FY) 22/23 with results from UKHSA for each individual site delivering levels of Radon that are at acceptable levels. A risk assessment has now been produced with the assistance of the Trust Radiation Protection Advisor (RPA) and the results have been presented to the Trust H&S committee for assurance and filed for reference.

The H&S management Quality Improvement (Qi) project continues to progress against the Granger report recommendations actions 12 and 13, with a presentation delivered to the Trust Qi team at the end of November 2022 that was well received. The same presentation was presented to the Trust H&S committee in January 2023, again met with a positive response. A number of individual specialist working groups have commenced as part of the project actions to develop and sustain progress including; Training and development, Reporting of incidents and near misses (including lessons learned process) and Communication (with a communications partner now engaged in the project) aligned to the main objectives of the project, with the following long-term project goals listed to enable sustained change:

- Management H&S development training programme linked to the leadership programme at all levels throughout the Trust, ensuring staff competency to manage H&S relevant to roles and responsibilities.
- Increase in near-miss reporting, leading to decrease in incidents through improved management process and procedure; including better investigation, lessons learned which are shared and implemented, improved staff feedback and engagement in the overall incident management process.
- Continual H&S staff communication and engagement programmes delivering relevant up to date information.
- H&S behavioural and cultural change throughout the organisation at all levels.
- Implementation of an H&S management system framed around the current 45001 accredited standard.

A Draft Trust H&S Strategy is currently in development and will include outputs from the current H&S management Qi project actions, framed against ISO 45001 occupational H&S management system standards and project aims and objectives. The Strategy links patient safety, patient experiences and the quality of care with the safety, health, and wellbeing of the organisation's workforce.

The Strategy is also aligned to the Trust's vision to be the safest Trust in England, outstanding in all that we do, including current strategic objectives.

The Trust H&S Advisor and Head of Compliance E&F have been in contact with a number of NHS Trusts to discuss H&S management within their organisations. As a result initial meetings have taken place with Bradford District Care (BDC) NHS FT and Northampton Healthcare (NH) NHS FT who are progressive in their approach to managing H&S. A site visit to BDC NHS FT is arranged for April 2023 to discuss the organisation's journey to successfully obtain accreditation for the ISO 45001 Standard and the RoSPA Gold award. A review of the Trust's current H&S Strategy has also been agreed including interviews with a number of the Trust's staff as part of a peer review audit. A further meeting with NH NHS FT was also arranged for May 2023 to review the work undertaken to improve the organisational H&S culture, leadership and H&S management development programme.

Following initial work on the HSE Safety Climate Tool cultural survey system, production of the survey question SET presentation of the questions and delivery mode is currently in progress. A safety climate tool steering group has also been set up to review and approve the survey data with a proposed go live date for circulation extended to early May 2023. The output from the survey will then be used to identify any areas requiring action to improve the organisational safety culture.

As highlighted above, the internal, organisation-wide H&S management system gap analysis is in progress following the Plan Do Check Act (PDCA) approach, to review the current state of the Trust H&S management against the NHS Workplace Health and Safety Standards and the ISO 45001 Standard framework. Outputs from the analysis will form rag-rated (red, amber, green scoring) actions required to ensure provision of effective workplace health, safety and wellbeing management that follows a recognised H&S management system framework.

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.

The programmed Fire Precaution works within the Women & Children's (W&C's) block is now complete, including the refurbishment of the Central Delivery Suite.

Designs and ITT production for the level 5 Theatres and ward M1 are progressing with the intention of delivering site works in 2023/24. Works to the East Ward Block (EWB) level 1 (phases 1 to 3) are scheduled to commence from 14th November 2023. Surveys and designs for the EWB main entrance works will commence shortly. Designs and invitation to tender for the Bassetlaw Theatre door replacements are completed and have been issued for pricing. Ventilation balancing works within the W&C's block are progressing in line with the Fire improvement programme schedule illustrated in Table 2.

The fire improvement works at Doncaster Royal Infirmary are subject to a jointly agreed Action Plan between the Trust and South Yorkshire Fire & Rescue Service (SYFRS), with progress monitored by Fire Task and Finish group.

Table 2: Capital Fire improvement work completed FY 22/23

Fire Improvement Programme Schedule			
Key Milestones (2022/23)	**Start Date**	**Completion Date**	**Comments**
DRI W&C's Level 3 Ward M2	04/2022	01/07/2022	Completed
DRI W&C's Level 4 Children's Ward	04/2022	12/08/2022	Completed
DRI W&C's Level 5 Central Core	Rescheduled	Rescheduled	Works re-scheduled to 2023/24 programme (in line with site works to adjacent wards)

DRI W&C's Level 5 Theatres Complete Design	05/09/2022	16/12/2022	Progressing in line with delivery programme; site works to commence from April 2023
DRI W&C's Level 3 Ward M1 Complete ITT	06/03/2023	31/03/2023	Site works to commence July 2023
DRI EWB Level 1 Area's 1 to 3	14/11/2022	31/03/2023	Contractor selected; start date confirmed 14th November
DRI EWB East Rear Staircase Complete ITT	06/03/2023	31/03/2023	Site works to commence July 2023
DRI EWB Main Entrance Complete Design	01/11/2022	16/03/2023	Site works to commence in line with EWB level 2 works (tbc)
BDGH Bassetlaw Theatre Fire Doors	30/01/2023	31/03/2023	Surveys/Design/ITT issued; contractor selection ongoing

Workforce statistics as at 31 March 2023 (subject to Audit)

Please note, staff turnover information can be viewed here:
https://digital.nhs.uk/data-and-information/publications/statistical/nhs-workforce-statistics

(excl. bank and locum)	Headcount (Perm)	FTE	Headcount (Other)
Total staff employed as at 31 March 2021	6,318	5,692	629
Medical and dental	704	634	70
Administration and estates	1,592	1,523	69
Nursing, midwifery and health visiting staff	3,084	2,606	478
Scientific, therapeutic and technical staff	657	652	5
Healthcare science staff	150	150	0
Other	131	127	4

	2022/23 Actual	2021/22 Target	Benchmarking data
Staff Sickness Absence Rate	6.28%	5%	2021/22 the rate was 6.28% In 2021/22 the regional average was 4.35%

Staff Costs

Note, as per guidance, this information excludes Non-Executive Directors/Lay Governing Body Members but includes executive Board members.

	Total £000	Permanently employed total £000	Other total £000
Salaries and wages	261,729	198,289	63,440
Social security costs	25,950	25,950	-
Apprenticeship Levy	1,151	1,151	
Pension cost – defined contribution plans employer's contributions to NHS Pensions	27,495	27,495	-

Pension cost – defined contribution plans employer's contributions to NHS Pensions paid by NHS England on provider's behalf	11,952	11,952	-
Pension cost - other	180	180	-
Temporary staff – external bank	22,150	-	22,150
Temporary staff – agency/contract staff	22,941	-	22,941
Total Staff costs	373,548	265,017	108,531

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 and the UK. 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 an Equality, Diversity and Inclusion Officer to lead this particular agenda within the Trust, and this individual continues to oversee this programme of work.

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, we continue to host an Equality, Diversity and Inclusion Network, as well as an LGBTQIA+ Forum which has been established by colleagues with independent chairs of these networks.

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 events. In 2023 we intend to have a presence at these events as normal.

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 and this will be considered within any future vaccine programmes.

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 2023 – Executive and Senior Directors

Gender (Directors Only)	Headcount	Headcount %
Female	8	57%
Male	6	43%

Senior managers

Gender	Headcount	Headcount %
Female	193	72.01%
Male	75	27.99%

Equality information

Gender	Headcount	FTE	Headcount %
Female	5,603	4627.15	82%
Male	1,197	1096.58	18%

Age	Headcount	FTE	Headcount %
16 - 20	78	72.80	1.15%
21 - 25	423	401.43	6.22%
26 - 30	765	687.86	11.25%
31 - 35	861	736.55	12.66%
36 - 40	773	664.40	11.37%
41 - 45	724	616.58	10.65%
46 - 50	768	672.15	11.29%
51 - 55	849	726.31	12.49%
56 - 60	864	674.03	12.71%
61 - 65	535	372.03	7.87%
66 - 70	131	82.53	1.93%
71 & above	29	17.06	0.43%

Ethnicity	Headcount	FTE	Headcount %
Any Other	82	78.79	1.21%
Asian	469	446.19	6.90%

Black	150	137.53	2.21%
Chinese	19	17.98	0.28%
Mixed	70	60	1.03%
White	5858	4851.18	86.15%
Not Disclosed	152	132.06	2.24%

Disability	**Headcount**	**FTE**	**Headcount %**
No	5828	4915.73	85.71%
Not Declared	241	197.36	3.54%
Prefer Not To Answer	14	11.65	0.21%
Unspecified	464	385.19	6.82%
Yes	253	213.79	3.72%

Sexual Orientation	**Headcount**	**FTE**	**Headcount %**
Bisexual	55	48.90	0.81%
Gay or Lesbian	81	75.95	1.19%
Heterosexual or straight	4590	3903.77	67.50%

Other sexual orientation not listed	12	9.91	0.18%
Undecided	6	5.01	0.09%
Unspecified	353	296.90	5.19%
Not Disclosed	1703	1383.29	25.04

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, in September 2021 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 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 reassignment, 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.

Proportion of FTE Males and Females in each pay quartile 2022

Quartile	Female	Male	Female %	Male %
1	1382.00	195.00	87.63	12.37
2	1419.00	226.00	86.26	13.74
3	1397.00	216.00	86.61	13.39
4	1068.00	545.00	66.21	33.79

Gender Pay Gap Percentage

Gender	Avg. Hourly Rate	Median Hourly Rate
Male	24.4636	19.3626
Female	15.9569	13.7664
Difference	8.5066	5.5963
Pay Gap %	34.7726%	28.9024%

To address the disparity in gender pay gap, the Trust is tackling this in two ways. Firstly, through developing females' opportunities for career progression through Trust leadership

programmes such as Belong, Develop, Thrive and Leading to Outstanding. In 2022 and 2023 the Trust is running a reciprocal mentoring programme for established leaders and aspiring leaders with protected characteristics.

In addition to the leadership programmes, the new People Strategy 2023 – 2027 has set high priorities on flexible working, strengthening our menopause support provision, including developing a clear policy, providing education, and seeking Menopause Friendly Accreditation. Enhancing our inclusive recruitment practices. Developing a new approach to increase Board-level diversity through a development programme to support applicants from underrepresented groups.

The second approach involves taking steps to increase the numbers of female consultants into the Trust Consultant body. In December 2022, the Trust launched a working group on workforce retention and talent management. With increasingly more females entering the medical profession, the Trust is actively working to provide opportunities for sustainable pathways and working conditions to increase the numbers of females into the consultant body.

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 England 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 2022/23

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

The Supplier warrants and undertakes that it will:

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

The Trade Union (Facility Time Publication Requirements) Regulations 2017 came into force on 1 April 2017. These regulations require public sector employers to collate and publish, on an annual basis, a range of data on the amount and cost of trade union facility time within their organisation.

Number of employees who were relevant union officials during the relevant period	***Full-time equivalent employee number (Trust Total)***
41	31.55

Percentage of time	***Number of employees***
0%	34
1-50%	5
51-99%	2
100%	0

Provide the total cost of facility time	£74,175.07
Provide the total pay bill	£265,017,0000
Provide the percentage of the total pay bill spent on facility time calculated as: (total cost of facility time / total pay bill x100)	0.03%

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	112.23

relevant period / total paid facility time hours x100)	

NHS Staff Survey

The NHS staff survey is conducted annually. From 2021/22 the survey questions align to the seven elements of the NHS 'People Promise', and retains the two previous themes of engagement and morale. These replaced the ten indicator themes used in previous years. All indicators are based on a score out of 10 for specific questions with the indicator score being the average of those. The response rate to the 2022/23 survey among trust staff was 65.2% (2021/22: 63%).

Indicators	2022/23 Trust score	2022/23 Benchmarking group score	2021/22 Trust Score	2021/22 Benchmarking group score
We are compassionate and inclusive	7.3	7.2	7.2	7.2
We are recognised and rewarded	5.8	5.7	5.7	5.8
We each have a voice that counts	6.7	6.6	6.7	6.7
We are safe and healthy	6.0	5.9	5.9	5.9
We are always learning	5.6	5.4	5.2	5.2
We work flexibly	6.0	6.0	5.8	5.9
We are a team	6.6	6.6	6.4	6.6
Staff engagement	6.8	6.8	6.7	6.8
Morale	5.8	5.7	5.6	5.8

In comparison, the indicators in 2020/21 were as follows. Please note, the overall themes were different in this reporting period and not aligned to the NHS People Promise pledges.

Indicator	Trust score	Benchmarking group
Equality, diversity and inclusion	9.3	9.3
Health and wellbeing	5.8	5.9
Immediate managers	6.8	6.7
Morale	6.3	6.2
Quality of appraisals	7.5	7.4
Quality of care	8.3	8.3
Safe environment – bullying and harassment	9.5	9.5
Safe environment – violence	6.7	6.8
Safety culture	7.0	6.9
Staff engagement	6.4	6.1

Our plan

In order to address the findings of the Staff Survey, every area has received an anonymous report of their results. These services are then asked to convene a number of meetings and engagement sessions with colleagues in order to make meaningful changes. These are overseen by our Divisional and Directorate leadership teams.

Additionally, the Trust's staff Survey results have been used to inform the organisation's People Strategy, and related delivery plans related to the strategy's 'four pillars', with relevant objectives and goals at an organisational level.

These objectives include a range of projects, schemes and associated metrics, such as refreshing the organisation's Health and Wellbeing diagnostic framework, further access to financial wellbeing for colleagues, building upon mental wellbeing provision, involvement in studies for the betterment of understanding how to keep colleagues healthy and in work, working groups on flexible work, as well as other operational and transactional changes, all of which can be viewed in the People Strategy.

National Staff Survey 2022 in summary

NHS
Doncaster and Bassetlaw Teaching Hospitals
NHS Foundation Trust

Response rates

DBTH's response rate this year was amongst the highest in the country!

65.2% Completed the survey (4,252).

44% Average response rate for similar organisations.

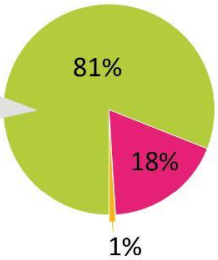
5 out 7 NHS People Promise elements scored significant higher.

Notable feedback

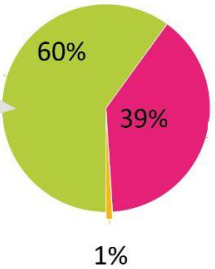
- **90%** feel trusted to do their job.
- **90%** of you had an appraisal in the last 12 months.
- **82%** of you enjoy working with the colleagues in your team.
- **87%** of you always know what your work responsibilites are.
- **65%** of you receive clear feedback from your manager.
- **57%** feel that their team has enough freedom in their work.
- **67%** feel that their immediate manager takes a positive interest in their health and wellbeing.
- **67%** feel that their immediate manager works with them to come to an understanding of problems.

How our responses compare:

With our **2021** results



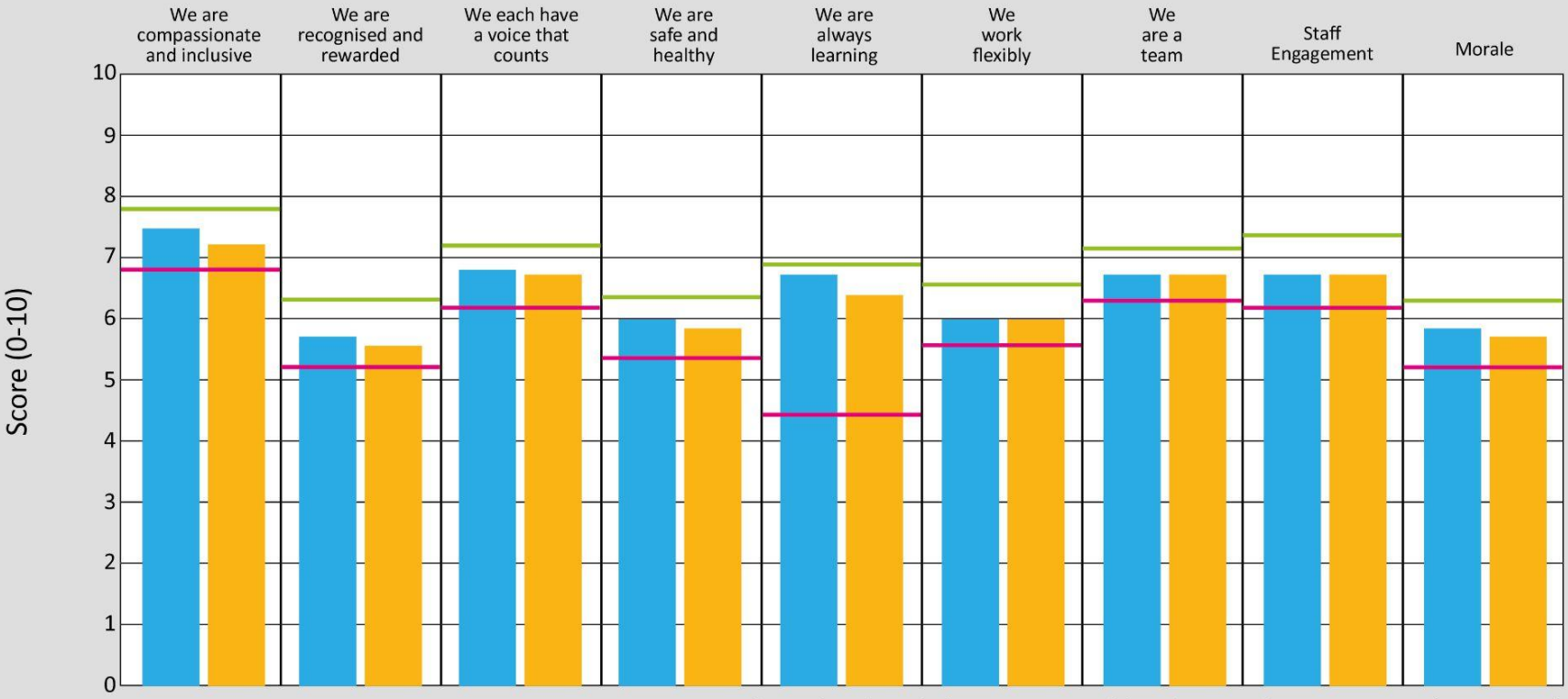
With the **national** picture for acute trusts



Better Worse Similar

The 7 People promise themes and how we compare nationally

The table below shows how **DBTH** compares to the **national average** score for each of the seven NHS People Promise themes, as well as how we compare in terms of staff engagement and morale. It also shows how DBTH compares to the **worst** and **best** scores nationally.



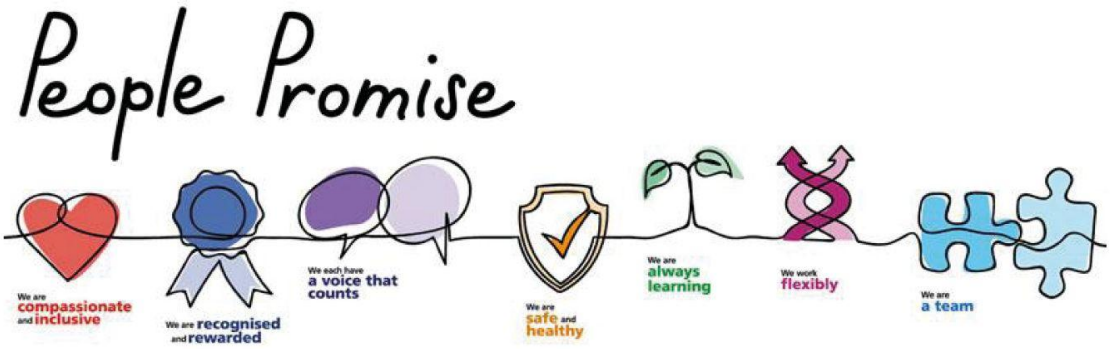
Our data is benchmarked against national data from similar organisations (acute trusts)

Best	7.7	6.4	7.1	6.4	5.9	6.6	7.1	7.3	6.3
DBTH	7.3	5.8	6.7	6.0	5.6	6.0	6.6	6.8	5.8
Average	7.2	5.7	6.6	5.9	5.4	6.0	6.6	6.8	5.7
Worst	6.8	5.2	6.2	5.4	4.4	5.6	6.3	6.1	5.2

How does this compare with last year?

Theme	2021 score	2022 score	Change
We are compassionate and inclusive	7.2	7.3	
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	6.0	
We are always learning	5.2	5.6	
We work flexibly	5.8	6.0	
We are a team	6.4	6.6	
Staff Engagement	6.7	6.8	
Morale	5.7	5.8	

Better Worse Similar to last year



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 was nominated to lead counter fraud work and was 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 worked closely to ensure that our efforts to prevent, deter and detect fraud were fully coordinated and effective. During 2022/23 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 ICBs.

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 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 2022 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, or the Director of Finance or via the NHS Fraud and Corruption reporting line (0800 028 40 60 or online at https://cfa.nhs.uk/reportfraud).

Patients and visitors can also refer suspicions of NHS fraud to the Trust via the same channels.

Expenditure on consultancy

The Trust incurred consultancy expenditure of £377k (2021/22: £2,516k).

Staff Exit packages for 2022/23

There were no staff exit packages agreed.

High paid and off pay-roll arrangements

For all off-payroll engagements as of 31 March 2023, for more than £245 per day and that last for longer than six months:

No. of existing engagements as of 31 March 2023	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 2022 and 31 March 2023, 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 2022 and 31 March 2023	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 2022 and 31 March 2023

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.	19

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 (Left post in January 2023)	8 of 8
Mark Day – Chair (From November 2022)	Non-executive Director (From May 2022)	11 of 12
George Briggs	Chief Operating Officer (From June 2022 to December 2022)	2 of 6
Denise Smith	Chief Operating Officer (From January 2023)	2 of 3
Jon Sargeant	Executive Director of Recovery, Innovation and Recovery and Chief Financial Officer (from February 2023)	11 of 13

Alex Crickmar	Acting Director of Finance (until January 2023 then Deputy Director of Finance)	13 of 13
Kath Smart	Non-executive Director	12 of 13
Mark Bailey	Non-executive Director	11 of 13

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**
Kath Smart - Chair	Non-executive Director (Chair April 2022 - October 2022)	5 of 5
Jo Gander – Chair	Non – executive Director Chair from October 2022	4 of 4
Mark Bailey	Non-executive Director (until December 2022)	4 of 4
Hazel Brand	Non-executive Director (from August 2023)	4 of 4

Dr Tim Noble	Executive Medical Director	6 of 6
Abigail Trainer	Acting Chief Nurse (from January 2022 to October 2022)	3 of 4
Karen Jessop	Chief Nurse (from January 2023)	1 of 1

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 include 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

Name	**Role**	**Meeting Attendance**
Sheena McDonnell - Chair	Non-executive Director (left June 2022)	1 of 1

Mark Day – Chair	Non-executive Director (from July 2022 – January 2023)	6 of 6
Mark Bailey – Chair	Non-executive Director (from January 2023)	6 of 7
Kath Smart	Non-executive Director (until October 2022)	3 of 3
Jo Gander	Non-executive Director (from September 2022)	3 of 4
Hazel Brand	Non-executive Director (from September 2022)	4 of 5
Zoe Lintin	Chief People Officer (from June 2022)	6 of 6
Karen Jessop	Chief Nurse (from January 2023)	2 of 2
Dr Tim Noble	Executive Medical Director	6 of 7

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 2022/23 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
Andrew Middleton	Public Doncaster – Deputy Lead Governor (from 11.04.2023)	5 of 5
Angela Chapman	Public – Doncaster (from 11.04.2022 to 13.07.2022)	2 of 2
David Northwood	Public – Doncaster	4 of 5
Dennis Atkin	Public – Doncaster	3 of 5
George Kirk	Public – Doncaster (from 11.04.2022)	4 of 5
Irfan Ahmed	Public – Doncaster (from 11.04.2022)	2 of 5
Jackie Hammerton	Public – Rest of England & Wales	1 of 5
Jane Nickels	Public – Bassetlaw (from 11.04.2022)	0 of 5
Eileen Harrington	Public – Doncaster (from 11.04.2022)	2 of 5
Linda Haglauer	Public – Doncaster (ended January 2023)	1 of 5
Lynne Logan	Public – Doncaster	5 of 5
Marc Bratcher	Public – Doncaster	0 of 5

Lynne Schuller	Public – Bassetlaw (Lead Governor)	4 of 5
Maria Jackson-James	Public – Rest of England & Wales	0 of 5
Mark Bright	Public – Doncaster	4 of 5
Natasha Graves	Public – Doncaster (from 11.04.2023)	1 of 5
Mick Muddiman	Public – Doncaster	1 of 5
Pauline Riley	Public – Doncaster	4 of 5
Peter Abell	Public – Bassetlaw	5 of 5
Sheila Walsh	Public – Bassetlaw	4 of 5
Lisa Gratton	Staff – Nursing and Medical (from 11.04.2023 ended 18.08.2022)	1 of 2
Dr Vivek Panikkar	Staff – Medical and Dental	3 of 5
Duncan Carratt	Staff – Non-Clinical	1 of 5
Kay Brown	Staff – Non-Clinical	3 of 5
Sally Munro	Staff – Nurses and Midwives	1 of 5
Sophie Gilhooly	Staff – Other Healthcare	2 of 5
Mandy Tyrrell	Staff – Nurses and Midwives (from August 2022)	3 of 3
Anita Plant	Partner Governor - Partial Sighted Society (from August 2022)	2 of 3

Ainsley MacDonnell	Partner – Nottinghamshire County Council	0 of 5
Alexis Johnson	Partner – Doncaster Deaf Trust	0 of 5
Anthony Fitzgerald	Partner – Doncaster CCG (ended July 2022)	0 of 1
Jo Posnett	Partner – Sheffield Hallam University	0 of 0
Phil Holmes	Partner – Doncaster Council	1 of 5
Susan Shaw	Partner – Bassetlaw District Council	2 of 5
Tina Harrison	Partner – Doncaster College and University Centre	1 of 5
Victoria McGregor-Riley	Partner – Bassetlaw CCG (ended July 2022)	0 of 1
Wendy Baird	Partner – University of Sheffield (left January 2023)	0 of 0

During the COVID pandemic these meetings have been held virtually and the 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	5 of 5

Neil Rhodes	Non-executive Director (left post in January 2023)	4 of 4
Sheena McDonnell	Non-executive Director (left post in June 2022)	1 of 1
Kath Smart	Non-executive Director	5 of 5
Mark Bailey	Non-executive Director	5 of 5
Mark Day	Non-executive Director (from May 2022)	3 of 4
Hazel Brand	Non-executive Director (from July 2022)	2 of 3
Jo Gander	Non-executive Director (from July 2022)	2 of 3
Richard Parker OBE	Chief Executive	4 of 5
Zoe Lintin	Chief People Officer (from June 2022)	1 of 5
Jon Sargeant	Director of Finance	1 of 5
Dr Tim Noble	Executive Medical Director	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 2023, there were 13,627 members overall. An analysis of our current membership body is provided below:

	Number of members at 31st March 2023
Public Constituency	7,724
Doncaster	4,457
Bassetlaw	2,290
Rest of England and Wales	977
Staff Constituency	5,903
Nurses and Midwives	1,678
Non-clinical	1,805
Other healthcare professionals	1,907
Medical and Dental	513
Total	13,627

The Trust held a virtual member event in July 2022, a DBTH Members' Lecture Series. The Trust debuted its very first lecture series in June 2021 which focused on the Trust's response

to COVID-19 pandemic. In this period (July 2022) the week-long virtual event featured sessions with a range of health professionals from within our Trust each speaking on a specific theme of topic, link to lectures. The Trust held its 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.
- 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 'buddying' 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 meeting 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 2023, the Board considered 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 regular external reviews 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. 71).
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.49); Remuneration Report (p.57); and Audit Committee section (p.73).

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. 106).
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.49).
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.49).
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.57); and Council of Governors section (p.106).
B.3.1	A chairperson's other significant commitments should be disclosed to the council of governors before appointment and included in the annual report. Changes to such commitments should be reported to the council of governors as they arise, and included in the next annual report.	See Accountability Report (p.49).
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.111).
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.71).
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.71).
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	See Governance Report (p.71); And Auditor's report.

	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).	
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.119).
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.73).
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.73).
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	See membership section (p.110).

	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.	
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. 110).
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.110).

NHS Oversight Framework

NHS England's NHS Oversight Framework provides the framework for overseeing systems including providers and identifying potential support needs. NHS organisations are allocated to one of four 'segments'.

A segmentation decision indicates the scale and general nature of support needs, from no specific support needs (segment 1) to a requirement for mandated intensive support (segment 4). A segment does not determine specific support requirements. By default, all NHS organisations are allocated to segment 2 unless the criteria for moving into another segment are met. These criteria have two components:

a) objective and measurable eligibility criteria based on performance against the six oversight themes using the relevant oversight metrics (the themes are: quality of care, access and outcomes; people; preventing ill-health and reducing inequalities; leadership and capability; finance and use of resources; local strategic priorities).

b) additional considerations focused on the assessment of system leadership and behaviours, and improvement capability and capacity.

An NHS foundation trust will be in segment 3 or 4 only where it has been found to be in breach or suspected breach of its licence conditions.

Segmentation

The Trust ended the year in segment 2

This segmentation information is the trust's position as at 31 March 2023. Current segmentation information for NHS trusts and foundation trusts is published on the NHS England website: https://www.england.nhs.uk/publication/nhs-system-oversight-framework-segmentation/.

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 England.

Under the NHS Act 2006, NHS England 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 England, 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)
28 June 2023

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 to mitigate the impact should they be realised, 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 2023 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 and Executive Medical Director are responsible for risk to the safety and quality of patient care, and the Director of Finance is responsible for financial risk. The allocation of risks to individual directors is outlined in both the Board Assurance Framework and Corporate Risk Register. The Trust Company Secretary, on behalf of the Chief Executive, is responsible for the Board Assurance Framework and Corporate Risk Register.

During the year the Trust experienced turnover in Executive Director roles as a result of retirement, career development and personal reasons. The Trust recruited to each role and successfully appointed a new Chief People Officer, Chief Nurse, and Chief Operating Officer who took up their posts during the financial year. In addition, the Trust has recruited to the substantive role of Deputy Chief Executive with the successful candidate taking up the post during the 2023/2024 financial year. In the interim the Chief Finance Officer, Director of Recovery, Innovation and Transformation is the identified Deputy Chief Executive Officer.

Risk policies are reviewed, considering 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 training 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 personnel and tailored accordingly, including using tools such as completion of an e-learning risk assessment module and 1:1 coaching by trained risk practitioners. The Trust Board Office may also be contacted to provide guidance to staff on application of the relevant risk management 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 2022/23, the Board committed to a review of whether there was a robust and effective risk management approach at divisional level, which operated in line with the Trust's Risk Identification, Assessment, and Management Policy. The audit opinion was split; with a significant assurance for risk management activities operating at divisional level, and a limited assurance rating on the design of the divisional risk management framework.

However, the Board is continuing to review its risk management processes to bring a stronger focus on strategic and operational risks in 2023/24 and in fact were aware of the risk areas and developments highlighted by the independent review.

Other assurance comes from; NHS 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 2022/23 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 Trust Executive Group via the Risk Management Board, chaired by the Executive Medical Director which was implemented in September 2022 as a result of an internal audit recommendation, 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 via the Risk Management Board to the Trust Executive Group 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 require approval and sign off by the Executive Medical Director and Chief Nurse.

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 2022/23 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 the recovery from the COVID-19 pandemic.
- Inability to recruit a sufficient workforce and to ensure colleagues have the 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.
- Risks to patient flow due to external availability of care provision, which adversely affects patient experience.
- Failure to deliver and organisational development strategy that allows implementation of trust values.

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 has developed its 'Green Plan'. Part of this process included a revision of the way in which carbon emissions are calculated and reported. Results are available in the 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 2022 to 31 March 2023 inclusive and is based on the audits that were completed in this period.

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 2022/23 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 2022 to 31 March 2023 Internal Audit provided the following:

I am providing an opinion of **moderate assurance** that there are areas for improvement in the framework of governance, risk management and control and some inconsistent application of controls puts the achievements of the organisation's objectives at risk.

In providing my opinion three main areas are considered:

<u>Board Assurance Framework (BAF) – moderate assurance</u>

The Trust has reported the BAF to the Board throughout the year however acknowledges that further development is needed.

Individual assignments – limited assurance

We acknowledge the progressive way in which the Trust engages internal audit to assist in areas of concern, however we have issued three limited assurance reports in-year, as well as two advisory reports with high risk actions. In the majority of audits we have raised high or medium risk governance, risk management or control issues.

Follow up of actions – moderate assurance

The first follow up implementation rate for the year was 64%; four high risk actions were implemented beyond their original due date, and three actions (two medium and one low) remain open from previous years.

This Opinion should be taken in its entirety for the Annual Governance Statement and any other purpose for which it is repeated.

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.

During the course of undertaking the audit programme four high risks were identified and the Trust is taking action to ensure that these risks are resolved as quickly as possible.

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 2022.

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

Information governance

There have been no serious incidents relating to information governance in 2022/23, 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 had 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 continues to be in place to maintain development. Progress against this programme is reported to the Trust's board in-line with the governance and control processes outlined above.

Review of effectiveness

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

My review is also informed by comments made by the external auditors in their management letter and other reports. I have been advised on the implications of the result of my review of the effectiveness of the system of internal control by the Board, the Audit and Risk, Finance and Performance, and People and Quality and Effectiveness Committees 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 and recover from the effects of the pandemic whilst continuing to improve standards of care.

We are in the process of reviewing our strategy, clinical 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 as well as Nottingham and Nottinghamshire. 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, it is my opinion 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
28 June 2023

Independent auditor's report to the Council of Governors

Opinion

We have audited the financial statements of Doncaster and Bassetlaw Teaching Hospitals NHS

Foundation Trust for the year ended 31 March 2023 which comprise the Foundation Trust and Group 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 46, 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 2022/23 HM Treasury's Financial Reporting Manual (the 2022/23 FReM) as contained in the Department of Health and Social Care Group Accounting Manual 2022 to 2023 and the Accounts Direction issued by NHS England with the approval of the Secretary of State as relevant to the National Health Service in England.

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 2023 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 2022 to 2023; and
- Have been properly prepared in accordance with the National Health Service Act 2006.

Basis for opinion

We conducted our audit in accordance with International Standards on Auditing (UK) (ISAs (UK)) and applicable law. Our responsibilities under those standards are further described in the Auditor's responsibilities for the audit of the financial statements section of our report. 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 to the end of June 2024.

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:

- Other information published together with the audited financial statements is consistent with the financial statements; and
- The parts of the Remuneration Report and Staff Report identified as subject to audit have been properly prepared in accordance with the NHS Foundation Trust Annual Reporting Manual 2022/23.

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 2022/23 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 as the accounting officer of Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust set out on pages 118 to 119 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 Governance Statement, 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, the Health and Social Care Act 2012 and the Health and Care Act 2022, 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 and expenditure, we performed procedures that tested whether income, expenditure, debtors and creditors were recorded in the correct financial year, challenging assumptions and corroborating sample items to appropriate evidence. We also tested the valuation of liabilities recorded in the statement of financial position.

- To address our fraud risk of inappropriate capitalisation of revenue expenditure we tested the Trust's capitalised expenditure to ensure the capitalisation criteria were properly met and the expenditure was genuine.
- To address the presumed 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. We also tested and challenged the assumptions used in calculating accounting estimates.

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 January 2023, 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 2023.

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 2023. 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.

Hayley Clark (Key Audit Partner)
Ernst & Young LLP (Local Auditor)
Birmingham
Date: 17 August 2023

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

Issue of audit opinion on the financial statements

In our audit report for the year ended 31 March 2023 issued on 07 July 2023 we reported that, in our opinion, the financial statements:

- gave a true and fair view of the financial position of Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust and of the Group as at 31 March 2023 and of the Group's income and expenditure for the year then ended;
- had been prepared properly in accordance with the Department of Health and Social Care's Group Accounting Manual 2022 to 2023; and
- had been properly prepared in accordance with the National Health Service Act 2006.

Certificate

In our report dated 07 July 2023, we explained that we could not formally conclude the audit on that date until we had issued our Auditor's Annual Report for the year ended 31 March 2023. We have now completed our procedures and no matters have come to our attention that would have resulted in a different opinion on the financial statements or additional exception reporting on significant weaknesses in the Foundation Trust's value for money arrangements.

We certify that we have completed the audit of the accounts of Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust in accordance with the requirements of 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.

Hayley Clark

Ernst & Young LLP

Hayley Clark
For and on behalf of Ernst & Young LLP
Birmingham
Date: 17 August 2023

Doncaster & Bassetlaw Teaching Hospitals NHS Foundation Trust

Annual accounts for the year ended 31 March 2023

Foreword to the accounts

Doncaster & Bassetlaw Teaching Hospitals NHS Foundation Trust

These accounts, for the year ended 31 March 2023, 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 **28/06/2023**

Statement of Comprehensive Income

		Group		Trust	
		2022/23	2021/22	2022/23	2021/22
	Note	£000	£000	£000	£000
Operating income from patient care activities	3	490,042	451,183	490,042	451,183
Other operating income	4	57,491	51,161	65,245	50,765
Operating expenses	7	(559,400)	(512,914)	(565,878)	(511,957)
Operating deficit from continuing operations		**(11,867)**	**(10,570)**	**(10,591)**	**(10,009)**
Finance income	12	940	318	651	25
Finance expenses	13	(330)	(282)	(330)	(282)
PDC dividends payable		(6,842)	(5,993)	(6,842)	(5,993)
Net finance costs		**(6,232)**	**(5,957)**	**(6,521)**	**(6,250)**
Other gains / (losses)	14	(584)	581	91	-
Corporation tax expense		(21)	(15)	-	-
Deficit for the year		**(18,704)**	**(15,961)**	**(17,021)**	**(16,259)**
Other comprehensive income					
Will not be reclassified to income and expenditure:					
Net Impairments	8	6,960	4,743	6,960	4,743
Total comprehensive expense for the period		**(11,744)**	**(11,218)**	**(10,061)**	**(11,516)**
Deficit for the period attributable to:					
Doncaster & Bassetlaw Teaching Hospitals NHS Foundation Trust		(18,704)	(15,961)	(17,021)	(16,259)
TOTAL		**(18,704)**	**(15,961)**	**(17,021)**	**(16,259)**
Total comprehensive expense for the period attributable to:					
Doncaster & Bassetlaw Teaching Hospitals NHS Foundation Trust		(11,744)	(11,218)	(10,061)	(11,516)
TOTAL		**(11,744)**	**(11,218)**	**(10,061)**	**(11,516)**

Adjusted Financial Performance

(Deficit)/ surplus for the period for Trust	(17,021)	(16,259)
Surplus for the period for Wholly Owned Subsidiary	88	65
(Deficit) / surplus for the period for non-charity aspects of the Group	(16,933)	(16,194)
Add back all I&E impairments	6,672	18,775
Remove capital donations/grants I&E impact	199	112
Adjusted financial performance surplus/(deficit)	(10,062)	2,693
Planned adjusted financial performance surplus/(deficit)	(10,065)	56

Statement of Financial Position

	Note	Group 31 March 2023 £000	Group 31 March 2022 £000	Trust 31 March 2023 £000	Trust 31 March 2022 £000
Non-current assets					
Intangible assets	17	10,096	9,990	10,096	9,990
Property, plant and equipment	18	276,242	234,696	276,242	234,696
Right of use assets	19	6,043	-	6,043	-
Other investments / financial assets	23	7,908	9,323	550	550
Receivables	26	2,144	2,371	2,144	2,371
Total non-current assets		**302,433**	**256,380**	**295,075**	**247,607**
Current assets					
Inventories	25	8,263	7,888	7,611	7,411
Receivables	26	37,140	17,712	39,500	17,598
Cash and cash equivalents	29	33,664	47,316	32,490	46,440
Total current assets		**79,067**	**72,916**	**79,601**	**71,449**
Current liabilities					
Trade and other payables	30	(105,734)	(81,770)	(106,703)	(81,005)
Borrowings	32	(3,193)	(1,872)	(3,193)	(1,872)
Provisions	35	(608)	(579)	(608)	(579)
Other liabilities	31	(2,413)	(1,573)	(2,413)	(1,573)
Total current liabilities		**(111,948)**	**(85,794)**	**(112,917)**	**(85,029)**
Total assets less current liabilities		**269,552**	**243,502**	**261,759**	**234,027**
Non-Current liabilities					
Borrowings	32	(13,316)	(10,793)	(13,316)	(10,793)
Provisions	35	(2,698)	(3,306)	(2,698)	(3,306)
Total non-current liabilities		**(16,014)**	**(14,099)**	**(16,014)**	**(14,099)**
Total assets employed		**253,538**	**229,403**	**245,746**	**219,928**
Financed by					
Public dividend capital		271,208	235,793	271,208	235,793
Revaluation reserve		56,648	49,688	56,648	49,688
Income and expenditure reserve		(82,110)	(65,553)	(82,110)	(65,553)
Charitable fund reserves	45	7,500	9,271	-	-
Doncaster & Bassetlaw Healthcare Services Ltd	46	292	204	-	-
Total taxpayers' equity		**253,538**	**229,403**	**245,746**	**219,928**

The notes on pages 7 to 51 form part of these accounts.

Signed 

Date **28/06/2023**

Statement of Changes in Equity for the year ended 31 March 2023

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 2022	**235,793**	**49,688**	**(65,089)**	**9,271**	**204**	**229,867**
Surplus/(deficit) for the year	-	-	(17,021)	(1,771)	88	**(18,704)**
Net Impairments	-	6,960	-	-	-	**6,960**
Public dividend capital received	35,415	-	-	-	-	**35,415**
Taxpayers' and others' equity at 31 March 2023	**271,208**	**56,648**	**(82,110)**	**7,500**	**292**	**253,538**

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 for the year	-	-	(16,259)	233	65	**(15,961)**
Net Impairments	-	4,743	-	-	-	**4,743**
Revaluations - property, plant and equipment	-	-	-	-	-	**-**
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 2023

Trust	Public dividend capital	Revaluation reserve	Income and expenditure	Total
	£000	£000	£000	£000
Taxpayers' and others' equity at 1 April 2022	**235,793**	**49,688**	**(65,089)**	**220,392**
(Deficit) for the year	-	-	(17,021)	**(17,021)**
Net Impairments	-	6,960	-	**6,960**
Public dividend capital received	35,415	-	-	**35,415**
Taxpayers' and others' equity at 31 March 2023	**271,208**	**56,648**	**(82,110)**	**245,746**

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**
Surplus 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**

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

		Group		Trust	
		2022/23	2021/22	2022/23	2021/22
	Note	£000	£000	£000	£000
Cash flows from operating activities					
Operating deficit		(11,867)	(10,570)	(10,591)	(10,009)
Non-cash income and expense:					
Depreciation and amortisation	7.1	15,266	11,694	15,266	11,694
Net impairments	8	6,672	18,775	6,672	18,775
Income recognised in respect of capital donations	4	(299)	(347)	(299)	(347)
Increase in receivables and other assets		(19,964)	(3,157)	(22,438)	(1,909)
Increase in inventories		(375)	(866)	(200)	(910)
Increase in payables and other liabilities		8,944	13,618	10,863	12,611
Increase/(decrease) in provisions		(608)	1,100	(608)	1,078
Movements in charitable fund working capital		185	544	-	-
Corporation tax paid		(15)	(15)	-	-
Other movements in operating cash flows		1,023	292	-	347
Net cash flows from / (used in) operating activities		**(1,038)**	**31,068**	**(1,335)**	**31,330**
Cash flows from investing activities					
Interest received		651	25	651	25
Purchase of intangible assets		(2,435)	(2,241)	(2,435)	(2,241)
Purchase of non-current assets and investment property		(37,640)	(31,858)	(37,640)	(31,858)
Sales of non-current assets and investment property		91	-	91	-
Receipt of cash donations to purchase capital assets		299		299	
		(39,034)	**(34,074)**	**(39,034)**	**(34,074)**
Cash flows from financing activities					
Public dividend capital received		35,415	6,924	35,415	6,924
Movement on loans from DHSC		(1,826)	(2,056)	(1,826)	(2,056)
Capital element of lease liability repayments		(682)		(682)	
Interest on loans		(273)	(313)	(273)	(313)
Interest element of lease liability repayments		(42)		(42)	
PDC dividend paid		(6,172)	(6,318)	(6,172)	(6,318)
Net cash flows from / (used in) financing activities		**26,420**	**(1,763)**	**26,420**	**(1,763)**
Decrease in cash and cash equivalents		**(13,652)**	**(4,769)**	**(13,949)**	**(4,507)**
Cash and cash equivalents at 1 April - brought forward		**47,316**	**52,085**	**46,439**	**50,947**
Cash and cash equivalents at 31 March	29	**33,664**	**47,316**	**32,490**	**46,440**

Notes to the Accounts

Note 1 Accounting policies and other information

Note 1.1 Basis of preparation

NHS England 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 2022/23 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 July 2024 and is based on:

- Continuing support from local and national partners.
- 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.
- Funding for 2024/25 will continue at similar levels to 2023/24

Planning for 2023/24 indicates that the Trust will be in a financial deficit of £26.8m and the assumptions include an efficiency target of £22.1m and this, coupled with capital expenditure plans means that there will be pressures on cash for the foreseeable future. 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 review any capital spending plans. It is likely that the Trust will need to require central funding in order to maintain a positive cash balance in the Going Concern period as set out in the Trust’s financial plan to NHS England. There is a national process in place for requesting revenue cash support for Provider organisations. The request for revenue cash support cannot be requested under the guidance until closer to the time of the need for cash and can only be requested as required (rather than annually). The Trust plans on requesting cash for Q2 - Q4 of 2022/23.

As at 31st March 2023, the financial statements show balances of cash and cash equivalents of £32.5m, which represents 21 days of liquidity to the Trust. In order to accurately predict what support may be required, the trust has produced a reasonable cashflow forecast, which shows liquidity support will be required from Q2 of 2023. Funding for 2023/24 has flowed in line with the financial plan in the first two months of the financial year, demonstrating that forecasting appears accurate.

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.

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. Its year end is the same as the Trust and Group.

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. Funding envelopes are set at an Integrated Care System (ICS) level. The majority of the Trust's income is earned from NHS commissioners in the form of fixed payments to fund an agreed level of activity.

In 2022/23 fixed payments are set at a level assuming the achievement of elective activity targets. These are termed 'aligned payment and incentive' contracts.

Elective recovery funding provides additional funding for the delivery of elective services. In 2022/23, elective recovery funding was included within the aligned payment and incentive contracts. In 2021/22, income earned by the system based on achievement of elective recovery targets was distributed between individual entities by local agreement and income earned from the fund was accounted for as variable consideration.

The Trust also receives income from commissioners under Commissioning for Quality Innovation (CQUIN) and Best Practice Tariff (BPT) schemes. Delivery under these schemes is part of how care is provided to patients. As such CQUIN and BPT payments are not considered distinct performance obligations in their own right; instead they form part of the transaction price for performance obligations under the overall contract with the commissioner. In 2022/23 payment under these schemes is included in fixed payments from commissioners based on assumed achievement of criteria. Adjustments for actual performance are made through the variable element of the contract payments.

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. This is explained further in Note 1.4.2.

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. Where the grant is used to fund capital expenditure, it is credited to the consolidated statement of comprehensive income once conditions attached to the grant have been met. Donations are treated in the same way as government grants.

The value of the benefit received when accessing funds from 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 when all 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 such as social security costs and the apprenticeship levy are recognised in the period in which the service is received from employees. The cost of annual leave entitlement 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. Assets in the course of construction and residual interests in off-Statement of Financial Position PFI contract assets are not depreciated until the asset is brought into use or reverts to the trust, respectively.

Revaluation gains and losses

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

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

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

Impairments

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

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

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

Note 1.7.4 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	7	52
Dwellings	17	38
Plant & machinery	7	17
Transport equipment	9	9
Information technology	7	12
Furniture & fittings	9	10

Right of use assets (including land) are depreciated over the shorter of the useful life or the lease term. For 2022/23, this is between 1 and 5 years.

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

The Trust receives 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.

The Trust has some inventories which are valued at the lower of cost and net realisable value, using the first-in first-out cost formula, with the rest being valued at Weighted Average Cost.

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 through income and expenditure

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 does not currently have any such financial assets/liabilities.

Note 1.11.2 Classification and measurement (cont.)

For all financial assets measured at amortised cost including lease receivables, contract receivables and contract assets or assets measured at fair value through other comprehensive income, the Trust recognises an allowance for expected credit losses. 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

A lease is a contract or part of a contract that conveys the right to use an asset for a period of time in exchange for consideration. An adaptation of the relevant accounting standard by HM Treasury for the public sector means that for NHS bodies, this includes lease-like arrangements with other public sector entities that do not take the legal form of a contract. It also includes peppercorn leases where consideration paid is nil or nominal (significantly below market value) but in all other respects meet the definition of a lease. The trust does not apply lease accounting to new contracts for the use of intangible assets.

The Trust determines the term of the lease term with reference to the non-cancellable period and any options to extend or terminate the lease which the Trust is reasonably certain to exercise.

Note 1.12.1 The Trust as lessee

Initial recognition and measurement

At the commencement date of the lease, being when the asset is made available for use, the Trust recognises a right of use asset and a lease liability.

The right of use asset is recognised at cost comprising the lease liability, any lease payments made before or at commencement, any direct costs incurred by the lessee, less any cash lease incentives received. It also includes any estimate of costs to be incurred restoring the site or underlying asset on completion of the lease term.

The lease liability is initially measured at the present value of future lease payments discounted at the interest rate implicit in the lease. Lease payments includes fixed lease payments, variable lease payments dependent on an index or rate and amounts payable under residual value guarantees. It also includes amounts payable for purchase options and termination penalties where these options are reasonably certain to be exercised.

Where an implicit rate cannot be readily determined, the Trust's incremental borrowing rate is applied. This rate is determined by HM Treasury annually for each calendar year. A nominal rate of 0.95% applied to new leases commencing in 2022 and 3.51% to new leases commencing in 2023.

The trust does not apply the above recognition requirements to leases with a term of 12 months or less or to leases where the value of the underlying asset is below £5,000, excluding any irrecoverable VAT. Lease payments associated with these leases are expensed on a straight-line basis over the lease term or other systematic basis. Irrecoverable VAT on lease payments is expensed as it falls due.

Subsequent measurement

As required by a HM Treasury interpretation of the accounting standard for the public sector, which requires that Trust employs a revaluation model for subsequent measurement of right of use assets, in this instance the Trust considered the cost model to be an appropriate proxy for current value in existing use or fair value, in line with the accounting policy for owned assets. Where consideration exchanged is identified as significantly below market value, the cost model is not considered to be an appropriate proxy for the value of the right of use asset.

The Trust subsequently measures the lease liability by increasing the carrying amount for interest arising which is also charged to expenditure as a finance cost and reducing the carrying amount for lease payments made. The liability is also remeasured for changes in assessments impacting the lease term, lease modifications or to reflect actual changes in lease payments. Such remeasurements are also reflected in the cost of the right of use asset. Where there is a change in the lease term or option to purchase the underlying asset, an updated discount rate is applied to the remaining lease payments.

Note 1.12.2 The Trust as lessor

The Trust assesses each of its leases and classifies them as either a finance lease or an operating lease. 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.

Where the Trust is an intermediate lessor, classification of the sublease is determined with reference to the right of use asset arising from the headlease.

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

Income from operating leases is recognised on a straight-line basis or another systematic 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 1.12.2 The Trust as lessor - cont

Initial application of IFRS 16

IFRS 16 Leases as adapted and interpreted for the public sector by HM Treasury has been applied to these financial statements with an initial application date of 1 April 2022. IFRS 16 replaces IAS 17 Leases, IFRIC 4 Determining whether an arrangement contains a lease and other interpretations.

The standard has been applied using a modified retrospective approach with the cumulative impact recognised in the income and expenditure reserve on 1 April 2022. Upon initial application, the provisions of IFRS 16 have only been applied to existing contracts where they were previously deemed to be a lease or contain a lease under IAS 17 and IFRIC 4. Where existing contracts were previously assessed not to be or contain a lease, these assessments have not been revisited.

The Trust as lessee

For continuing leases previously classified as operating leases, a lease liability was established on 1 April 2022 equal to the present value of future lease payments discounted at the Trust's incremental borrowing rate of 0.95%. A right of use asset was created equal to the lease liability and adjusted for prepaid and accrued lease payments and deferred lease incentives recognised in the statement of financial position immediately prior to initial application. Hindsight has been used in determining the lease term where lease arrangements contain options for extension or earlier termination.

No adjustments have been made on initial application in respect of leases with a remaining term of 12 months or less from 1 April 2022 or for leases where the underlying assets has a value below £5,000. No adjustments have been made in respect of leases previously classified as finance leases.

The Trust as lessor

Leases of owned assets where the Trust is lessor were unaffected by initial application of IFRS 16. For existing arrangements where the Trust is an intermediate lessor, classification of all continuing sublease arrangements has been reassessed with reference to the right of use asset.

2021/22 comparatives

Comparatives for leasing transactions in these accounts have not been restated on an IFRS 16 basis. Under IAS 17 the classification of leases as operating or finance leases still applicable to lessors under IFRS 16 also applied to lessees. In 2021/22, lease paymebasisnts made by the Trust in respect of leases previously classified as operating leases were charged to expenditure on a straight line basis.

Note 1.13 Provisions

The Trust recognises a provision where it has a present legal or constructive obligation 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 in the Statement of Financial Position is the best estimate of the resources required to settle the obligation.

Where the effect of the time value of money is significant, the estimated risk-adjusted cash flows are discounted using HM Treasury's discount rates effective from 31 March 2023:

		Nominal rate	Prior year rate
Short-term	Up to 5 years	3.27%	0.47%
Medium-term	After 5 years up to 10 years	3.20%	0.70%
Long-term	After 10 years up to 40 years	3.51%	0.95%
Very long-term	Exceeding 40 years	3.00%	0.66%

HM Treasury provides discount rates for general provisions on a nominal rate basis. Expected future cash flows are therefore adjusted for the impact of inflation before discounting using nominal rates. The following inflation rates are set by HM Treasury, effective from 31 March 2023:

	Inflation rate	Prior year rate
Year 1	7.40%	4.00%
Year 2	0.60%	2.60%
Into perpetuity	2.00%	2.00%

Early retirement provisions and injury benefit provisions both use the HM Treasury's pension discount rate of 1.70% in real terms (prior year: minus 1.30%) (prior year: minus 0.95).

Clinical negligence costs
NHS Resolution operates a risk pooling scheme under which the Trust pays an annual contribution to NHS Resolution, which, in return, settles all clinical negligence claims. Although NHS Resolution is administratively responsible for all clinical negligence cases, the legal liability remains with the Trust. The total value of clinical negligence provisions carried by NHS Resolution on behalf of the Trust is disclosed at note 35.2 but is is not recognised in the Trust's accounts.

Non-clinical risk pooling
The functional and presentational currency of the trust is sterling.

A transaction which is denominated in a foreign currency is translated into the functional currency at the spot exchange rate on the date of the transaction.

Where the trust has assets or liabilities denominated in a foreign currency at the Statement of Financial Position date:

• monetary items are translated at the spot exchange rate on 31 March
• non-monetary assets and liabilities measured at historical cost are translated using the spot exchange rate at the date of the transaction and
• non-monetary assets and liabilities measured at fair value are translated using the spot exchange rate at the date the fair value was determined.

Exchange gains or losses on monetary items (arising on settlement of the transaction or on re-translation at the Statement of Financial Position date) are recognised in income or expense in the period in which they arise.

Exchange gains or losses on non-monetary assets and liabilities are recognised in the same manner as other gains and losses on these items.

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 36, 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

The Trust does not hold material levels of third party assets.

Note 1.20 Losses and special payments

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

Losses and special payments are charged to the relevant functional headings in expenditure on an accruals basis, including losses which would have been made good through insurance cover had the Trust not been bearing its own risks. 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 can be found in Note 42.

Note 1.22 Critical judgements in applying accounting policies

The following are the judgements, apart from those involving estimations (see below) that management has made in the process of applying the trust accounting policies and that have the most significant effect on the amounts recognised in the financial statements:

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 2022, which significantly reduces the risk of material misstatement. Generally, the Trust has a desktop valuation each year, and a full valuation every 5 years.

Note 1.23 Early adoption of standards, amendments and interpretations

No new accounting standards or revisions to existing standards have been early adopted in 2022/23.

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 2022/23. These Standards are still subject to HM Treasury FReM adoption.

IFRS 17 Insurance Contracts

The Standard is effective for accounting periods beginning on or after 1 January 2023. IFRS 17 is yet to be adopted by the FReM, therefore 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) - Trust and Group	2022/23 £000	2021/22 £000
Acute services		
Aligned payment & incentive (API) contract income / system block income	419,898	405,861
High cost drugs income from commissioners	29,080	24,067
Other NHS clinical income	134	102
Community services		
Income from other sources (e.g. local authorities)	1,221	3,904
All services		
Private patient income	816	1,176
Elective Recovery Fund	13,454	3,704
Agenda for change pay offer central funding	11,053	-
Additional pension contribution central funding	11,952	11,405
Other clinical income	2,434	964
Total income from activities	**490,042**	**451,183**

Note 3.2 Income from patient care activities (by source) - Trust and Group	2022/23 £000	2021/22 £000
Income from patient care activities received from:		
NHS England	59,170	43,029
Clinical commissioning groups	100,548	401,357
Integrated care boards	325,672	-
NHS Foundation Trusts	47	53
NHS Trusts	-	12
NHS other	134	90
Local authorities	1,221	3,904
Non-NHS: private patients	816	765
Non-NHS: overseas patients (chargeable to patient)	783	411
Injury cost recovery scheme	1,317	1,390
Non NHS: other	334	172
Total income from activities	**490,042**	**451,183**
Of which:		
Related to continuing operations	490,042	451,183
Related to discontinued operations	-	-

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

Income by Commissioner	2022/23	2021/22
	£000	£000
South Yorkshire Integrated Care Board (ICB)	243,503	-
Doncaster CCG	68,839	275,511
Bassetlaw CCG	20,730	78,493
Rotherham CCG	2,652	10,306
Barnsley CCG	1,445	5,578
Sheffield CCG	252	12,191
Non South Yorkshire and Bassetlaw ICS Clinical Commissioning Groups	6,630	19,278
Non South Yorkshire ICBs	82,169	-
	426,220	**401,357**

On 1st July 2022, Clinical Commissioning Groups (CCGs) and Integrated Care Systems (ICSs) were demised and replaced by Integrated Care Boards. As such, the majority of the Trust's income prior to 1st July 2022 was from CCGs, whereas following that date, the income was received from ICBs. Bassetlaw CCG became part of Nottingham and Nottinghamshire ICB from 1st July 2022, which explains the significant value categorised as Non South Yorkshire ICB income.

Note 3.3 Overseas visitors (relating to patients charged directly by the provider) - Trust and Group

	2022/23	2021/22
	£000	£000
Income recognised this year	783	411
Cash payments received in-year	387	47
Amounts added to provision for impairment of receivables	883	555
Amounts written off in-year	406	47

Note 4 Other operating income (Group)	Group		Trust	
	2022/23	2021/22	2022/23	2021/22
	£000	£000	£000	£000
Research and development (contract)	741	567	741	567
Education and training (excluding notional apprenticeship levy income)	18,311	14,155	18,311	14,155
Non-patient care services to other bodies	31,256	28,787	39,462	28,694
Reimbursement and top-up income	2,534	3,808	2,534	3,808
Other contract income	1,656	1,087	1,656	1,087
Education and training - notional income from apprenticeship fund	1,047	989	1,047	989
Rental revenue from operating leases	351	420	351	420
Donations/grants of physical assets (non-cash) - received from other bodies	299	203	299	203
Donated equipment from NHSE for COVID response (non-cash)	-	144	-	144
Contributions to expenditure - consumables (inventory) donated from DHSC group bodies for COVID response	844	698	844	698
Charitable fund incoming resources	452	303		
Total other operating income	**57,491**	**51,161**	**65,245**	**50,765**
Of which:				
Related to continuing operations	57,491	51,161	65,245	50,765
Related to discontinued operations	-	-	-	-

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

In both 2021/22 and 2022/23, 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 2023	31 March 2022
	£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 2022 and 31st March 2023, 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:

	2022/23	2021/22
	£000	£000
Income from services designated as commissioner requested services	490,042	451,183
Income from services not designated as commissioner requested services	65,245	50,765
Total	**555,287**	**501,948**

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 2022/23 or 2021/22.

Note 7.1 Operating expenses (Group)

	2022/23	2021/22
	£000	£000
Purchase of healthcare from NHS and DHSC bodies	5,234	5,587
Purchase of healthcare from non-NHS and non-DHSC bodies	15,521	15,106
Staff and executive directors costs	368,376	322,924
Remuneration of non-executive directors	154	130
Supplies and services - clinical (excluding drugs costs)	37,371	35,987
Supplies and services – clinical: utilisation of consumables donated from DHSC group bodies for COVID response	844	698
Supplies and services - general	8,169	7,883
Drug costs (drugs inventory consumed and purchase of non-inventory drugs)	46,842	41,146
Consultancy costs	377	2,530
Establishment	3,343	3,572
Premises	21,389	17,899
Transport (including patient travel)	2,613	1,662
Depreciation on property, plant and equipment	12,937	10,095
Amortisation on intangible assets	2,329	1,599
Net impairments	6,672	18,775
Movement in credit loss allowance: contract receivables / contract assets	575	32
Increase in other provisions	267	446
Change in provisions discount rate(s)	(277)	(40)
Audit fees payable to the external auditor		
audit services - statutory audit	144	144
audit services - audits of subsidiaries	43	43
Internal audit costs	64	106
Clinical negligence	17,086	16,565
Legal fees	399	552
Insurance	235	282
Research and development	505	406
Education and training	6,351	6,540
Rentals under operating leases	-	1,301
Other NHS charitable fund resources expended	1,837	944
Total	**559,400**	**512,914**
Of which:		
Related to continuing operations	559,400	512,914
Related to discontinued operations	-	-

Note 7.2 Other auditor remuneration (Group)

	2022/23	2021/22
	£000	£000
Other auditor remuneration paid to the external auditor:		
1. Audit of accounts of any subsidiary of the Trust	43	43
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**	**43**

Note 7.3 Limitation on auditor's liability (Group)

The limitation on auditor's liability for external audit work is £2,000k (2021/22: £2,000k).

Note 8 Impairment of assets (Group)

	2022/23	2021/22
	£000	£000
Net impairments charged to operating surplus / deficit resulting from:		
Changes in market price	6,672	18,775
Total net impairments charged to operating surplus / deficit	**6,672**	**18,775**
Impairments (and reversals) of property, plant and equipment charged to the revaluation reserve	(6,960)	(4,743)
Total net impairments	**(288)**	**14,032**

The impairments in 2021/22 and 2022/23 arose due to a revaluation exercise on certain buildings under the modern equivalent asset basis, as a result of changes in market value.

Note 9 Employee benefits (Group)

	2022/23	2021/22
	Total	Total
	£000	£000
Salaries and wages	261,729	235,427
Social security costs	25,950	23,677
Apprenticeship levy	1,151	1,190
Employer's contributions to NHS pensions	27,495	26,049
Pension cost - employer contributions paid by NHSE on provider's behalf (6.3%)	11,952	11,405
Pension cost - other	180	125
Temporary staff (including agency and external bank)	45,091	29,534
Total gross staff costs	**373,548**	**327,407**
Recoveries in respect of seconded staff	-	-
Total staff costs	**373,548**	**327,407**
Of which		
Costs capitalised as part of assets	651	441
Disclosed within:		
Staff and executive directors costs	368,376	322,924
Research and development	505	406
Education and training	4,016	3,636
	372,897	**326,966**

Note 9.1 Retirements due to ill-health (Group)

During 2022/23 there were 4 early retirements from the Trust agreed on the grounds of ill-health (5 in the year ended 31 March 2022). The estimated additional pension liabilities of these ill-health retirements is £449k (£297k in 2021/22). 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 2023, is based on valuation data as at 31 March 2022, updated to 31 March 2023 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 at 20.6% of pensionable pay.

The actuarial valuation as at 31 March 2020 is currently underway and will set the new employer contribution rate due to be implemented from April 2024.

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.

	2022/23	2021/22
	£000	£000
Operating lease revenue		
Minimum lease receipts	351	420
Total	**351**	**420**

	31 March 2023	31 March 2022
	£000	£000
Future minimum lease receipts due:		
- not later than one year;	351	420
- later than one year and not later than five years;	-	-
- later than five years.	-	-
Total	**351**	**420**

Note 12 Finance income (Group)

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

	2022/23	2021/22
	£000	£000
Interest on bank accounts	651	25
NHS charitable fund investment income	289	293
Total finance income	**940**	**318**

Note 13.1 Finance expenditure (Group)

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

	2022/23	2021/22
	£000	£000
Interest expense:		
Loans from the Department of Health and Social Care	259	304
Interest on lease obligations	42	-
Total interest expense	**301**	**304**
Unwinding of discount on provisions	29	(22)
Total finance costs	**330**	**282**

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

	2022/23	2021/22
	£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)

	2022/23	2021/22
	£000	£000
Gains on disposal of property, plant and equipment	91	-
Gains / (losses) on charitable fund investment revaluations	(675)	581
Total gains on disposal of assets	**(584)**	**581**
Total other gains	**(584)**	**581**

Note 15 Trust income statement and statement of comprehensive income

The Trust's surplus/(deficit) for the period was (£17,021k) (2021/22: (£16,259k)). The Trust's total comprehensive income/(expense) for the period was (£10,061k) (2021/22: (£11,516k)).

Note 16 Discontinued operations (Group)

Discontinued operations occur where activities either cease without transfer to another entity, or transfer to an entity outside of the boundary of Whole of Government Accounts, such as private or voluntary sectors. Such activities are accounted for in accordance with IFRS 5. Activities that are transferred to other bodies within the boundary of Whole of Government Accounts are 'machinery of government changes' and treated as continuing operations.The Trust does not have any operations that are classified as discontinued in either 2021/22 or 2022/23.

Note 17.1 Intangible assets - 2022/23

Group and Trust	Software licences	Other (purchased)	Total
	£000	£000	£000
Valuation / gross cost at 1 April 2022	**22,439**	**27**	**22,466**
Additions	2,435	-	**2,435**
Valuation / gross cost at 31 March 2023	**24,874**	**27**	**24,901**
Amortisation at 1 April 2022	**12,476**	**-**	**12,476**
Provided during the year	2,329	-	**2,329**
Amortisation at 31 March 2023	**14,805**	**-**	**14,805**
Net book value at 31 March 2023	**10,069**	**27**	**10,096**
Net book value at 1 April 2022	**9,963**	**27**	**9,990**

Note 17.2 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 18.1 Property, plant and equipment - 2022/23

Group and Trust	Land	Buildings excluding dwellings	Dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Valuation/gross cost at 1 April 2022	**8,690**	**196,490**	**2,653**	**-**	**57,796**	**250**	**14,039**	**5,374**	**285,292**
Additions	-	26,735	-	17,401	7,248	-	1,135	156	**52,675**
Additions - donations of physical assets (non-cash)	-	-	-	-	299	-	-	-	**299**
Impact of revaluations/impairments	(391)	(5,083)	(135)	-	-	-	-	-	**(5,609)**
Disposals	-	-	-	-	(623)	-	-	-	**(623)**
Valuation/gross cost at 31 March 2023	**8,299**	**218,142**	**2,518**	**17,401**	**64,720**	**250**	**15,174**	**5,530**	**332,034**
Accumulated depreciation at 1 April 2022	**-**	**1,203**	**18**	**-**	**34,687**	**228**	**9,733**	**4,727**	**50,596**
Provided during the year	-	6,878	119	-	3,674	6	837	202	**11,716**
Impact of revaluations/impairments	-	(5,792)	(105)	-	-	-	-	-	**(5,897)**
Disposals	-	-	-	-	(623)	-	-	-	**(623)**
Accumulated depreciation at 31 March 2023	**-**	**2,289**	**32**	**-**	**37,738**	**234**	**10,570**	**4,929**	**55,792**
Net book value at 31 March 2023	**8,299**	**215,853**	**2,486**	**17,401**	**26,982**	**16**	**4,604**	**601**	**276,242**
Net book value at 1 April 2022	**8,690**	**195,287**	**2,635**	**-**	**23,109**	**22**	**4,306**	**647**	**234,696**

Note 18.2 Property, plant and equipment - 2021/22

Group and Trust	Land	Buildings excluding dwellings	Dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£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)	-	-	-	-	347	-	-	-	**347**
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)	0	**(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 18.3 Property, plant and equipment financing - 2022/23

Group and Trust	Land	Buildings excluding dwellings	Dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Net book value at 31 March 2023									
Owned - purchased	8,299	215,853	2,486	17,401	24,512	16	4,604	601	**273,772**
Owned - equipment donated from DHSC and NHS England for Covid response	-	-	-	-	1,466	-	-	-	**1,466**
Owned - donated/granted	-	-	-	-	1,004	-	-	-	**1,004**
NBV total at 31 March 2023	**8,299**	**215,853**	**2,486**	**17,401**	**26,982**	**16**	**4,604**	**601**	**276,242**

Note 18.4 Property, plant and equipment financing - 2021/22

Group and Trust	Land	Buildings excluding dwellings	Dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£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 19.1 Right of Use Assets - 2022/23

Group and Trust	Property (land and buildings)	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000
Valuation/gross cost at 1 April 2022	**-**	**-**	**-**	**-**	**-**	**-**
Recognition of right of use assets for existing operating leases on initial application of IFRS 16 on 1 April 2022	4,505	607	523	1,240	-	**6,875**
Additions	197	192	-	-	-	**389**
Valuation/gross cost at 31 March 2023	**4,702**	**799**	**523**	**1,240**	**-**	**7,264**
Accumulated depreciation at 1 April 2022	**-**	**-**	**-**	**-**	**-**	**-**
Provided during the year - right of use asset	667	201	126	227	-	**1,221**
Accumulated depreciation at 31 March 2023	**667**	**201**	**126**	**227**	**-**	**1,221**
Net book value at 31 March 2023	**4,035**	**598**	**397**	**1,013**	**-**	**6,043**
Net book value at 1 April 2022	**-**	**-**	**-**	**-**	**-**	**-**

Note 19.2 Initial application of IFRS 16 on 1 April 2022

IFRS 16 as adapted and interpreted for the public sector by HM Treasury has been applied to leases in these financial statements with an initial application date of 1 April 2022.

The standard has been applied using a modified retrospective approach without the restatement of comparatives. Practical expedients applied by the Trust on initial application are detailed in the leases accounting policy in note 1.12

Lease liabilities created for existing operating leases on 1 April 2022 were discounted using the weighted average incremental borrowing rate determined by HM Treasury as 0.95%.

Note 19.3 Right of Use Assets - Summary Information - 2022/23

The financial impact of the Right of Use Assets can be summarised by the following table, in line with paragraph 53 and 54 of IFRS 16:

	Note	2022/23
Depreciation charge for RoU assets by class of underlying asset		
- Property (land and buildings)	19	667
- Plant & machinery		201
- Transport equipment		126
- Information technology		227
- Furniture & fittings		-
Interest expense on lease liabilities	32	42
Expense relating to short term leases		-
Expense relating to leases of low value assets (excluding short term)		-
Expense relating to variable lease payments not in the liability		-
Income from subleasing		-
Total cash outflow for leases	32	(682)
Additions to right of use assets	19	389
Gains or losses arising from sale and leaseback transactions		-
Net Book Value of Right of Use assets by the following asset classification;		
- Property (land and buildings)	19	4,035
- Plant & machinery		598
- Transport equipment		397
- Information technology		1,013
- Furniture & fittings		-

Comparatives are not required, as 2022/23 is the first year of the accounting standard.

Note 19.4 Reconciliation of the carrying value of lease liabilities - 2022/23

Carrying value at 31 March 2022	
IFRS 16 implementation - adjustments for existing operating leases	5,977
Lease additions	389
Interest charge arising in year	42
Lease payments (cash outflows)	(724)
Carrying value at 31 March 2023	5,684

Note 19.5 Maturity analysis of future lease payments at 31 March 2023

The financial impact of the Right of Use Assets can be summarised by the following table, in line with paragraph 53 and 54 of IFRS 16:

	Total 31 March 2023 £000	Of which leased from DHSC group bodies: 31 March 2023 £000
Undiscounted future lease payments payable in:		
- not later than one year;	1,327	-
- later than one year and not later than five years;	4,357	-
- later than five years.	-	-
Total net and gross future lease payments	**5,684**	**-**

Note 19.6 Maturity analysis of finance lease liabilities at 31 March 2022 (IAS 17 basis)

The Trust did not have any finance lease liabilities as at 31 March 2022

Note 19.7 Commitments in respect of operating leases at 31 March 2022 (IAS 17 basis)

This note discloses costs incurred in 2021/22 and commitments as at 31 March 2022 for leases the trust previously determined to be operating leases under IAS 17.

	2021/22 £000
Operating lease expense	
Minimum lease payments	420
Total	**420**

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

Note 19.8 Reconciliation of operating lease commitments as at 31 March 2022 to lease liabilities under IFRS 16 as at 1 April 2022

	1 April 2022 £000
Operating lease commitments under IAS 17 at 31 March 2022	**430**
Impact of discounting at the incremental borrowing rate	(5)
IAS 17 operating lease commitment discounted at incremental borrowing rate	**425**
Adjustments for contracts reassessed for being or containing a lease on transition to IFRS 16.	5,552
Total lease liabilities under IFRS 16 as at 1 April 2022	**5,977**

Note 20 Donations of property, plant and equipment

Doncaster & Bassetlaw Teaching Hospitals Foundation Trust has received donated assets totalling £299k in 2022/23. In 2021/22, donated assets totalling £347k were received.

Note 21 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 2021/22 and 2022/23, the Trust undertook a revaluation based on a Modern Equivalent Asset basis on its land and buildings.

Note 22 Investment Property

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

Note 23 Other investments / financial assets (non-current)

	Group		Trust	
	2022/23	**2021/22**	**2022/23**	**2021/22**
	£000	**£000**	**£000**	**£000**
Carrying value at 1 April - brought forward	**9,323**	**8,741**	**550**	**550**
Acquisitions in year	1,882	1,567	-	-
Movement in fair value through income and expenditure	(675)	581	-	-
Disposals	(2,622)	(1,566)	-	-
Carrying value at 31 March	**7,908**	**9,323**	**550**	**550**

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

Note 23.1 Other investments / financial assets (current)

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

Note 24 Disclosure of interests in other entities

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

Note 25 Inventories

	Group		Trust	
	31 March 2023 £000	31 March 2022 £000	31 March 2023 £000	31 March 2022 £000
Drugs	2,588	3,048	1,936	2,571
Consumables	5,675	4,840	5,675	4,840
Total inventories	**8,263**	**7,888**	**7,611**	**7,411**

Inventories recognised in expenses for the year were £61,825k (2021/22: £53,885k). Write-down of inventories recognised as expenses for the year were £0k (2021/22: £0k).

Note 26.1 Receivables

	Group		Trust	
	31 March 2023	31 March 2022	31 March 2023	31 March 2022
	£000	£000	£000	£000
Current				
Contract receivables	28,804	13,225	31,342	12,999
Allowance for impaired contract receivables / assets	(2,010)	(1,812)	(2,010)	(1,812)
Prepayments (non-PFI)	1,549	1,630	1,548	1,630
PDC dividend receivable	-	329	-	329
VAT receivable	8,523	4,301	8,220	4,301
Clinician pension tax provision reimbursement funding from NHSE	36	39	36	39
Other receivables	238	-	364	112
Total current receivables	**37,140**	**17,712**	**39,500**	**17,598**
Non-current				
Contract receivables	2,862	2,880	2,862	2,880
Clinician pension tax provision reimbursement funding from NHSE	885	1,047	885	1,047
Allowance for impaired contract receivables / assets	(1,603)	(1,556)	(1,603)	(1,556)
Total non-current receivables	**2,144**	**2,371**	**2,144**	**2,371**
Of which receivable from NHS and DHSC group bodies:				
Current	19,866	6,345	19,866	6,345
Non-current	885	1,047	885	1,047

Note 26.2 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 2022 - brought forward	**3,368**	**-**	**3,368**	**-**
New allowances arising	602	-	602	-
Reversals of allowances (where receivable is collected in-year)	(27)	-	(27)	-
Utilisation of allowances (write offs)	(330)	-	(330)	-
Allowances as at 31 Mar 2023	**3,613**	**-**	**3,613**	-

	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 (write offs)	(140)	-	(140)	
Allowances as at 31 Mar 2022	**3,368**	**-**	**3,368**	**-**

Note 27 Other assets

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

Note 28 Liabilities in disposal groups

The Trust does not have any liabilities in disposal groups.

Note 29 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	
	2022/23	**2021/22**	**2022/23**	**2021/22**
	£000	**£000**	**£000**	**£000**
At 1 April	**47,316**	**52,085**	**46,440**	**50,947**
Net change in year	(13,652)	(4,769)	(13,950)	(4,507)
At 31 March	**33,664**	**47,316**	**32,490**	**46,440**
Broken down into:				
Cash at commercial banks and in hand	568	658	63	54
Cash with the Government Banking Service	33,096	46,658	32,427	46,386
Total cash and cash equivalents as in SoFP and SOCF	**33,664**	**47,316**	**32,490**	**46,440**

Note 30 Trade and other payables

	Group		Trust	
	31 March 2023	31 March 2022	31 March 2023	31 March 2022
	£000	£000	£000	£000
Current				
Trade payables	8,154	15,881	9,766	15,881
Capital payables	26,844	11,510	26,844	11,510
Accruals	57,383	37,979	57,504	37,791
Annual leave accrual	1,088	5,115	1,088	5,115
Social security costs	7,101	6,685	7,101	6,685
Other taxes payable	17	15	-	-
PDC dividend payable	341	-	341	-
Pension contributions payable	3,917	3,598	3,917	3,598
Other payables	142	425	142	425
NHS charitable funds: trade and other payables	747	562	-	-
Total current trade and other payables	**105,734**	**81,770**	**106,703**	**81,005**
Of which payables from NHS and DHSC group bodies:				
Current	8,988	6,509	8,988	6,509
Non-current	-	-	-	-

Note 30.1 Early retirements in NHS payables above

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

	31 March 2023	31 March 2023	31 March 2022	31 March 2022
	£000	Number	£000	Number
- to buy out the liability for early retirements over 5 years	449		-	
- number of cases involved		4		-

Note 31 Other liabilities

	Group		Trust	
	31 March 2023	31 March 2022	31 March 2023	31 March 2022
	£000	£000	£000	£000
Current				
Deferred income: contract liabilities	2,413	1,573	2,413	1,573
Total other current liabilities	**2,413**	**1,573**	**2,413**	**1,573**

Note 32 Borrowings

	Group		Trust	
	31 March 2023	31 March 2022	31 March 2023	31 March 2022
	£000	£000	£000	£000
Current				
Loans from DHSC	1,866	1,872	1,866	1,872
Lease liabilities	1,327	-	1,327	-
Total current borrowings	**3,193**	**1,872**	**3,193**	**1,872**
Non-current				
Loans from DHSC	8,959	10,793	8,959	10,793
Lease liabilities	4,357	-	4,357	-
Total non-current borrowings	**13,316**	**10,793**	**13,316**	**10,793**

Note 32.1 Reconciliation of liabilities arising from financing activities

Group and Trust	Loans from DHSC	Lease liabilities	Total
	£000	£000	£000
Carrying value at 1 April 2022	**12,665**	**-**	**12,665**
Cash movements:			
Financing cash flows - payments and receipts of principal	(1,826)	(682)	**(2,508)**
Financing cash flows - payments of interest	(273)	(42)	**(315)**
Non-cash movements:			
Impact of implementing IFRS 16 on 1 April 2022	-	5,977	**5,977**
Additions	-	389	**389**
Application of effective interest rate	259	42	**301**
Carrying value at 31 March 2023	**10,825**	**5,684**	**16,509**

Note 32.2 Lease liabilities - maturity analysis

	31 March 2023
Undiscounted future lease payments payable in:	£000
- not later than one year;	1,327
- later than one year and not later than five years;	4,357
Total net and gross lease liabilities	**5,684**

Note 33 Other financial liabilities

Neither the Group or Trust has any other financial liabilities.

Note 34 Finance leases

Note 34.1 Doncaster & Bassetlaw Teaching Hospitals NHS Foundation Trust as a lessor

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

Note 34.2 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 35.1 Provisions for liabilities and charges analysis - Group and Trust - restated

Group & Trust	Pensions: early departure costs	Pensions: injury benefits	Legal claims	Clinicians' pension reimbursement	Lease Dilapidations (previously charged to revenue)	Total
	£000	£000	£000	£000	£000	£000
At 1 April 2022	**1,180**	**1,053**	**328**	**1,086**	**238**	**3,885**
Change in the discount rate	(200)	(77)	-	(810)	-	**(1,087)**
Arising during the year	99	27	182	632	-	**940**
Utilised during the year	(86)	(64)	(99)	(5)	-	**(254)**
Reversed unused	-	(64)	(161)	-	-	**(225)**
Unwinding of discount	16	13	-	18	-	**47**
At 31 March 2023	**1,009**	**888**	**250**	**921**	**238**	**3,306**
Expected timing of cash flows:						
- not later than one year;	108	214	250	36	-	**608**
- later than one year and not later than five years;	333	455	-	45	238	**1,071**
- later than five years.	568	219	-	840	-	**1,627**
Total	**1,009**	**888**	**250**	**921**	**238**	**3,306**

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 (2022/23: £1,009k, 2021/22: £1,180k) and Pensions: injury benefits (2022/23: £888k, 2021/22: £1,053k) 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.

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 35.2 Clinical negligence liabilities

At 31 March 2023, £222,992k was included in provisions of NHS Resolution in respect of clinical negligence liabilities of Doncaster & Bassetlaw Teaching Hospitals NHS Foundation Trust (31 March 2022: £319,033k).

Note 36 Contingent assets and liabilities

	Group		Trust	
	31 March 2023	31 March 2022	31 March 2023	31 March 2022
	£000	£000	£000	£000
Value of contingent liabilities				
NHS Resolution legal claims	68	86	68	86
Gross value of contingent liabilities	**68**	**86**	**68**	**86**
Amounts recoverable against liabilities	-	-	-	-
Net value of contingent liabilities	**68**	**86**	**68**	**86**

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 37 Contractual capital commitments

	Group		Trust	
	31 March 2023	31 March 2022	31 March 2023	31 March 2022
	£000	£000	£000	£000
Property, plant and equipment	-	1,796	-	1,796
Total	**-**	**1,796**	**-**	**1,796**

Note 38 Other financial commitments

The Group / Trust does not have any commitments to make payments under non-cancellable contracts.

Note 39 Defined benefit pension schemes

The Trust does not operate any material defined pension schemes other than the statutory NHS Pension Scheme.

Note 40 Financial instruments

Note 40.1 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 Integrated Commissioning Board (ICB's) and the way those ICB'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 £71,307k (2021/22: £70,462k), 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 40.2.

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 40.2 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 2023 under IFRS 9	**£000**	**£000**	**£000**	**£000**
Trade and other receivables excluding non financial assets	29,212	-	-	**29,212**
Cash and cash equivalents	33,159	-	-	**33,159**
Consolidated NHS Charitable fund financial assets	505	7,908	-	**8,413**
Total at 31 March 2023	**62,876**	**7,908**	**-**	**70,784**

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 2023 under IFRS 9	**£000**	**£000**	**£000**	**£000**
Trade and other receivables excluding non financial assets	29,732	-	-	**29,732**
Cash and cash equivalents	32,490	-	-	**32,490**
Total at 31 March 2023	**62,222**	**-**	**-**	**62,222**

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 40.2 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 2023 under IFRS 9			
Loans from the Department of Health and Social Care	10,825	-	**10,825**
Obligations under leases	5,684	-	**5,684**
Trade and other payables excluding non financial liabilities	97,528	-	**97,528**
IAS 37 provisions which are financial liabilities	3,306	-	**3,306**
Consolidated NHS charitable fund financial liabilities	747	-	**747**
Total at 31 March 2023	**118,090**	**-**	**118,090**

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	74,508	-	**74,508**
IAS 37 provisions which are financial liabilities	3,885	-	**3,885**
Consolidated NHS charitable fund financial liabilities	562	-	**562**
Total at 31 March 2022	**91,620**	**-**	**91,620**

Trust	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 2023 under IFRS 9			
Loans from the Department of Health and Social Care	10,825	-	**10,825**
Obligations under leases	5,684	-	**5,684**
Trade and other payables excluding non financial liabilities	94,185	-	**94,185**
IAS 37 provisions which are financial liabilities	3,306	-	**3,306**
Total at 31 March 2023	**114,000**	**-**	**114,000**

Trust	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	72,153	-	**72,153**
IAS 37 provisions which are financial liabilities	3,885	-	**3,885**
Total at 31 March 2022	**88,703**	**-**	**88,703**

Note 40.3 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 40.4 Maturity of financial liabilities

	Group		Trust	
	31 March 2023	31 March 2022	31 March 2023	31 March 2022
	£000	£000	£000	£000
In one year or less	103,488	77,521	103,488	77,521
In more than one year but not more than five years	7,294	4,589	7,294	4,589
In more than five years	10,586	9,352	10,586	9,352
Total	**121,368**	**91,462**	**121,368**	**91,462**

Note 41 Losses and special payments - restated

	2022/23		2021/22	
Group and Trust	number of cases	value of cases	number of cases	value of cases
	Number	£000	Number	£000
Total losses - bad debts	**304**	**413**	**51**	**64**
Special payments				
Compensation under court order or legally binding arbitration award	19	119	14	63
Ex-gratia payments	28	23	16	14
Other	3	316	-	-
Total special payments	**50**	**458**	**30**	**77**
Total losses and special payments	**354**	**871**	**81**	**141**

As a result of a legal ruling with regards the interpretation of VAT guidance surrounding lease cars for staff, the Trust paid a total of £315k back to staff, that it recovered from HMRC. This is treated as one case in the above table. The Trust did not financially benefit from this legal ruling.

Note 42 Gifts

In 2022/23, the Trust did not make any 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.

Note 43 Related parties

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

	2023 Receivables £000	2022 Receivables £000
Other NHS bodies	19,830	5,977
Other bodies (including WGA bodies)	8,523	4,302
	28,353	**10,279**

	31 March 2023 Payables £000	31 March 2022 Payables £000
Other NHS bodies	9,212	6,473
Other bodies (including WGA bodies)	11,078	11,976
	20,290	**18,449**

	2023 Income £000	2022 Income £000
Other NHS bodies	515,782	475,164
Other bodies (including WGA bodies)	1,620	3,945
	517,402	**479,109**

	2023 Expenditure £000	2022 Expenditure £000
Other NHS bodies	37,259	33,957
Other bodies (including WGA bodies)	118,382	83,761
	155,641	**117,718**

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 44 Events after Balance Sheet Date

There are no events after the Balance Sheet date

Note 45 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

	2022/23	2021/22
	Total Funds	
	£000	£000
Incoming resources	452	303
Resources expended	(1,837)	(944)
Net outgoing resources	**(1,385)**	**(641)**
Investment Income	289	293
Gains on revaluation and disposal of investment assets	(675)	581
Net movement in funds	**(1,771)**	**233**
Fund balances at 1 April	9,271	9,038
Fund balances at 31 March	**7,500**	**9,271**

	2022/23	2021/22
	Total Funds	
	£000	£000
Investment assets	7,908	9,323
Cash	505	604
Current liabilities	(913)	(656)
Total net assets	**7,500**	**9,271**

	2023	2022
	£000	£000
Unrestricted income funds	5,050	2,630
Other restricted income funds	2,450	6,641
	7,500	**9,271**

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 46 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

	2022/23 £000	2021/22 £000
Incoming resources	9,674	9,059
Resources expended	(9,586)	(8,994)
Net outgoing resources	**88**	**65**

	2022/23 £000	2021/22 £000
Current assets	2,935	2,199
Cash	337	272
Current liabilities	(2,430)	(1,717)
Total net assets	**842**	**754**
Share Capital	550	550
Income & Expenditure reserve	292	204
Total net assets	**842**	**754**

NHS

Doncaster and Bassetlaw Teaching Hospitals

NHS Foundation Trust