



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

BOARD MEETING

BOARD MEETING



2 July 2024



09:30 GMT+1 Europe/London



Virtual - MS Teams



Join the meeting now

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REFERENCES

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 00 - Board of Directors Public Agenda - 2 July 2024 v4.pdf

**Board of Directors Meeting Held in Public
To be held on Tuesday 2 July 2024 at 09:30
Via MS Teams**

		Purpose	Page	Time
A	OPENING ITEMS			09:30
A1	<p>Welcome, apologies for absence and declarations of interest <i>Suzy Brain England OBE, Chair of the Board</i> <i>Members of the Board and others present are reminded that they are required to declare any pecuniary or other interests which they have in relation to any business under consideration at the meeting and to withdraw at the appropriate time. Such a declaration may be made under this item or at such time when the interest becomes known</i></p> <p><i>Members of the public and governor observers will have both their camera and microphone disabled for the duration of the meeting.</i></p>			10
A2	<p>Actions from previous meeting <i>Suzy Brain England OBE, Chair of the Board</i></p>	Review		
A3	<p>Chair's Report <i>Suzy Brain England OBE, Chair of the Board</i></p>	Information		10
A4	<p>Chief Executive's Report <i>Richard Parker OBE, Chief Executive</i></p>	Information		10
B	STRATEGY, PLANNING & PARTNERSHIPS			10:00
B1	<p>Strategic Priorities – Measuring Success <i>Zara Jones, Deputy Chief Executive</i></p>	Approve		10
B2	<p>Doncaster & Bassetlaw Healthcare Services Update <i>Jon Sargeant, Chief Financial Officer</i></p>	Assurance		10
C	ASSURANCE & GOVERNANCE			10:20
C1	<p>Integrated Quality & Performance Report <i>Executive Directors</i></p>	Assurance		20
C2	<p>Financial Position & Financial Plan Update <i>Jon Sargeant, Chief Financial Officer</i></p>	Note		10
C3	<p>Response to the Outcome of the Infected Blood Inquiry <i>Dr Nick Mallaband, Acting Executive Medical Director</i></p>	Assurance		10
C4	<p>Chair's Assurance Log – Quality & Effectiveness Committee <i>Jo Gander, Non-executive Director</i></p>	Assurance		5
C5	<p>Chair's Assurance Log – People Committee <i>Mark Bailey, Non-executive Director</i></p>	Assurance		5

C6	Chair's Assurance Log – Finance & Performance Committee <i>Mark Day, Non-executive Director</i>	Assurance		5
C7	Chair's Assurance Log - Audit & Risk Committee <i>Jo Gander, Non-executive Director</i>	Assurance		5
C8	Chair's Assurance Log – Charitable Funds Committee <i>Hazel Brand, Non-executive Director</i>	Assurance		5
C9	Audit & Risk Committee Annual Report <i>Jo Gander, Non-executive Director</i>	Assurance		5
C10	Compliance with the Provider Licence Continuity of Services Condition (Cos7) <i>Rebecca Allen, Associate Director of Strategy, Partnerships & Governance</i>	Approve		5
BREAK 11:35– 11:45				
D	STATUTORY & REGULATORY			11:45
D1	Maternity & Neonatal Update - Maternity Workforce <i>Karen Jessop, Chief Nurse</i> <i>Danielle Bhanvra, Head of Midwifery</i>	Assurance		10
D2	Learning from Deaths <i>Dr Nick Mallaband, Acting Executive Medical Director</i>	Assurance		10
D3	Guardian of Safe Working Quarterly Report <i>Mr Mohammad Khan, Guardian of Safe Working</i> <i>Dr Nick Mallaband, Acting Executive Medical Director</i> <i>Anthony Jones, Deputy Director of People & OD</i>	Assurance		10
D4	Workforce Race Equality & Disability Equality Standards <i>Anthony Jones, Deputy Director of People & OD</i>	Note		5
D5	2023/24 Annual Report & Accounts, including Annual Governance Statement 2023/24 Quality Accounts <i>Richard Parker OBE, Chief Executive</i>	Note		5
D6	Use of Trust Seal <i>Rebecca Allen, Associate Director of Strategy, Partnerships & Governance</i>	Note		5
D7	Estates Return Information Collection 2023/24 <i>Jon Sargeant, Chief Financial Officer</i>	Approve		10
E	INFORMATION			12:40
E1	Board of Directors Work Plan <i>Rebecca Allen, Associate Director of Strategy, Partnership & Governance</i>	Information		-

F	CLOSING ITEMS			12:40
F1	Minutes of the meeting held on 7 May 2024 <i>Suzy Brain England OBE, Chair of the Board</i>	Approve		5
F2	Pre-submitted Governor questions regarding the business of the meeting (10 minutes) * <i>Suzy Brain England OBE, Chair of the Board</i>	Discussion		10
F3	Any other business (to be agreed with the Chair prior to the meeting) <i>Suzy Brain England OBE, Chair of the Board</i>	Discussion		10
F4	Date and time of next meeting: Date: Tuesday 3 September 2024 Time: 9:30 Venue: MS Teams	Information		
F5	Withdrawal of Press and Public Board to resolve: That representatives of the press and other members of the public be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest. <i>Suzy Brain England OBE, Chair of the Board</i>	Note		
G	MEETING CLOSE			13:05

*Governor Questions

The Board of Directors meetings are held in public but they are not 'public meetings' and, as such the meetings, will be conducted strictly in line with the above agenda.

* For Governors in attendance, the agenda provides the opportunity for pre-submitted questions to be tabled by the Chair at an appointed time. Governors should submit their questions to the Trust Board Office in writing to dbth.trustboardoffice@nhs.net by 3pm on the day prior to the meeting.

In respect of this agenda item, the following guidance is provided:

- Questions at the meeting must relate to papers being presented on the day.
- If questions are not answered at the meeting the Trust Board Office will coordinate a response to all Governors, via the Governor database.
- Members of the public and Governors are welcome to raise questions at any other time, on any other matter, either verbally or in writing through the Trust Board Office, or through any other Trust contact point.



Suzy Brain England OBE
Chair of the Board

2407 - A1 WELCOME, APOLOGIES FOR ABSENCE AND DECLARATIONS OF INTEREST

● Standing item

👤 Suzy Brain England OBE, Chair of the Board

🕒 09:30

Members of the Board and others present are reminded that they are required to declare any pecuniary or other interests which they have in relation to any business under consideration at the meeting and to withdraw at the appropriate time. Such a declaration may be made under this item or at such time when the interest becomes known

Members of the public and governor observers will have both their camera and microphone disabled for the duration of the meeting

REFERENCES

Only PDFs are attached



A1 - Register of Interests & FPP (27.6.2024).pdf

Doncaster & Bassetlaw Teaching Hospitals NHS Foundation Trust

Register of Directors' Interests

Register of Interests

Suzy Brain England OBE, Chair of the Board

Chair at Keep Britain Tidy

Lead Examiner for Chartered Director by the Institute of Directors

Founder and Chair of Cloud Talking, Aspirational Mentoring

Co-opted Board member Doncaster Chamber of Commerce

Advisory Committee on Clinical Impact Awards (ACCIA)

Facilitate/Chair NHS Providers training & development session as required

Kath Smart, Non-Executive Director

Chair – Acis Group, Gainsborough (Housing provider)

Court Secretary – Foresters Friendly Society, Sheffield (Mutual Society)

Senior Trust Associate Manager (TAM – or 'Hospital Manager' under the Mental Health Act) – Rotherham, Doncaster & South Humber NHS FT

Mark Bailey, Non-Executive Director

Non-Executive Chair, Doncaster and Bassetlaw Healthcare Services Ltd

Non-Executive Director – Derbyshire Community Health Services Foundation Trust

Charity Trustee – Ashgate Hospice

Executive Coach – NHS Leadership Academy (voluntary)

Non-Executive Director for MEDQP Ltd (Voluntary)

Jo Gander, Non-Executive Director

Membership of Advisory Committee on Clinical Impact Awards (ACCIA) Yorkshire and Humber Sub-Committee

Mark Day , Non-Executive Director

Health Development Director, Equity Solutions Group - (Investment and development organisation that specialises in partnerships with the public sector and the Design, Build, Finance and Operation (DBFO) of bespoke buildings)

Non-Executive Chair, Summerhill Service Limited (SSL)- SSL is a wholly owned subsidiary of Birmingham and Solihull Mental Health NHS Foundation Trust providing a range of support services to the Trust and other customers

Director of Corporate Services, Money Advice Trust, a registered charity providing debt advice to the public, influencing public policy, and collaborating with a range of partners to improve practice

Hazel Brand , Non-Executive Director

Councillor, Bassetlaw District Council (independent) In this role, member of the Council's Appointments and Planning Committees

Parish Councillor, Misterton

(as at 27 June 2024)

Lucy Nickson , Non-Executive Director

Chief Executive for Day One Trauma Support, national charity

Richard Parker OBE, Chief Executive Officer

Member of the South Yorkshire Integrated Care Board

Spouse is a senior Nurse at Sheffield Health and Social Care Trust

Dr Tim Noble, Executive Medical Director

Spouse is a Consultant Physician at DBTH

Jon Sargeant, Interim Director of Recovery, Innovation & Transformation

Director, Doncaster and Bassetlaw Healthcare Services Ltd

Zoe Lintin, Chief People Officer

Trustee on the Board of Sheffield Academy Trust

Spouse works in NHS (STH)

Denise Smith, Chief Operating Officer

Various family members work in NHS. None working in SYB network

Karen Jessop , Chief Nurse

Husband VSM at Hull University Hospital (Chief Nurse Information Officer)

Emma Shaheen, Director Communication & Engagement

Sister is Deputy Director of Involvement, South Yorkshire ICB

The following have no relevant interests to declare:

Emyr Jones	Non-Executive Director
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Zara Jones	Deputy Chief Executive
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Nick Mallaband	Acting Executive Medical Director
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(as at 27 June 2024)

Fit and Proper Person Declarations

The Trust can confirm that every director currently in post has declared that they:

- (i) am not an undischarged bankrupt or a person whose estate has had sequestration awarded in respect of it and who has not been discharged;
- (ii) am not the subject of a bankruptcy restrictions order or an interim bankruptcy restrictions order or an order to like effect made in Scotland or Northern Ireland;
- (iii) am not a person to whom a moratorium period under a debt relief order applies under Part VIIA (debt relief orders) of the Insolvency Act 1986;
- (iv) have not made a composition or arrangement with, or granted a trust deed for, my creditors and not been discharged in respect of it;
- (v) have not within the preceding five years been convicted in the British Islands of any offence and a sentence of imprisonment (whether suspended or not) for a period of not less than three months (without the option of a fine) was imposed on me;
- (vi) am not subject to an unexpired disqualification order made under the Company Directors' Disqualification Act 1986;
- (vii) have the qualifications, competence, skills and experience which are necessary for the relevant office or position or the work for which I am employed;
- (viii) am able by reason of my health, after reasonable adjustments are made, of properly performing tasks which are intrinsic to the office or position for which I am appointed or to the work for which I am employed;
- (ix) have not been responsible for, been privy to, contributed to or facilitated any serious misconduct or mismanagement (whether unlawful or not) in the course of carrying on a regulated activity or providing a service elsewhere which, if provided in England, would be a regulated activity;
- (x) am not included in the children's barred list or the adults' barred list maintained under section 2 of the Safeguarding Vulnerable Groups Act 2006, or in any corresponding list maintained under an equivalent enactment in force in Scotland or Northern Ireland; and
- (xi) am not prohibited from holding the relevant office or position, or in the case of an individual from carrying on the regulated activity, by or under any enactment.

Directors are requested to note the above and to declare any changes to their position as appropriate in order to keep their declaration up to date.

(as at 27 June 2024)

2405 - A2 ACTIONS FROM PREVIOUS MEETING

● Standing item

👤 Suzy Brain England OBE, Chair of the Board

🕒 09:30

10 minutes

REFERENCES

Only PDFs are attached



A2 - Public Board of Directors Action Log - 7 May 2024.pdf



Action notes prepared by:
Updated:

Angela O'Mara
7 May 2024



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

Action Log

Meeting	Public Board of Directors	KEY
Date of latest meeting:	7 May 2024	Completed
		On Track
		In progress, some issues
		Issues causing progress to stall/stop

No.	Minute No.	Action	Responsibility	Target Date	Update
1.	P24/05/B1	Health & Wellbeing Offer – to better understand the impact of the health and wellbeing offer from a governance perspective	ZJ/ZL/LN	July 2024	Meeting took place 6 June, verbal update to be provided @ the meeting of 2 July 2024
2.	P24/05/C2	Patient Strategic Priority – to amend the wording to read 'We deliver safe, exceptional, person-centred care'	ES	May 2024	Change implemented – action to be closed
3.	P24/05/C2	Strategic Priorities – to determine how success would be measured	ZJ	July 2024	Included on the agenda at B1
4.	P24/05/C3	Quality Improvement & Innovation Strategy 2024/28 – to recirculate the refreshed strategy to reflect the change made to the Trust's visions and strategic priorities	JS	July 2024	Updated strategy circulated via email to Board members on 27/6/2024 – action to be closed

No.	Minute No.	Action	Responsibility	Target Date	Update
5.	P24/05/C3	<u>Focus on Quality Improvement Initiatives on Board ward and departmental visits</u> Feedback template to be updated to prompt colleague/Board member discussion	AO	May 2024	Template updated – action to be closed
6.	P24/05/D1	<u>Integrated Quality & Performance Report</u> – to further develop the use of data to ensure effective reporting with supportive narrative	EDs	September 2024	
7.	P24/05/D1	<u>L2P Medical Appraisal system</u> – to provide post implementation feedback to the Board of Directors	NM	November 2024	
8.	P24/05/D2	<u>Uptake of Covid and Influenza immunisations</u> – limited colleague uptake to be deferred to the People Committee for discussion	MB	May 2024	Board of Directors action closed.
9.	P24/05/D4	<u>Chair's Assurance Log – Finance & Performance Committee</u> – written log to be provided by the Committee Chair post meeting and uploaded to the Team Engine portal	MD		Chair's assurance log received and uploaded to Team Engine – action to be closed
10.	P24/05/D6	<u>Refresh of Board Assurance Framework</u> To refresh the Board Assurance Framework following the review of the risk appetite statement, strategic risks and priorities. To progress through the oversight committees in preparation for September's Board of Directors meeting	EDs	3 September 2024	

Action notes prepared by: Angela O'Mara
Updated: 7 May 2024

No.	Minute No.	Action	Responsibility	Target Date	Update
11.	P24/05/D6	<u>Board Assurance Framework 3 (Operational Performance)</u> As part of the BAF refresh consider the feedback from the Chair of the Audit & Risk Committee. Updated copy to be taken to the Finance & Performance Committee before presentation at September's Board of Directors meeting	DS	Mid July 2024	

2407 - A3 CHAIR'S REPORT

● Information Item

● Suzy Brain England OBE, Chair of the Board

● 09:40

10 minutes

REFERENCES

Only PDFs are attached



A3 - Chair's Report.pdf

Report Cover Page				
Meeting Title:	Board of Directors			
Meeting Date:	2 July 2024	Agenda Reference:	A3	
Report Title:	Chair's Report			
Sponsor:	Suzy Brain England OBE - Chair of the Board			
Author:	Emma Shaheen – Director of Communications & Engagement			
Appendices:				
Report Summary				
Purpose of the report & Executive Summary The report provides an insight into the Chair's activities since the last Board report in May 2024, including visits, duties and areas of interest as Chair of the Board and Council of Governors.				
Recommendation:	The Board is asked to note the report.			
Action Required:	Approval	Review and discussion	Take assurance	Information only
Healthier together – delivering exceptional care for all				
Relationship to strategic priorities:	PATIENTS	PEOPLE	PARTNERSHIP	POUNDS
	<i>We deliver safe, exceptional, person-centred care.</i>	<i>We are supportive, positive, and welcoming.</i>	<i>We work together to enhance our services with clear goals for our communities.</i>	<i>We are efficient and spend public money wisely.</i>
We believe this paper is aligned to the strategic direction of:	South Yorkshire ICS		NHS Nottingham & Nottinghamshire ICS	
	NA		NA	
Implications				
Relationship to Board assurance framework:	x	BAF1	If DBTH is not a safe trust which demonstrates continual learning and improvement then risk of avoidable harm and poor patient outcomes/experience and possible regulatory action	
	x	BAF2	If DBTH is unable to recruit, motivate, retain and develop a sufficiently skilled workforce to deliver services then patient and colleague experience and service delivery would be negatively impacted and we would not embed an inclusive culture in line with our DBTH Way	
		BAF3	If demand for services at DBTH exceeds capacity then this impacts on safety, effectiveness, experience of patients and meeting national and local quality standards	
		BAF4	If DBTH's estate is not fit for purpose then DBTH cannot deliver services and this impacts on outcomes & experience for patients and colleagues	
		BAF5	If DBTH cannot deliver the financial plan then DBTH will be unable to deliver services and the Trust may not be financially sustainable in long term	
	x	BAF6	If DBTH does not effectively engage and collaborate with its partners and communities then DBTH fails to meet its duty to collaborate, will miss opportunities to address strategic risks which require partnership solutions	

			and will fail to deliver integrated care for benefit of people of Doncaster and Bassetlaw
	x	BAF7	If DBTH does not deliver continual quality improvement, research, transformation, and innovation then the organisation won't be sustainable in long term
Risk Appetite Statement compliance	Where appropriate, refer to the DBTH Risk Appetite Statement and indicate whether the matter has been subject to an assessment of DBTH risk appetite NO		
Legal/ Regulation:			
Resources:	N/A		
Assurance Route			
Previously considered by:		N/A	
Date:			
Any outcomes/next steps			
Previously circulated reports to supplement this paper:			

Sir Keir Starmer visits Bassetlaw Hospital

On Saturday, 15 June, Sir Keir Starmer, Leader of the Labour Party, Wes Streeting, Shadow Secretary of State for Health and Social Care, and Jo White, the Labour Party's candidate for Bassetlaw, visited Bassetlaw Hospital.

The visit was part of the Labour Party's manifesto launch, focusing on their commitment to increase weekly appointments by 40,000, including evenings weekends. Chief Executive, Richard Parker and I greeted the visitors, along with senior clinical leaders at the Trust.

During the visit, the delegation toured the Theatre Unit and spoke with colleagues about current operational capabilities and challenges.



and
OBE

They also visited Ward B5, where they talked to the team about the daily realities of delivering frontline care, as well as patients.



We take our responsibilities as a neutral organisation extremely seriously and are mindful of all appropriate Pre-Election guidance. Our approach is to be even-handed and consistent, ensuring that we do not interfere with the running of our services or compromise the privacy and dignity of those in our care.

As such, we would endeavour to accommodate visits to all of our hospital sites where possible for all candidates on the run-up to the General Election, should this be requested.

NHS Confederation annual conference and exhibition

Last month I attended NHS Confederation's annual conference and exhibition which took place over two days in Manchester. The event was delivered in partnership with NHS England and Chairs, Richard Meddings and Lord Victor Adebawale and welcomed in excess of 5,000 delegates. Keynote speakers included Amanda Pritchard, Chief Executive of NHS England, NHSE's Medical Director, Chief Nurse and Dr Daniel Susskind, Senior Research Associate at Oxford University. There was an extensive range of breakout sessions to share learning and best practice and it was a great way of connecting with fellow health and care leaders.

Yorkshire and Humber Chairs meeting

Dame Linda Pollard, Chair of Leeds Teaching Hospital facilitated the Yorkshire & Humber Chairs meeting last month, the group were joined by CQC's Director of Engagement to provide an update on the well-led process and received an update on the Aspiring Chief Executive Programme.

Regional Director, Richard Barker, and Sir Julian Hartley also attended to share NHSE and NHS Providers developments.

Board workshop on strategic development

As part of dedicated Board development time, all Board members were involved in a workshop to progress the Trust's strategy, building on the refreshed vision "Healthier together – delivering exceptional care for all" and the four strategic priorities.

Colleagues were able to explore potential medium term areas of focus to drive the organisation's future core business over a five year period. Initial thinking will be shared with the Trust Leadership Team and further developed through stakeholder engagement with governors and external partners. The strategy is expected to be published by the end of this year.

Safeguarding Board level training

Denise Phillip, Head of Safeguarding also delivered board level training, which along with a wealth of safeguarding information provided clarity on individual and collective safeguarding responsibilities and organisational arrangements, including governance, accountability, and assurance processes.

Learning Disabilities Awareness Week

As part of Learning Disabilities Awareness Week our Acute Learning Disability Liaison Nurses have been out and about across all three sites, meeting with colleagues to find out about how you have been supporting our patients with a learning disability.

The Learning Disability team collected many pledges of support from staff and discussed the reasonable adjustments made to clinical care to make sure patients feel less anxious about their appointments.

I was particularly pleased to see that adult patients with learning disabilities (LD) now have access to Vulnerable In-Patient (VIP) bags when visiting the trust thanks to funding from DBTH charity.

Whether it is VIP bags, or surgical robots as referenced in the Chief Executive's paper, it demonstrates how with the support from our charity, working together, we can really make a difference to our patients and communities.

The bags have already made a tremendous impact on the care we provide by helping to reduce anxiety and stress for our patients and allowing us to deliver a more personalised, compassionate and inclusive healthcare experience.



Carers' week - a reminder of our commitment to John's campaign

This carers' week we took the opportunity to ask people about their awareness of the carers contract we have in place, and to promote John's campaign.

Earlier in the year (February) we relaunched John's Campaign, which supports open access for the carers of our patients with dementia.

John's Campaign has a single, simple message: no one should enforce disconnection between family carers and those who need their expert knowledge and their love. This principle is applicable everywhere: in the doctor's surgery, the A&E ward, the dementia assessment unit and the care home.

Families are never "visitors" to a person with dementia; they are an integral part of that person's life and identity and often their last, best means of connection with the world.

We also took the opportunity to thank all carers, who provide invaluable care to their loved ones across Doncaster and Bassetlaw



Celebrating our services and colleagues

It is that time of year again for us to recognise and award our exceptional colleagues who go above and beyond for our patients and communities. The annual STAR awards nomination process is currently open with more categories than ever before. Last year we had a record number of nominations and a record number of attendees at a sell-out event, coming together to celebrate our shortlisted nominees.

We will once again be coming together to commemorate the outstanding achievements of the last 12 months at a celebratory event at the Dome.

The Doncaster Chamber Awards 2024 have also been launched and the nomination process has now closed. We have submitted nominations for the Trust in appropriate categories where we meet the requirements. We're hoping to be shortlisted, and maybe even win a category or two, as we did in 2023.

Acute Federation engagement event with Governors

On 11 June South Yorkshire & Bassetlaw Acute Federation hosted a governor event facilitated by Annette Laban, Chair of Sheffield Teaching Hospitals and Lead Chair for SYB Acute Federation.

To open the session, Dr David Crichton, Chief Medical Officer of South Yorkshire Integrated Care Board (ICB) took the opportunity to reemphasise the four core aims of the ICB, the scope of its work and system working arrangements. Subsequent briefings on maternity, pathology and the paediatric innovator programmes brought governors up to date with developments across these areas, each allowing time for governor questions and answers.

The session was very well attended, including representation from DBTH governors and there was excellent governor engagement in the dedicated Q&A time. Post event, all governors have now received the presentations distributed by the Trust Board Office.

Governor elections

Governor elections will take place next month, with nominations opening on 5 July 2024. This year we are looking for four Public Governors to represent both Bassetlaw (x 1) and Doncaster (x 3) so we're looking for local residents to fill these seats.

We will be looking for people of all ages and from different backgrounds to become Governors to reflect and represent the diverse communities that we serve here at DBTH.

To nominate yourself for the elections, you need to be a member of the Trust. You can join 6,000 other Members in supporting your local hospital by completing the following online form: <https://www.dbth.nhs.uk/about-us/become-a-member/member-application-form/> The deadline for nominations will be 5pm on 5 August 2024.

For a candidate pack, timelines, and further information you can email dbth.trustboardoffice@nhs.net

2407 - A4 CHIEF EXECUTIVE'S REPORT

● Information Item

● Richard Parker OBE, Chief Executive

● 09:50

10 minutes

REFERENCES

Only PDFs are attached



A4 - Chief Executive's Report.pdf

Report Cover Page				
Meeting Title:	Board of Directors			
Meeting Date:	2 July 2024	Agenda Reference:	A4	
Report Title:	Chief Executive's Report			
Sponsor:	Richard Parker OBE - Chief Executive			
Author:	Emma Shaheen - Director of Communications & Engagement			
Appendices:				
Report Summary				
Purpose of the report & Executive Summary The report provides an overview of areas of interest and focus at a local, system and national level connected to the work of the Trust and aligned to its four strategic priorities.				
Recommendation:	The Board is asked to note the report.			
Action Required:	Approval	Review and discussion	Take assurance	Information only
Healthier together – delivering exceptional care for all				
Relationship to strategic priorities:	PATIENTS	PEOPLE	PARTNERSHIP	POUNDS
	<i>We deliver safe, exceptional, person-centred care.</i>	<i>We are supportive, positive, and welcoming.</i>	<i>We work together to enhance our services with clear goals for our communities.</i>	<i>We are efficient and spend public money wisely.</i>
We believe this paper is aligned to the strategic direction of:	South Yorkshire ICS		NHS Nottingham & Nottinghamshire ICS	
	NA		NA	
Implications				
Relationship to Board assurance framework:	x	BAF1	If DBTH is not a safe trust which demonstrates continual learning and improvement then risk of avoidable harm and poor patient outcomes/experience and possible regulatory action	
	x	BAF2	If DBTH is unable to recruit, motivate, retain and develop a sufficiently skilled workforce to deliver services then patient and colleague experience and service delivery would be negatively impacted and we would not embed an inclusive culture in line with our DBTH Way	
	x	BAF3	If demand for services at DBTH exceeds capacity then this impacts on safety, effectiveness, experience of patients and meeting national and local quality standards	
		BAF4	If DBTH's estate is not fit for purpose then DBTH cannot deliver services and this impacts on outcomes & experience for patients and colleagues	
		BAF5	If DBTH cannot deliver the financial plan then DBTH will be unable to deliver services and the Trust may not be financially sustainable in long term	
	x	BAF6	If DBTH does not effectively engage and collaborate with its partners and communities then DBTH fails to meet its duty to collaborate, will miss opportunities to address strategic risks which require partnership solutions	

			and will fail to deliver integrated care for benefit of people of Doncaster and Bassetlaw
	x	BAF7	If DBTH does not deliver continual quality improvement, research, transformation, and innovation then the organisation won't be sustainable in long term
Risk Appetite Statement compliance	Where appropriate, refer to the DBTH Risk Appetite Statement and indicate whether the matter has been subject to an assessment of DBTH risk appetite NO		
Legal/ Regulation:	N/A		
Resources:	N/A		
Assurance Route			
Previously considered by:		N/A	
Date:			
Any outcomes/next steps			
Previously circulated reports to supplement this paper:			

Chief Executive Board Paper

July 2024

This report presents updates categorised under our four strategic priorities.

- Patients - We deliver safe, exceptional, person-centred care
- People - We are supportive, positive and welcoming
- Partnership - We work together to enhance our services with clear goals for our communities
- Pounds - We are efficient and spend public money wisely

Patients - *We deliver safe, exceptional, person-centred care*

Infected Blood Inquiry

In late May the final report of the Infected Blood Inquiry was published. The independent public statutory inquiry was established to examine the circumstances in which people were treated in the United Kingdom, by the NHS, from the 1970s to early 1990s, and given infected blood/blood products.

A report from our Executive Medical Director later in the meeting outlines more about the inquiry and the DBTH response.

Although it is likely that the majority of those who were directly affected have now been identified and started appropriate treatment, given the time that has elapsed since the last use of infected blood products, there may be people who have not yet been identified, particularly where they are living with asymptomatic Hepatitis C. Anyone who is concerned can access free at-home Hepatitis C self-testing kits, available at hepctest.nhs.uk

The Government and NHS has fully accepted the findings of the inquiry. The Department of Health and Social Care is providing £19 million over five years to provide a bespoke Infected Blood Psychological Support Service which is expected to be rolled out later this summer.

Dedicated support for those affected, will be located around the country and will include talking therapies, peer support, and psychosocial support, as well as access to other treatments or support for physical or mental health needs where appropriate.

Today, blood transfusions in the UK are extremely safe due to thorough testing for infections and blood donors undergo a rigorous screening process. Policies and practice around patient care and consent and data are also now completely different to the period between 1970 and early 1990s.

Martha's rule

Also, at the end of May the NHS announced 143 hospital sites will test and roll out Martha's Rule in its first year. This is the next step in a major patient safety initiative, following the announcement in February of NHS England funding for this financial year.

This first phase of the programme will be in place at 143 locations who currently have 24/7 critical care outreach services across the country by March 2025. Sheffield Children's, Barnsley Hospital and Sherwood Forest are local trusts participating in the test year.

Evaluation of how the system works in these sites over the course of this year will inform proposals for Martha's Rule to be expanded further across all acute hospitals such as DBTH, subject to future government funding.

The purpose of Martha's Rule is to provide a consistent and understandable way for patients and families to seek an urgent review if their or their loved one's condition deteriorates and they are concerned this is not being responded to.

Improved performance in ED

As communicated in early April, DBTH achieved 76.1% in the Four Hour Emergency Care Standard for March 2024, improving from 67.27% in the previous month and in March 2023.

Confirmation has now been received from NHS England that the Trust is one of the most improved both regionally and nationally.

This fantastic news is a testament to the hard work and dedication of all colleagues. I want to thank every colleague involved in this improvement journey. Getting things right at the front door relies on teamwork from arrival to admission and discharge, ultimately translating into better service for our patients, many of whom are our friends, family, and loved ones.

People - *We are supportive, positive and welcoming*

First year achievements of the DBTH People Strategy

Published in June 2023, the DBTH People Strategy, set out how we aim to develop as an organisation, become an employer of choice and improve working lives and experiences of all our people by embedding an inclusive culture.

A summary outlines all the excellent progress made in year one of delivery, under the four pillars of our strategy: 'Looking after our people', 'Belonging in #TeamDBTH', 'Growing for the future', and 'New ways of working and delivering care'.

Full details of the achievements can be seen on the HIVE:

<https://extranet.dbth.nhs.uk/people-strategy-first-year-reflections/>

Improving the working lives of doctors in training

The Chief People Officer and Acting Executive Medical Director and representatives from their teams have met to review the actions in the NHS England letter on 'Improving the working lives of doctors in training'.

This document is designed to address the particular experiences and challenges faced by doctors in training on rotational posts and includes actions for trusts as well as NHS England. For example, linked to rota management, statutory & mandatory training and the Digital Staff Passport. Many actions are already underway at DBTH and an action plan has been developed on Monday.com to maintain oversight of progress.

Improving Payroll Processes

As part of this work and to improve working lives for all colleagues, the People Systems & Workforce Information team is reviewing the NHS England 'Improving Payroll Processes Improvement Guide' in collaboration with our external Payroll provider. This guide includes practices to support payroll accuracy and efficiency.

Anti-Racism Framework

Alongside the other NHS organisations in South Yorkshire, DBTH has made a commitment to adopting an Anti-Racism Framework developed by NHS organisations in the North-West to support our anti-racism journey. This framework and supporting guidance have been designed to provide shared learning, common language amongst organisations and measurement of progress.

This work is in its early stages with an initial step being to review the framework and core principles and assess against the key domains to identify our current position, opportunities for development and prioritise future actions. This work will complement the activities in our existing equality, diversity and inclusion action plan.

Celebrating colleagues

As the Chair has reported, I am pleased to announce that the star awards nomination process is now open. I encourage everyone to nominate our outstanding colleagues who represent the DBTH Way values and behaviours and go above and beyond for our patients. I look forward to celebrating with shortlisted teams and individuals at the event in October.

Jon Sargeant to retire in 2025

Executive Director of Recovery, Innovation and Transformation and Chief Financial Officer, Jon Sargeant will be stepping down and retiring in January 2025.

As the Director of Finance, Jon consistently stewarded the organisation to achieve challenging efficiency programmes and deliver ambitious financial plans.

In the immediate period following the pandemic, Jon temporarily stepped away from Finance. In a secondment role, he became the Executive Director for Recovery, Innovation, and Transformation (RIT), as well as Deputy Chief Executive, making considerable contributions over the three years as a result.

Overseeing the newly formed directorate, Jon has driven key improvements within the Trust. His team, which includes Strategy and Improvement, Digital Transformation, Information and Informatics, and the Performance Management Office, has played a crucial role in recovering from the challenges of COVID-19. Their primary focus has been on enhancing patient care and treatment, as well as addressing the issues related to ageing buildings and both physical and digital infrastructure.

In 2023, Jon resumed his post as Chief Financial Officer, alongside his responsibilities for the RIT directorate and vacated the Deputy Chief Executive post. Under his leadership, the Trust has embarked on several ambitious projects, most notably the Community Diagnostic Centre, Bassetlaw Emergency Village, Mexborough Elective Orthopaedic Centre, as well as the long-term refurbishment plan for Doncaster Royal Infirmary.

We are immensely grateful for Jon's contributions and leadership. His retirement marks the end of a distinguished career in the health services spanning over 35 years, dedicated to doing the very best for the NHS, and those dependent upon it.

The recruitment process to the Chief Finance Officer post is underway.

Partnerships - *We work together to enhance our services with clear goals for our communities*

Acute Federation Annual report

South Yorkshire and Bassetlaw Acute Federation's Annual Report for 2023/24 provides an overview of the progress made during the last 12 months.

Achievements include the go live of a single South Yorkshire and Bassetlaw Pathology Network; the opening of two new elective orthopaedic centres to help address elective recovery; our three community diagnostic centres exceeding their targets by 90,000 additional tests; improvements across the stroke pathway; agreed shared goals on the paediatric innovator programme and as mentioned in the Chair's report some significant referrals and four week quits through the QUIT smoking programme.

Details of all the achievements and areas of focus for 24/25 are included in the full document, here: https://syics.co.uk/application/files/2117/1714/5325/AF_Annual_report_2024_final.pdf

Senior leaders from across the Acute Federation also took part in a development day in early June in order to agree priorities and areas of focus for the coming year.

Doncaster Health and Wellbeing Board Annual report

The third Doncaster Health and Wellbeing Board Annual Report has been published and showcases the commitment of health and care organisations across Doncaster to improving the lives of residents, their families and our health and care workforce. It acknowledges the achievements and the challenges faced in the year.

Last year one of the key priorities agreed was to increase awareness of health and care staff about the levels of poverty within Doncaster, the impact this has on the lives that people are living and their ability to access and connect with health and care services. This commitment remains a priority, and our recently launched health inequalities addresses how we will support collectively delivering on this priority at DBTH.

The shared priorities have been revisited and refreshed to include how in Doncaster we will continue to strive for faster and simpler access to our health and care services, to address the health and wellbeing gap currently in place for women and children in Doncaster, and to improve the experience of ageing across our city whilst always ensuring Doncaster is a healthy place to live, grow and play.

The full annual report is available on:

<https://www.doncaster.gov.uk/services/health-wellbeing/doncaster-health-and-wellbeing-board>

South Yorkshire ICB Chief Exec report (from meeting on 1st May)

The South Yorkshire Chief Executive report covers the positive regional year end position against national standards as well as details on planning guidance for 2024/25.

Other significant updates in the paper included the DBTH CQC rating and an update about partners at Barnsley place looking to transform the Alhambra Shopping Centre in Barnsley into a health and wellbeing hub for the community. Barnsley Hospital is planning to move some of its outpatient services out of the hospital into the new hub to help reduce missed appointments and help improve health outcomes for people. It's estimated more than 100,000 visits a year could be made to the Alhambra instead of the Hospital.

All the details can be found in the full report:

[https://syics.co.uk/application/files/8117/1397/3374/Enc_07 -
_Chief Executive Board Report May 2024.pdf](https://syics.co.uk/application/files/8117/1397/3374/Enc_07_-_Chief_Executive_Board_Report_May_2024.pdf)

Nottingham and Nottinghamshire ICB Chief Executive report (from meeting on 9th May)

The Chief Executive report for Nottingham and Nottinghamshire ICB focuses on some urgent decisions made by the ICB in accordance with the emergency powers for urgent decisions. These include 24/25 operational and financial plans and ICB 24/25 opening budgets. The ICB and NHS Trust partners are required and committed to meet these plans and to recover the system financial position.

Other significant updates include the review into mental health services at Nottinghamshire NHS Healthcare Trust. The report, by the Care Quality Commission, commissioned by the Secretary of State for Health and Social Care under Section 48 of the Health and Social Care Act (2008), has been published, in part. The published elements reports on the quality and safety of Nottinghamshire Healthcare NHS Foundation Trust services, and an assessment of the improvements made at Rampton Hospital.

A tailored, intensive support programme has been put in place with the Trust, focussing on the issues that need to be addressed to achieve rapid and sustainable improvement.

All the details can be found in the full report:

<https://notts.icb.nhs.uk/wp-content/uploads/sites/2/2022/04/public-board-09.05.24.pdf>

Pounds - *We are efficient and spend public money wisely*

Da Vinci Surgical XI® robot procured and installed

I'm pleased to announce the successful installation of the advanced Da Vinci Surgical XI robot.

To mark the successful installation a special ribbon-cutting ceremony was held at the end of May, with the robot demonstrating its precision by cutting the ceremonial ribbon itself.

Funded by the generous support of the Fred and Ann Green Legacy, the Doncaster and Bassetlaw Teaching Hospitals Charity pledged £3.6 million to bring robotic surgery, along with the necessary training and resources, to the Trust.



2407 - B1 STRATEGIC PRIORITIES - MEASURING SUCCESS

● Decision Item


👤 Zara Jones, Deputy Chief Executive

🕒 10:00

10 minutes

REFERENCES

Only PDFs are attached

 B1 - Strategic Priorities - Measuring Success.pdf

Report Cover Page				
Meeting Title:	Board of Directors			
Meeting Date:	2 July 2024	Agenda Reference:	B1	
Report Title:	Strategic Priorities – measuring success			
Sponsor:	Zara Jones, Deputy Chief Executive			
Author:	Zara Jones, Deputy Chief Executive			
Appendices:	Accompanying slides			
Report Summary				
Purpose of the report & Executive Summary				
<p>The Board has previously agreed an updated vision statement and four priority areas for the year ahead. These cover Patients, People, Partnership and Pounds.</p> <p>The enclosed proposes the areas which will be delivered in order for the Board to assure itself of success against each of the four priorities.</p> <p>In addition, the Integrated Quality and Performance Report (IQPR) metrics are reviewed bi-monthly at the Board development work of this report is underway and metrics will be mapped to the four priorities in the near future.</p> <p>The Board Sub-Committees routine reports will highlight assurance and escalations with regards to delivery of success measures which are monitored through a single committee.</p> <p>Where multiple committees are involved in delivery of a success measure, a clear cross-committee delivery plan will be agreed and it is proposed that the Audit and Risk Committee receives an assurance report every 6 months on behalf of the Board to assure on the effectiveness of this cross-committee mechanism. Reporting to Board via Audit and Risk Committee will be via its assurance report.</p> <p>An overall summary position on all success measures will be presented as a separate report to the Board twice a year. Committees will escalate specific issues to the Board more frequently as required and deep dives may be requested if there is insufficient assurance of recovery actions to deliver the agreed plans.</p>				
Recommendation:	Agree to the proposed approach for monitoring delivery of our Trust priorities.			
Action Required:	Approval	Review and discussion	Take assurance	Information only
Healthier together – delivering exceptional care for all				
Relationship to strategic priorities:	PATIENTS	PEOPLE	PARTNERSHIP	POUNDS
	We deliver safe, exceptional, person-centred care.	We are supportive, positive, and welcoming.	We work together to enhance our services with clear goals for our communities.	We are efficient and spend public money wisely.

We believe this paper is aligned to the strategic direction of:	South Yorkshire ICS		NHS Nottingham & Nottinghamshire ICS
	Yes /No/ NA		Yes /No/ NA
Implications			
Relationship to Board assurance framework:	X	BAF1	If DBTH is not a safe trust which demonstrates continual learning and improvement then risk of avoidable harm and poor patient outcomes/experience and possible regulatory action
	X	BAF2	If DBTH is unable to recruit, motivate, retain and develop a sufficiently skilled workforce to deliver services then patient and colleague experience and service delivery would be negatively impacted and we would not embed an inclusive culture in line with our DBTH Way
	X	BAF3	If demand for services at DBTH exceeds capacity then this Impacts on safety, effectiveness, experience of patients and meeting national and local quality standards
	X	BAF4	If DBTH's estate is not fit for purpose then DBTH cannot deliver services and this impacts on outcomes & experience for patients and colleagues
	X	BAF5	If DBTH cannot deliver the financial plan then DBTH will be unable to deliver services and the Trust may not be financially sustainable in long term
	X	BAF6	If DBTH does not effectively engage and collaborate with its partners and communities then DBTH fails to meet its duty to collaborate, will miss opportunities to address strategic risks which require partnership solutions and will fail to deliver integrated care for benefit of people of Doncaster and Bassetlaw
	X	BAF7	If DBTH does not deliver continual quality improvement, research, transformation, and innovation then the organisation won't be sustainable in long term
Risk Appetite Statement compliance	Where appropriate, refer to the DBTH Risk Appetite Statement and indicate whether the matter has been subject to an assessment of DBTH risk appetite YES/NO		
Legal/ Regulation:	N/A		
Resources:	N/A		
Assurance Route			
Previously considered by:		Executive Team	
Date:	Iterations through May and June		
Any outcomes/next steps	<ul style="list-style-type: none"> Agree framework and implement within our governance processes. 		
Previously circulated reports to supplement this paper:	Board of Directors May 2024 – report to agree our vision and priorities.		

Our vision is:

Healthier together – delivering exceptional care for all.

Our four strategic priorities are:



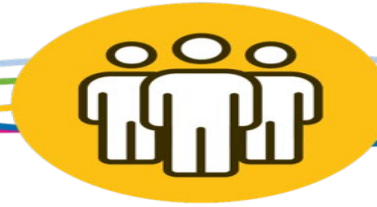
4 P Delivery Framework

Our four strategic priorities are:

Patients



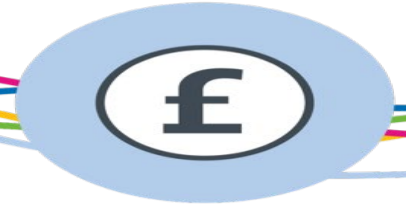
People



Partnership



Pounds



Success measures

We deliver safe, exceptional, person-centred care

We are supportive, positive and welcoming

We work together to enhance our services with clear goals for our communities

We are efficient and spend public money wisely

Creation of our Trust Strategy



Delivery of year 2 of the People enabling strategy



Delivery of year 1 of Research & Innovation enabling strategy



Delivery of year 1 of Nursing Midwifery and Allied Health Professionals (NMAHPS) Quality enabling strategy



Delivery of Year 2 of the Three year delivery plan for maternity and neonatal services



Ensure clinically effective and efficient services through delivering strong performance against national standards and benchmarks



Deliver our operational plan for 2024/25 to ensure our access and activity plans are achieved



Demonstrating progress in becoming a digitally enabled organisation through delivery of our digital enabling strategy



Delivery of year 2 of the Health Inequalities enabling strategy



Deliver our financial plan for 2024/25



Accountability and Governance

Success measures	Lead Executive Director	Lead Board Committee
Creation of our Trust Strategy	Zara Jones, Deputy CEO	Board of Directors*
Delivery of year 2 of the People enabling strategy	Zoe Lintin, Chief People Officer	People Committee
Delivery of year 1 of Research & Innovation enabling strategy	Zoe Lintin, Chief People Officer	People Committee
Delivery of year 1 of Nursing Midwifery and Allied Health Professionals (NMAHPS) Quality enabling strategy	Karen Jessop, Chief Nurse	Quality and Effectiveness Committee
Delivery of Year 2 of the Three year delivery plan for maternity and neonatal services	Karen Jessop, Chief Nurse	Quality and Effectiveness Committee
Ensure clinically effective and efficient services through delivering strong performance against national standards and benchmarks	Nick Mallaband, Acting Executive Medical Director	Quality and Effectiveness Committee
Deliver our operational plan for 2024/25 to ensure our access and activity plans are achieved	Denise Smith, Chief Operating Officer	Finance and Performance Committee
Demonstrating progress in becoming a digitally enabled organisation through delivery of our digital enabling strategy	Jon Sargeant, Director of Recovery, Innovation and Transformation	Board of Directors*
Delivery of year 2 of the Health Inequalities enabling strategy	Jon Sargeant, Director of Recovery, Innovation and Transformation	Board of Directors*
Deliver our financial plan for 2024/25	Jon Sargeant, Chief Finance Officer	Finance and Performance Committee

*Governance will be across multiple committees of the Board and specific milestones and deliverables will be set for different committees to oversee.

2407 - B2 DONCASTER & BASSETLAW HEALTHCARE SERVICES UPDATE

● Discussion Item

👤 Jon Sargeant, Chief Financial Officer

🕒 10:10

10 minutes

REFERENCES

Only PDFs are attached



B2 - Doncaster & Bassetlaw Healthcare Services Update.pdf

Report Cover Page				
Meeting Title:	Board of Directors			
Meeting Date:	2 July 2024	Agenda Reference:	B2	
Report Title:	Doncaster and Bassetlaw Healthcare Services Update			
Sponsor:	Jon Sargeant, Director - Doncaster and Bassetlaw Healthcare Services Mark Bailey, Chair- Doncaster and Bassetlaw Healthcare Services			
Author:	Mark Olliver, Managing Director - Doncaster and Bassetlaw Healthcare Services			
Appendices:				
Report Summary				
The purpose of this report is to provide the Board of Directors with an update on financial performance and operational matters of interest.				
Financial Highlights				
The business continues to demonstrate strong financial management and performance. For the financial year ending March 2024, a pre-tax profit of £98k was achieved. For the current financial year to May 2024, pre-tax profit delivery currently sits at £31k. Gross Profit Margin is growing, positioning at 10% for the current financial year.				
Operational Highlights				
The charity operation has now been incorporated into the business, with the new Head of Charity commencing on 22 nd July 2024. The Homecare business is expanding, with the transfer of pharmacy service provision from external private providers to Doncaster and Bassetlaw Healthcare Services. The business continues to engage with the Trusts’ Education Team, to explore future commercial opportunities for both parties.				
Recommendation:	The Board is asked to note and take assurance from the content of the report.			
Action Required:	Approval	Review and discussion	Take assurance	Information only
Healthier together – delivering exceptional care for all				
Relationship to strategic priorities:	PATIENTS	PEOPLE	PARTNERSHIP	POUNDS
	We deliver safe, exceptional, person-centred care.	We are supportive, positive, and welcoming.	We work together to enhance our services with clear goals for our communities.	We are efficient and spend public money wisely.
We believe this paper is aligned to the strategic direction of:	South Yorkshire ICS		NHS Nottingham & Nottinghamshire ICS	
	NA		NA	
Implications				
Relationship to Board assurance framework:		BAF1	If DBTH is not a safe trust which demonstrates continual learning and improvement then risk of avoidable harm and poor patient outcomes/experience and possible regulatory action	
		BAF2	If DBTH is unable to recruit, motivate, retain and develop a sufficiently skilled workforce to deliver services then patient and colleague experience and	

			service delivery would be negatively impacted and we would not embed an inclusive culture in line with our DBTH Way
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		BAF7	If DBTH does not deliver continual quality improvement, research, transformation, and innovation then the organisation won’t be sustainable in long term
Risk Appetite Statement compliance	Where appropriate, refer to the DBTH Risk Appetite Statement and indicate whether the matter has been subject to an assessment of DBTH risk appetite NO		
Legal/ Regulation:			
Resources:	N/A		
Assurance Route			
Previously considered by:		N/A	
Date:			
Any outcomes/next steps			
Previously circulated reports to supplement this paper:			

1. EXECUTIVE SUMMARY

This briefing document aims to provide the Trust Board with an update on the management of Doncaster and Bassetlaw Healthcare Services.

The report has been presented in two parts. Firstly, board members are asked to review business financial performance. The data presented includes a summary of the full financial year for 2023/24 and a statement of year to date performance for 2024/25. Secondly, board members have been provided with an update on current operational activity and focus.

From a financial perspective, the business continues to trade strongly and the board expects this trend to continue throughout the new financial year and beyond.

2. FINANCIAL UPDATE

Financial performance 2023/24

Doncaster and Bassetlaw Healthcare Services performed favourably to budget, delivering an annualised pre-tax profit of £98k against a budget of £54k.

Year to date (£k)	Actual	Budget	Variance
Turnover	9,848	9,907	(59)
Cost of Sales	(9,056)	(9,031)	(25)
Gross Profit	792	876	(84)
Admin Expenses	(694)	(822)	128
Profit before tax	98	54	44
Tax	(22)	(13)	(9)
Profit after tax	76	41	35

Gross Profit Margin was delivered at 8% and costs remain tightly controlled. External cost pressures such as minimum wage increases have been implemented and managed effectively. These cost pressures are more significant in smaller businesses yet, in this instance, financial risk has been mitigated effectively.

At present, the tax charge (for the full financial year) has been estimated using a tax rate of 25%, less the marginal relief of 3/200 based on the profits in the above position.

Financial Performance to May 2024 (Current Financial Year)

Doncaster and Bassetlaw Healthcare Services is performing favourably to budget, delivering a pre-tax profit of £32k against a budget of £21k.

May 2024 (£k)	Actual	Budget	Variance	Budget for the year
Turnover	1,896	1,754	142	10,524
Cost of Sales	(1,730)	(1,587)	(143)	(9,524)
Gross Profit	166	167	(1)	1,000
Admin Expenses	(134)	(146)	12	876
Profit before tax	32	21	11	124
Tax	(7)	(4)	(3)	(28)
Profit after tax	25	17	8	96

Gross Profit Margin is currently trending at 10%, representing growth on the previous year. This is primarily due to increased activity throughout Q1.

As of 31st March 2024, the financial position of the business can be summarized in the table below.

Stock	374
Trade receivables and in month accruals	836
VAT Receivable	451
Cash	157
Total Assets	1,818
Trade Payables and in month accruals	(944)
Accruals Historic JAC	(40)
Historic Stock	(133)
Audit	(25)
Corporation Tax creditor	(22)
Total Liabilities	(1,164)
Total assets employed	654
Share Capital	(550)
I&E Reserve	(154)
Total Equity	(654)

The financial summary demonstrates that the business continues to perform favourably, evidencing extreme operational proficiency over the control of non-pay expenditure.

3. STRATEGIC PLAN 2023-26

WOS Strategic Plan 2023-26				
Purpose				
Inspiring and supporting NHS Trusts, Health Organisations and Communities to deliver innovation and operational excellence				
Strategic Pillars				
Pharmacy Excellence	Education and Resource	Homecare Services	Digital Innovation	Social and Charitable Cause
Multi site expansion	QIMET A@E Partners	Expand Metobject pilot	Smart ER pilot rollout	Consultancy and support
Tender successes	QIMET speciality expansion	Metobject rollout	Smart ER development	
Delivery service excellence	Gastro/Gynaecology			
E prescribing implementation	QIMET partner Trust focus			
		Explore		
Enhanced service provision	QIMET expansion international	Service Exploration	Identify digital concepts	Volunteering opportunities
Digital Innovation	Develop new courses	Homecare Agency status	Align with technical partners	Links with Universities
JV and Partnerships	Enhanced University focus	Logistical abilities and	Conduit for digital healthcare	Community Partnerships
Remote Pharmacy provision	Recruitment Agency 'niche'	service implications	Dr Online Pharmacy with partners	NHS Charitable return
Wholesale activities		Other private services	Identify and initiate innovation through stakeholder management	
		Financial Consideration		
Parent Trust priorities	Resource expenditure NHS	Current Trust expenditure	Cost pressures within the NHS	Commercial innovation to
wider NHS implications	Current resourcing shortfall	Resource requirements		maximise revenue
Future ICB activity	Target Trusts	In house expertise		
		Enablers		
Stakeholder Management	Stakeholder Management	Stakeholder Management	Stakeholder Management	Stakeholder Management
Trust Prescribing policies local	Tactical Networking	Medical Director recruitment	Digital commercial partners	Trust collaboration
Trust departmental support	NHSi case studies	CQC alignment	Business credibility	Workforce NHS scheme
	Recruitment events and visibility	Current ICB plans	Investment / Equity purchase	Charity collaboration
		Reasoning		
Clinical Excellence	Support NHS resourcing activity	Exploit private healthcare	New Age healthcare	Trust charity revenue
Seamless care	Collaboration	Financial efficiency	Patient centric approach	Brand awareness
	Social Impact	Market opportunities	Health promotion in modern era	
	Brain share between borders			
	Brand development			

4. OPERATIONS UPDATE

The board are asked to note the following operational highlights.

Pharmacy excellence and homecare services

The business continues to explore homecare opportunities, following the successful incorporation of one service aligned to the rheumatology department. The transfer of this service (from the previous private incumbent) has delivered two major benefits i.e., improved financial return for the subsidiary and reduced service costs for the Trust.

Further conversations are now taking place, to incorporate services affiliated to other specialities, such as Haematology. An initial pilot is expected to launch in July 2024. The board expects further expansion throughout 2024/25.

Education and Resource

Through conversations with the Education and Innovation Team at Doncaster and Bassetlaw NHS Teaching Hospitals NHS Foundation Trust, the business is keen to explore all commercial opportunities accordingly.

In particular, the current Trust contractual arrangement with Mediplex is being analysed. The existing contract between the Trust and Mediplex includes components relating to, but not limited to, the following:

Discovering and Raising Awareness

- Developing and implementing appropriate IP policies
- Establishing a process for Innovation
- Producing materials to support innovation e.g., toolkits, training packs

Expert Advice and Support

- Evaluation of ideas and review of market forces
- Sourcing and identifying funding sources for the development of healthcare innovation
- Consultancy support for the construction of SLAs and collaborative contracts
- Project management expertise and the development of sound business models

Commercial Exploitation

- Creation of subsidiary models and support for funding, including grant applications
- Supporting, drafting and negotiating intellectual property licenses between the Trust and future commercial partners

From a business perspective, a number of points listed above would align well with the vision and aims of Doncaster and Bassetlaw Healthcare Services. The business will continue to engage with the Trust team, to exploit any opportunity and maximise the commercial and financial benefits for all parties.

Social and charitable cause

From the 1st April 2024, Doncaster and Bassetlaw Healthcare Services took over the operational day-to-day management of Doncaster and Bassetlaw Teaching Hospitals Charity. As a result, a new position of 'Head of Charity' has been added to the business structure and, after a successful recruitment campaign, this position will now 'go live' on the 22nd July.

From a legal perspective, contracts have been developed between all parties, including an amended Service Level Agreement between Doncaster and Bassetlaw Healthcare Services and the Trust. This amendment has been made through a binding change order, capturing further operational requirements expected from the various Trust functions and/or teams.

A Key Performance Matrix has been developed and initial work has been completed, involving the extrapolation of specific and measurable information from the current charity donor database. This task is somewhat essential, in being able to develop subsequent donor journeys and communications strategies.

An initial activities planner has been created to provide short and medium term focus, whilst a more detailed fundraising strategy and budget are developed for presentation in September 2024.

5. GENERAL MATTERS

Dividend Payment 2024

The board are asked to note the previous dividend payment of 250k, made to Doncaster and Bassetlaw NHS Hospitals Foundation Trust last year. This payment highlighted the performing strength of Doncaster and Bassetlaw Healthcare Services. The subsidiary board are considering the current financial position and a further dividend recommendation may be made in due course.

Doncaster and Bassetlaw Healthcare Services contractual renewal

The board should note that the original contract, between Doncaster and Bassetlaw Healthcare Services and Doncaster and Bassetlaw NHS Hospitals Foundation Trust, was signed in October 2019. This contract is

due to expire in October 2026. Whilst this is some time away, it would be prudent for the Trust to consider the timeline required (for contracts management) and the necessarily engagement and activity required from the various Trust departments and individuals.

6. CONCLUSION

Doncaster and Bassetlaw Healthcare Services continues to operate efficiently and effectively. As a supplier of various services, the business can offer an alternative (and often more cost effective) way of managing healthcare operations within the NHS setting and wider healthcare environment.

The business will continue to work closely with the Trust and other healthcare providers, to seek out alternative commercial opportunities, thus developing improved patient care models and increased financial return.

2407 - C1 INTEGRATED QUALITY & PERFORMANCE REPORT

● Discussion Item

● Executive Directors

● 10:20

20 minutes

REFERENCES

Only PDFs are attached

 C1 - Integrated Quality & Performance Report.pdf

Report Cover Page				
Meeting Title:	Board of Directors			
Meeting Date:	2 July 2024	Agenda Reference:	C1	
Report Title:	Integrated Quality & Performance Report			
Sponsor:	Jon Sargeant - Chief Financial Officer and Director of Recovery, Innovation and Transformation			
Author:	Karen Jessop - Chief Nurse Zoe Lintin - Chief People Officer Dr Nick Mallaband - Acting Executive Medical Director Denise Smith - Chief Operating Officer			
Appendices:				
Report Summary				
Purpose of the report & Executive Summary				
<p>This report outlines the key performance and safety measures for May 2024. Work is in progress to further refine and triangulate the information the board receives against key metrics underpinned by the Integrated Quality and Performance report. The report contained below includes some of these further developments and further work will continue over the coming months to provide improved visualisations, further statistical analysis of numbers and integrated narrative of issues across the performance domains.</p> <p>Within the May report 39 metrics has been included against agreed threshold levels. 14 of these are currently meeting the required level and 25 are not meeting the expected standard. 28 further metrics are being developed and national / local thresholds finalised to include in future reports.</p> <p>Overall, the trust has ongoing challenges with high urgent and emergency care demand putting pressure on achieving access metrics, driving cost pressures through opening escalation capacity / additional staffing and impacting quality metrics due to high occupancy rates.</p> <p>In terms of elective recovery, the trust is not yet delivering planned activity levels partly driven by high sickness rates and pressure from non-elective activity, particularly in orthopaedics. This is impacting meeting access targets and income recovery via the elective recovery fund</p>				
Recommendation:	The Board is asked to receive the report for assurance.			
Action Required:	Approval	Review and discussion	Take assurance	Information only
Healthier together – delivering exceptional care for all				
Relationship to strategic priorities:	PATIENTS	PEOPLE	PARTNERSHIP	POUNDS
	We deliver safe, exceptional, person-centred care.	We are supportive, positive, and welcoming.	We work together to enhance our services with clear goals for our communities.	We are efficient and spend public money wisely.
We believe this paper is aligned to the strategic direction of:	South Yorkshire ICS		NHS Nottingham & Nottinghamshire ICS	
	Yes		Yes	

Implications			
Relationship to Board assurance framework:	X	BAF1	If DBTH is not a safe trust which demonstrates continual learning and improvement then risk of avoidable harm and poor patient outcomes/experience and possible regulatory action
	X	BAF2	If DBTH is unable to recruit, motivate, retain and develop a sufficiently skilled workforce to deliver services then patient and colleague experience and service delivery would be negatively impacted and we would not embed an inclusive culture in line with our DBTH Way
	X	BAF3	If demand for services at DBTH exceeds capacity then this Impacts on safety, effectiveness, experience of patients and meeting national and local quality standards
		BAF4	If DBTH’s estate is not fit for purpose then DBTH cannot deliver services and this impacts on outcomes & experience for patients and colleagues
		BAF5	If DBTH cannot deliver the financial plan then DBTH will be unable to deliver services and the Trust may not be financially sustainable in long term
		BAF6	If DBTH does not effectively engage and collaborate with its partners and communities then DBTH fails to meet its duty to collaborate, will miss opportunities to address strategic risks which require partnership solutions and will fail to deliver integrated care for benefit of people of Doncaster and Bassetlaw
		BAF7	If DBTH does not deliver continual quality improvement, research, transformation, and innovation then the organisation won’t be sustainable in long term
Risk Appetite Statement compliance	N/A		
Legal/ Regulation:	CQC (reg 12) - Safe Care and Treatment NHSE - National Quality Board staffing reporting requirements		
Resources:	N/A		
Assurance Route			
Previously considered by:		Contents shared with Finance & Performance, Quality & Effectiveness and People Committees.	
Date:	June 2024		
Any outcomes/ next steps			
Previously circulated reports to supplement this paper:			



Board Integrated Performance report

May 2024



Our vision is:

Healthier together – delivering exceptional care for all.

Our four strategic priorities are:



Contents

1. Executive Summary
2. Key Performance Indicators
3. Assurance reports
4. Future IQPR developments



Executive Summary

Overview	<p>The Trust is in the process of revising its board reports to align to targets and trajectories included in the national planning guidance (released 27th March) and the Trust's final plan submission (submitted 2nd May).</p> <p>67 metrics have been identified from these documents for inclusion in the board level integrated performance report. Of these 28 are being further developed or are pending national or local thresholds and will be included in future reports. Of the 39 included in this document 14 are currently being met and 25 are not meeting the expected standard, this is broken down as follows:</p> <p>Access – 27 metrics. 7 being met, 16 not meeting target (4 in development)</p> <p>Quality – 30 metrics, 6 being met, 4 not meeting target, (20 in development)</p> <p>People – 10 metrics, 1 being met, 5 not meeting target (4 in development)</p> <p>Overall the trust has ongoing challenges with high urgent and emergency care demand putting pressure on achieving access metrics, driving cost pressures through opening escalation capacity / additional staffing and impacting quality metrics due to high occupancy rates.</p> <p>In terms of elective recovery the trust is not yet delivering planned activity levels partly driven by high sickness rates and pressure from non-elective activity, particularly in orthopaedics. This is impacting meeting access targets and income recovery via the elective recovery fund.</p>
Access	<p>UEC metrics are below trajectory for the month. ED attendances are above plan and streaming to the UTC at DRI remains below the trajectory of 20%.</p> <p>Diagnostic activity was above plan for the month, DM01 performance remains below the national standard, with Audiology waiting times the key driver of the underperformance. In elective care, three patients were waiting > 78 weeks at month end. In cancer care, the faster diagnosis standard and 31 day standard were achieved.</p>
People	<p>SET compliance has increased from 87.85% in the previous month although at 88.44% remains below the 90% target. Actions are in place, including a Qii project, reviewing systems and utilising appraisal conversations. Appraisal season 2024 completion is ahead of this stage in 2023 across the Trust, with divisions/directorate reporting plans to achieve 90% by the end of the season.</p>
Quality	<p>We await the national targets for our gram positive and negative infections, however our current numbers remain within trajectories from last year with on-going improvement work. There were 2 never events each having a commissioned PSII and immediate patient safety actions implemented. Increase in HSMR, being investigated by disease level reviews. VTE compliance improving.</p>



Key Performance Indicators

Access

				Current month		
Metric	Standard/ threshold 24/25	Available	Latest month reported	Local target	Actual	Variance
4 hour ED	78% by March 2025		May-24	76.09%	72.62%	-3.47%
12 hours in department	No more than 2%		May-24	1.63%	4.08%	-2.45%
Ambulance handovers - 15 minutes	65%		May-24	65%	37.50%	-27.50%
Ambulance handovers - 30 minutes	95%		May-24	95%	69.38%	-25.62%
Ambulance handovers - 60 minutes	0%		May-24	0%	11.42%	-11.42%
Average ambulance handover times - YAS		In development (data)				
Number of arrivals			May-24		18106	
Diagnostic waiting times	DM01 99%/ Operational guidance 95%		May-24	94.85%	73.51%	-21.34%
Diagnostic activity against plan			May-24	15328	17281	1953
% patients waiting less than 18 weeks from referral to treatment	92%		May-24	92.00%	61.20%	-30.80%
78 weeks	0		May-24	0	3	-3
65 weeks	0 by September 2024		May-24	31	145	-114
Proportion of all outpatient attendances that are for first appointments or Fus attracting a procedure	46%	In development (data)				
No urgent operation to be cancelled for a second time	0	In development (data)				
Cancelled Operations Not Rebooked within 28 Days	0		May-24	0	6	-6



Key Performance Indicators

Access continued

				Current month		
Metric	Standard/ threshold 24/25	Available	Latest month reported	Local target	Actual	Variance
Day Case Activity against Plan			May-24	4359	3774	-585
Inpatient Elective Activity against Plan			May-24	634	637	3
Outpatient New Activity against plan			May-24	14513	15000	487
Outpatient Follow Up Activity against plan			May-24	30458	28750	-1708
Faster Diagnosis Standard	77% by March 2025		Apr-24	78%	80.70%	2.89%
31 day combined	96%		Apr-24	96%	96.40%	0.40%
62 day combined	70% by March 2025	In development (data)				
Proportion directly admitted to a stroke unit within 4 hours of clock start	75%		Mar-24	75%	45.31%	-29.69%
Percentage treated by a stroke skilled Early Supported Discharge Team	>24%		Mar-24	24%	56.25%	32.25%
Percentage of eligible patients given thrombolysis	90%		Mar-24	90%	100.00%	10.00%
Proportion of patients scanned within 1 hour of clock start *	48%		Mar-24	48%	40.63%	-7.37%
Percentage discharged given a named person to contact after discharge *	80%		Mar-24	80%	60.94%	-19.06%



Key Performance Indicators

People

Metric	Standard/ threshold 24/25	Available	Latest month reported	Current month		
				Local target	Actual	Variance
Employee Turnover	10%	In development (data)				
Completed SET Training	90%		May-24	90%	88.44%	-1.56%
Completed Appraisals	90% end July		May-24	45%	42.25%	-2.75%
Overall Sickness Absence	5%		May-24	5%	5.84%	-0.84%
Overall Vacancies			May-24	5%	4.23%	0.77%
Consultants with Signed Off Job Plans in EJP	90%		May-24	90%	67.00%	-23.00%
Time to hire (from TRAC authorisation - unconditional offer) A4C posts only	47 days		May-24	47	52	-5
Medical Appraisals completed	90%	In development (data)				
Flu vaccination for all colleagues		In development (data)				
Staff survey		In development (data)				



Key Performance Indicators

Quality

				Current month			Year to date		
Metric	Standard/ threshold 24/25	Available	Latest month reported	Local target	Actual	Variance	Local target	Actual	Variance
Hospital Acquired MRSA (Colonisation) Cases Reported in Month		In development (threshold)	May-24		2	-2		2	12
Hospital Acquired MRSA (Bacteraemia) Cases Reported in month	0		May-24	0	0	0			
Number of Hospital Onset Healthcare associated (HOHA) C.Diff cases in month		In development (threshold)	May-24		6	-6		9	-9
Number of Community Onset Healthcare associated (COHA) C.Diff cases in month		In development (threshold)	May-24		1	-1		3	-3
Never Events - Reported in month	0		May-24	0	2	-2			
Overall numbers of HAPUs		In development (data)							
In month Hospital Acquired Pressure Ulcers (HAPU) Category 2 and above	0		May-24	35	23	12	70	38	32
Inpatient Falls per 1000 bed days		In development (data)							
Severe harm falls per 1000 bed days	0	In development (data)							
Complaints Resolution Performance (number not responded to in line with PHSO standard)			May-24	0	0	0			
Claims CNST (patients) - new in month		In development (threshold)	May-24		6				
Claims LTPS - (staff) new in month		In development (threshold)	May-24		4				
Friends & Family Response Rates		In development (data)							
Mixed Sex Accommodation - nationally reported breaches in month	0		May-24	0	0	0			
Duty of Candour (failure to undertake in its entirety)	0	In development (data)							



Key Performance Indicators

Quality

Metric	Standard/ threshold 24/25	Available	Latest month reported	Current month		
				Local target	Actual	Variance
Planned Vs Actual CHPPD RM	90%	In development (data)				
Planned Vs Actual CHPPD RN	90%	In development (data)				
Planned Vs Actual CHPPD Total	90%	In development (data)				
Hospital Services Mortality Rate (HSMR): (rolling 12 Months - Combined)	<100		Mar-24	100	108.49	-8.49
Hospital Services Mortality Rate (HSMR): Elective (rolling 12 Months)	<100		Mar-24	100	82.66	17.34
Hospital Services Mortality Rate (HSMR): Non-Elective (rolling 12 Months)	<100		Mar-24	100	108.78	-8.78
NICE Guidance Response Rate Compliance	90%	No Data Received				
NICE Guidance % Non & Partial Compliance (For Monitoring Only)	10%	No Data Received				
% Over 18 in-hospital deaths scrutinised by Medical Examiner Team	100%		May-24	100%	100.0%	0.0%
VTE - % of patients having a VTE Risk Assessment	95%		May-24	95%	91.92%	-3.08%
CQUINS		In development (data)				
Proportion of service users presenting as emergencies who undergo sepsis screening and who, where screening is positive, receive IV antibiotic treatment within 1 hour of diagnosis	90%	In development (data)				
Proportion of service users inpatients who undergo sepsis screening and who, where screening is positive, receive IV antibiotic treatment within 1 hour of diagnosis	90%	In development (data)				
Number of incidents over 48 hours in the holding area		In development (data)				
PSIs reported in month		In development (data)				

We
care

Assurance report

4 hour performance

Summary of challenges & risks	<p>Performance in May 2024 was 72.62%, against the trajectory of 76.02%. ED attendances for the month were 18,106, which was 2% above the plan of 17,718.</p> <p>The Trust ranked 73 out of 142 acute providers and the Trust continues to be the second highest performing Trust for 4-hour standard in South Yorkshire.</p> <p>The key drivers of underperformance are the wait time to see doctor, streaming < 20% to the UTC at DRI and delays in transfer to an inpatient bed.</p>
Actions to address risks, issues and emerging concerns relating to performance and forecast	<p>Embedding of key leadership roles within the ED to provide oversight of waiting times on each shift and redeployment of staff across minors / majors as required to meet demand.</p> <p>Emergency Department dashboard provides real time oversight of wait times to see Doctor in each area of the ED.</p> <p>Review of UTC criteria and maximisation of streaming of all appropriate patients.</p>
Action timescales and assurance group or committee	<p>Improvement trajectory in place.</p> <p>Monthly reporting to the Finance and Performance Committee.</p>
Risk register	<p>Risk 3437 Timely access to emergency care</p>



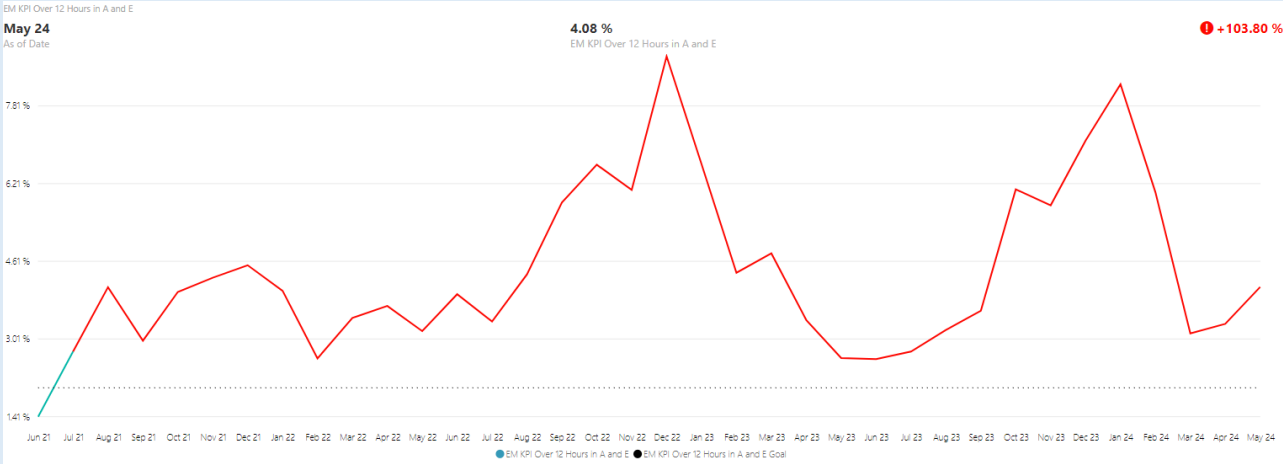
Source DBTH_IQPR_Dashboard_V9.8_May_2024



Assurance report

12 hour performance

Summary of challenges & risks	<p>In May 2024, 4.08% of patients were in the Emergency Department > 12 hours from arrival, against the national standard of no more than 2%</p> <p>The key drivers of underperformance are the wait time to see doctor and delays in transfer to an inpatient bed.</p>
Actions to address risks, issues and emerging concerns relating to performance and forecast	<p>Embedding of key leadership roles within the ED to provide oversight of waiting times on each shift and redeployment of staff across minors / majors as required to meet demand.</p> <p>Emergency Department dashboard provides real time oversight of wait times to see Doctor in each area of the ED.</p> <p>Site Team oversight of bed availability and transfer of patients within 30 minutes of a bed becoming available.</p>
Action timescales and assurance group or committee	<p>Improvement trajectory in place.</p> <p>Monthly reporting to the Finance and Performance Committee.</p>
Risk register	<p>Risk 3437 Timely access to emergency care</p>



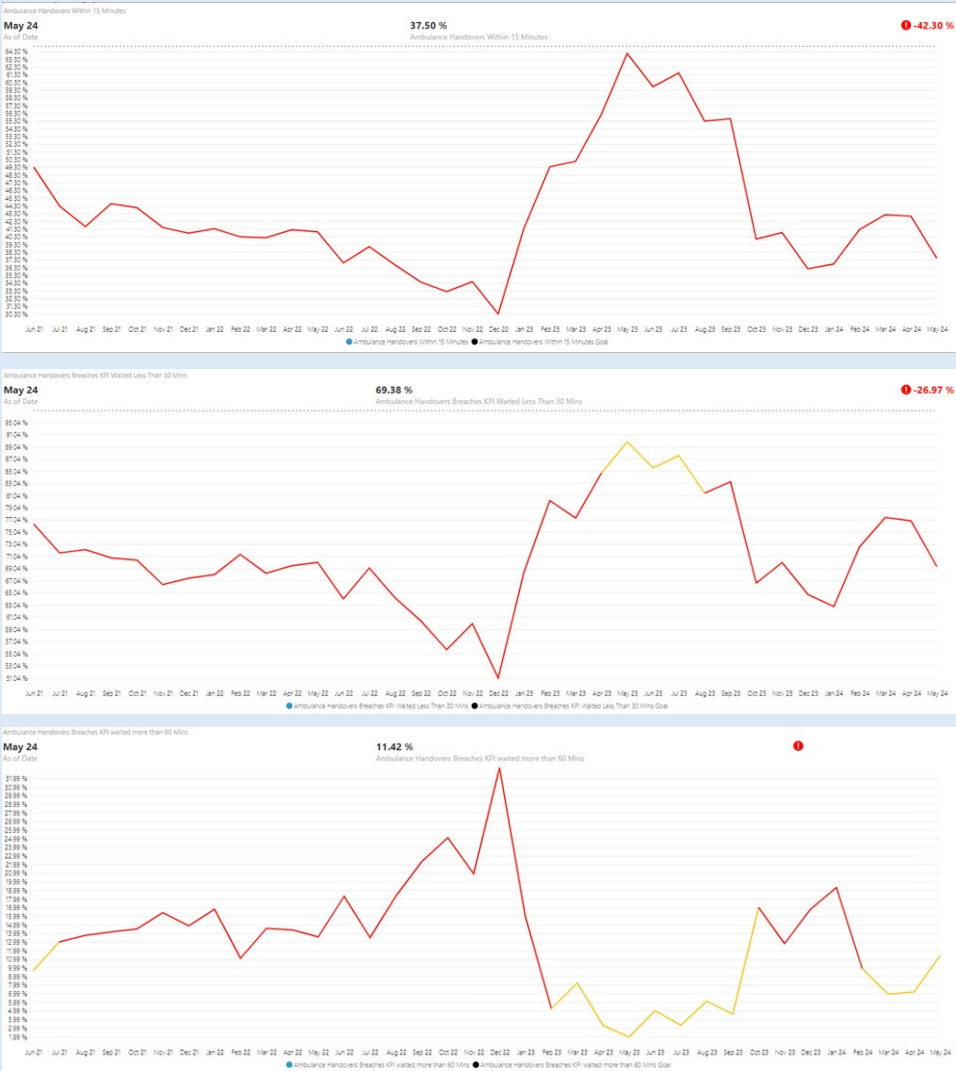
Source DBTH_IQPR_Dashboard_V9.8_May_2024



Assurance report

Ambulance Handovers within 15 min / 30 min / 60 min

Summary of challenges & risks	<p>In May 2024, ambulance handovers were:</p> <ul style="list-style-type: none">• 37.5% within 15 minutes, against the standard of 65%.• 69.4% within 30 minutes, against the standard of 95%• 88.5% within 60 minutes, against the standard of 100% <p>The key drivers of underperformance were n increase in ambulance conveyances and lack of capacity to take handover at times of peak demand when the ED is crowded.</p>
Actions to address risks, issues and emerging concerns relating to performance and forecast	<p>Proactive planning to create capacity for forecast peaks in demand.</p> <p>Utilisation of expansion capacity at DRI to meet peaks in demand, where staffing is available.</p> <p>Collaborative working with the ambulance service to enable ambulance conveyance direct to the SDEC unit.</p>
Action timescales and assurance group or committee	Improvement trajectory in place and monitored through the Finance and Performance Committee.
Risk register	Risk 3437 Timely access to emergency care



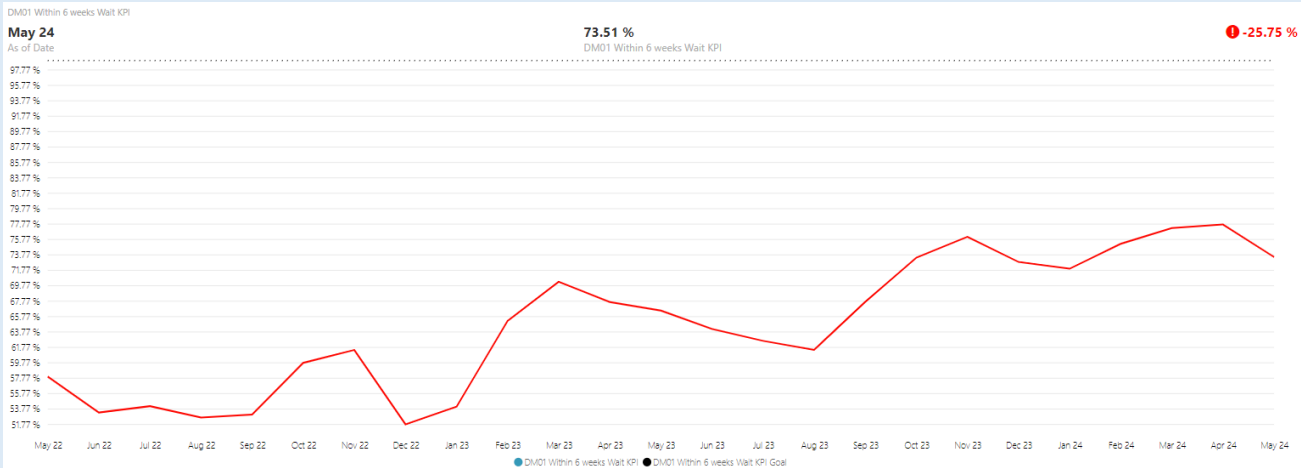
Source DBTH_IQPR_Dashboard_V9.8_May_2024



Assurance report

Diagnostic waiting times

Summary of challenges & risks	<p>In May 2024, 73.5% of patients received their diagnostic test within 6 weeks of referral, against the national planning requirement of 95% by March 2025.</p> <p>The key driver of underperformance is the Audiology waiting time with 8.7% of patients receiving a hearing assessment within 6 weeks of referral. Historical long waiting times have been exacerbated as a result of reduced capacity to address the recommendations of the paediatric audiology quality review and the business continuity incident relating to the new audiology system implementation.</p>
Actions to address risks, issues and emerging concerns relating to performance and forecast	<p>An Audiology Recovery Group is in place, chaired by the Deputy Chief Executive.</p> <p>All options to increase capacity through locums, insourcing and outsourcing are being explored.</p> <p>Redesign of the future model of care for Audiology services is in progress, in collaboration with partners across Place.</p> <p>The business continuity incident is resolved and the new system fully implemented.</p>
Action timescales and assurance group or committee	<p>A recovery action plan is in place, monitored by weekly via the Audiology Recovery Group.</p> <p>Audiology diagnostic waiting times are reported monthly to the Finance and Performance Committee.</p>
Risk register	Risk 3434 Timely access to diagnostic care



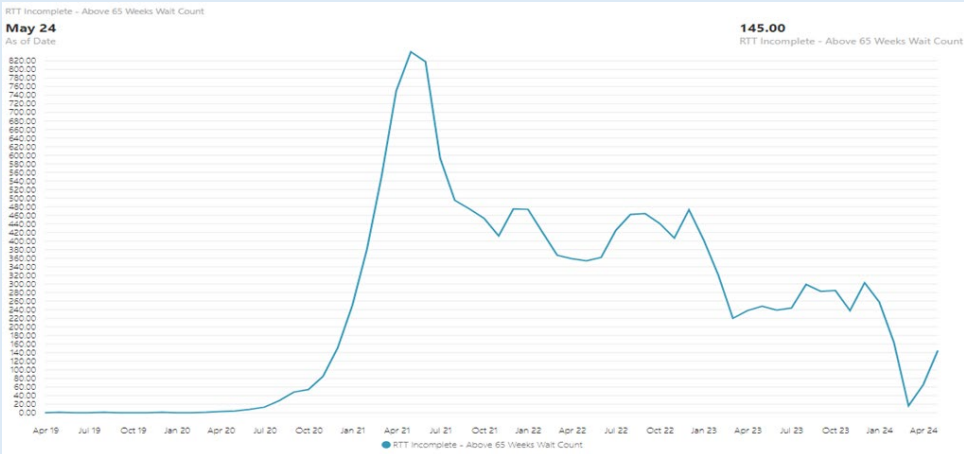
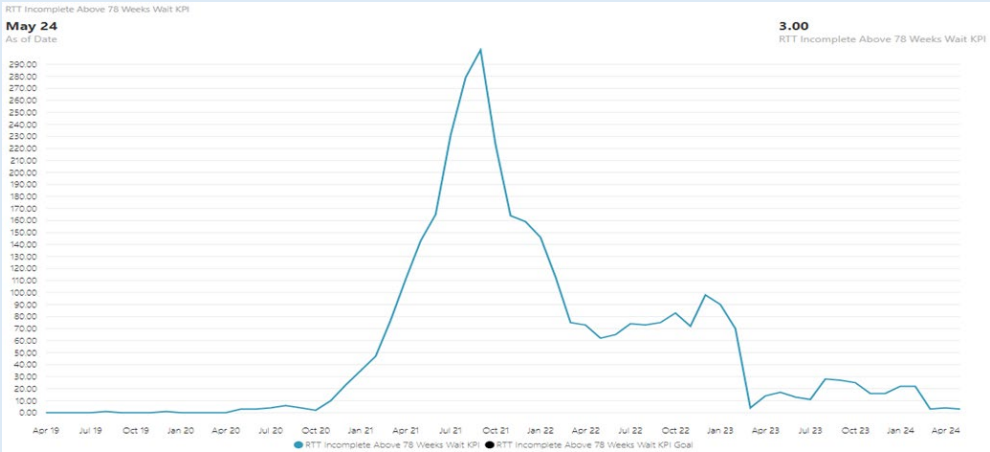
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Assurance report

Referral to treatment: 78 week waits / 65 week waits

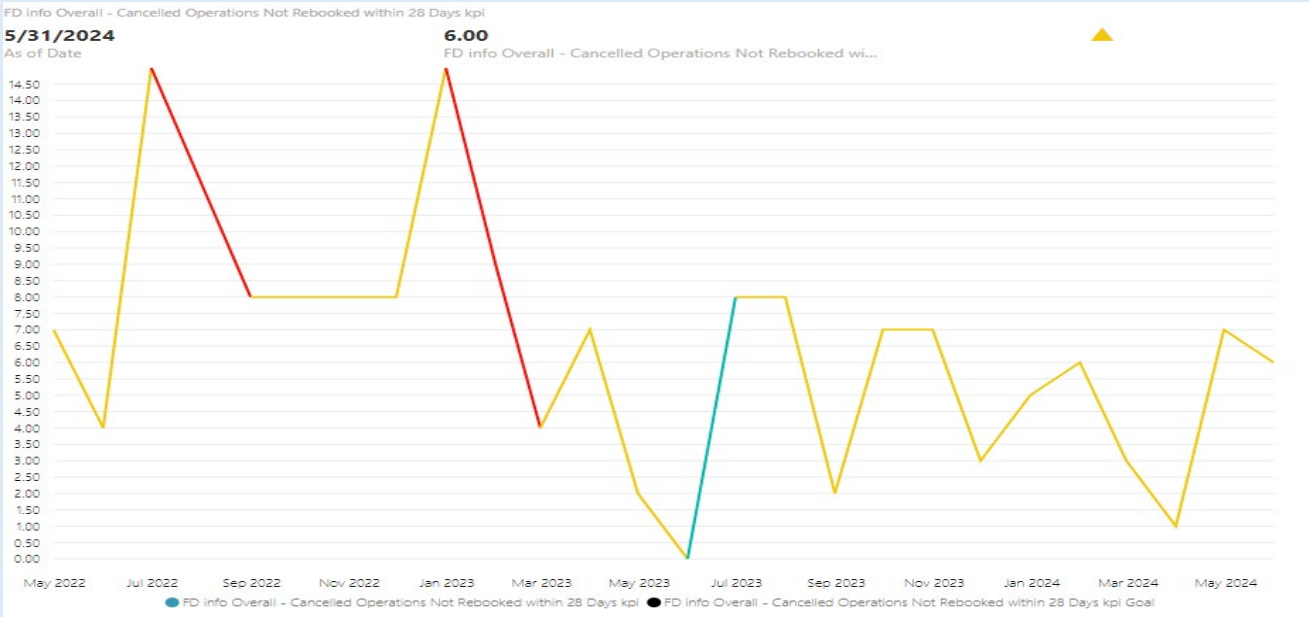
Summary of challenges & risks	<p>In May 2024, three patients were waiting > 78 weeks, against the trajectory of zero. All three patients had incorrect clock stops earlier in the pathway.</p> <p>In May 2024, there were 145 patients waiting > 65 weeks, against the trajectory of 31. The key drivers of underperformance are ENT and Trauma & Orthopaedics.</p>
Actions to address risks, issues and emerging concerns relating to performance and forecast	<p>Outpatient and Theatres improvement plans are in place to optimise the utilisation of all available capacity, in line with best practice.</p> <p>Senior operational oversight is in place for all long waiting patients to ensure plans are in place, including timely pre operative assessment for patients requiring surgery.</p>
Action timescales and assurance group or committee	<p>Improvement trajectory in place.</p> <p>Monthly reporting to the Finance and Performance Committee.</p>
Risk register	<p>Risk 3435 Timely access to elective care</p>



Assurance report

Cancelled Operations Not Rebooked within 28 Days

Summary of challenges & risks	<p>In May 2024 there were 6 breaches of the 28-day guarantee:</p> <p>5 x Trauma and Orthopaedics 1 x General Surgery</p>
Actions to address risks, issues and emerging concerns relating to performance and forecast	<p>Improved Divisional oversight of patient cancellation and re-booking within 28 days.</p> <p>Timely escalation of any patient at risk of breaching the 28 day guarantee.</p>
Action timescales and assurance group or committee	<p>Monthly reporting to the Finance and Performance Committee.</p>
Risk register	<p>Risk 3435 Timely access to elective care</p>



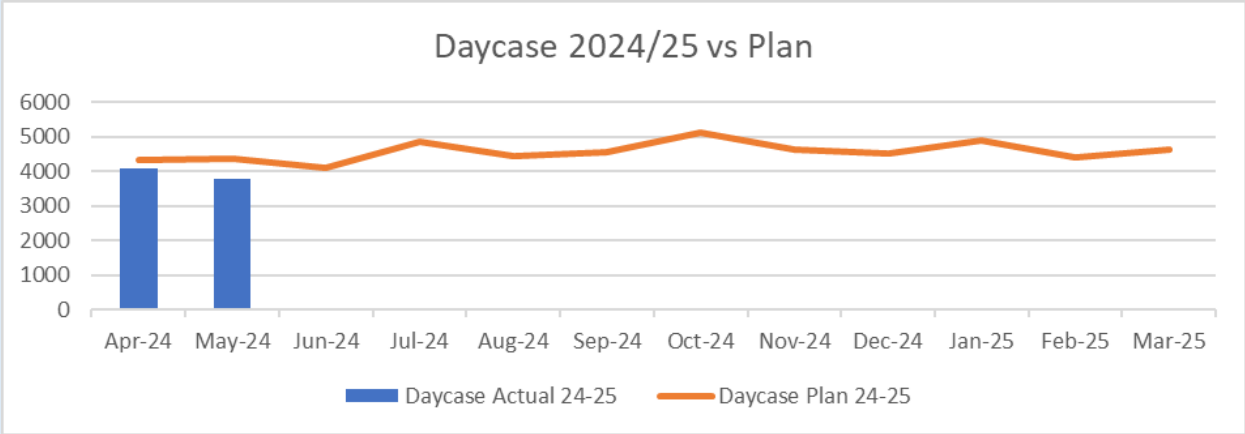
Source DBTH_IQPR_Dashboard_V9.8_May_2024



Assurance report

Day Case activity against plan

Summary of challenges & risks	<p>In May 2024, the Trust delivered 86.6% of the day case plan which equates to 585 cases behind plan overall (noting that some specialties are over plan in month).</p> <p>Key drivers of the underperformance are General Surgery (187 cases), Trauma & Orthopaedics (132 cases) and General Medicine (231 cases).</p>
Actions to address risks, issues and emerging concerns relating to performance and forecast	<p>The key action is delivery of the theatres improvement plan which includes maximisation of all theatre capacity and delivery of day case rates in line with national best practice (BADS).</p>
Action timescales and assurance group or committee	<p>Monthly reporting to the Finance and Performance Committee.</p>
Risk register	<p>Risk 3435 Timely access to elective care</p>



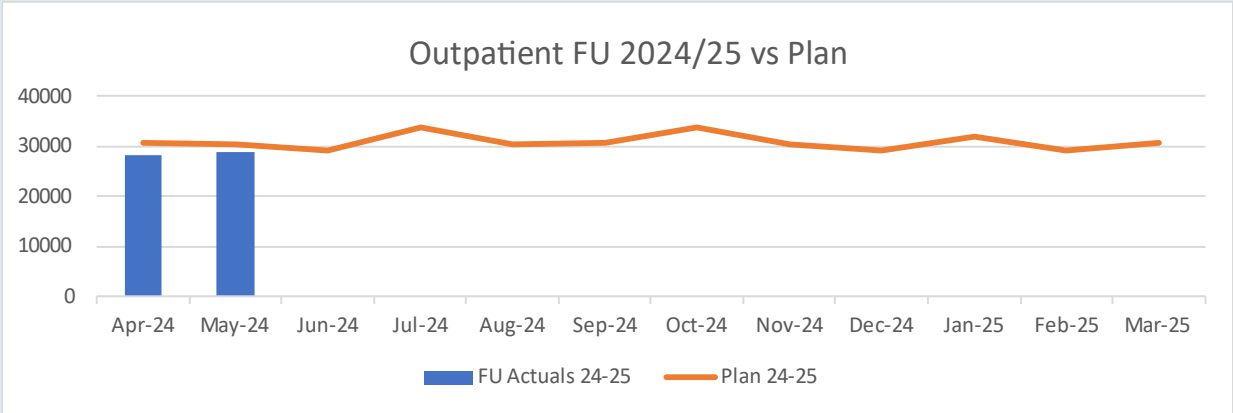
Source DBTH_IQPR_Dashboard_V9.8_May_2024



Assurance report

Outpatient follow up activity against plan

Summary of challenges & risks	<p>In May 2024, the Trust delivered 94.4% of the outpatient follow up plan, which equates to 1,708 appointments behind plan overall (noting that some specialties are over plan in month).</p> <p>Key drivers of the underperformance are Trauma & Orthopaedics (749 appointments), Respiratory Physiology (458 appointments), General Surgery (293 appointments), Orthodontics (286 appointments), Cardiology (275 appointments), Respiratory Medicine (266 appointments), ENT (256 appointments) and General Medicine (231 cases).</p>
Actions to address risks, issues and emerging concerns relating to performance and forecast	<p>The key action is the delivery of the Outpatient improvement programme, which includes maximisation of all outpatient capacity through the reduction of DNA rates and improved booking / scheduling processes.</p>
Action timescales and assurance group or committee	<p>Monthly reporting to the Finance and Performance Committee.</p>
Risk register	<p>Risk 3435 Timely access to elective care</p>



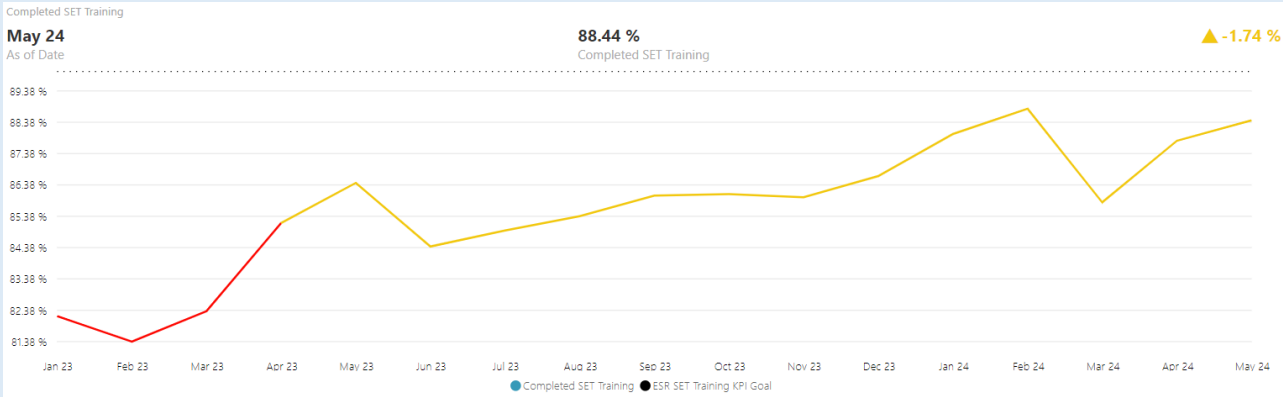
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Assurance report

Completed SET Training

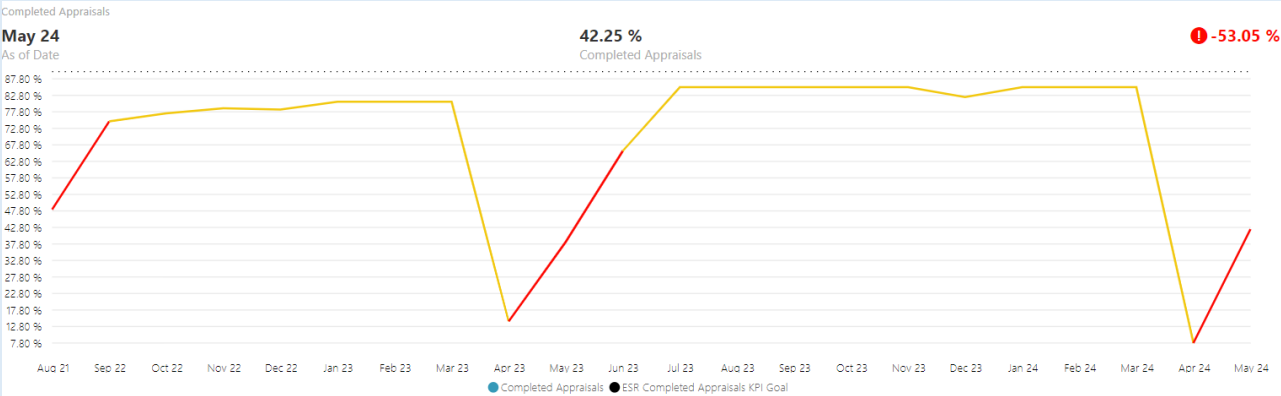
Summary of challenges & risks	In May the Trust had a SET completion rate of 88.4% against a target of 90%
Actions to address risks, issues and emerging concerns relating to performance and forecast	<p>Managers asked to use ESR self-serve to review compliance, ensure position numbers are correct as these determine training requirements and to support individuals accessing SET. Focus on SET during appraisal season.</p> <p>Qii project on utilisation of training places on face-to-face sessions, as these are more challenging in terms of capacity.</p> <p>Education team continue to work through the NHS England reform objectives on mandatory training to assess impact at DBTH.</p>
Action timescales and assurance group or committee	<p>Compliance increased from 87.85% in April. Detailed breakdown by division/directorate presented to Trust Leadership Team in May with a further paper planned for July meeting.</p> <p>Performance Review Meetings CQC action plan Trust Leadership Team People Committee</p>
Risk register	<p>-</p> <p>To note – issues currently being experienced with National Learning Hub e-learning, this is being addressed</p>



Assurance report

Completed Appraisals

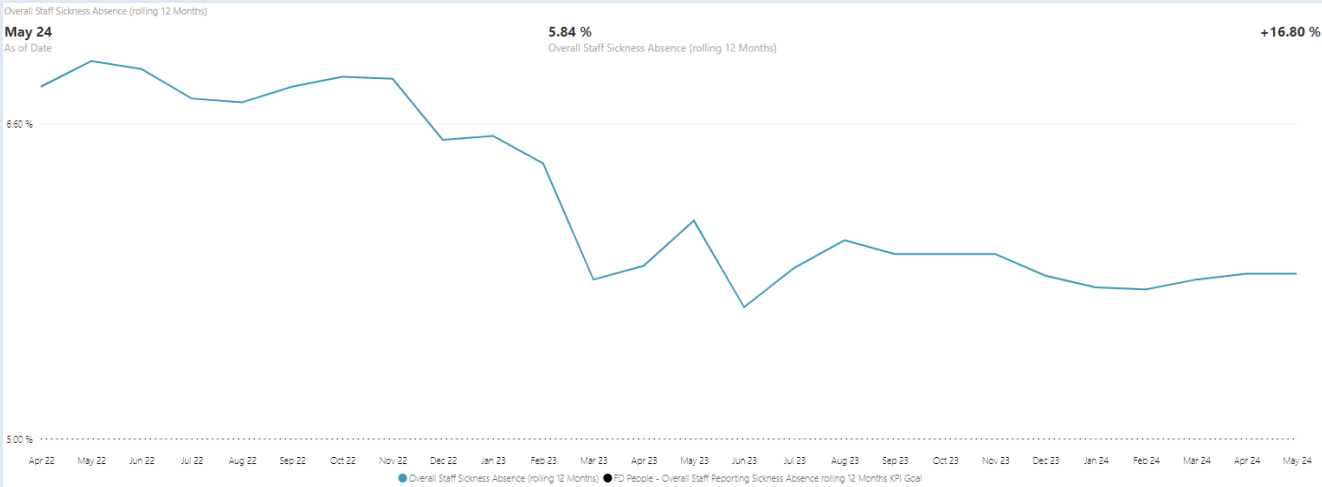
Summary of challenges & risks	In May the Trust had an appraisal completion rate of 42.3% against a target of 45%
Actions to address risks, issues and emerging concerns relating to performance and forecast	<p>Completion rate is ahead of the position at this stage last year, with all divisions ahead of their 2023 position. The usual pattern is for completion to increase more steeply in the second half of the season due to the cascade of appraisals/objectives.</p> <p>Senior leaders asked to ensure plans are in place within their divisions/directorate and escalate any concerns to the Chief People Officer.</p> <p>People Business Partnering team monitoring data and offering focused support to areas.</p> <p>Survey undertaken on quality of appraisals, initial data presented at Trust Leadership Team in June.</p>
Action timescales and assurance group or committee	<p>Appraisal season 1 April – 31 July 2024</p> <p>Detailed breakdown by division/directorate presented to Trust Leadership Team in June with a further paper planned for July meeting.</p> <p>Performance Review Meetings CQC action plan Trust Leadership Team People Committee</p>
Risk register	N/A



Assurance report

Overall Sickness Absence

Summary of challenges & risks	The Trust sickness rate is 5.84% against a target for 5%.
Actions to address risks, issues and emerging concerns relating to performance and forecast	<p>Sickness absence targets set at division/directorate level, with focused targets for each department/ward.</p> <p>People Business Partnering team providing ongoing support to managers. Also working more closely with Occupational Health to provide support.</p> <p>Impact of new sickness absence policy to be reviewed</p>
Action timescales and assurance group or committee	<p>Performance Review Meetings</p> <p>Workforce Workstream reports to Transformation Board</p> <p>Trust Leadership Team</p> <p>People Committee</p>
Risk register	N/A



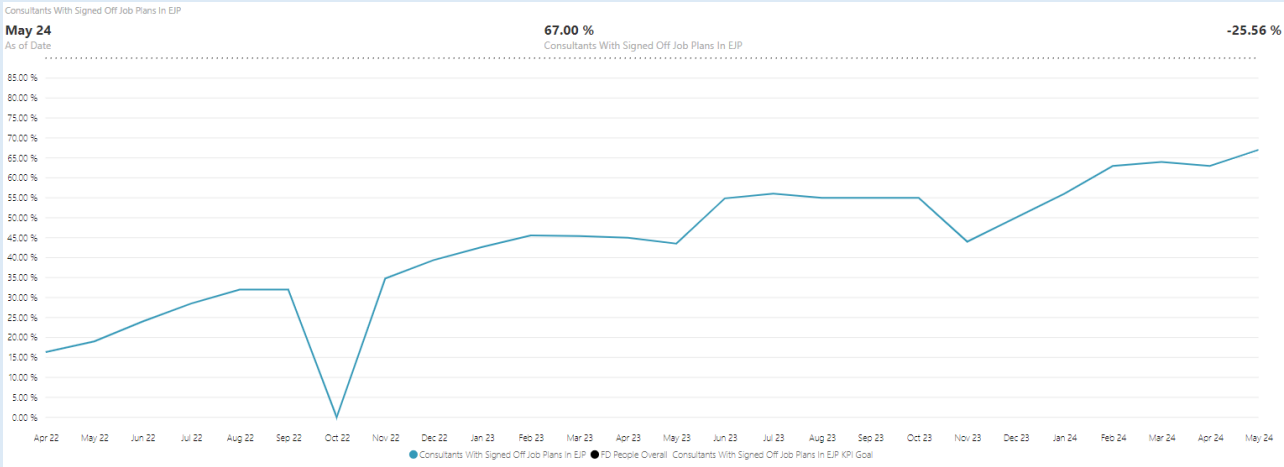
Source DBTH_IQPR_Dashboard_V9.8_May_2024



Assurance report

Consultants with Signed Off Job Plans in EJP

Summary of challenges & risks	The Trust currently has 67% of consultants with a signed off job plan against a target of 95%
Actions to address risks, issues and emerging concerns relating to performance and forecast	Change to new system, L2P so current job planning is paused until the new system is implemented.
Action timescales and assurance group or committee	Go live date in late August
Risk register	



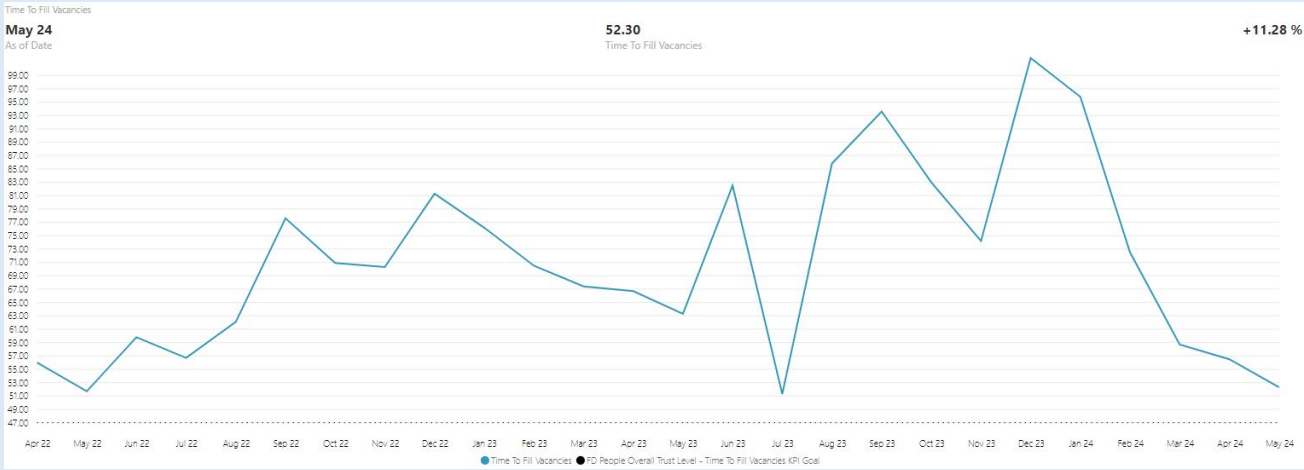
Source DBTH_IQPR_Dashboard_V9.8_May_2024



Assurance report

Time to hire (from TRAC authorisation - unconditional offer) A4C posts only

Summary of challenges & risks	The Trusts time to hire has come down from previous highs but is still at 52 days above the target of 47.
Actions to address risks, issues and emerging concerns relating to performance and forecast	<p>Collaborative work with South Yorkshire recruitment leads to identify good practice and any opportunities</p> <p>Inclusive recruitment practices action plan in place, to improve experiences of the process</p>
Action timescales and assurance group or committee	Performance Review Meetings Trust Leadership Team People Committee
Risk register	<p>N/A</p> <p>To note – it has been recognised the current mixed model of centralised and devolved recruitment impacts on ability to achieve time to hire KPIs</p>



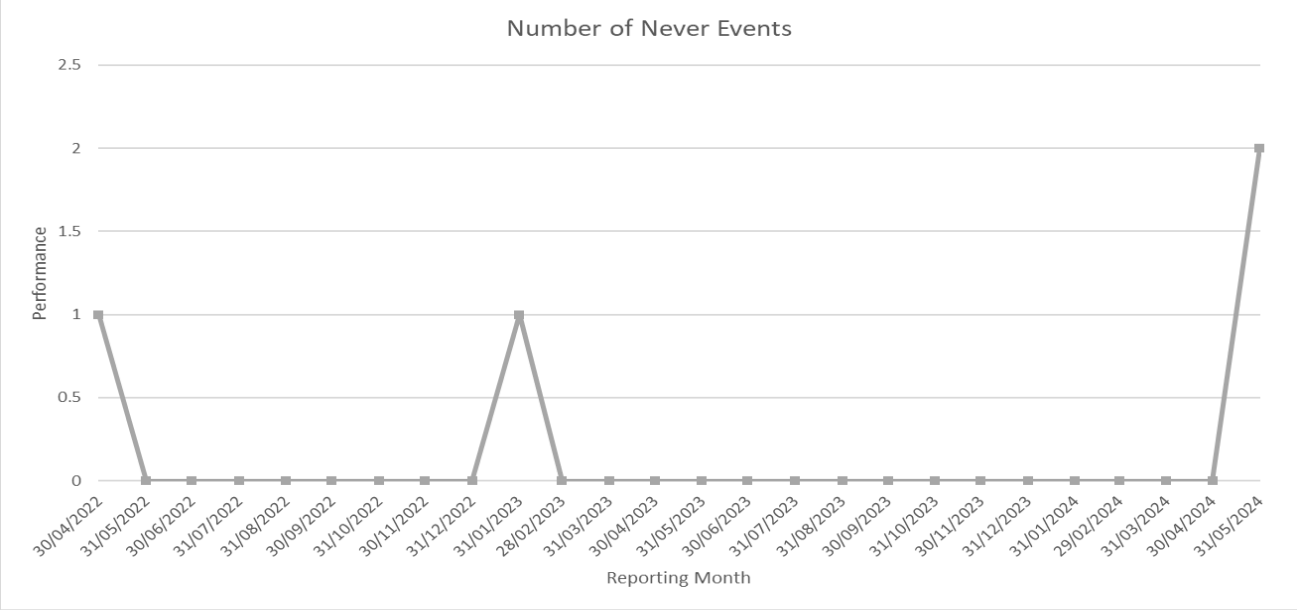
Source DBTH_IQPR_Dashboard_V9.8_May_2024



Assurance report

Never Events - Reported in month

Summary of challenges & risks	The Trust has recorded 2 never events in May against a plan of zero Wrong Site nerve block Incorrect size lens inserted
Actions to address risks, issues and emerging concerns relating to performance and forecast	Hot Debriefs taken place for both cases Patient Safety Incident Investigations commissioned in line with PSIRP Incorrect size lens inserted - immediate patient safety action include standardisation of the review of paper and digital notes in theatre with a confirmation process prior to implant. Wrong Site nerve block - Marking of patient to be visualised before the block. Reinforced stop before you block with all staff and in safety huddles – signed by staff to confirm they understand. Auditing of the WHO process.
Action timescales and assurance group or committee	Immediate patient safety actions taken for both cases. Both cases reported to quality and effectiveness committee in Chief Nurse update. PSII will draw out more learning (60 days KPI).
Risk register	N/A



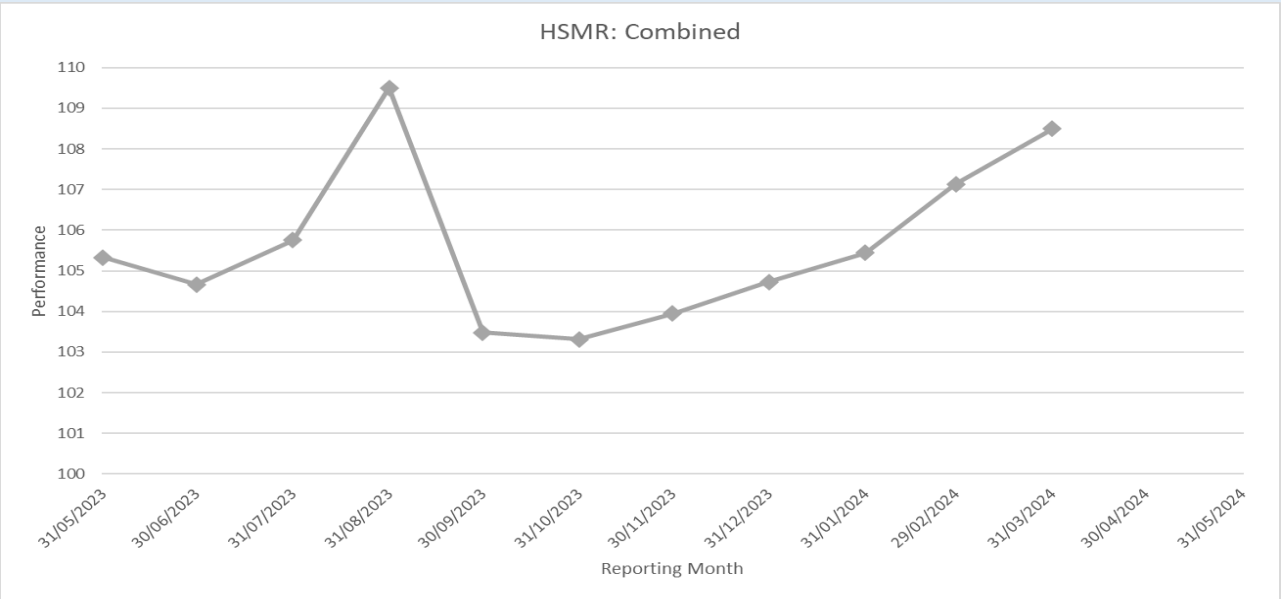
Source DBTH_IQPR_Dashboard_V9.8_May_2024



Assurance report

Hospital Services Mortality Rate (HSMR): (rolling 12 Months - Combined)

Summary of challenges & risks	The Trusts HSMR rolling 12-month rate was 108.49 against a target of 100
Actions to address risks, issues and emerging concerns relating to performance and forecast	Disease level HSMR being reviewed to see the drivers of the HSMR – currently highest are peritonitis and electrolyte disturbance. These are being looked at through the mortality and LFD groups. External validation company looking at coding
Action timescales and assurance group or committee	2 months – analysis of disease level data. Business case going through for validation company
Risk register	



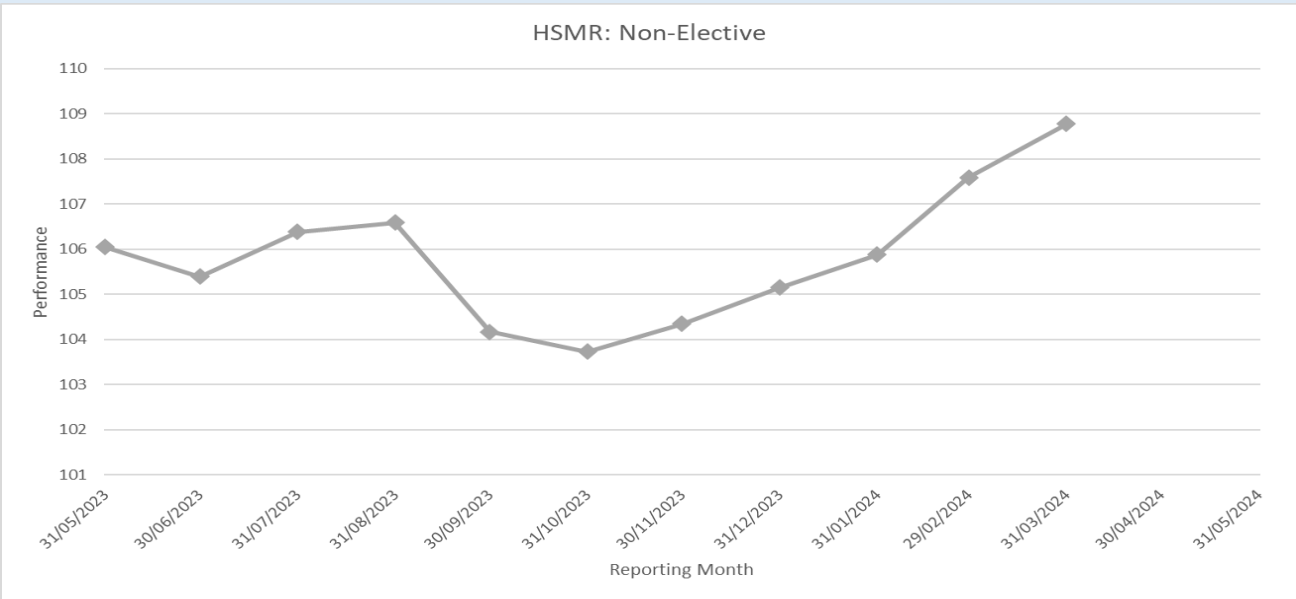
Source DBTH_IQPR_Dashboard_V9.8_May_2024



Assurance report

Hospital Services Mortality Rate (HSMR): Non-Elective (rolling 12 Months)

Summary of challenges & risks	The Trusts non-elective HSMR rolling 12-month rate was 108.78 against a target of 100
Actions to address risks, issues and emerging concerns relating to performance and forecast	Disease level HSMR being reviewed to see the drivers of the HSMR – currently highest are peritonitis and electrolyte disturbance. These are being looked at through the mortality and LFD groups. External validation company looking at coding
Action timescales and assurance group or committee	2 months – analysis of disease level data. Business case going through for validation company
Risk register	



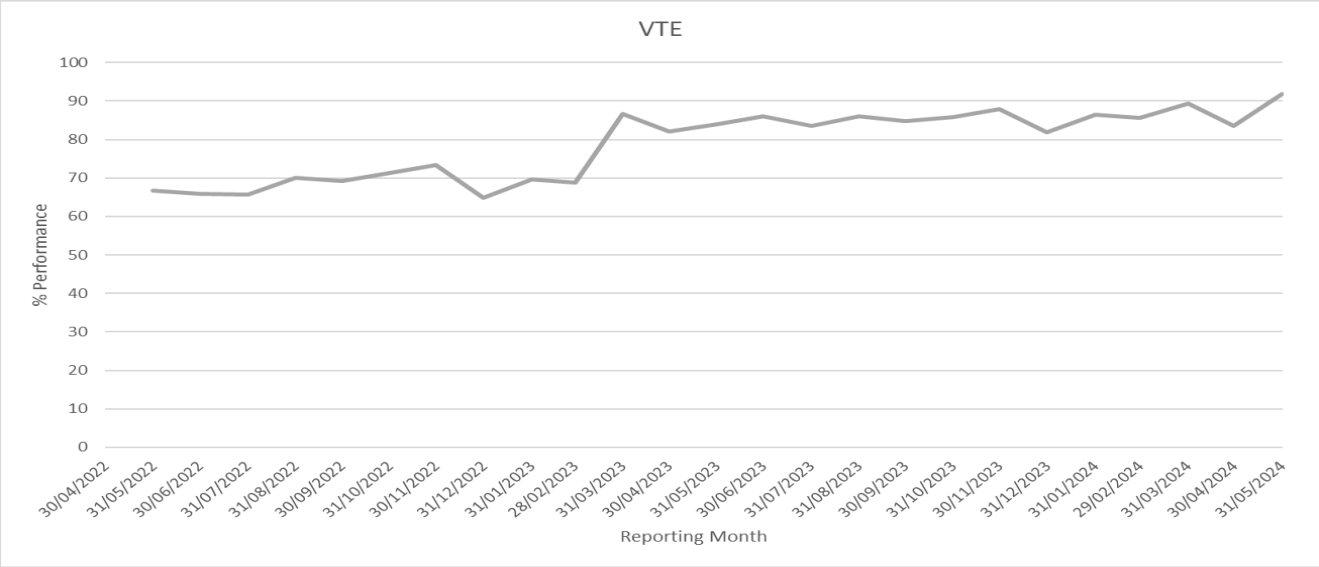
Source DBTH_IQPR_Dashboard_V9.8_May_2024



Assurance report

VTE - % of patients having a VTE Risk Assessment

Summary of challenges & risks	At the Trust 88.4% of patients had a VTE Risk Assessment in May against a target of 90%.
Actions to address risks, issues and emerging concerns relating to performance and forecast	Step change in April due to new assessment on Wellsky, This is still working through some specialities. Works for emergency patients less well for elective.
Action timescales and assurance group or committee	Continued month by month improvements have led to the last week achieving the 90% standard
Risk register	



Source DBTH_IQPR_Dashboard_V9.8_May_2024



Future IQPR Developments

- Review inclusion of finance data
- Update to metrics:
 - Group 1: Removal of metrics. Go Live: June 2024.
 - Group 2: Addition of metric already in the data cube. Go Live: June 2024.
 - Group 3: Addition of metric requiring data cube development. Placeholders: June 2024. Go Live: July 2024.
 - Group 4: Addition of metric to be collected via a form that requires changing. Go Live: July 2024.
- SPC Charts in IQPR:
 - Technical preparedness and discovery. Including deployment of updated PowerBI with SPC module in test, testing existing dashboards in this version, updating the live server and colleagues' laptops. Upskilling the team and familiarisation with the tool. June-July 2024 (In parallel to the Section 1 Groups 1 – 3 above).
 - Technical Development. First group of metrics to be moved to SPC reporting (scope TBC dependent on priorities and technical feasibility). August 2024.
 - SPC IQPR release. First IQPR release with SPC charts included. September 2024.
 - Responding to feedback, optimisation, residual presentation issues. November 2024.
- Making Data Count Board Session, 8th October 2024
- Process automation:
 - Summary of metrics
 - Identify variation
 - IQPR output report





Doncaster and Bassetlaw Teaching Hospitals

NHS Foundation Trust



2407 - C2 FINANCIAL POSITION & FINANCIAL PLAN UPDATE

● Decision Item


👤 Jon Sargeant, Chief Financial Officer

🕒 10:40

10 minutes

REFERENCES

Only PDFs are attached

 C2 - Financial Position & Financial Plan Update.pdf

Report Cover Page			
Meeting Title:	Board of Directors		
Meeting Date:	2 July 2024	Agenda Reference:	C2
Report Title:	Financial Position and Financial Plan Update		
Sponsor:	Jon Sargeant - Chief Financial Officer		
Author:	Rodney Muskett - Deputy Director of Finance Finance Team		
Appendices:			
Report Summary			
Purpose of the report & Executive Summary			
<p>To set out to the Board an update with regards to the Trust’s financial position at Month 2.</p> <p>The Trust’s reported deficit in month 2 was £4.8m, which was £1.1m adverse to budget. The Trust’s reported deficit YTD at month 2 was £8.8m, which was £1.4m adverse to budget. Excluding MEOC and CDC, the Trust’s core deficit in month 2 was £5.0m, which was £0.6m adverse to budget. The Trust’s core deficit YTD at month 2 was £8.9m, which was £1.5m adverse to budget. The Trust’s core YTD position is mainly driven by ERF underperformance against plan (£1.3m), pay being overspent (£0.8m) which was partly offset with an underspend against Independent Sector usage (£0.7m).</p> <p>The Trust group income position in month 2 was £47.7m, £0.8m adverse to plan and £94.3m year to date, £2.5m adverse to plan .</p> <p>The Trust group clinical income was £83.7m year to date and £2.7m adverse to plan. The Trusts core clinical income (excluding MEOC and CDC) was £82.4m, £0.5m adverse to plan. However, within this the ERF is behind plan year to date £1.3m mainly relating to T&O performance which was off set £0.7m by independent sector underspends.</p> <p>Pay expenditure was c.£0.8m adverse to plan YTD at month 2. The Trust’s core position (excluding MEOC & CDC), on pay expenditure is £0.7m adverse to budget. This is mainly driven by overspends on Medical and Dental and Nursing staff in the Division of Medicine and Division of Urgent and Emergency Care and overspends on Medical and Dental staff in the Division of Women and Children.</p> <p>Non-pay expenditure is £1.7m favourable to budget YTD at month 2. The Trust’s core position (excluding MEOC and CDC), on non-pay expenditure is £0.6m adverse to budget. £1.4m of this variance is offset with income, therefore the underlying non-pay variance is £0.8m favourable to budget. This is mainly driven by an underspend on Independent Sector of £0.7m, which is offsetting some of the underachievement of ERF.</p>			
Capital			
<p>Year to date capital spend excluding donated assets/charitable funds is £446k, compared to a year to date budget of £3,088k therefore showing an underspend of £2,642k. YTD capital spend for charitable funds is £2,418k which relates to the Da Vinci Robot and the Stroke Rehab Robot. Therefore, the YTD total capital spend is £2,864k.</p>			
Cash			
<p>Cash has decreased by £5.2m to £16.8m. This drop is due to £2m more capital cash out than depreciation charged, as well as the underlying financial deficit. The cash is still above the NHSE cash forecast, but this is in part due to the £7.6m capital creditors at month end. As such, the underlying revenue cash position is</p>			

£9.2m which is less than the £12m revenue cash position that we had at year end. Invoice turnaround metrics have improved slightly in the month.

CIPs (Cost Improvement Programme)

In month, the Trust has delivered £0.8m of savings versus the plan submitted to NHSE of £0.5m and therefore is £0.3m favourable to plan. YTD, the Trust has delivered £1.5m of savings versus the plan submitted to NHSE of £0.9m and therefore is £0.6m favourable to plan.

Recommendation:	The Board is asked to note <ul style="list-style-type: none"> The Trust's deficit in month 2 (May 2024) was £4.8m, which was £1.1m adverse to budget. The Trust's deficit YTD in month 2 was £8.8m, which was £1.4m adverse to budget. Excluding MEOC and CDC, the Trust's core deficit in month 2 (May 2024) was £5.0m, which was £0.6m adverse to budget. The Trust's core deficit YTD at month 2 was £8.9m, which was £1.5m adverse to budget. 			
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Action Required:	Approval	Review and discussion	Take assurance	Information only
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Healthier together – delivering exceptional care for all

Relationship to strategic priorities:	PATIENTS	PEOPLE	PARTNERSHIP	POUNDS
	<i>We deliver safe, exceptional, person-centred care.</i>	<i>We are supportive, positive, and welcoming.</i>	<i>We work together to enhance our services with clear goals for our communities.</i>	<i>We are efficient and spend public money wisely.</i>

We believe this paper is aligned to the strategic direction of:	South Yorkshire ICS		NHS Nottingham & Nottinghamshire ICS	
	Yes		Yes	

Implications

Relationship to Board assurance framework:		BAF1	If DBTH is not a safe trust which demonstrates continual learning and improvement then risk of avoidable harm and poor patient outcomes/experience and possible regulatory action
		BAF2	If DBTH is unable to recruit, motivate, retain and develop a sufficiently skilled workforce to deliver services then patient and colleague experience and service delivery would be negatively impacted and we would not embed an inclusive culture in line with our DBTH Way
		BAF3	If demand for services at DBTH exceeds capacity then this Impacts on safety, effectiveness, experience of patients and meeting national and local quality standards
		BAF4	If DBTH's estate is not fit for purpose then DBTH cannot deliver services and this impacts on outcomes & experience for patients and colleagues
	x	BAF5	If DBTH cannot deliver the financial plan then DBTH will be unable to deliver services and the Trust may not be financially sustainable in long term
		BAF6	If DBTH does not effectively engage and collaborate with its partners and communities then DBTH fails to meet its duty to collaborate, will miss opportunities to address strategic risks which require partnership solutions and will fail to deliver integrated care for benefit of people of Doncaster and Bassetlaw
		BAF7	If DBTH does not deliver continual quality improvement, research, transformation, and innovation then the organisation won't be sustainable in long term

Risk Appetite Statement compliance	Where appropriate, refer to the DBTH Risk Appetite Statement and indicate whether the matter has been subject to an assessment of DBTH risk appetite NO	
Legal/ Regulation:		
Resources:	No issues	
Assurance Route		
Previously considered by:	Finance & Performance Committee	
Date:	25 June 2024	
Any outcomes/next steps		
Previously circulated reports to supplement this paper:		

FINANCIAL PERFORMANCE

Month 2 – May 2024

Doncaster & Bassetlaw Teaching Hospitals NHS Foundation Trust

M02 May 2024

1. Income and Expenditure vs. Budget							2. CIPs							
Performance Indicator	Monthly Performance			YTD Performance			Performance Indicator	Monthly Performance			YTD Performance			Annual Plan
	Actual	Variance to budget		Actual	Variance to budget			Plan	Actual		Plan	Actual		
	£'000	£'000		£'000	£'000			£'000	£'000		£'000	£'000		
Income	(47,665)	797	A	(94,319)	2,477	A	Drugs	0	0	A	0	0	A	500
Pay	31,529	(82)	F	63,441	814	A	Income (Other Operating Income)	49	4	A	97	8	A	992
Non Pay	20,286	426	A	38,493	(1,722)	F	Income (Patient Care Activities)	111	107	A	200	109	A	3,351
Financing Costs	653	(62)	F	1,276	(156)	F	Non-Pay	141	132	A	230	353	F	5,288
(Profit)/Loss on Asset Disposals	0	0	A	0	0	A	Pay	21	27	F	42	52	F	250
(Surplus)/Deficit for the period	4,804	1,078	A	8,891	1,413	A	Pay (Skill Mix)	162	257	F	324	504	F	5,350
Adj. for donated assets	(43)	(2)	F	(86)	(4)	F	Pay (WTE Reductions)	10	252	F	20	459	F	5,469
Adjusted (Surplus)/Deficit for the purposes of system achievement	4,761	1,077	A	8,804	1,409	A	Total CIP	493	778	F	913	1,485	F	21,200
<div>Income<div>Over-achieved</div><div>F</div></div> <div>Key<div>F = Favourable</div><div>A = Adverse</div></div> <div>Expenditure<div>Underspent</div><div>F</div><div>Overspent</div><div>A</div></div>							4. Other							
3. Statement of Financial Position							Performance Indicator		Monthly Performance		YTD Performance		Annual	
							Plan	Actual	Plan	Actual	Plan			
							£'000	£'000	£'000	£'000	£'000	£'000		
							Cash Balance		16,809		16,809	1,900		
							Capital Expenditure	1,724	225	3,088	446	44,555		
							5. Workforce							
								Funded WTE	Substantive WTE	Bank WTE	Agency WTE	Total worked WTE		
Non Current Assets														
Current Assets														
Current Liabilities														
Non Current liabilities														
Total Assets Employed														
Total Tax Payers Equity														
							Current Month	6,547.83	6,114.34	372.68	104.51	6,591.53		
							Previous Month	6,443.73	6,133.04	327.96	100.78	6,561.78		
							Movement	104.10	-18.70	44.72	3.73	29.75		

1. Month 2 Financial Position Highlights

The Trust's reported deficit in month 2 was £4.8m, which was £1.1m adverse to budget. The Trust's reported deficit YTD at month 2 was £8.8m, which was £1.4m adverse to budget. Excluding MEOC and CDC, the Trust's core deficit in month 2 was £5.0m, which was £0.6m adverse to budget. The Trust's core deficit YTD at month 2 was £8.9m, which was £1.5m adverse to budget. The Trust's core YTD position is driven by ERF underperformance against plan (£1.3m), pay being overspent (£0.8m) which was partly offset with an underspend against Independent Sector usage (£0.7m).

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Recommendations

The Board is asked to note:

- The Trust's deficit in month 2 (May 2024) was £4.8m, which was £1.1m adverse to budget. The Trust's deficit YTD in month 2 was £8.8m, which was £1.4m adverse to budget.
- Excluding MEOC and CDC, the Trust's core deficit in month 2 (May 2024) was £5.0m, which was £0.6m adverse to budget. The Trust's core deficit YTD at month 2 was £8.9m, which was £1.5m adverse to budget.

2407 - C3 RESPONSE TO THE OUTCOME OF THE INFECTED BLOOD INQUIRY

● Discussion Item

👤 Dr Nick Mallaband, Acting Executive Medical Director

🕒 10:50

10 minutes

REFERENCES

Only PDFs are attached



C3 - Response to the Outcome of the Infected Blood Inquiry.pdf

Report Cover Page				
Meeting Title:	Board of Directors			
Meeting Date:	2 July 2024	Agenda Reference:	C3	
Report Title:	Response to the Outcome of the Infected Blood Inquiry			
Sponsor:	Dr Nick Mallaband - Acting Executive Medical Director			
Author:	Dr Nick Mallaband - Acting Executive Medical Director			
Appendices:				
Report Summary				
Purpose of the report & Executive Summary On 20 May 2024 the Infected Blood Inquiry final report was published. There are a series of recommendations within the report that have been set out for the Trust. The Trust has some compliance already with these recommendations. An action plan has been developed to ensure that we reach full compliance with these.				
Recommendation:	The Board is asked to note and take assurance from the report.			
Action Required:	Approval	Review and discussion	Take assurance	Information only
Healthier together – delivering exceptional care for all				
Relationship to strategic priorities:	PATIENTS	PEOPLE	PARTNERSHIP	POUNDS
	<i>We deliver safe, exceptional, person-centred care.</i>	<i>We are supportive, positive, and welcoming.</i>	<i>We work together to enhance our services with clear goals for our communities.</i>	<i>We are efficient and spend public money wisely.</i>
We believe this paper is aligned to the strategic direction of:	South Yorkshire ICS		NHS Nottingham & Nottinghamshire ICS	
	Yes		Yes	
Implications				
Relationship to Board assurance framework:	x	BAF1	If DBTH is not a safe trust which demonstrates continual learning and improvement then risk of avoidable harm and poor patient outcomes/experience and possible regulatory action	
		BAF2	If DBTH is unable to recruit, motivate, retain and develop a sufficiently skilled workforce to deliver services then patient and colleague experience and service delivery would be negatively impacted and we would not embed an inclusive culture in line with our DBTH Way	
		BAF3	If demand for services at DBTH exceeds capacity then this Impacts on safety, effectiveness, experience of patients and meeting national and local quality standards	
		BAF4	If DBTH’s estate is not fit for purpose then DBTH cannot deliver services and this impacts on outcomes & experience for patients and colleagues	
		BAF5	If DBTH cannot deliver the financial plan then DBTH will be unable to deliver services and the Trust may not be financially sustainable in long term	
		BAF6	If DBTH does not effectively engage and collaborate with its partners and communities then DBTH fails to meet its duty to collaborate, will miss	

			opportunities to address strategic risks which require partnership solutions and will fail to deliver integrated care for benefit of people of Doncaster and Bassetlaw
		BAF7	If DBTH does not deliver continual quality improvement, research, transformation, and innovation then the organisation won't be sustainable in long term
Risk Appetite Statement compliance	Where appropriate, refer to the DBTH Risk Appetite Statement and indicate whether the matter has been subject to an assessment of DBTH risk appetite NO		
Legal/ Regulation:			
Resources:			
Assurance Route			
Previously considered by:		N/A	
Date:			
Any outcomes/next steps			
Previously circulated reports to supplement this paper:			

The Infected Blood Inquiry has identified 10 areas that we need to work towards full implementation for. We have created a central action plan to track the progress of these points and ensure delivery. Below we have pulled for the plan an update on each of the points.

1: Tranexamic acid

- Tranexamic acid has been shown to reduce blood loss during surgery. It should be prescribed for any patient likely to have moderate blood loss
- Current practice is it widely used within orthopaedics and less consistently used in other specialities
- Current development of guideline and adding to the checklist and team brief. This has to go through governance and PSRG, target implementation date is September 2024.
- When implemented we will report compliance with a target of 80% through effective committee and up to board.

2: Transfusion laboratories should be staffed and resourced adequately

- Current staffing levels are safe when benchmarked. The transfusion lab is staffed at the expense of the general labs when there are gaps. The general lab gaps are then backfilled through NHS Professionals.

3: Training in Transfusion medicine

- Role specific competencies are in place. Staff must have the relevant competencies to perform a transfusion related task / procedure e.g. venepuncture, collection of blood products, administration of blood products and prescribing blood products.
Competencies are recorded on OLM.
- Advice regarding the relevant competencies is available from the Transfusion Practitioner.

4: Implementing Serious Hazards of Transfusion (SHOT) reports

- Through transfusion practitioner and transfusion laboratory staff to escalate problems to SHOT.
- There is annual SHOT compliance report, that is presented to the effective committee.
- Need to develop further action plans to ensure compliance. The next report is due out in the next month so will develop on the back of this.

5: Establishing the outcome of every transfusion

- We have traceability of all units of blood through a paper system.
- Reactions are reported through DATIX and then through the transfusion practitioner to SHOT. There is a secondary mechanism for reactions to be reported through the lab and then to the transfusion practitioner.
- DBTH currently have 1.0WTE Transfusion Practitioner, should have 2.0WTE for size of Trust (benchmarked with other organisations). Barnsley and Rotherham have 2 WTEs. Need to look at a case to expand in order to fully embed the recommendations.
- We have partially implemented an electronic tracking system for blood products this is currently working on ward 18 and in Chatsfield suite. Further IT integration is required to roll this out to the trust.
- In line with recommendations we are incorporating a transfusion related circulatory overload (TACO) assessment within our prescription
- Current outline plan to move to electronic prescription of blood is being scoped.

6: Monitoring people for liver damage

- We have a dedicated Hep C clinic that is run by a very experienced SAS doctor as well as specialised nurses.
- We do not have the capacity to deliver the 6 month scans and annual follow ups that are in the recommendations. We do risk assess the patients and manage best as we can within our resource.
- We have one fibro scanner recently bought by charity and another coming with the Community Diagnostic Centre. Currently these scans are done within our gastro department.

7: Finding the Undiagnosed

- When doctors become aware that a patient has had a blood transfusion prior to 1996, that patient should be offered a blood test for Hepatitis C.
- As a matter of routine, new patients registering at a practice should be asked if they have had such a transfusion.

8: Giving patients a voice

- Clinical audit should as a matter of routine include measures of patient satisfaction or concern, and these should be reported to the board of the body concerned.
- Measured by comparing the measure of satisfaction from one year to the next, such that the reports to the board concerned demonstrate a trend of improvement by comparing this year's outcomes with the similar outcomes from at least the two previous years.

9: Duty of Candour

- This is well embedded within the trust processes.

10: Giving effect to the recommendations of the enquiry

- Commitment to a 12 month implementation timetable for the recommendations

2407 - C4 CHAIR'S ASSURANCE LOG - QUALITY & EFFECTIVENESS

COMMITTEE

● Discussion Item

👤 Jo Gander, Non-executive Director

🕒 11:00

5 minutes

REFERENCES

Only PDFs are attached




C4 - Chair's Assurance Log - Quality & Effectiveness Committee.pdf

Quality & Effectiveness Committee - Chair’s Highlight Report to Trust Board		
Subject:	Quality & Effectiveness Committee	Board Date: July 2024
Prepared By:	Jo Gander, Committee Chair & Non-executive Director	
Approved By:	Quality & Effectiveness Committee Members	
Presented By:	Jo Gander, Committee Chair & Non-executive Director	
Purpose	The paper summaries the key highlights from the Quality & Effectiveness Committee meeting held on 6 June 2024	
Matters of Concern (Moderate, Partial or No Assurance)		Work Underway / Major actions commissions
Paediatric Audiology – Although progress was on track until the implementation of Cellma, Riomed system. Due to issues relating to the new system an internal IT incident has been announced. DBTH is one of four trusts under regional incident management as a result. No Assurance		Risk ID 3209 -Patient tracking Inaccuracies a further update to be provided to August QEC to confirm completion.
Risk ID 3209 -Patient tracking Inaccuracies – Although an update was provided to QEC and a plan is in place to address existing concerns in relation to this, there is still outstanding actions requiring completion. QEC requested an update be provided to the next QEC to confirm this has been completed. Partial Assurance		Paediatric Audiology incident resolution.
		CQC Action Plan with NED session planned for July ’24.
Significant or Full Assurance		Decisions Made
PSIRF Progress and Outcomes report - Full Assurance		Complaints Update report – A review of the reporting mechanism for how data is extracted for reporting Option 4 was agreed which is to have an internal target of 90 days for which the divisions will be held to account and also to amend the trust reporting metric to reflect the PHSO standard.
Psychiatry liaison -Full Assurance		
Complaints Update report -Full Assurance		
Mortality report - Full Assurance		
Sepsis Management -Full Assurance		
Excellence Accreditation Progress - Full Assurance		
LMNS Assurance visit & Birth Trauma report noted.		

Assurance Levels	
Internal - Second Line of Defence	
Full Assurance	The system design and existing controls are working well. Potential innovations being considered all relate to achieving recognised best practice
Significant Assurance - with minor improvement opportunities	The system design and existing controls are working well. Some minor improvements have been identified. Identified management actions are not considered vital to achievement of strategic aims & objectives - although if unaddressed may increase likelihood of risk
Partial Assurance - with improvements required	The system design and existing controls require strengthening in areas. A few operational weaknesses have been recognised. Existing performance presents some areas of concern regarding exposure to reputational or other strategic risks. Weaknesses identified present an unacceptable level of risk to achieving strategic aims & objectives. A small number of priority actions have been accepted as urgently required.
No Assurance	The system design & existing controls are ineffective. Several fundamental operational weaknesses have been recognised. Existing performance presents an unacceptable exposure to reputational or other strategic risks. Weaknesses identified are directly impacting upon the prevention to achieving strategic aims & objectives. Several priority management actions have been accepted as urgently required.
External - Third Line of Defence	
Substantial	IA - That the framework of governance, risk management and control has been effectively designed to meet the organisation's objectives, and that controls are consistently applied in all areas reviewed.
Significant	IA - That there is generally sound framework of governance, risk management and control designed to meet the organisation's objectives, and that controls are generally being applied consistently.
Moderate	IA - That there is generally sound framework of governance, risk management and control, however, inconsistent application of controls puts the achievement of the organisation's objectives at risk.
Limited	IA - That there are weaknesses in the design and/or inconsistent application of the framework of governance, risk management and control that could result in failure to achieve the organisation's objectives.
Weak	IA - That there are weaknesses in the design and/or inconsistent application of the framework of governance, risk management and control that will result in failure to achieve the organisation's objectives.

2407 - C5 CHAIR'S ASSURANCE LOG - PEOPLE COMMITTEE

 Discussion Item

 Mark Bailey, Non-executive Director

 11:05

5 minutes

REFERENCES

Only PDFs are attached

 C5 - Chair's Assurance Log - People Committee.pdf

People Committee - Chair's Highlight Report to Trust Board

Subject:	People Committee	Board Date: July 2024
Prepared By:	Mark Bailey - Committee Chair & Non-Executive Director	
Approved By:	People Committee Members	
Presented By:	Mark Bailey - Committee Chair & Non-Executive Director	
Purpose	The paper summaries the key highlights from the People Committee meeting held on Thursday 20 th June 2024	

Matters of Concern (Moderate, Partial or No Assurance)	Work Underway / Major actions commissions
<p><u>Just Culture (including casework):</u> Moderate Assurance</p> <p>Workstreams progressing across a number of fronts to incorporate 'Just Culture' approach into policies, practices and language. Learning from national and local cases being incorporated. Notable increases in casework volume increase with extended timescales are a concern; a comprehensive set of recovery plans have been initiated.</p> <p><u>Violence & Prevention Standards:</u> Moderate Assurance</p> <p>Strengthened engagement and actions utilising the risk-based framework for violence prevention and reduction. Audit of patient safety incidents where security support with follow on actions. Action required to give further assurance on the specific actions taken to address / reduce both medical and non-medical incidents.</p>	<p><u>Nursing Workforce review & Safe Staffing</u></p> <p>Safer Nursing Care Tool (SNCT) analysis showing skill mix for inpatient wards is in line with national standards, however, actual registered nurse establishment is challenged during seasonal peaks. A repeat data collection and analysis is underway, and a skill mix recommendation is to be submitted to the Trust Leadership team.</p> <p><u>Violence & Prevention Standards</u></p> <p>Future violence and prevention reports to show incidents in categories of medically related and non-medically related so that further assurance can be provided that the actions are being taken to protect our colleagues and that different actions are required for each category.</p> <p><u>National Staff Survey:</u></p> <p>Divisional / Directorate engagement with teams on local and Trust level results.</p> <p><u>Education:</u></p> <p>DBTH Education Quality Framework data expansion and refinement including benchmarking with other acute comparable NHS providers.</p> <p><u>Research & Innovation</u></p> <p>Development of a detailed 5-year business case starting in the financial year 2024 to support the research & innovation strategy.</p>

Significant or Full Assurances to Provide	Decisions Made
<p><u>People Strategy: Full Assurance</u> ‘One year in’ evidential overview of actions and impact against each of the 4 pillars of the strategy: looking after our people; belonging in #TeamDBTH, growing for the future and new ways of working and delivering care’. Open reflection on areas which have proved challenging and priorities for year 2.</p> <p><u>Research & Innovation Strategy - bi-annual report: Significant Assurance</u> Assurance of delivery plan underpinning approved research and innovation strategy and achievements against 1st year (year 0) high level objectives. Noting adherence to National Institute of Health and Care Research Clinical Research Network and benchmarking against research criteria for University Teaching Hospital accreditation.</p> <p><u>Engagement & Leadership: Significant Assurance</u> Comprehensive Trust level and local staff survey results engagement with clear actions and central oversight and thematic work. First DBTH Leadership conference with focus on leadership role in speaking up, career conversations and constructive feedback.</p> <p><u>Education: Significant Assurance</u> Statutory compliance at end April 87.9% v. 90% target. Process refinements to support compliance monitoring and interventions where necessary. Oversight and governance of SET+ which comprises nationally determined training. Overview of arrangements to support growth of pre-registration learners.</p> <p><u>Workforce Supply & Demand: Significant Assurance</u> A comprehensive analysis of the workforce position by division, speciality / service and corporate area commensurate with 2024/25 business planning. Clarity on specific areas of risk and actions in place or planned to mitigate. Focus on total workforce including agency / bank and scrutiny on potential operational risk change.</p> <p><u>Nursing Workforce review & Safe Staffing: Significant Assurance</u> Continued improvement in vacancy reduction across unregistered and registered workforce and reduction in the use of agency staffing. Actions taken to embed additional support to the resultant increases in colleagues transitioning from supernumerary / early years status. Safer Nursing Care Tool (SNCT) analysis showing skill mix for in patient wards is in line with national standards however actual registered nurse establishment is challenged during seasonal peaks. This will be further assessed.</p> <p><u>Organisational Development - Annual report 2023-24: Significant Assurance</u> Overview of initiatives to develop and embed inclusive, compassionate leadership capabilities and practices.</p>	<p><u>Approval of revised Terms of reference for:</u></p> <ul style="list-style-type: none"> - Equality, Diversity & Inclusion Committee - Workforce & Education Committee

<p>Widening Participation 2023/24 Q4: Significant Assurance</p> <p>Extensive school engagement in Doncaster with plan to increase in Bassetlaw. Career pathways in place with strong apprenticeship programme.</p> <p>The Committee also noted for assurance the following:</p> <ul style="list-style-type: none"> - Collaboration in support of delivery of the Health Inequalities strategy. - Knowledge and Library annual report detailing the service to support the People and Research & Innovation strategies. - 360 Assurance internal audit giving significant assurance on the alignment of Trust's Health & Wellbeing strategy with the national assessment framework. 	

Assurance Levels	
Internal - Second Line of Defence	
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2407 - C6 CHAIR'S ASSURANCE LOG - FINANCE & PERFORMANCE

COMMITTEE

● Discussion Item

👤 Mark Day, Non-executive Director

🕒 11:10

5 minutes

To follow

2407 - C7 CHAIR'S ASSURANCE LOG - AUDIT & RISK COMMITTEE

● Discussion Item

● Jo Gander, Non-executive Director

● 11:15

5 minutes

REFERENCES

Only PDFs are attached



C7 - Chair's Assurance Log - Audit & Risk Committee.pdf

Audit and Risk Committee (ARC) - Chair's Highlight Report to Trust Board

Subject:	Audit & Risk Committee	Board Date: July 2024
Prepared By:	Kath Smart, Committee Chair & Non-executive Director	
Approved By:	ARC Members	
Presented By:	Kath Smart, Committee Chair & Non-executive Director	
Purpose	The paper summaries the key highlights from the Audit and Risk Committee meeting held on 26 June 2024	

Matters of Concern (with moderate, partial, limited or no assurance)	Work Underway / Major Actions Commissioned
<p>a) Moderate Assurance Audit Report</p> <p>i. Corporate Governance Audit – This demonstrated there are areas for improvement in the framework, with 7 medium risk findings and 6 low risk findings. The Chairs of the Sub Committees are meeting with the newly appointed Associate Director for Governance, Strategy & Partnerships to work through implementation of those actions pertinent to Committees. Recommendations relate to updating workplans, agreeing what areas are in TORs, key reporting lines and BAF alignment to the newly created strategic priorities. Some recommendations have already been implemented and it will be a key focus of ARC to follow-up on all recommendations.</p> <p>b) EPRR – Emergency Planning response – a comprehensive oversight paper detailed the actions undertaken during 23/24 to improve the Trusts arrangements for Emergency Planning and Business Continuity. The EPRR compliance rate currently is assessed as 31% and ARC received details of positive changes in training, audit, incidents, evacuation planning which now brings the self-assessment to a higher %age. This will be reviewed in the autumn and assurance re- assigned at that time.</p> <p>c) <u>Key risks to escalate</u> None</p>	<p>a) All the internal audit reports have agreed deadlines for implementation of actions. ARC will continue to monitor delivery</p> <p>b) ARC delegated final sign off (for any minor amendments) for the Annual Report to ARC Chair and CEO; and the Annual Accounts and Letter of Representation to ARC Chair and the CFO</p> <p>c) Committee Chairs to meet with newly appointed Associate Director for Governance, Strategy & Partnerships to work through recommendations from the Corporate Governance Audit</p> <p>d) Information governance colleagues to provide any update on lessons learnt from recent national Cybersecurity incidents.</p> <p>e) Post-Accounts De-brief to be held between Finance and EY and highlights reported to September ARC</p>

Significant or Full Assurances to Provide	Decisions Made
<p>a) Head of Internal Audit Opinion (HOIA) from 360 Assurance – Significant Assurance outcome which was received very positively by the Committee. This is made up of 3 factors:-</p> <ul style="list-style-type: none"> i. Audit Recommendations closure rate - 77% (timeliness) – Significant Assurance – target 75% or above; ii. Individual audit Assignments – Moderate Assurance following the outcomes of the audit work which reported 4 audits as Limited Assurance; 2 audits as Moderate Assurance and 6 audits at Significant/ Substantial Assurance (see ARC Annual Report) iii. BAF/ Risk Management – Significant Assurance – following implementation of actions during 23/24. Still work to do on delivery of Risk Management training during 24/25. <p>b) External Audit Results Report - ISA 260 from EY – The external audit work had not yet fully completed, however, bearing this in mind, EY communicated that their outstanding work was unlikely to influence the current “clean opinion” on the Accounts. A revised final report will be received from EY and the conclusion was <i>“In our opinion the financial statements give a true and fair view of the financial position...have been properly prepared in accordance with the group accounting manual”</i>. Key messages included:-</p> <ul style="list-style-type: none"> i. Improved situation in recording plant, property and equipment testing following revaluation; ii. Following recent ICB funding changes impacting on the “Going Concern” and the mechanism for 24/25 having changed from 23/24 joint work has been done to agree wording and this was circulated to ARC Members; iii. ISA 260 Management Actions to be reviewed by Finance team and agreed; iv. De-brief to be held between Finance Team and EY and reported to Sept ARC <p>c) Audit Reports issued :-</p> <ul style="list-style-type: none"> i) Financial Ledger & Reporting – Significant Assurance – for the overall system of effectiveness of the Trust arrangements for the integrity of data held in the financial ledger and the robustness of in-year financial reporting arrangements; ii) Health & Wellbeing – Significant Assurance – for the opinion of whether the Trusts strategic approach to health and wellbeing is in line with the NHS HWB Framework; iii) Procurement – Significant Assurance – on the operation of key controls over Trust Procurement activities 	<p>a) DBTH Annual Governance Statement – This was approved by the Audit Committee</p> <p>b) DBTH Annual Accounts and Financial Statements – These were approved subject to minor alterations (if required) by the finalisation of External Audit work</p> <p>c) ARC Annual Report – Recommended to Board</p> <p>d) The Letters of Representation required from the Trust to the External Auditors were approved (subject to any minor amendments)</p> <p>e) Extension of SFI’s, SO’s and Scheme of Delegation – extension approved until September 2024. Will be brought to Septembers ARC, and onto the next available Board.</p>

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2407 - C8 CHAIR'S ASSURANCE LOG - CHARITABLE FUNDS COMMITTEE

● Discussion Item

👤 Hazel Brand, Non-executive Director

🕒 11:20

5 minutes

Meeting taking place 1 July - verbal update and paper to follow post Board meeting

2407 - C9 AUDIT & RISK COMMITTEE ANNUAL REPORT

● Discussion Item

👤 Jo Gander, Non-executive Director

🕒 11:25

5 minutes

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REFERENCES

Only PDFs are attached

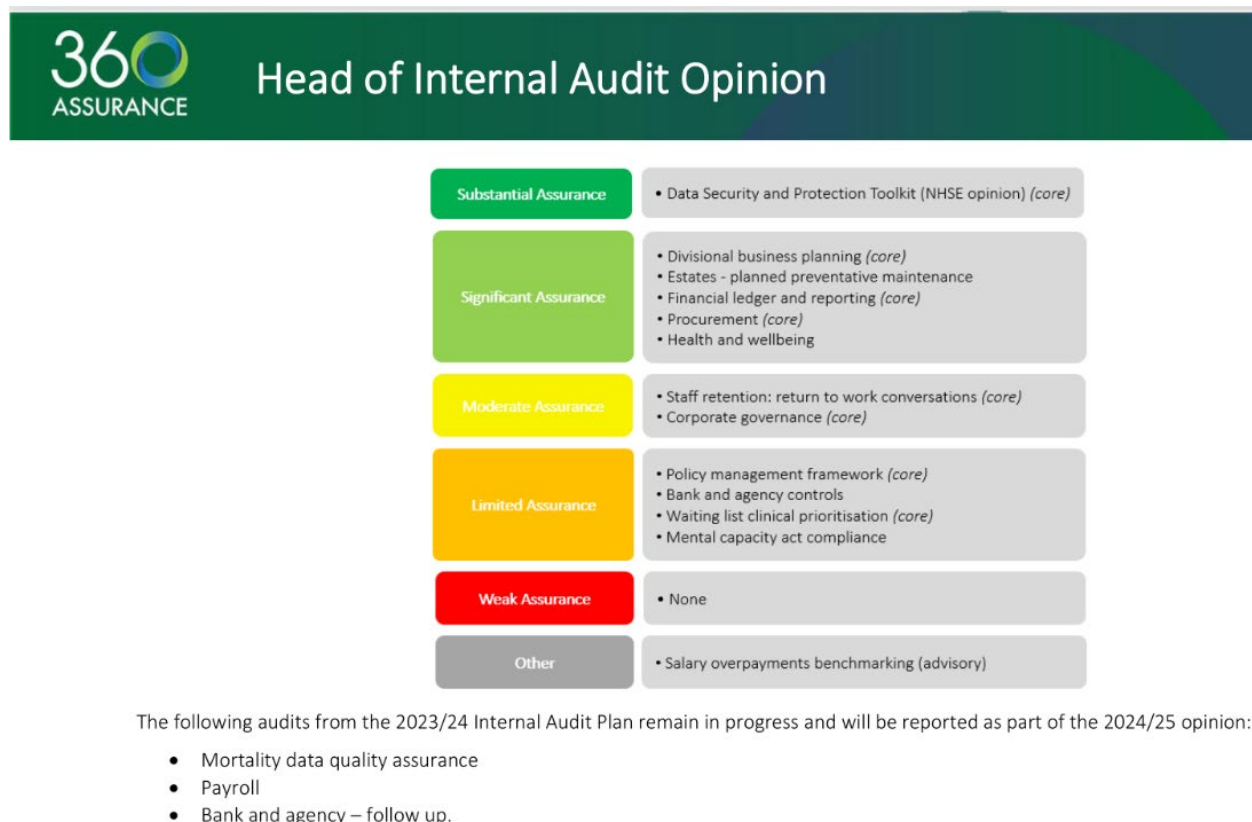


C9 - Audit & Risk Committee Annual Report 2023-24.pdf

AUDIT AND RISK COMMITTEE ANNUAL REPORT 2023/2024 FINAL FOR BOARD	
DATE:	26 June 2024
PREPARED BY:	Kath Smart, Chair of the Audit and Risk Committee
1	INTRODUCTION
1.1	<p>The purpose of this report is to provide the Board of Directors with assurances that the Audit & Risk Committee (“the committee”) is discharging its duties, delivering its workplan and complying with the Terms of Reference set by the Board. The Terms of reference were recently reviewed, refreshed and revised and approved by ARC and due to go to Board for approval.</p> <p>The Audit Committee oversees delivery of Internal and External Auditor plans, the sign off on the Annual Accounts, the arrangements in place to prevent and detect Fraud, and the risk management arrangements.</p> <p>The Committee thanks all those who have attended and presented reports, updates, assurances and progress on recommendations.</p> <p>The ARC met formally on 6 occasions throughout the year; 18th April 2023, 20th June 2023, 20th July 2023, 19th October 2023, and 16th January 2024, plus informal meeting on 20th May 2023 to go through 22/23 Trust accounts. A further informal meeting was held on 21 May 2024 to go through 23/24 accounts in more detail.</p> <p>Chairs Reflection</p> <p>This year continued to challenge the Trust in many ways, with a rapidly changing environment given the requirements placed on the NHS and this Trust. The complexity of the health and care agenda remains a challenge nationally, regionally and locally with significant issues of industrial action, workforce, finance, and estate playing into the areas of risk which the Trust has been managing.</p> <p>This report aims to provide both positive feedback to colleagues who are carrying out work to reduce risk, improve safety and address the financial challenges as well as areas of focus which still require action to move the Trust towards its strategic objectives.</p> <p>The Committee will continue to provide independent and objective feedback to Board on the areas which come under its remit.</p>
1.2	<p>This report summarises:-</p> <ul style="list-style-type: none"> a) The role and the main responsibilities of the Committee; b) Membership of the Committee; c) Number of meetings and attendance.
2	STRATEGIC CONTEXT
2.1	<p>The Audit and Risk Committee (ARC) is one of the five Board Committees (Quality and Effectiveness Committee, Finance and Performance Committee, People Committee and Charitable Funds Committee)</p>

	<p>and is responsible for providing assurance to the Board of Directors, independently of the executive directors on the standards of corporate reporting, risk management and internal control principles.</p> <p>This is the only Board Assurance Committee which draws its membership entirely from Non-Executive Directors to retain that independent perspective.</p> <p>The Committee is responsible for critically reviewing the reporting on the relevance and robustness of the governance structures and assurance processes on which the Board places reliance.</p>
2.2	ARC is responsible for ensuring that there are adequate and appropriate audit and risk governance structures, processes and controls in place throughout the Trust to ensure appropriate independent review of the internal control and risk management arrangements in place in DBTH.
3	THE ROLES AND MAIN RESPONSIBILITIES OF THE COMMITTEE
3.1	<p>The main purpose of the Committee is to:</p> <ul style="list-style-type: none"> a) Provide the Board of Directors with a means of independent and objective review of internal controls and risk management arrangements relating to: <ul style="list-style-type: none"> - Financial systems, - The financial information used by the Trust, - Controls and assurance systems, - Risk management, - Health and safety, fire and security, - Emergency planning, - Compliance with law, guidance and codes of conduct, - Counter fraud activity. b) Provide detailed scrutiny against internal and external audit, and to provide assurance and raise concerns to the Board of Directors; c) Make recommendations, as appropriate, on audit and risk matters to the Board of Directors.
4	MAIN ACTIVITIES
4.1	During 2023/24 the Committee has delivered its key responsibilities and duties as outlined in its Terms of Reference.
4.2	<p>All issues for escalation have been continuously reported upwards to the Board of Directors, and throughout 2023/24 the new reporting format for all Board Committees was embedded into practice, ensuring timely communication to Board on key matters, with formal minutes still being presented to Board.</p> <p>The Board Committees have been provided with relevant information, to ensure communication across the Committees. Key areas especially audit reports, have been shared with Quality & Effectiveness Committee, Finance & Performance Committee and People Committee as appropriate.</p>
4.3	<u>Governance, Risk Management and Internal Control</u>
4.4	<p><u>Internal Audit</u></p> <p>The outcome of all internal audit work for 23/24 is shown in the 360 Assurance Annual Report. ARC has considered in detail all Audit Reports, and especially provides a focus on those which have not met the standard of "Significant Assurance". Any below this standard are reviewed in detail, and actions escalated</p>

where necessary to ensure improvement is made in these areas. In 23/24 the limited assurance audit reports were: Bank and Agency Controls; Waiting List Clinical Prioritisation; Mental Capacity Act & Policy Management. These reports are also referred onto relevant Board Committees to ensure appropriate awareness of the risks pertaining to that Committee. Full details of all the audit reports are below:-



The Committee has undertaken a review of the effectiveness of Internal Auditors in October 2023 which was a positive outcome and demonstrated DBTH management and ARC satisfaction with the IA service provided.

Head of Internal Audit Opinion

The HOIA was presented to ARC at its year end meeting and confirms that there is a “Significant Assurance” outcome for 23/24 as shown below. The Committee acknowledges that improvements to audit recommendations, risk management and BAF processes have been made and have positively impacted upon the year-end opinion, moving from “moderate” to “significant”.

The full opinion is replicated here “I am providing an opinion of Significant Assurance that there is a generally sound framework of governance, risk management and control designed to meet the organisation’s objectives, and controls are generally being applied consistently.

Strategic risk management and Board Assurance Framework – I am providing an opinion of Significant Assurance. The Trust has strengthened its BAF and 15+ Trust Risk Register reporting arrangements in-year which have driven more mature discussion and oversight of the most significant risks to the organisation. This new reporting framework continues to

	<p>embed. It is also recognised that continued work is needed to refine the number of extreme (15+) operational risks logged on the Trust Risk Register.</p> <p><u>Internal Audit outturn</u> – I am providing an opinion of Moderate Assurance. We have delivered a mix of opinions in the year, with moderate or limited opinions on four core audits. We have raised two high risk findings in-year; one relating to Waiting List Clinical Prioritisation, and one relating to Mental Capacity Act compliance.</p> <p><u>Implementation of Internal Audit Actions</u> – I am providing an opinion of Significant Assurance. The Trust attained a first follow up implementation rate of 77% in year.</p> <p>This opinion should be taken in its entirety for the Annual Governance Statement and any other purpose for which it is repeated”.</p> <p>The Committee welcomes this positive assurance of improvement to DBTH Internal Control system.</p>
4.5	<p><u>Internal Audit Recommendations</u></p> <p>The Committee follows up medium and high audit recommendations at each of its meetings. The annual closure rate reported to ARC for 23/24 is 77%. This represents a positive %age increase, progress in addressing identified risks, plus a tangible impact upon the year end opinion from the HOIA. ARC would like to thank those involved for continuing to ensure that audit recommendations are acted on and closed in a timely way.</p> <p>There were 2 high risk recommendations raised during the year:-</p> <ul style="list-style-type: none"> • Waiting List Clinical Prioritisation Audit – in respect of the Trust’s ability to effectively manage its waiting lists based on patient prioritisation, on account of not all patients having been allocated a code • Mental Capacity Act compliance audit - For the Trust to schedule the undertaking of a snapshot audit on a routine basis on MCA and best interests documentation (including use of MCA 1, 2 and 3 forms). <p>Both of these actions have been addressed by the Trust and are now closed.</p> <p>The closure of audit recommendations are included in Directors objectives, and work has been carried out to ensure TEG is getting the right information at the right time. ARC will continue to press for recommendations to be completed in a timely manner to reduce risk.</p>
4.6	<p><u>Financial Reporting</u></p> <p>As part of the Trust’s 2023/24 audit plan core audits on the Financial Ledger and Reporting, this has been concluded as “Significant Assurance” for the overall system of effectiveness of the Trust arrangements for the integrity of data held in the financial ledger and the robustness of in-year financial reporting arrangements. Procurement audit work has also been completed recently and concluded “Significant Assurance” on the operation of key controls over Trust Procurement activities.</p>
4.7	<p><u>Counter Fraud</u></p> <p>The Committee has continued to monitor the activities in place to deter, prevent and take appropriate action in the case of suspected fraud. The Local Counter Fraud Officer has provided fraud risk assessments, and annual plan, updates on national anti-fraud initiatives and training to staff which pleasingly remains at a high compliance rate for 23/24. This has given the Committee assurances on the measures in place to protect staff, property and finances. The Committee also receives assurances on fraud cases progressed</p>

	and their outcome, and the 23/24 self-assessment tool was signed off by the CFO and ARC Chair before the 14 th June deadline, with an overall 'GREEN' rating.
4.8	<p><u>Information Governance</u></p> <p>The Data Security Protection Toolkit is a key plank of the Trusts arrangements for Information Governance, including Data Protection (GDPR), Confidentiality, FOI, Cyber Security and the standard which Trusts are required to adhere to. Each year the DSPT is audited and the outcome for 2022/23 was "Significant Assurance". The 2023/24 work has been undertaken later and will be reported into a future ARC. The ARC Chair has also attended the Information Governance Group meeting during 2023/2024.</p>
4.9	<p><u>Health, Safety, Security and Fire</u></p> <p>The Committee continued to monitor these key areas via bi-annual security report and Health and Safety report. The Trust is managing a number of high risks related to Health, Safety, and Fire which are reported and recorded on the Trusts Corporate Risk Register. ARC has worked alongside F&P Committee to ensure reporting H&S improvements as identified in the Granger Report continue to move on. The ARC Chair has also attended the Trust's Health and Safety Committee during 2023/24..</p>
4.10	<p><u>External Audit</u></p> <p>The Committee has undertaken a review of the effectiveness of External Auditors in October 2023 which was concluded satisfactorily, with agreed actions around ensuring a smoother and more timely year end process for the year end audit and submission of the Accounts.</p> <p>There were 7 control recommendations made as part of the 22/23 accounts were followed up in April 2024 by ARC with a satisfactory outcome on progress. This will be tested by EY year end work to ensure adequate evidence is available to support closure of those recommendations.</p> <p>The 2023/24 External Audit Report (ISA 260) conclusion will be presented to the June ARC meeting, concludes that: <i>"In our opinion the financial statements give a true and fair view of the financial position of DBTH and of the group as at 31 March 2024 and of the FT's group income and expenditure ...the financial statements have been properly prepared in accordance with the group accounting manual and the NHS Act"</i>.</p> <p>Key messages from EY included:-</p> <ul style="list-style-type: none"> i. Improved situation in recording plant, property and equipment testing following revaluation; ii. Following recent ICB funding changes impacting on the "Going Concern" and the mechanism for 24/25 having changed from 23/24, joint work has been done to agree wording and this was circulated to ARC Members; iii. ISA 260 Management Actions to be reviewed by Finance team and agreed; iv. De-brief to be held between Finance Team and EY and reported to Sept ARC
4.11	<p><u>Declarations of Interest</u></p> <p>One of the key priorities for ARC during 23/24 was to ensure the DOI process, supported by the new Civica system, demonstrated improvement in the quantity and quality of declarations made by staff at the Trust.</p>

	Good progress had been made by the Company Secretary and Local Counter Fraud office in ensuring an up to date Policy framework in place and the new system was implemented. ARC has monitored uptake throughout 23/24 and was pleased to report that at its April meeting it was reported that 97% compliance rate of declarations by decision makers were made and available on the Civica system.															
5	REPORTING															
5.1	During 2023/24 a formal written report from the Committee was delivered to the next Board meeting by the Committee Chair, which provides information on Positive Assurances, Matters of Concern, Major pieces of work commissioned and decisions made. In addition, minutes of each of the meetings are still presented to the Board of Directors.															
5.2	The Chair of Audit and Risk Committee attends Council of Governors to provide assurance to governors via a short presentation covering ARC meetings and answers any questions required.															
6	MEETINGS AND MEMBERSHIP															
6.1	<p>The Committee met on 6 occasions during 2023/24, with attendance remaining at a significantly high level from the members. The Chair would like to thank the ARC Members and the CFO for their continued levels of contribution and support to the work of ARC.</p> <p>The Committee’s membership and attendance has been as follows:-</p> <table><tr><td>Kath Smart – Chair</td><td>Non-executive Director</td><td>5 of 5</td></tr><tr><td>Mark Bailey</td><td>Non-executive Director</td><td>5 of 5</td></tr><tr><td>Emyr Jones</td><td>Non-executive Director</td><td>5 of 5</td></tr><tr><td>Mark Day</td><td>Non-executive Director</td><td>5 of 5</td></tr><tr><td>Jo Gander</td><td>Non-executive Director</td><td>5 of 5</td></tr></table>	Kath Smart – Chair	Non-executive Director	5 of 5	Mark Bailey	Non-executive Director	5 of 5	Emyr Jones	Non-executive Director	5 of 5	Mark Day	Non-executive Director	5 of 5	Jo Gander	Non-executive Director	5 of 5
Kath Smart – Chair	Non-executive Director	5 of 5														
Mark Bailey	Non-executive Director	5 of 5														
Emyr Jones	Non-executive Director	5 of 5														
Mark Day	Non-executive Director	5 of 5														
Jo Gander	Non-executive Director	5 of 5														
7	SUB COMMITTEES															
7.1	<p>The committee has the following sub-committees:</p> <ul style="list-style-type: none">• Health and Safety Committee• Information Governance Group <p>Minutes of the sub-committees are presented to each meeting of the Committee for information. The ARC Chair has attended a meeting of each of the Sub Groups during 2023/24.</p>															
8	WORK PLAN															
8.1	The Committee’s work was largely dictated by the committee work-plan was reviewed at each committee and at pre-meetings that took place approximately two weeks before the Committee.															
9	COMMITTEE EFFECTIVENESS															
9.1	The Board has an approved Committee effectiveness process which ARC has followed during 2023/ 2024 and provided positive assurances on the operation of the Committee, with any recommendations acted upon.															
9.2	All Board Committees have now been through an effectiveness review during 2023/24 and results have been reported back to each Committee, and included in their Annual Report. The Board Committees Annual Reports have been prepared by each Committee, and ARC has reviewed all those annual reports															

	with a satisfactory conclusion, subject to implementation of actions outlined in the Corporate Governance Audit 23/24 (recently issued) which has been shared with all Committee Chairs.
10	CONCLUSION AND RECOMMENDATIONS
10.1	In conclusion, the Committee delivered against its key objectives during 2023/24
11	WORK FOR 2024/25
11.1	<p>Work to progress in 2024/25 includes:</p> <ul style="list-style-type: none"> a) Delivery of 2024/25 Internal Audit Plan; b) Continuing to ensure the timely completion rate of high and medium audit recommendations of above 75%; c) Gaining assurance on the Trusts BAF & Risk Management approach & embedding improvements that have been made, including delivery of Risk Management Training; d) Ensuring any 24/25 year end delays with the ISA 260 are minimised; e) Delivery of the Recommendations of the Corporate Governance Audit.

2407 - C10 COMPLIANCE WITH THE PROVIDER LICENCE CONTINUITY OF SERVICES CONDITION (COS7)

● Information Item

👤 Rebecca Allen, Associate Director of Strategy, Partnerships & Governance

5 minutes

REFERENCES

Only PDFs are attached



C10 - Compliance with the Provider Licence CoS Condition.pdf

Report Cover Page				
Meeting Title:	Board of Directors			
Meeting Date:	2 July 2024	Agenda Reference:	C10	
Report Title:	Compliance with the Provider Licence Continuity of Services Condition (Cos7)			
Sponsor:	Zara Jones - Deputy Chief Executive			
Author:	Rebecca Allen - Associate Director Strategy, Partnerships and Governance			
Appendices:	Cos7 Template			
Report Summary				
Purpose of the report & Executive Summary <p>The Condition CoS7(3) states that Providers that provide Commissioner Requested Services (CRS) have to certify that they have a reasonable expectation that required resources will be available to deliver the designated service. This requirement remains in place following the 2023 provider licence review.</p> <p>In making these declarations, the Board will have regard to the Board Assurance Framework (BAF), the Risk Register, as well as the Trust's performance reporting and assurance arrangements, established via the committee structure of the Board.</p> <p>The going concern principle and evidence has been reported through to the Finance and Performance committee on 21 March 2024 as documented in the minutes and presenting papers C3ii.</p>				
Recommendation:	The responses in the template set out the Trust's governance processes. The responses are all positively "confirmed", indicating that the Trust is fully compliant with the licence conditions. The Board is required to consider the draft declaration) (appendix 1) and approve the final declarations.			
Action Required:	Approval	Review and discussion	Take assurance	Information only
Healthier together – delivering exceptional care for all				
Relationship to strategic priorities:	PATIENTS	PEOPLE	PARTNERSHIP	POUNDS
	<i>We deliver safe, exceptional, person-centred care.</i>	<i>We are supportive, positive, and welcoming.</i>	<i>We work together to enhance our services with clear goals for our communities.</i>	<i>We are efficient and spend public money wisely.</i>
We believe this paper is aligned to the strategic direction of:	South Yorkshire ICS		NHS Nottingham & Nottinghamshire ICS	
	Yes		Yes	
Implications				
Relationship to Board assurance framework:	BAF1	If DBTH is not a safe trust which demonstrates continual learning and improvement then risk of avoidable harm and poor patient outcomes/experience and possible regulatory action		
	BAF2	If DBTH is unable to recruit, motivate, retain and develop a sufficiently skilled workforce to deliver services then patient and colleague experience and		

			service delivery would be negatively impacted and we would not embed an inclusive culture in line with our DBTH Way
		BAF3	If demand for services at DBTH exceeds capacity then this Impacts on safety, effectiveness, experience of patients and meeting national and local quality standards
		BAF4	If DBTH’s estate is not fit for purpose then DBTH cannot deliver services and this impacts on outcomes & experience for patients and colleagues
	X	BAF5	If DBTH cannot deliver the financial plan then DBTH will be unable to deliver services and the Trust may not be financially sustainable in long term
		BAF6	If DBTH does not effectively engage and collaborate with its partners and communities then DBTH fails to meet its duty to collaborate, will miss opportunities to address strategic risks which require partnership solutions and will fail to deliver integrated care for benefit of people of Doncaster and Bassetlaw
		BAF7	If DBTH does not deliver continual quality improvement, research, transformation, and innovation then the organisation won’t be sustainable in long term
Risk Appetite Statement compliance		Where appropriate, refer to the DBTH Risk Appetite Statement and indicate whether the matter has been subject to an assessment of DBTH risk appetite NO	
Legal/ Regulation:		Regulation / Legal: Compliance with Provider Licence Conditions CoS7	
Resources:			
Assurance Route			
Previously considered by:		Finance and Performance Committee will have reviewed the going concern basis of the Trust financial position and annual accounts	
Date:	21 March 2024		
Any outcomes/next steps			
Previously circulated reports to supplement this paper:		21 March 2024 – Year-end Accounts Update - Going Concern (C3ii), presented to the Finance & Performance Committee. 26 March 2024 – Finance Update (D2), presented to the Board of Directors meeting held in public.	

Appendix 1 - Continuity of Service condition 7 Declaration

3 Continuity of services condition 7 - Availability of Resources (FTs designated CRS only)

EITHER:

- 3a After making enquiries the Directors of the Licensee have a reasonable expectation that the Licensee will have the Required Resources available to it after taking account distributions which might reasonably be expected to be declared or paid for the period of 12 months referred to in this certificate.

Confirmed

OR

- 3b After making enquiries the Directors of the Licensee have a reasonable expectation, subject to what is explained below, that the Licensee will have the Required Resources available to it after taking into account in particular (but without limitation) any distribution which might reasonably be expected to be declared or paid for the period of 12 months referred to in this certificate. However, they would like to draw attention to the following factors (as described in the text box below) which may cast doubt on the ability of the Licensee to provide Commissioner Requested Services.

OR

- 3c In the opinion of the Directors of the Licensee, the Licensee will not have the Required Resources available to it for the period of 12 months referred to in this certificate.

Statement of main factors taken into account in making the above declaration

In making the above declaration, the main factors which have been taken into account by the Board of Directors are as follows:

Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trusts strategy and annual financial plan set out the details of resource requirements and efficiencies, with regard to the compliance requirements of the Care Quality Commission, the NHS System Oversight Framework and its Local Integrated Care System's. Risk to the Trust priorities and statutory obligations are considered by the Board via the Board Assurance Framework, Organisational risk registers and performance reports. These are underpinned by a robust governance structure that maintains the systems of internal control and provides the Board with Assurance. The Council of Governors are consulted and their views sought via the Annual Plan, Strategy and through internal communications and workshops.

The Trust receives continued support from Local commissioners across both Integrated Care Systems in which it operates and there are no licence conditions in place on the Trust from its regulatory body.

Therefore the directors have a reasonable expectation the Trust has adequate resources to continue in operational existence for the foreseeable future and the accounts have been prepared on a Going-Concern basis.

Signed on behalf of the board of directors, and, in the case of Foundation Trusts, having regard to the views of the governors

Signature

Name

Richard Parker

Capacity

Chief Executive Officer

Date

Signature

Name

Suzy Brain England

Capacity

Chair of the Board

Date

2407 - D1 MATERNITY & NEONATAL UPDATE

● Discussion Item








👤 Karen Jessop, Chief Nurse

🕒 11:45

10 minutes

REFERENCES

Only PDFs are attached

-  D1 - Maternity & Neonatal Update.pdf
-  D1 - Appendix 1 - Perinatal Metrics.pdf
-  D1 - Appendix 1 - Perinatal Metrics.xlsm
-  D1 - Appendix 2 - PMRT Report Q4.pdf
-  D1 - Appendix 3 - Transitional Care Action Plan.pdf
-  D1 - Bi-annual Workforce Report.pdf
-  D1 - Glossary of Terms - Maternity.pdf

Report Cover Page			
Meeting Title:	Board of Directors		
Meeting Date:	2 July 2024	Agenda Reference:	D1
Report Title:	Maternity & Neonatal Update		
Sponsor:	Karen Jessop - Chief Nurse		
Author:	Lois Mellor - Director of Midwifery Laura Churm - Divisional Nurse, Paediatrics		
Appendices:	Appendix 1 - Metrics dashboard Appendix 2 - Q4 PMRT Report Appendix 3 - Transitional Care Action Plan Biannual Midwifery Workforce Paper		
Report Summary			
Purpose of the report & Executive Summary The following papers gives an update on the progress against the single delivery plan, maternity self-assessment tool and CNST. The report covers the review and learning from patient safety events, perinatal mortality reviews and patient safety investigations. It covers the work related to the improvement of maternity and neonatal services which includes; <ul style="list-style-type: none">• Training compliance for anaesthetic, maternity and neonatal staff• Saving babies Lives care bundle V3• Midwifery, Obstetric, neonatal nursing and medical staffing• Avoiding term admissions to the neonatal unit• Updates on the neonatal services• Perinatal metrics• The triage service Progress against the work required to achieve full compliance with year 6 CNST standards which includes maternity, neonatal and anaesthetic services.			
Recommendation:	For the Trust Board of Directors to take assurance from the detail provided within this maternity and neonatal safety report and to record in the Trust Board minutes to provide evidence for the maternity incentive scheme the following :- Formally approve the revised transitional care action plan Discuss the midwifery workforce biannual report Review the Q4 Perinatal Mortality Report		

Action Required:	Approval	Review and discussion	Take assurance	Information only
Healthier together – delivering exceptional care for all				
Relationship to strategic priorities:	PATIENTS	PEOPLE	PARTNERSHIP	POUNDS
	We deliver safe, exceptional, person-centred care.	We are supportive, positive, and welcoming.	We work together to enhance our services with clear goals for our communities.	We are efficient and spend public money wisely.
We believe this paper is aligned to the strategic direction of:	South Yorkshire ICS		NHS Nottingham & Nottinghamshire ICS	
	Yes		Yes	
Implications				
Relationship to Board assurance framework:	x	BAF1	If DBTH is not a safe trust which demonstrates continual learning and improvement then risk of avoidable harm and poor patient outcomes/experience and possible regulatory action	
	x	BAF2	If DBTH is unable to recruit, motivate, retain and develop a sufficiently skilled workforce to deliver services then patient and colleague experience and service delivery would be negatively impacted and we would not embed an inclusive culture in line with our DBTH Way	
		BAF3	If demand for services at DBTH exceeds capacity then this Impacts on safety, effectiveness, experience of patients and meeting national and local quality standards	
		BAF4	If DBTH’s estate is not fit for purpose then DBTH cannot deliver services and this impacts on outcomes & experience for patients and colleagues	
		BAF5	If DBTH cannot deliver the financial plan then DBTH will be unable to deliver services and the Trust may not be financially sustainable in long term	
	x	BAF6	If DBTH does not effectively engage and collaborate with its partners and communities then DBTH fails to meet its duty to collaborate, will miss opportunities to address strategic risks which require partnership solutions and will fail to deliver integrated care for benefit of people of Doncaster and Bassetlaw	
	x	BAF7	If DBTH does not deliver continual quality improvement, research, transformation, and innovation then the organisation won’t be sustainable in long term	
Risk Appetite Statement compliance	Where appropriate, refer to the DBTH Risk Appetite Statement and indicate whether the matter has been subject to an assessment of DBTH risk appetite NO			
Legal/ Regulation:	CQC - Regulation 12 Potential high impact Clinical Negligence Scheme for Trusts - High impact			
Resources:				
Assurance Route				
Previously considered by:		The Maternity and Neonatal Safety Quality Committee Divisional Governance Meetings		
Date:	Monthly			

Any outcomes/next steps	Support to continue improvements in maternity & neonatal service, and achieve year 6 CNST standards
Previously circulated reports to supplement this paper:	

Bi Monthly Board Report

July 2024

1. Report Overview

This report outlines locally and nationally agreed measures to monitor maternity and neonatal safety, as outlined in the NHSEI document '*Implementing a revised perinatal quality surveillance model*' (December 2020). The purpose of the report is to inform the Trust Board of present or emerging safety concerns or activity to ensure safety with a two-way reflection of 'ward to board' insight across the multi-disciplinary, multi-professional maternity services team. The information within the report reflects actions in line with the Single Delivery plan, which includes Ockenden and progress made in response to any identified concerns at provider level.

2. Perinatal Mortality Rate

The graphs included in Appendix 1, demonstrate how DBTH is performing against the national ambition.

2.1 Stillbirths and late fetal loss > 22 weeks

There were 0 stillbirths in April and 1 stillbirth in May.

2.2 Neonatal Deaths

One baby delivered and stabilised at DRI then transferred to Sheffield Teaching Hospitals (STH) as off pathway at 24 +4 days, STH are leading the PMRT review, DBTH are currently reviewing the resuscitation to share at the June PMRT meeting. This case will be reviewed by the LMNS as this baby was born below 27 weeks gestation outside a tertiary unit.

2.3 Perinatal Mortality Review Tool (PMRT) 1.4.2024 to 31.5.2024

Date	Type of Death	Gestation	Antenatal / Intrapartum / Neonatal	Information
Jan	Stillbirth	26+5	Antenatal	Antenatal stillbirth rapid review completed Consultant review completed and IRM review no care deficits highlighted Reviewed in Aprils meeting now closed
March	Stillbirth	Unknown	Intrapartum	Un-booked/Unknown Gestation approx. 30/40 Still birth - cord prolapse and true knot in cord Reviewed April meeting. Care graded B, A. Now closed

May	Stillbirth	27+3	Antenatal	Vulnerable woman. Booked at 22+0. G5 P4 No children in her care. Booked too late for aspirin. BW 900g MG-PSERP review - no issues and to follow PMRT pathway for review in June PNMM
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2.4 Learning from PMRT reviews

Issues

None identified.

Learning

Quarter 4 PMRT Report is attached in Appendix 2.

3. Maternity and Newborn Safety Investigations (MNSI) and Patient Safety Incident Investigations

3.1 Background

MNSI undertake maternity investigations in accordance with the Department of Health and Social Care criteria (Maternity Case Directions 2018), taken from Each Baby Counts and MBRRACE-UK. In accordance with these defined criteria, eligible babies include all term babies (at least 37 completed weeks of gestation) born following labour who have one of the following outcomes:

Maternal Deaths: Direct or indirect maternal deaths of women while pregnant or within 42 days of the end of pregnancy.

Intrapartum stillbirth: where the baby was thought to be alive at the start of labour but was born with no signs of life.

Early neonatal death: when the baby died within the first week of life (0-6 days) of any cause.

Severe brain injury diagnosed in the first seven days of life, when the baby:

- Was diagnosed with grade III hypoxic ischaemic encephalopathy (HIE) or
- Was therapeutically cooled (active cooling only) or
- Had decreased central tone and was comatose and had seizures of any kind

To meet the requirements against the 7 Immediate and Essential Actions (IEAs) in the Ockenden report all SI's concerning maternity services adhere to the Trusts Incident management Policy. There is also a robust process for reporting cases that meet the criteria for MNSI.

3.2 Investigation Progress Update

Table 1 MNSI cases

	Cases to date
Total referrals	27
Referrals / cases rejected	8
Total investigations to date	19
Total investigations completed	19
Current active cases	0
Exception reporting	0

In April and May there was 0 qualifying incidents that needed reporting to MNSI (maternity and neonatal service investigation service) or ENS (Early notification scheme)

3.3 Reports Received since last report

None.

3.4 Current investigations

None.

3.5 Coroner Reg 28 made directly to the Trust

None.

3.6 Maternity Patient Safety Incident Investigations (PSII)

There are 2 PSII investigations in progress.

Themes identified from the claims scorecard, complaints and incidents in Q4 are:

- Cardio TocoGraph (CTG) classification & interpretation
- Management of the latent phase of labour
- Lack of medical face to face reviews
- Engagement opportunities missed for service users who repeatedly do not attend appointments

An action plan is in place to address these areas, and this is monitored through the maternity and neonatal safety quality meeting.

4. Single Delivery Plan (which includes Ockenden / Maternity Self-Assessment (MSA))

Progress continues against the single delivery plan, this is updated on a monthly basis. Progress continues with all areas progressing except for continuity of carer, this has been paused in line with the recommendation from NHSE in October 2021. Once the midwifery establishment and skill mix is suitable then the service will look to implement this in the most deprived areas.

The maternity self-assessment tool is reviewed on a quarterly basis, and this is progressing. Work is ongoing and areas addressed in this quarter are:

- Programmed Activity (PA) allocations for lead obstetric consultant roles related to the single delivery plan, ockenden and particularly leadership

5. Training Compliance for all staff groups

Training figures as at April 2024 & May 2024 are detailed below:-

Table 1 & 2 - K2 / Competency Assessment (CA) & Study day

April 2024

Staff Group	K2 / CA Compliance April 24	Study Day Compliance April 24
90% of Obstetric Consultants & SAS Drs	100%	83.3%
90% of all other obstetric doctors contributing to the obstetric rota	93.75%	100%
90% of midwives including bank & agency staff	87.4%	91.3%

May 2024

Staff Group	K2 / CA Compliance May 24	Study Day Compliance May 24
90% of Obstetric Consultants & SAS Drs	100%	88.2%
90% of all other obstetric doctors contributing to the obstetric rota	100%	100%
90% of midwives including bank & agency staff	91.2%	91.6%

Note: This year there will be a transition period as the trust moves from K2 online package to a competency assessment (CA) the K2 / CA is the combined figure as we transition to CA only).

Practical Obstetric Multi Professional Training (PROMPT) (Obstetric Emergencies)

Table 3 & 4 - PROMPT figures

April 2024

Staff Group	Prompt Compliance April 24
90% of Obstetric Consultants & SAS Drs	88.9%
90% of all other obstetric doctors contributing to the obstetric rota	86.1%
90% of midwives including bank & agency	91.25%
90% of maternity support workers and health care assistants	81.3%
90% of obstetric anaesthetic consultants and autonomously practising obstetric anaesthetic doctors	88.9%
90% of all other obstetric anaesthetic doctors (including anaesthetists in training, SAS and LED doctors) who contribute to the obstetric anaesthetic on-call rota in any capacity	72.2%
70% of non-obstetric anaesthetic doctors (including anaesthetists in training, SAS and LED doctors) who contribute to the obstetric anaesthetic on-call rota in any capacity	New requirement awaiting data

May 2024

Staff Group	Prompt Compliance May 24
90% of Obstetric Consultants & SAS Drs	94.1%
90% of all other obstetric doctors contributing to the obstetric rota	86.8%
90% of midwives including bank & agency	93.9%
90% of maternity support workers and health care assistants	82.9%
90% of obstetric anaesthetic consultants and autonomously practising obstetric anaesthetic doctors	94.44%
90% of all other obstetric anaesthetic doctors (including anaesthetists in training, SAS and LED doctors) who contribute to the obstetric anaesthetic on-call rota in any capacity	72.22%
70% of non-obstetric anaesthetic doctors (including anaesthetists in training, SAS and LED doctors) who contribute to the obstetric anaesthetic on-call rota in any capacity	New requirement awaiting data

Table 5 & 6 - NLS figures

April 2024

Staff Group	NLS Compliance April 24
90% of neonatal Consultants / SAS Drs or Paediatric consultants / SAS covering neonatal units	88%
90% of neonatal junior doctors (who attend any births)	92%
90% of neonatal nurses (Band 5 and above who attend any births)	97%
90% of advanced Neonatal Nurse Practitioner (ANNP)	100%
90% of midwives including bank & agency	91.4%

May 2024

Staff Group	NLS Compliance May 24
90% of neonatal Consultants / SAS Drs or Paediatric consultants / SAS covering neonatal units	88%
90% of neonatal junior doctors (who attend any births)	92%
90% of neonatal nurses (Band 5 and above who attend any births)	91%
90% of advanced Neonatal Nurse Practitioner (ANNP)	100%
90% of midwives including bank & agency	92.8%

6. Safety Champion meetings

6.1 Positive Points recognised

Midwifery recruitment has been successful this year.
The service has achieved full compliance with year 5 CNST.

6.2 Concerns raised by the visit and staff

The amount of negative press surrounding maternity services is demoralising
The senior manager on call support is varied.
Staff are feeling overwhelmed with the amount of changes in maternity services.
Feedback can be varied.

6.3 Concerns raised by service users

The antenatal clinic environment at BDGH is poor from the 15 steps challenge.

6.4 Additional safety champion intelligence

The findings of the Birth Trauma report acknowledged.

The claims scorecard, themes from complaints and incidents were reviewed.

The CQC Maternity service report and action plan was reviewed.

6.5 Culture / SCORE survey findings, progress / updates on areas for improvement / any plans

The safety champion visit identified there is still work to do surrounding the culture in the maternity service.

Organisational development have been approached to explore further opportunities to provide education and support with improving the culture.

An action plan has been developed and is included in the appendices. This has a focus on emotional thriving for all staff, which was identified from the SCORE culture survey results. Progress is being monitored at the board safety champion meeting, and the maternity and neonatal safety quality committee.

6.6 Any support required of Trust Board following Safety Champion meetings and progress to show implementation

Nothing identified for the Trust Board, however the Chief Nurse as Board level safety Champion has developed and agreed a series of actions in collaboration with the Director of Midwifery to support culture improvement work.

7. Saving Babies Lives V3

7.1 Update

The SBLCBv3 was launched in May 2023 and represents Safety Action 6 of the Clinical Negligence Scheme for Trusts.

An implementation tool is available to help maternity services to track and evidence improvement and compliance with the requirements set out in Version Three.

The following outlines element specific improvement work being undertaken including evidence of generating and using the process and outcome metrics for each element and gives the percentages calculated within the national implementation tool.

Implementation Progress

Intervention Elements	Description	Element Progress Status (Self assessment)	% of Interventions Fully Implemented (Self assessment)	Element Progress Status (LMNS Validated)	% of Interventions Fully Implemented (LMNS Validated)	NHS Resolution Maternity Incentive Scheme
Element 1	Smoking in pregnancy	Partially implemented	80%	Partially implemented	80%	CNST Met
Element 2	Fetal growth restriction	Partially implemented	95%	Partially implemented	90%	CNST Met
Element 3	Reduced fetal movements	Fully implemented	100%	Fully implemented	100%	CNST Met
Element 4	Fetal monitoring in labour	Partially implemented	80%	Partially implemented	80%	CNST Met
Element 5	Preterm birth	Partially implemented	81%	Partially implemented	89%	CNST Met
Element 6	Diabetes	Partially implemented	83%	Partially implemented	83%	CNST Met
All Elements	TOTAL	Partially implemented	86%	Partially implemented	87%	CNST Met

8. NHS Resolution Incentive Scheme Update in month (MIS/ CNST)

Work in is progressing on Year 6 CNST, this is overseen by the CNST/ SDP oversight committee and reported to the maternity and neonatal safety quality group (MNSQG) which is chaired by Chief Nurse as the maternity board safety champion.

All safety actions are currently on track to be able to submit full compliance in March 2025. Training compliance (Safety Action 8) remains the most challenging, and is proactively managed by the education team, ward managers and matrons.

9. The number of patient safety events logged graded as moderate or above and what actions are being taken

April - 12

May - 18

The vast majority are unexpected admission to the neonatal unit, these are actively reviewed by a multidisciplinary team. The findings and action plans are reported in the reducing term admissions to neonatal unit. One case has been referred to the maternity governance patient safety event review group for detailed discussion.

10. Safe Maternity & Neonatal Staffing

Maternity and Midwifery staffing is reported separately to the Children's and families Division and Trust Board biannually to meet the requirements for the maternity incentive scheme.

The bi annual maternity staffing report is included with this update as a separate paper covering the staffing and safety issues related to midwifery.

Midwifery staffing

Midwifery staffing remains stable, and currently the service has 206.61 WTE contracted midwives against 225.04 WTE recommended. Recruitment of the agreed newly qualified midwives is progressing as planned.

10.1 Neonatal Nursing - Fill rates planned versus actual

Neonatal staffing is 90% recruited with 88% of establishment at work. The Qualified in Speciality ratio is below the 70% standards at 64% on the Neonatal Unit (NNU). During March we had 96 % of shifts resourced within British Association of Perinatal Medicine (BAPM) standards compared to a quarter 3 average of 75% at DRI and 59% at Bassetlaw. All the shifts below BAPM standards were due to a missing supernumerary co-ordinator.

A review was undertaken in September 2023 which showed the BAPM standards for neonatal nursing workforce were not met in year 5 of CNST. An action plan was developed and agreed by Trust Board with a 4 year proposed plan to meet the BAPM standards. We are currently developing a business case for year 2 of the proposal, which requests investment to support a supernumerary coordinator on the Neonatal unit at DRI for 24 hours. An annual review is planned again early autumn.

10.2 Obstetric Staffing

Ongoing monthly monitoring of compliance of short term locums and engagement of long term locums is continuing. In April / May 2024 there were no episodes of non-compliance. Compensatory rest is continuing to be monitored and there have been no recorded incidents of consultant non-attendance in an emergency in April and May 2024.

10.3 Neonatal medical staffing

Following the last review in year 5 the Trust met the relevant British Association of Perinatal Medicine (BAPM) national standards for the neonatal medical workforce. A review has been undertaken against the year 6 requirements and the new BAPM standard requirements have not been met. An action plan will be developed for ratification by the Trust Board.

10.4 Anaesthetic Workforce

Weekly rotas for the anaesthetic medical workforce are collated to evidence ongoing compliance with the Anaesthetic Clinical Services Accreditation (ACSA) standard 1.7.2.1. The Trust is compliant with this standard.

10.5 Red Flags

The red flags are recorded on the birth rate+ ® app on a four hourly basis and for April and May have been recorded below:

Table 7 & 8 - DRI

Red Flag (April)	Number of times
Delayed or cancelled critical time activity	4
Delay between admission for induction and beginning of process	5
Management Actions taken	
Redeploy staff internally	11

Staff unable to take allocated breaks	1
Staff sourced from bank / agency	1
Unit on divert	9
Escalate to Manager on call	3

Red Flag (May)	Number of times
Delayed or cancelled critical time activity	5
Delay between admission for induction and beginning of process	5
Management Actions taken	
Redeploy staff internally	23
Staff unable to take allocated break	1
Staff sourced from bank / agency	3
Unit on divert	4
Escalate to Manager on call	6

Table 9 & 10 - BDGH

Red Flag (April)	Number of times
Coordinator unable to maintain supernumerary status providing 1:1 care	3
Management Actions taken	
Redeploy staff internally	4
Matron / Manager working clinically	1
Unit of divert	9

Red Flag (May)	Number of times
Coordinator unable to maintain supernumerary status providing 1:1 care	2
Management Actions taken	
Redeploy staff internally	1
Unit of divert	3

11. Insights from the service users and maternity and neonatal voices partnership Co-production

The service works closely with the MNVP, and has an agreed work plan that has been aligned with the local maternity and neonatal service.

Local areas that the MNVP would like addressed:

- The waiting area at BDGH for gynaecology and obstetrics - needs separating
- Providing tongue tie division services in Doncaster
- Improving bereavement support across, gynaecology, obstetrics and neonatal services

Co-production

- Leaflets
- Making changes to services to address health inequalities

12. Quality Improvement projects / progress

The service has a number of quality improvement projects registered these are:

- To improve the service for diabetics in ante natal clinic, and accommodate the increasing demand for this service
- To improve the transitional care offer
- Reviewing and improving ante clinic provision in light of increasing high risk pregnancies

All projects are registered, have identified leads and in progress.

13. Implementation of the A EQUIP model

The Professional Midwifery Advocate (PMA) team are responsible for implementing and deploying the A-EQUIP model (Advocating for Education and Quality Improvement) which supports a continuous improvement process that aims to build personal and professional resilience, enhance quality of care and support preparedness for appraisal and professional revalidation.

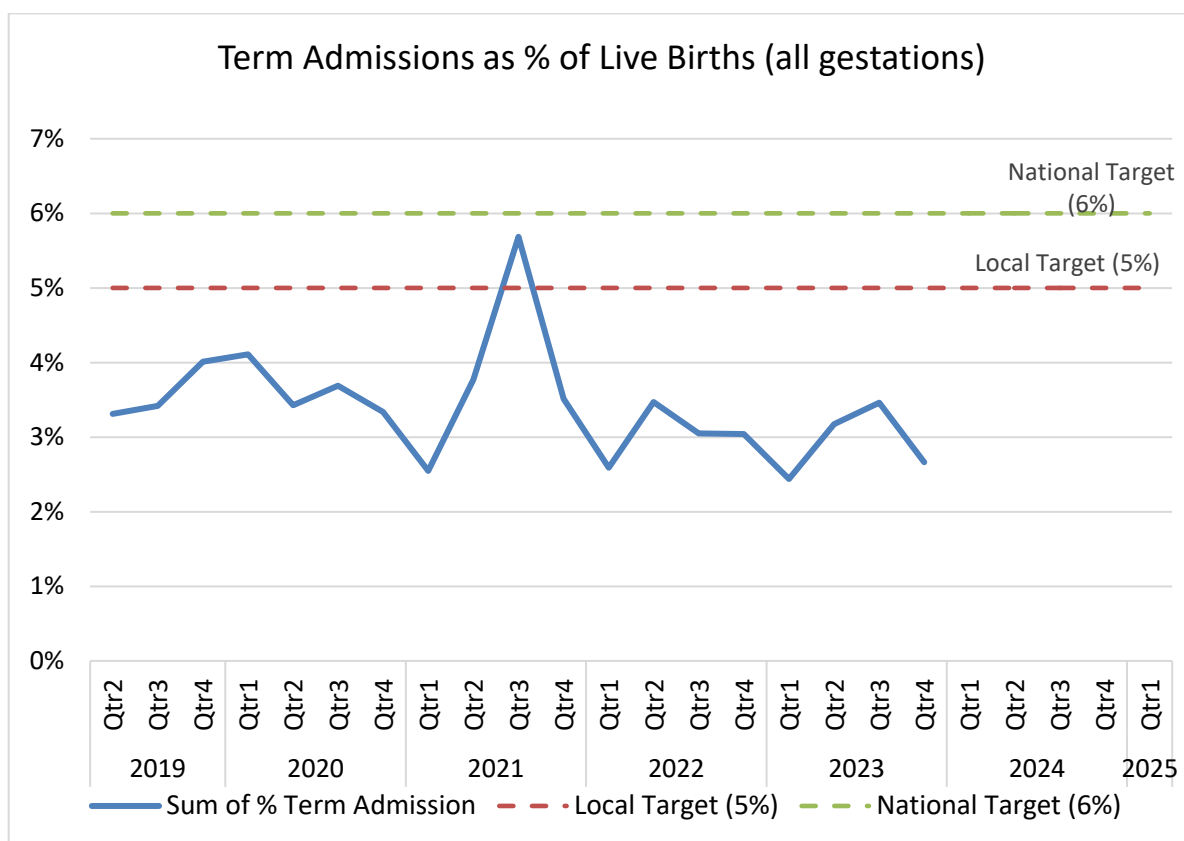
The service has a 0.6 WTE lead professional midwifery advocate (PMA) and is currently building the team of PMAs to commence the A Equip model to support all midwives in the maternity service.

14. Avoidable Admission into the Neonatal unit (ATAIN)

14.1 The national Ambition

There is overwhelming evidence that separation of mother and baby so soon after birth interrupts the normal bonding process, which can have a profound and lasting effect on maternal mental health, breastfeeding, long-term morbidity for mother and child. The national ambition for term admissions is below 6%, however Trusts should strive to be as low as possible.

All term babies admitted to neonatal unit have a multidisciplinary review, and this informs an action plan for the maternity service. The trust performance is detailed below:



All elements of the current action plan are on track these include:

- Ensuring women are provided with consistent and adequate information regarding the use of steroids
- QI project to improve transitional care
- Further education on neonatal abstinence observations

14.2 DBTH transitional care

There is an ongoing transitional care quality improvement project to improve the offer at DBTH. The reopening of M1 ward will create an opportunity together with the improved recruitment of midwives to offer an improved service.

At November 2023 board meeting the transitional care action plan was approved. This has been reviewed and updated in light of year 6 requirements and progress made from year 5. The new action plan for a move towards a transitional care pathway based on the BAPM framework for babies from 34+0 is attached for approval and it is requested that approval be formally recorded in the minutes which is included in Appendix 3.

Progress against the plan will be provided before the year 6 submission deadline.

15. Staff Survey/ SCORE culture survey

Work continues with all the wards and departments, and the subsequent action plans developed from the staff survey results.

The perinatal quadrumvirate continue to work together to improve emotional thriving at work. The service is working closely with organisational development and the board safety champions to support further development of the maternity and neonatal teams.

A number of time out days have already been undertaken, to focus on elements of the service and increase engagement of the teams. There is still further work to be undertaken, and the service is committed continuing this work.

The neonatal staff survey showed an improvement in 74% of the questions with all but 3 question being green compared to the rest of the trust. We had a timeout day for paediatric and neonatal nursing staff to review the staff survey and agree areas to celebrate and areas to improve for 2024/25, with some agreed actions, the day was well evaluated and ongoing actions will be shared at our monthly candid connection meetings.

16. Red Risks / Risk Register Highlights

Risk	Mitigation in place	Plan to address risk
Midwifery staffing levels below birth rate+® recommended levels	All vacant shifts put out to NHSP Operational systems in place to manage staffing levels across the service	Recruitment of newly qualified midwives, due to start in Sept / Oct 2024
Increased caesarean section rates requiring increased theatre capacity	Proactive management of the caesarean section lists, and additional slots identified	Increase the number of theatres sessions to accommodate the increased rate

All high risks are discussed and monitored at the risk management board, and others are monitored through the governance and divisional meetings.

17. Neonatal Services

We have ongoing challenges due to the estate with frequent water leaks from the roof, this is an ongoing risk but there are plans to replace the roof this financial year.

As part of ongoing improvement to improve family care we are exploring options regarding the 2 outstanding actions these are 24 hour access to the neonatal unit without waiting to be buzzed in for primary carers, ability to offer parents an option to sleep by the cot including a space for a bed if mums clinical condition requires limited space which we are unable to support due to space.

18. Perinatal Metrics

The new maternity dashboard has been included in Appendix 1.

Metrics with significant deterioration:

None

Metrics with no significant change are:

- Number of births

- 3rd and 4th degree tears
- Stillbirth rate
- PPH > 1500mls
- Neonatal deaths
- Hypoxic- Ischaemic encephalopathy (HIE) average days between
- Unexpected admission to the neonatal unit

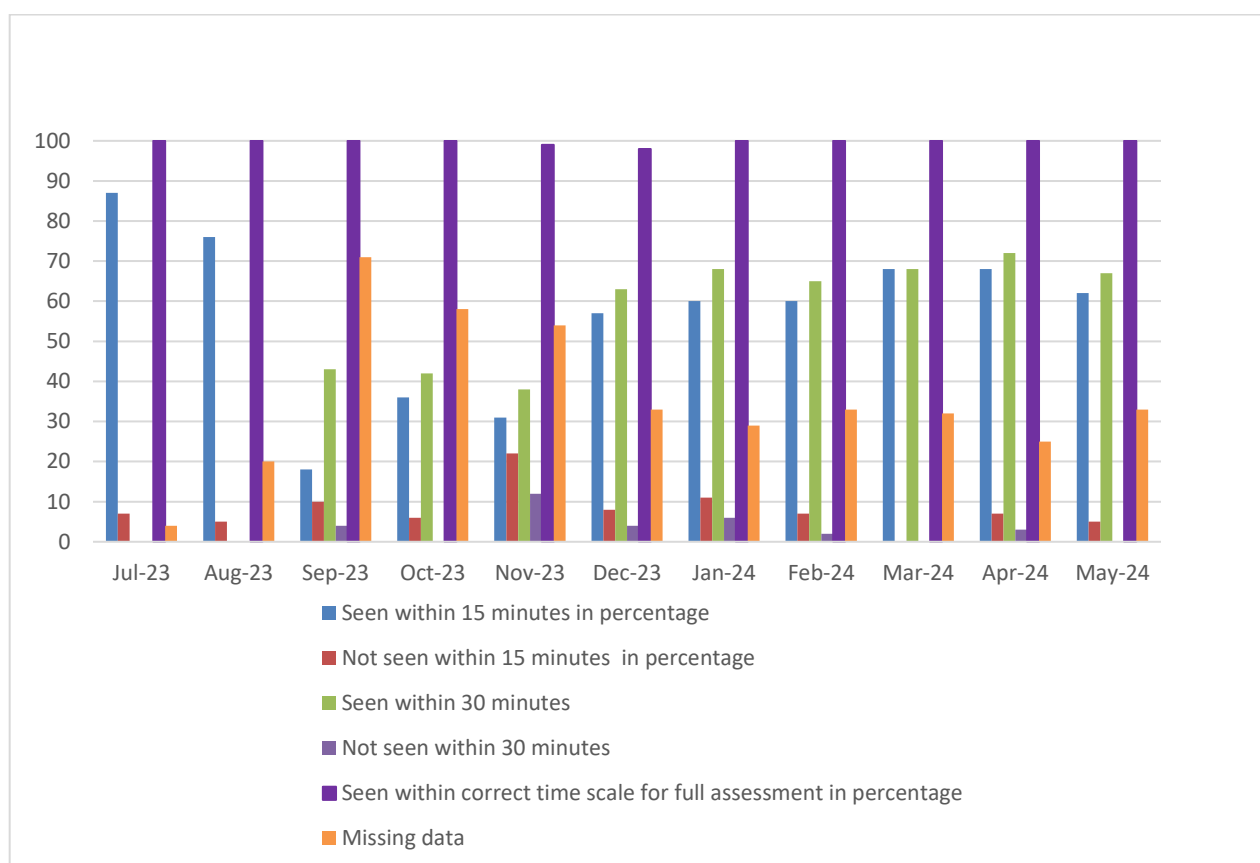
Metrics with a significant improvement:

- Neonatal death rate
- HIE rate

The safer staffing fill rate and staff raising concerns will be reported in the next board, after validation of the data.

19. The Triage Service

The service continues to audit performance against the standards, these are the results for April and May.



There was an increase in missing data in May, however the results from the data collected showed that service user waiting times were shorter, and that no one waited more than 30 mins to be seen.

The service has seen a number of new staff working in the service to ensure that the performance is improved the following actions have been implemented:

- New staff have the RAG rating system explained so they understand the system

- Core staff to support new staff
- Anyone working in the service to complete the BSOT's training package

20. Recommendation

This report contains the details of the Trust performance against local and nationally agreed measures to monitor maternity services, actions are in place to improve and monitor the quality and safety in maternity services.

The Board of Directors is asked to receive and discuss the content of the report. They are also asked to record in the Trust Board minutes as requested to provide evidence for the maternity incentive scheme that the following have been reviewed and approved:

- Midwifery workforce bi annual paper
- Transitional care action plan
- Q4 PMRT report

SPC Maternity dashboard



For queries and feedback, please email england.improvementanalyticsteam@nhs.net and quote the tool name and version number

Go to tool

Version number	Date	Update comments
V1	Jul-23	1st release

Statistical process control (SPC) is an analytical technique that plots data over time. It helps us understand variation and in so doing guides us to take the most appropriate action.
SPC enables you to understand whether the changes you see in your data are statistically significant.

This maternity dashboard provides an overview which enables you to consider the context of the hospital in terms of busyness, safety as and key outcomes.

This tool uses standard X charts and rare events charts to help you understand performance against key metrics.

This tool will enable you to:

- record data on a monthly basis and plot it on an SPC chart automatically
- monitor rare events in real time
- understand when a process may have changed by automatically applying SPC rules to the data
- understand if the rate of rare events is changing
- view a summary dashboard which will give an overview of performance

If you have any comments or feedback on the tool please email england.improvementanalyticsteam@nhs.net

Set-up sheet

Monthly data sheet

Rare events data sheet

Dashboard

Instructions

- 1.) On the set up sheet enter the name or names of the trusts or sites you are reporting on.
- 2.) On the Monthly data sheet enter monthly data for the listed fields from left to right. Ensure you fill in the date row.
- 3.) On the rare events sheet add the dates of all still births, neonatal deaths and HIE. This data must be in ascending order.
- 4.) Once you have entered the data go to the dashboard and check the charts are displaying correctly. You can alter the axis of the charts from the setup sheet. Choose the max and min you want then click **set axis**. You can also adjust the icon height and include annotations or step changes from here by selecting the appropriate dates.
- 5.) If there are standards or targets for any of these metrics you can enter them on the setup sheet.



COSTS OF PRODUCTION												
Cost Element	Material	Labour	Overhead	Other	Subcontract	Other	Material	Labour	Overhead	Other	Subcontract	Other
1. Material	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
2. Labour	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00
3. Overhead	3.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00
4. Other	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00
5. Subcontract	5.00	5.00	5.00	5.00	5.00	5.00	5.00	5.00	5.00	5.00	5.00	5.00
6. Other	6.00	6.00	6.00	6.00	6.00	6.00	6.00	6.00	6.00	6.00	6.00	6.00
7. Material	7.00	7.00	7.00	7.00	7.00	7.00	7.00	7.00	7.00	7.00	7.00	7.00
8. Labour	8.00	8.00	8.00	8.00	8.00	8.00	8.00	8.00	8.00	8.00	8.00	8.00
9. Overhead	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00
10. Other	10.00	10.00	10.00	10.00	10.00	10.00	10.00	10.00	10.00	10.00	10.00	10.00
11. Subcontract	11.00	11.00	11.00	11.00	11.00	11.00	11.00	11.00	11.00	11.00	11.00	11.00
12. Other	12.00	12.00	12.00	12.00	12.00	12.00	12.00	12.00	12.00	12.00	12.00	12.00
13. Material	13.00	13.00	13.00	13.00	13.00	13.00	13.00	13.00	13.00	13.00	13.00	13.00
14. Labour	14.00	14.00	14.00	14.00	14.00	14.00	14.00	14.00	14.00	14.00	14.00	14.00
15. Overhead	15.00	15.00	15.00	15.00	15.00	15.00	15.00	15.00	15.00	15.00	15.00	15.00
16. Other	16.00	16.00	16.00	16.00	16.00	16.00	16.00	16.00	16.00	16.00	16.00	16.00
17. Subcontract	17.00	17.00	17.00	17.00	17.00	17.00	17.00	17.00	17.00	17.00	17.00	17.00
18. Other	18.00	18.00	18.00	18.00	18.00	18.00	18.00	18.00	18.00	18.00	18.00	18.00
19. Material	19.00	19.00	19.00	19.00	19.00	19.00	19.00	19.00	19.00	19.00	19.00	19.00
20. Labour	20.00	20.00	20.00	20.00	20.00	20.00	20.00	20.00	20.00	20.00	20.00	20.00
21. Overhead	21.00	21.00	21.00	21.00	21.00	21.00	21.00	21.00	21.00	21.00	21.00	21.00
22. Other	22.00	22.00	22.00	22.00	22.00	22.00	22.00	22.00	22.00	22.00	22.00	22.00
23. Subcontract	23.00	23.00	23.00	23.00	23.00	23.00	23.00	23.00	23.00	23.00	23.00	23.00
24. Other	24.00	24.00	24.00	24.00	24.00	24.00	24.00	24.00	24.00	24.00	24.00	24.00
25. Material	25.00	25.00	25.00	25.00	25.00	25.00	25.00	25.00	25.00	25.00	25.00	25.00
26. Labour	26.00	26.00	26.00	26.00	26.00	26.00	26.00	26.00	26.00	26.00	26.00	26.00
27. Overhead	27.00	27.00	27.00	27.00	27.00	27.00	27.00	27.00	27.00	27.00	27.00	27.00
28. Other	28.00	28.00	28									

Maternity overview

Trust Total

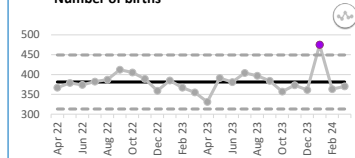
Latest month
Number of births

01/03/24

370

No significant change

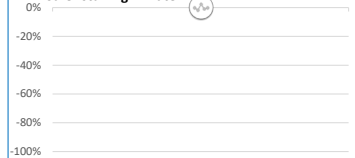
Number of births



Latest month
Safer staffing fill rate

No significant change

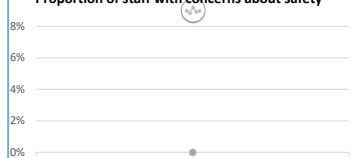
Safer staffing fill rate



Latest month
Proportion of staff with concerns about safety

No significant change

Proportion of staff with concerns about safety



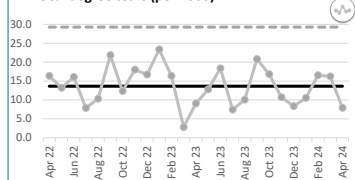
Latest month
3&4 degree tears (per 1000)

01/04/24

7.9

No significant change

3&4 degree tears (per 1000)



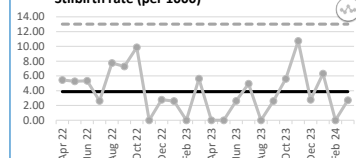
Latest month
Still birth rate/1000

01/03/24

2.7

No significant change

Stillbirth rate (per 1000)



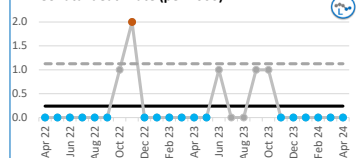
Latest month
Neonatal Death rate/1000

01/04/24

0.0

Significant Improvement

Neonatal death rate (per 1000)



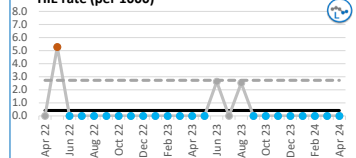
Latest month
HIE rate/1000

01/04/24

0.0

Significant Improvement

HIE rate (per 1000)



Date of last stillbirth

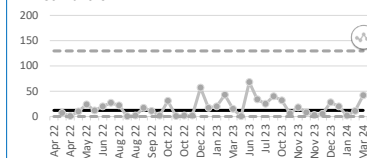
02/03/24

Average days
between stillbirths

12.2

No significant change

Still births



Date of last neonatal death

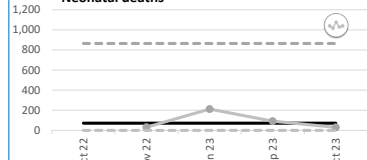
01/10/23

Average days
between deaths

71.6

No significant change

Neonatal deaths



Date of last HIE

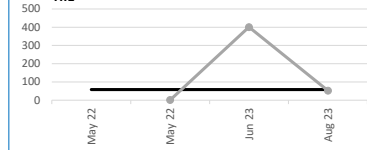
08/08/23

Average days
between HIE

58.3

No significant change

HIE



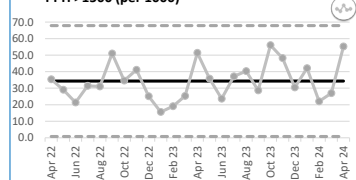
Latest month
PPH >1500 (per 1000)

01/04/24

55.3

No significant change

PPH >1500 (per 1000)



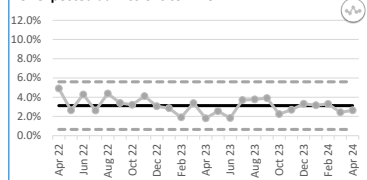
Latest month
Unexpected admissions to NNU

01/04/24

0.0

No significant change

Unexpected admissions to NNU



	DATES	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24
Trust Total	Number of births	367	379	374	382	387	412	405	389	359	385	367	355	331	391	381	404	397	384	357	373	361	475	363	370	
Trust Total	Stillbirth rate (per 1000)	5.4495913	5.2770449	5.3475936	2.617801	7.751938	7.2815534	9.8765432	0	2.7855153	2.5974026	0	5.6338028	0	0	2.6246719	4.950495	0	2.6041667	5.6022409	10.723861	2.7700831	6.3157895	0	2.7027027	
Trust Total	Neonatal death rate (per 1000)	0	0	0	0	0	0	1	2	0	0	0	0	0	0	0	1	0	1	1	0	0	0	0	0	0
Trust Total	HIIE rate (per 1000)	0	5.2770449	0	0	0	0	0	0	0	0	0	0	0	0	2.6246719	0	2.5188917	0	0	0	0	0	0	0	0
Trust Total	Unexpected admissions to NNU (%)	0.0490463	0.0263852	0.0427807	0.026178	0.0439276	0.0339806	0.0320988	0.0411311	0.0306407	0.0285714	0.0190736	0.0338028	0.0181269	0.0255754	0.0183727	0.0371287	0.0377834	0.0390625	0.022409	0.0268097	0.033241	0.0315789	0.0330579	0.0243243	0.0263158
Trust Total	3&4 degree tears (per 1000)	16.348774	13.192612	16.042781	7.8534031	10.335917	21.84466	12.345679	17.994859	16.713092	23.376623	16.348774	2.8169014	9.0634441	12.787724	18.372703	7.4257426	10.075567	20.833333	16.806723	10.723861	8.3102493	10.536316	16.528926	16.216216	7.8987368
Trust Total	PPH >1500 (per 1000)	35.422343	29.023747	21.390374	31.413613	31.007752	50.970874	34.567901	41.131105	25.069638	15.584416	19.073569	25.352113	51.359517	35.805627	23.622047	37.128713	40.302267	28.645833	56.022409	48.257373	30.470914	42.105263	22.038567	27.027027	55.263158
Trust Total	Safer staffing fill rate																									
Trust Total	Proportion of staff with concerns about safety																									
DRI	Number of births	255	255	254	263	252	269	273	250	238	253	228	231	213	261	244	275	264	255	233	244	318	250	231	255	
DRI	Stillbirth rate (per 1000)	7.8431373	3.9215686	3.9370079	3.8022814	7.9365079	7.4349442	7.3260073	0	4.2016807	3.9525692	0	8.6580087	0	0	0	3.6363636	0	3.9215686	8.583691	16.393443	3.1446541	8	0	3.9215686	0
DRI	Neonatal death rate (per 1000)	0	0	0	0	0	0	3.6630037	8	0	0	0	0	0	0	0	0	0	3.9215686	0	0	0	0	0	0	0
DRI	HIIE rate (per 1000)	0	5.2770449	0	0	0	0	0	0	0	0	0	0	0	0	2.6246719	0	2.5188917	0	0	0	0	0	0	0	0
DRI	Unexpected admissions to NNU (%)	0.0235294	0.0196078	0.0433071	0.026616	0.0595238	0.0371747	0.032967	0.056	0.0378151	0.027668	0.0263158	0.038961	0.0234742	0.0268199	0.0204918	0.0472727	0.0378788	0.0392157	0.0300429	0.0286885	0.0283019	0.056	0.047619	0.0313725	0.0235294
DRI	3&4 degree tears (per 1000)	15.686275	11.764706	7.8740157	7.6045627	15.873016	18.587361	3.6630037	16	8.4033613	19.762846	13.157895	4.3290043	9.3896714	11.494253	20.491803	7.2727273	7.5757576	19.607843	17.167382	12.295082	6.2893082	16	21.645022	11.764706	7.8431373
DRI	PPH >1500 (per 1000)	31.372549	23.529412	11.811024	26.61597	27.777778	55.762082	40.29304	44	21.008403	19.762846	17.54386	34.632035	37.558685	38.314176	20.491803	32.727273	49.242424	27.45098	51.502146	45.081967	22.012579	48	21.645022	23.529412	54.901961
DRI	Safer staffing fill rate																									
DRI	Proportion of staff with concerns about safety																									
BDGH	Number of births	112	124	120	119	135	143	132	139	121	132	139	124	118	130	136	129	133	128	124	129	130	125	132	115	
BDGH	Stillbirth rate (per 1000)	0	8.0645161	8.3333333	0	7.4074074	6.993007	15.151515	0	0	0	0	0	0	0	7.3529412	7.751938	0	0	0	0	0	8	0	0	0
BDGH	Neonatal death rate (per 1000)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	7.3529412	0	0	0	0	0	0	0	0	0
BDGH	HIIE rate (per 1000)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
BDGH	Unexpected admissions to NNU (%)	0.1071429	0.0403226	0.0416667	0.0252101	0.0148148	0.027972	0.030303	0.0143885	0.0165289	0.030303	0.0071942	0.0241935	0.0084746	0.0230769	0.0147059	0.0155039	0.037594	0.0390625	0.0080645	0.0232558	0.0230769	0.008	0.0075758	0.0086957	0.032
BDGH	3&4 degree tears (per 1000)	17.857143	40.322581	33.333333	8.4033613	0	27.972028	30.30303	21.582734	33.057851	30.30303	21.582734	0	8.4745763	15.384615	14.705882	7.751938	15.037594	23.4375	16.129032	7.751938	7.6923077	8	7.5757576	26.086957	8
BDGH	PPH >1500 (per 1000)	44.642857	40.322581	41.666667	42.016807	37.037037	41.958042	22.727273	35.971223	33.057851	30.30303	21.582734	8.0645161	76.271186	30.769231	29.411765	46.511628	22.556391	31.25	64.516129	54.263566	30.769231	64	22.727273	34.782609	56
BDGH	Safer staffing fill rate																									
BDGH	Proportion of staff with concerns about safety																									
Trust 4	Number of births																									
Trust 4	Stillbirth rate (per 1000)																									
Trust 4	Neonatal death rate (per 1000)																									
Trust 4	HIIE rate (per 1000)																									
Trust 4	Unexpected admissions to NNU (%)																									
Trust 4	3&4 degree tears (per 1000)																									
Trust 4	PPH >1500 (per 1000)																									
Trust 4	Safer staffing fill rate																									
Trust 4	Proportion of staff with concerns about safety																									
Trust 5	Number of births																									
Trust 5	Stillbirth rate (per 1000)																									
Trust 5	Neonatal death rate (per 1000)																									
Trust 5	HIIE rate (per 1000)																									
Trust 5	Unexpected admissions to NNU (%)																									
Trust 5	3&4 degree tears (per 1000)																									
Trust 5	PPH >1500 (per 1000)																									
Trust 5	Safer staffing fill rate																									
Trust 5	Proportion of staff with concerns about safety																									
Trust 6	Number of births																									
Trust 6	Stillbirth rate (per 1000)																									
Trust 6	Neonatal death rate (per 1000)																									
Trust 6	HIIE rate (per 1000)																									
Trust 6	Unexpected admissions to NNU (%)																									
Trust 6	3&4 degree tears (per 1000)																									
Trust 6	PPH >1500 (per 1000)																									
Trust 6	Safer staffing fill rate																									
Trust 6	Proportion of staff with concerns about safety																									

Data sheet 2 Rare event data

Enter the date of each rare event in the correct column as they occur.
Data must be in order

	Trust Total	Trust Total	Trust Total	DRI	DRI	DRI	BDGH	BDGH	BDGH
	Still births	Neonatal deaths	HIE	Still births	Neonatal deaths	HIE	Still births	Neonatal deaths	HIE
1	17/04/22	01/10/22	11/05/22	17/04/22	27/04/22	11/05/22	05/05/22		
2	24/04/22	01/11/22	12/05/22	24/04/22	22/09/22	12/05/22	10/06/22		
3	25/04/22	01/06/23	17/06/23	25/04/22	01/10/22	17/06/23	20/08/22		
4	05/05/22	01/09/23	08/08/23	29/05/22	14/03/23	08/08/23	17/09/22		
5	29/05/22	01/10/23		30/06/22	28/03/23		23/10/22		
6	10/06/22			27/07/22			25/10/22		
7	30/06/22			18/08/22			02/06/23		
8	27/07/22			18/08/22			06/07/23		
9	18/08/22			06/09/22			07/01/24		
10	18/08/22			19/09/22					
11	20/08/22			20/10/22					
12	06/09/22			21/10/22					
13	17/09/22			21/12/22					
14	19/09/22			07/01/23					
15	20/10/22			27/01/23					
16	21/10/22			11/03/23					
17	23/10/22			26/03/23					
18	25/10/22			26/03/23					
19	21/12/22			31/07/23					
20	07/01/23			09/09/23					
21	27/01/23			11/10/23					
22	11/03/23			17/10/23					
23	26/03/23			04/11/23					
24	26/03/23			12/11/23					
25	02/06/23			15/11/23					
26	06/07/23			20/11/23					
27	31/07/23			18/12/23					
28	09/09/23			09/01/24					
29	11/10/23			20/01/24					
30	17/10/23			02/03/24					
31	04/11/23								
32	12/11/23								
33	15/11/23								
34	20/11/23								
35	18/12/23								
36	07/01/24								
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38	20/01/24								
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PMRT - Perinatal Mortality Reviews Summary Report

This report has been generated following mortality reviews which were carried out using the national Perinatal Mortality Review Tool Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust

Report of perinatal mortality reviews completed for deaths which occurred in the Quarter 4 period:

01/01/2024 to 31/03/2024

1. Introduction

This is a quarterly report produced by the Children and Families Division and will be reported to the Perinatal Mortality and Morbidity Divisional Meeting, the Trust Mortality Governance Committee and the Trust Board. The report details the use of the National Perinatal Mortality Tool (PMRT) in the review of all:-

- Late Fetal losses 22+0 to 23+6
- All antepartum and intrapartum stillbirths from 24+0 onwards
- All neonatal deaths from 22+0 to 28 days after birth
- All post-neonatal deaths where the baby is born alive from 22+0 but dies after 28 days following care in a neonatal unit; the baby may be receiving planned palliative care elsewhere (including at home) when they die.

(Termination of pregnancies (TOP) for abnormality and babies with a birth weight under 500gms if gestation is not known at birth, are excluded.)

In accordance with the requirements of the Clinical Negligence Scheme for Trusts (CNST) – NHS Resolution, all stillbirths and Neonatal deaths eligible for review using the PMRT from 8th December 2023 to 30 November 2024 will be part of Quarterly Reports submitted to the Trust Board and will include details of all deaths reviewed and consequent action plans.

This report also documents whether the required standards within Safety Action standard 1 have been met.

The Maternity & Newborn Safety Investigations (MNSI – formally the Health Care Safety Investigation Branch (HSIB)) will also review cases where a specific criteria has been met following consent from the family. Where the review has been accepted by MNSI / HSIB this will be highlighted within the quarterly report.

Babies who meet HSIB criteria include all babies born at least 37 completed weeks of gestation, who have one of the following outcomes:

- **Intrapartum stillbirth:** where the baby was thought to be alive at the start of labour but was born with no signs of life.
- **Early neonatal death:** when the baby died within the first week of life (0-6) days of any cause.

The definition of labour used by HSIB is

- Any labour diagnosed by a health professional, including the latent phase of labour at less than 4cm cervical dilatation.

- When the mother called the maternity unit to report any concerns of being in labour, for example (but not limited to) abdominal pains, contractions, or suspected ruptured membranes (waters breaking).
- Induction of labour (when labour is started artificially).

This report focuses on births from 24+0 weeks' gestational age, with the exception of the chapter on mortality rates by gestational age, which includes information on births at 22+0 to 23+6 weeks' gestational age. This avoids the influence of the wide disparity in the classification of babies born before 24+0 weeks' gestational age as a neonatal death or a fetal loss. **All terminations of pregnancy have been excluded from the mortality rates reported.**

2. Trust Stillbirths And Late Fetal Losses From 22 Weeks Gestation

The latest MBRRACE Report for births 2020 gives a national stillbirth rate of 3.33 per 1000, a minimal decrease from the 3.35 figure for 2019 births. This figure is calculated from births at 24 weeks or over, and excluding terminations of pregnancy.

The Trust annual stillbirth rate for 2023 **from 24+0 weeks** of pregnancy and above across both sites is to 3.12 stillbirths per 1,000 births. In numerical values this was 14 stillbirths. During this same period from **22 weeks of pregnancy to full term** there were in addition to the 14 stillbirths there was 1 late fetal loss.

The annual statistic is recorded in each quarterly report to identify any rising trends in a timely manner, however this is the crude, and not adjusted and stabilised figure.

During the fourth quarter of 2023-2024, from 1st January 2024 to 31st March 2024 there have been **4** stillbirths of the 1,104 births across both sites (3 at DRI, 1 at BDGH). 733 births being at DRI and 371 Births being at BDGH.

There have been **0** late fetal losses between 22+0-23+6 weeks gestation during this quarter. During the same timescale, there have been **0** MTOP's of this same gestation.

This provides a trust adjusted stillbirth rate of **3.6 per 1000 births for this quarter 4**, from 24 weeks gestation; which is a decrease from last quarter (quarter 3 2023-2024 adjusted stillbirth rate of 6.4 per 1000 births).

Combining the figures from quarters 1, 2, 3 and 4 of 2023-2024 the rolling adjusted stillbirth rate is **3.3** per 1000 births. This equates to 15 stillbirths from 24 weeks of gestation (total births for this period is 4,483 for both sites).

3. NEONATAL DEATHS

The latest MBRRACE Report for births 2020 gives a national neonatal death rate of 1.5 deaths per 1,000, a reduced rate compared to the 2018 rate of 1.5 per 1000 the previous year. The rate is calculated for births over 24 weeks and includes deaths to 28 days.

Deaths that are included in the Trust rates are those of babies that were born and died within the trust. The Trust annual 2023 stabilised and adjusted rate for 2022 was 1.1 per 1000.

During the fourth quarter of 2023-2024, from 1st January 2024 to 31st March 2024 there have been 0 Neonatal and post-Neonatal deaths of the 1,104 births across both sites. 733 births being at DRI and 371 Births being at BDGH.

This provides the Trust with a stabilised and adjusted rate for this quarter 4 of 2023-2024 of 0 per 1,000.

Combining the figures from quarters 1, 2, 3 and 4 of 2023-2024 (excluding the deaths under 22+0 and MTOP resulting in NND) the rolling adjusted neonatal and post-neonatal deaths rates of 1 equates to a rate of **0.22** per 1000 births from 22 weeks of gestation (total births for this period is 4,483 for both sites).

MBRRACE is informed of all neonatal deaths from 20 weeks gestation, only those above 22+0 weeks and weighing more than 500g meet the criteria for PMRT review however during this quarter the PMRT members felt the review of two babies that did not meet this criteria was for review, these are not including in the trusts annual or quarterly statistics. The Team felt that because the trust was in front of projected timescales (for those that met the criteria) that there was sufficient time to review these cases.

CNST requirements - Safety Action 1

Requirements	CNST requirement compliance	CNST Trust Compliance
a) All eligible perinatal deaths from 8 December 2023 should be notified to MBRRACE-UK within seven working days.	100%	100%
b) For 95% of all the deaths of babies in your Trust eligible for PMRT review, parents should have their perspectives of care and any questions / comments they have sought from 8 December 2023 onwards.	95%	100%
c) For deaths of babies who were born and died in your Trust multi-disciplinary reviews using the PMRT should be carried out from 8 th December 2023. 95% of reviews should be started within two months of the death, and a minimum of 60% of multi-disciplinary reviews should be completed and published within six months.	95%	100%
	60%	100%
d) Quarterly reports should be submitted to the Trust Executive Board from 8 December 2023.		Q3 submitted and presented –including 1 case in December 23 Q4 detailed within this report

The following pages are regarding the details, themes and grading's of the cases discussed through PMRT

Summary of perinatal deaths*

Total perinatal* deaths reported to the MBRRACE-UK perinatal mortality surveillance in this period: 4

Summary of reviews**

Stillbirths and late fetal losses				
Number of stillbirths and late fetal losses reported	Not supported for Review	Reviews in Progress	Reviews Completed ***	Grading of care: number of stillbirths and late fetal losses with issues with care likely to have made a difference to the outcome for the baby
4	0	2	2	0

Neonatal and post-neonatal deaths				
Number of neonatal and post-neonatal death reported	Not supported for Review	Reviews in Progress	Reviews Completed ***	Grading of care: number of neonatal and post-neonatal deaths with issues with care likely to have made a difference to the outcome for the baby
2	2	0	0	0

*Late fetal losses, stillbirths and neonatal deaths (does not include post-neonatal deaths which are not eligible for MBRRACEUK surveillance) – these are the total deaths reported and may not be all deaths which occurred in the reporting period if notification to MBRRACE-UK is delayed. Deaths following termination of pregnancy are excluded.

** Post-neonatal deaths can also be reviewed using the PMRT

*** Reviews completed and have report published

Gestation	Antenatal/ Intrapartum	PMRT and investigation /review outcome
35+3	Antenatal	Care graded A, A Review outcome: Good communication with all involved.
37+0	Antenatal	Care graded A, A Review outcome: Appropriate follow-up in place Translation services utilised Supported by overseas team in arranging paperwork
26+5	Antenatal	Care graded A, B Review outcome: Evidence of good diversity in the workforce, and the re-evaluation of care. Ongoing work with Changing Lives to improve access to care and the exploration of the reluctance to take aspirin and education. No partogram completed.
?30/40	Antenatal	Care graded: B, A Review outcome: Ambulance transferred to A&E as opposed maternity care. Custom action to be created to explore why this was the case.

No neonatal deaths to report this quarter.

Social, economic and deprivation data (SB)		Gestational age at birth						
		Unknown	22-23	24-27	28-31	32-36	37+	Total
Age	<18					1		1
	19-25						1	1
	26-35			1				1
	36-45				1			1
	46+							
Smoking status	Never smoked			1		1	1	3
	Non-smoker stopped before conception							
	Non-smoker stopped after conception							
	Smoker							
	Unspecified				1			1
Ethnicity	White				1	1	1	3
	Black			1				1
	Asian							
	Chinese/other							
	Mixed							
IMDD	1-4			1	1	1	1	4
	5-7							
	8-10							
Employment	Employed						1	1
	Not employed							
	Student					1		1
	Homemaker			1				1
	Sick							
	Unknown				1			1
Marital status	Married / Civil Partner			1	1			2
	Single					1		1
	Cohabiting						1	1
Learning or communication difficulties	Yes						1	1
	No			1	1	1		3

Social, economic and deprivation data (NND)		Gestational age at birth						Total
		Unknown	22-23	24-27	28-31	32-36	37+	
Age	<18							
	19-25							
	26-35							
	36-45							
	46+							
Smoking status	Never smoked							
	Non-smoker stopped before conception							
	Non-smoker stopped after conception							
	Smoker							
Ethnicity	White							
	Black							
	Asian							
	Chinese/other							
	Mixed							
IMDD	1-4							
	5-8							
	8-10							
Employment	Employed							
	Not employed							
	Homemaker							
	Sick							
	Not stated							
Marital status	Married							
	Single							
	Cohabiting							
Learning or communication difficulties	Yes							
	No							

Table 1: Summary information for the babies who died in this period and for whom a review of care has been completed – number of babies (N = 2)

Perinatal deaths reviewed	Gestational age at birth						Total
	Ukn	22-23	24-27	28-31	32-36	37+	
Late Fetal Losses (<24 weeks)	0	0	--	--	--	--	0
Stillbirths total (24+ weeks)	0	0	0	0	1	1	2
<i>Antepartum stillbirths</i>	0	0	0	0	1	1	2
<i>Intrapartum stillbirths</i>	0	0	0	0	0	0	0
<i>Timing of stillbirth unknown</i>	0	0	0	0	0	0	0
Early neonatal deaths (1-7 days)*	0	0	0	0	0	0	0
Late neonatal deaths (8-28 days)*	0	0	0	0	0	0	0
Post-neonatal deaths (29 days +)*	0	0	0	0	0	0	0
Total deaths reviewed	0	0	0	0	1	1	2
Small for gestational age at birth:							
IUGR identified prenatally and management was appropriate	0	0	0	0	0	0	0
IUGR identified prenatally but not managed appropriately	0	0	0	0	0	0	0
IUGR not identified prenatally	0	0	0	0	1	0	1
Not Applicable	0	0	0	0	0	1	1
Mother gave birth in a setting appropriate to her and/or her baby's clinical needs:							
Yes	0	0	0	0	1	1	2
No	0	0	0	0	0	0	0
Missing	0	0	0	0	0	0	0
Parental perspective of care sought and considered in the review process:							
Yes	0	0	0	0	1	1	2
No	0	0	0	0	0	0	0
Missing	0	0	0	0	0	0	0
Booked for care in-house	0	0	0	0	0	0	0
Mother transferred before birth	0	0	0	0	0	0	0
Baby transferred after birth	0	0	0	0	0	0	0
Neonatal palliative care planned prenatally	0	0	0	0	0	0	0
Neonatal care re-orientated	0	0	0	0	0	0	0

*Neonatal deaths are defined as the death within the first 28 days of birth of a baby born alive at any gestational age; early neonatal deaths are those where death occurs when the baby is 1-7 days old and late neonatal death are those where the baby dies on days 8-28 after birth. Post-neonatal deaths are those deaths occurring from 28 days up to one year after birth

Table 2: Placental histology and post-mortems conducted for the babies who died in this period and for whom a review of care has been completed – number of babies (N = 2)

Perinatal deaths reviewed	Gestational age at birth						
	Ukn	22-23	24-27	28-31	32-36	37+	Total
Late fetal losses and stillbirths							
Placental histology carried out							
Yes	0	0	0	0	1	1	2
No	0	0	0	0	0	0	0
Hospital post-mortem offered	0	0	0	0	1	1	2
Hospital post-mortem declined	0	0	0	0	0	1	1
Hospital post-mortem carried out:							
Full post-mortem	0	0	0	0	0	0	0
Limited and targeted post-mortem	0	0	0	0	0	0	0
Minimally invasive post-mortem	0	0	0	0	0	0	0
External review	0	0	0	0	0	0	0
Virtual post-mortem using CT/MR	0	0	0	0	1	0	1
Neonatal and post-neonatal deaths:							
Placental histology carried out							
Yes	0	0	0	0	0	0	0
No	0	0	0	0	0	0	0
Death discussed with the coroner/procurator fiscal	0	0	0	0	0	0	0
Coroner/procurator fiscal PM performed	0	0	0	0	0	0	0
Hospital post-mortem offered	0	0	0	0	0	0	0
Hospital post-mortem declined	0	0	0	0	0	0	0
Hospital post-mortem carried out:							
Full post-mortem	0	0	0	0	0	0	0
Limited and targeted post-mortem	0	0	0	0	0	0	0
Minimally invasive PMpost-mortem	0	0	0	0	0	0	0
External review	0	0	0	0	0	0	0
Virtual post-mortem using CT/MR	0	0	0	0	1	0	1
All deaths:							
Post-mortem performed by paediatric/perinatal pathologist*							
Yes	0	0	0	0	1	0	1
No	0	0	0	0	0	0	0
Placental histology carried out by paediatric/perinatal pathologist*:							
Yes	0	0	0	0	1	1	2
No	0	0	0	0	0	0	0

*Includes coronial/procurator fiscal post-mortems

Table 3: Number of participants involved in the reviews of late fetal losses and stillbirths without resuscitation (N = 2)

Role	Total Review sessions	Reviews with at least one
Chair	0	0%
Vice Chair	0	0%
Admin/Clerical	2	100% (2)
Bereavement Team	6	100% (2)
Community Midwife	0	0%
External	3	50% (1)
Management Team	2	100% (2)
Midwife	12	100% (2)
Neonatal Nurse	4	100% (2)
Neonatologist	3	100% (2)
Obstetrician	17	100% (2)
Other	4	100% (2)
Risk Manager or Governance Team	8	100% (2)
Safety Champion	1	50% (1)

Table 4: Number of participants involved in the reviews of stillbirths with resuscitation and neonatal deaths (N = 0)

Role	Total Review sessions	Reviews with at least one
Chair	0	0%
Vice Chair	0	0%
Admin/Clerical	0	0%
Bereavement Team	0	0%
Community Midwife	0	0%
External	0	0%
Management Team	0	0%
Midwife	0	0%
Neonatal Nurse	0	0%
Neonatologist	0	0%
Obstetrician	0	0%
Other	0	0%
Risk Manager or Governance Team	0	0%
Safety Champion	0	0%

Table 5: Grading of care relating to the babies who died in this period and for whom a review of care has been completed – number of babies (N = 2)

Perinatal deaths reviewed	Gestational age at birth						
	Ukn	22-23	24-27	28-31	32-36	37+	Total
STILLBIRTHS & LATE FETAL LOSSES							
Grading of care of the mother and baby up to the point that the baby was confirmed as having died:							
A - The review group concluded that there were no issues with care identified up to the point that the baby was confirmed as having died	0	0	0	0	1	1	2
B - The review group identified care issues which they considered would have made no difference to the outcome for the baby	0	0	0	0	0	0	0
C - The review group identified care issues which they considered may have made a difference to the outcome for the baby	0	0	0	0	0	0	0
D - The review group identified care issues which they considered were likely to have made a difference to the outcome for the baby	0	0	0	0	0	0	0
Not graded	0	0	0	0	0	0	0
Grading of care of the mother following confirmation of the death of her baby:							
A - The review group concluded that there were no issues with care identified for the mother following confirmation of the death of her baby	0	0	0	0	1	1	2
B - The review group identified care issues which they considered would have made no difference to the outcome for the mother	0	0	0	0	0	0	0
C - The review group identified care issues which they considered may have made a difference to the outcome for the mother	0	0	0	0	0	0	0
D - The review group identified care issues which they considered were likely to have made a difference to the outcome for the mother	0	0	0	0	0	0	0
Not graded	0	0	0	0	0	0	0
NEONATAL AND POST-NEONATAL DEATHS							
Grading of care of the mother and baby up to the point of birth of the baby:							
A - The review group concluded that there were no issues with care identified up to the point that the baby was born	0	0	0	0	0	0	0
B - The review group identified care issues which they considered would have made no difference to the outcome for the baby	0	0	0	0	0	0	0
C - The review group identified care issues which they considered may have made a difference to the outcome for the baby	0	0	0	0	0	0	0
D - The review group identified care issues which they considered were likely to have made a difference to the outcome for the baby	0	0	0	0	0	0	0
Not graded	0	0	0	0	0	0	0
Grading of care of the baby from birth up to the death of the baby:							
A - The review group concluded that there were no issues with care identified from birth up to the point that the baby died	0	0	0	0	0	0	0
B - The review group identified care issues which they considered would have made no difference to the outcome for the baby	0	0	0	0	0	0	0
C - The review group identified care issues which they considered may have made a difference to the outcome for the baby	0	0	0	0	0	0	0
D - The review group identified care issues which they considered were likely to have made a difference to the outcome for the baby	0	0	0	0	0	0	0
Not graded	0	0	0	0	0	0	0
Grading of care of the mother following the death of her baby:							
A - The review group concluded that there were no issues with care identified for the mother following the death of her baby	0	0	0	0	0	0	0
B - The review group identified care issues which they considered would have made no difference to the outcome for the mother	0	0	0	0	0	0	0
C - The review group identified care issues which they considered may have made a difference to the outcome for the mother	0	0	0	0	0	0	0
D - The review group identified care issues which they considered were likely to have made a difference to the outcome for the mother	0	0	0	0	0	0	0
Not graded	0	0	0	0	0	0	0

Table 6: Cause of death of the babies who died in this period and for whom a review of care has been completed – number of babies (N = 2)

Timing of death	Cause of death
Late fetal losses	0 causes of death out of 0 reviews
Stillbirths	2 causes of death out of 2 reviews
	Placental abruption
	The cause of death was undetermined
Neonatal deaths	0 causes of death out of 0 reviews
Post-neonatal deaths	0 causes of death out of 0 reviews

Table 7: Issues raised by the reviews identified as relevant to the deaths reviewed, by the number of deaths affected by each issue* and the actions planned

Issues raised which were identified as relevant to the deaths	Number of deaths	Actions planned
This mother had poor/no English and language line was used to interpret during her labour and birth	1	No action entered

*Note - depending upon the circumstances in individual cases the same issue can be raised as relevant to the deaths reviewed and also not relevant to the deaths reviewed.

Table 8: Issues raised by the reviews which are of concern but not directly relevant to the deaths reviewed, by the number of deaths in which this issue was identified* and the actions planned

Issues raised which were identified as not relevant to the deaths	Number of deaths	Actions planned
The baby had to be transferred elsewhere for the post-mortem	1	No action entered
The baby was small for gestational age at birth, scans were indicated and performed but the baby was not identified as IUGR	1	No action entered
This mother booked late. Are there any organisations to consider in relation to her booking late?	1	No action entered
This mother booked late. Did this affect her care?	1	No action entered

*Note - depending upon the circumstances in individual cases the same issue can be raised as relevant to the deaths reviewed and also not relevant to the deaths reviewed.

Table 9: Top 5 contributory factors related to issues identified as relevant to the deaths reviewed, by the frequency of the contributory factor and the issues to which the contributory factors related

Issue Factor	Number of deaths	Issues raised for which these were the contributory factors
Communication - Verbal communication	1	This mother had poor/no English and language line was used to interpret during her labour and birth

Year 6 CNST Action Plan - Transitional care

Action No	Action	Action To Achieve Compliance with Recommendation (SMART)	Lead Responsible	Expected Completion Date	Completed	Progress Rag Rating	Comments/Evidence
1	Estates to support TC	Identify TC areas at both Doncaster and Bassetlaw Site	LJ/KO'S/ AM (CE)	Sep-24			
2	Staffing model	Review current staffing model	DB/SF/AM (CE)	Sep-24			To extend TC to full BAPM standards. TC requires addiional staffing model at Doncaster and to be merged into SCBU at Basetlaw
3	Band 3/4 training /badgernet	Develop training package for band 3 MSW and TNA. Liaise with ODN	AM (CE)	Oct-24			ODN have an training package. Once TNA recruited to implement
4	Meet with MNVP	Collaborate with MNVP on TC care/guidelines	LJ/KO'S/ AM (CE)	Sep-24			Initial engagement meeting
5	TC guidleine to include full BAPM standards including NGT feeding is not being supported on TC reviewed at a later date	Once staffing model agreed and implement to review TC guidleine and include additional BAPM standards	DB /SF	Nov-24			

Report Cover Page				
Meeting Title:	Board of Directors			
Meeting Date:	2 July 2024	Agenda Reference:	D1	
Report Title:	Midwifery Workforce Paper			
Sponsor:	Karen Jessop - Chief Nurse			
Author:	Danielle Bhanvra - Head of Midwifery			
Appendices:	None			
Report Summary				
Purpose of the report & Executive Summary This report gives a summary of all measures in place to ensure safe midwifery staffing; including workforce planning, planned versus actual midwifery staffing levels, the midwife to birth ratio, specialist hours, compliance with supernumerary labour ward coordinator, one to one care in labour and red flag incidents. It also gives a summary of key workforce measures for obstetricians and anaesthetics to provide evidence for the maternity incentive scheme year 6.				
Recommendation:	For the Trust Board of Directors to take assurance from the detail provided within this workforce report.			
Action Required:	Approval	Review and discussion	Take assurance	Information only
Healthier together – delivering exceptional care for all				
Relationship to strategic priorities:	PATIENTS	PEOPLE	PARTNERSHIP	POUNDS
	<i>We deliver safe, exceptional, person-centred care.</i>	<i>We are supportive, positive, and welcoming.</i>	<i>We work together to enhance our services with clear goals for our communities.</i>	<i>We are efficient and spend public money wisely.</i>
We believe this paper is aligned to the strategic direction of:	South Yorkshire ICS		NHS Nottingham & Nottinghamshire ICS	
	<u>Yes /No/ NA</u>		<u>Yes /No/ NA</u>	
Implications				
Relationship to Board assurance framework:	x	BAF1	If DBTH is not a safe trust which demonstrates continual learning and improvement then risk of avoidable harm and poor patient outcomes/experience and possible regulatory action	
	x	BAF2	If DBTH is unable to recruit, motivate, retain and develop a sufficiently skilled workforce to deliver services then patient and colleague experience and service delivery would be negatively impacted and we would not embed an inclusive culture in line with our DBTH Way	
		BAF3	If demand for services at DBTH exceeds capacity then this Impacts on safety, effectiveness, experience of patients and meeting national and local quality standards	
		BAF4	If DBTH's estate is not fit for purpose then DBTH cannot deliver services and this impacts on outcomes & experience for patients and colleagues	
		BAF5	If DBTH cannot deliver the financial plan then DBTH will be unable to deliver services and the Trust may not be financially sustainable in long term	

	x	BAF6	If DBTH does not effectively engage and collaborate with its partners and communities then DBTH fails to meet its duty to collaborate, will miss opportunities to address strategic risks which require partnership solutions and will fail to deliver integrated care for benefit of people of Doncaster and Bassetlaw
	x	BAF7	If DBTH does not deliver continual quality improvement, research, transformation, and innovation then the organisation won't be sustainable in long term
Risk Appetite Statement compliance	Where appropriate, refer to the DBTH Risk Appetite Statement and indicate whether the matter has been subject to an assessment of DBTH risk appetite YES/NO		
Legal/ Regulation:	CQC - Regulation 12 Potential high impact Clinical Negligence Scheme for trusts - High impact		
Resources:			
Assurance Route			
Previously considered by:		Governance Meetings Children's & Families Board (verbal updates) now changed to the maternity and neonatal safety quality committee.	
Date:	Monthly/ Bi monthly		
Any outcomes/next steps	Support to continue improvements in maternity & neonatal service, and achieve year 6 CNST standards		
Previously circulated reports to supplement this paper:			

1. Introduction

The aim of this report is to provide assurance to the Board of Directors that there is an effective system of midwifery workforce planning and monitoring of safe staffing levels for Q3/4 of 2023/24 inclusive. This forms part of the Developing Workforce safeguards published by NHSE in October 2018. This is a requirement of the NHS Resolution Clinical Negligence Scheme Trusts (CNST) Maternity Incentive Scheme (MIS) for safety action 5 where the following standards are used:

Table 1

a	A systematic, evidence-based process to calculate midwifery staffing establishment has been completed within the last three years.
b	Trust Board to evidence midwifery staffing budget reflects establishment as calculated in a) above.
c	The midwifery coordinator in charge of labour ward must have supernumerary status; (defined as having a rostered planned supernumerary co-ordinator and an actual supernumerary co-ordinator at the start of every shift) to ensure there is an oversight of all birth activity within the service. An escalation plan should be available and must include the process for providing a substitute co-ordinator in situations where there is no co-ordinator available at the start of a shift.
d	All women in active labour receive one-to-one midwifery care.
e	Submit a midwifery staffing oversight report that covers staffing/safety issues to the Trust Board every six months (in line with NICE midwifery staffing guidance), during the maternity incentive scheme year six reporting period.

2. Birthrate Plus® Workforce Planning

NHS Resolution's maternity incentive scheme requires that a systematic, evidence-based process to calculate midwifery staffing establishment is completed and suggests Birthrate Plus (BR+) is utilised to provide this. The Royal College of Midwives (RCM) also strongly recommends using BR+ to undertake a since BR+ is the only recognised national tool for calculating midwifery staffing levels. Whilst birth outcomes are not influenced by staff numbers alone, applying a recognised and well-used tool is crucial for determining the number of midwives and support staff required to ensure each woman receives one-to-one care in labour (as per NICE (2018) recommendation 1.1.3).

A Birthrate Plus® (BR +) assessment was last completed in August 2022 and this has been used to calculate the workforce required to deliver safe maternity services at DBTH.

Birth Rate Plus Recommended Midwife WTE

	2019	2022
DRI	155.00	157.44
BDGH	63.71	63.63
Specialist / Managerial	16.4	22.11
Total	218.71	243.18

3. Workforce Model for 23/24

Applying a 10% skill mix across the service using Band 3 MSW (as suggested by Birthrate Plus) the following workforce is required to meet the BR+ recommendations.

Total Workforce by Role

Below is the current funded workforce model, and the proposed BR+ recommended workforce model.

Role	Current Budget	Proposed
Midwives 6 /7	189.45	221.07
MSW Band 3	31	27
HCA Band 2	29.15	30.2

Planned Versus Actual Staffing levels

Below is the current funded workforce model and the proposed workforce model from the 2022 assessment together with the people in post currently.

Funded model	2023/2024	In post	Variance
Midwives	168.05	207.95	+39.9
Managerial & Specialist	21.4	25.27	+3.87 *
MSW Band 3	31	26.17	- 4.83
HCA Band 2	29.15	34.87	+ 5.72

Proposed model	2024/2025	In post	Variance
Midwives	221.07	207.95	- 13.12
Managerial & Specialist	22.34	25.27	+2.93 *
MSW Band 3	27	26.17	- 0.83
HCA Band 2	30.2	34.87	+ 4.67

*See below information as some specialist roles externally funded.

Specialist Midwives

Birth Rate Plus recommends that 8-11% of the total establishment are not included in the clinical numbers, with a further recommendation of this being 11% for multi-sited Trusts. This includes management positions and specialist midwives.

The current percentage of specialist midwives employed is 10.42%. All midwives within this staff group support the maternity unit by working clinically if required at times high activity or acute sickness within working hours. This includes posts that are externally funded through NHSE and the Local Maternity and Neonatal System (LMNS).

The specialist roles support national recommendations to ensure the service has the correct specialist posts for the demographic served and are in line with current national initiatives with some posts receiving external funding through the LMNS.

The service has a wide range of specialist midwifery posts at Band 6 and band 7 detailed below totalling 21.67 WTE.

Job Title	WTE	Banding
Bereavement Midwife	0.9	7
Bereavement Midwife	0.63	6 (external funding)
Infant Feeding	1.5	7
PDM	2.61	7 (external funding)
Antenatal and newborn Screening	1.6	7
PMA	0.6	7

Fetal Monitoring lead	1.00	7 (external funding)
Digital Midwife	1.2	7
Midwife sonographer	2.00	7
Workforce lead	0.93	7 (external funding)
Governance midwife	1.00	7
Audit and Guideline midwife	0.8	7 (external funding)
Public Health Midwife	0.9	7
Pelvic Health Midwife	0.4	7 (externa funded)
Diabetic Lead Midwife	1.00	7 (external funded)
Maternal Medicine Miwife	0.80	7
Induction of labour lead Midwife	0.9	7
Perinatal mental Health Midwife	1.0	7
Birth Afterthoughts midwife	0.6	7 (externalfunded)
Safeguarding Midwife	1.3	7
Total	21.67	

4. Midwife to Birth ratio

The birth to midwife ratio is calculated monthly using Birth Rate Plus methodology and the actual monthly delivery rate. The below table represents the midwife to birth ratio for all births which is determined by the number of births divided by the number of staff available each month. The figures are also impacted by staff unavailability through sickness or maternity leave.

This “worked” calculation shows greater fluctuations in the ratio but provides a realistic measure of the number of available midwives measured against actual births each month. The midwife: birth ratio does not take into consideration the acuity/requirements of the woman being cared for in labour.

The table outlines the real time monthly birth to midwife ratio.

Month	Midwife to Birth ratio
October 2023	1:23.95
November 2023	1:23.60
December 2023	1:23.50
January 2024	1:22.8
February 2024	1:22.1
March 2024	1:21.5

The recommended midwife to birth ratio nationally is 1:28, and the current ratio (midwives in post) to births 4579 (DBTH). 2999 (DRI) and 1576 (BDGH).

This ratio is a guide and needs to be used in conjunction with birthrate +® and clinical judgement.

5. Supernumerary Labour Ward Co-ordinator

Availability of a supernumerary labour ward co-ordinator is recommended as best practice to oversee safety on the labour ward. The midwifery coordinator in charge of labour ward must have supernumerary status; (defined as having a rostered planned supernumerary co-ordinator and an actual supernumerary co-ordinator at the start of every shift) to ensure there is an oversight of all birth activity within the service. An escalation plan should be available and must include the process for providing a substitute co-ordinator in situations where there is no co-ordinator available at the start of a shift.

The following table outlines the compliance by month:

Month	Doncaster Planned	Doncaster Actual	Bassetlaw Planned	Bassetlaw Actual	Compliance
October 23	62	62	62	62	100%
November 23	60	60	60	60	100%
December 23	62	62	62	62	100%
January 24	62	62	62	62	100%
February 24	58	58	58	58	100%
March 24	62	62	62	62	100%

There was a supernumerary coordinator rostered on every shift throughout the 6 month period with the red flags below evidencing that there was three occasions at Doncaster site and one occasion at Bassetlaw site where the coordinator was unable to remain fully supernumerary throughout the whole shift. Mitigation is in place if the coordinator is absent with clear guidance to escalate to the manager on call if required.

6. Red Flag Events

A midwifery red flag event is a warning sign that something may be wrong with midwifery staffing (NICE 2015). If a midwifery red flag event occurs, the midwife in charge of the service is notified. The midwife in charge will then determine whether midwifery staffing is the cause and the action that is needed. Red flags are collected through the live Birth Rate Plus acuity tool and reviewed by the Head of Midwifery.

The following tables demonstrate red flag events on each site:

Doncaster

NICE 2015	Red Flags	October 2023	November 2023	December 2023	January 2024	February 2024	March 2024
RF1	Delayed or cancelled time critical activity	6	1	4	3	2	0
RF2	Missed or delayed care (for example, delay of 60 minutes or more in washing and suturing)	0	0	0	0	0	0
RF3	Missed medication during an admission to hospital or midwifery-led unit (for example, diabetes medication)	0	0	0	0	0	0
RF4	Delay in providing pain relief	0	0	0	0	0	0
RF5	Delay between presentation and triage	0	1	0	0	0	0
RF6	Full clinical examination not carried out when presenting in labour	0	2	0	0	0	0
RF7	Delay between admission for induction and beginning of process	2	0	0	0	1	0
RF8	Delayed recognition of and action on abnormal vital signs (for example, sepsis or urine output)	0	0	0	0	0	0
RF9	Any occasion when 1 midwife is not able to provide continuous one-to-one care and support to a woman during established	0	0	0	0	0	0
RF10	Coordinator unable to maintain supernumerary status-providing 1:1 Care	1	0	1	0	0	1

Bassetlaw

NICE 2015	Red Flags	October 2023	November 2023	December 2023	January 2024	February 2024	March 2024
RF1	Delayed or cancelled time critical activity	0	0	0	0	0	0
RF2	Missed or delayed care (for example, delay of 60 minutes or more in washing and suturing)	0	0	0	0	0	0
RF3	Missed medication during an admission to hospital or midwifery-led unit (for example, diabetes medication)	0	0	0	0	0	0
RF4	Delay in providing pain relief	0	0	0	0	0	0
RF5	Delay between presentation and triage	0	0	0	0	0	0
RF6	Full clinical examination not carried out when presenting in labour	0	0	0	0	0	0
RF7	Delay between admission for induction and beginning of process	1	0	1	0	0	0
RF8	Delayed recognition of and action on abnormal vital signs (for example, sepsis or urine output)	0	0	0	0	0	0
RF9	Any occasion when 1 midwife is not able to provide continuous one-to-one care and support to a woman during established	0	0	0	0	0	0
RF10	Coordinator unable to maintain supernumerary status-providing 1:1 Care	0	0	0	0	0	1

Red flags remain stable with 'Delayed or cancelled time critical activity' remaining the highest red flag. To mitigate the risk there are twice daily huddles to manage staffing and make plans to ensure the services remain safe. This includes protecting the status of the supernumerary coordinator. The service also has a 24/7 senior manager on call to support the clinical areas to maintain safe staffing levels at all times.

7. One to One Care in Labour

Women in established labour (4cms dilated with regular contractions) are required to have one to one care and support from an assigned midwife. One to one care will increase the likelihood of the woman having a 'normal' vaginal birth without interventions and will contribute to reducing both the length of labour and the number of operative deliveries. Care will not necessarily be given by the same midwife for the whole labour.

If there is an occasion where one to one care cannot be achieved, then this will prompt the labour ward coordinator to follow the course of actions within the acuity tool. These may be clinical, or management actions taken.

The following table outlines compliance by Month

Month	Doncaster	Bassetlaw	Trust
October 2023	100%	100%	100%
November 2023	100%	100%	100%
December 2023	100%	100%	100%
January 2024	100%	100%	100%
February 2024	100%	100%	100%
March 2024	100%	100%	100%

8. Conclusion

- Midwifery staffing is complex; acuity can often change rapidly based on individual care needs and complexities of cases; maintaining safe staffing levels continues to be complex due to increased pressures on the workforce
- Despite these challenges, the service has seen an improvement in our overall staffing position, moving from a position of significant vacancies which is due to a forward-thinking workforce plan that has enabled us to become proactive rather than reactive and actively plan for a known attrition rate
- Finally, this paper highlights additional scrutiny and monitoring that has been applied to ensure all aspects of safe staffing have been triangulated to provide further assurance. With a clear and robust escalation policy in place and twice daily oversight of the maternity unit's acuity verses staffing being monitored, early interventions can be taken to maintain safety and activate deployment of staff to ensure care needs are maintained and safety remains the priority for the service.

Glossary of terms / Definitions for use with maternity papers

A-EQUIP - model used for midwifery advocacy for education and quality improvement

AN - Antenatal (before birth)

ATAIN - Avoiding term admissions to neonatal unit (Term 37-42 weeks)

BAPM - British Association of Perinatal Medicine (neonatal)

BR+® - Birthrate plus (workforce tool to calculate the number of midwives required to look after a cohort of women)

Cephalic - Head down

CNST - Clinical Negligence Scheme for Trusts

CTG - Cardiotocography (fetal monitor)

CQC - Care Quality Commission (Our regulator)

Cooling - baby actively cooled lowering the body temperature

DoM - Director of Midwifery

EFW - Estimated fetal weight

FTSU - Freedom to speak up

G - Gravis (total number of pregnancies including miscarriages)

GIRFT - Getting it right first time (Benchmarking data)

HSIB - Health Service Investigation bureau

HIE - Hypoxic ischaemic encephalopathy (when the brain does not receive enough oxygen)

IUD - intrauterine death (in the uterus)

IRM - Incident review meeting

LMNS - Local maternity and neonatal system (the four trusts in south Yorkshire)

MIS - maternity Incentive Scheme (CNST)

MNSI - maternity and neonatal services investigations (formerly HSIB)

MNVP - Maternity and neonatal voices partnership (our service users)

MSDS - Maternity dataset

NED - Non-executive director

NICU - neonatal intensive care unit

NLS - Newborn life support (resuscitation)

NMPA - National maternity and perinatal Audit (provide stats & benchmarking)

OCR - Obstetric case review (learning meeting for interesting cases)

Parity - Number of babies born >24 weeks gestation (live born)

PFDR - Prevention of future deaths

PMRT - Perinatal Mortality Review Tool (system used assess care given)

PPH - Postpartum haemorrhage (after birth)

PROMPT - Practical Obstetric Multi-professional training (skill based training)

PSII - Patient safety incident Investigations

QI - Quality Improvement

Quadrumvirate - management team including obstetric, midwifery, neonatal & business (Quad)

RDS - respiratory distress syndrome (breathing problems)

Red Flag - Indicator that the system is under pressure (quality indicator)

RIP - rest in peace

SVD - Spontaneous vaginal delivery

SBLCBV2 - Saving babies Lives care bundle (bundle of care to reduce poor outcomes)

MCoC - Midwifery continuity of Care (6-8 midwives working in a team to provide care)

Other information

Term is 37-42 weeks long

Viability is 24 weeks (in law) - gestation a pregnancy is considered to be viable

Resuscitation of an infant can be considered from 22 weeks (parent will be counselled about the possible outcomes)

3rd / 4th degree tear - significant tearing of perineum / muscles during birth requiring repair in theatre

Lois Mellor
Director of Midwifery
Updated 24.6.24

2407 - D2 LEARNING FROM DEATHS

● Discussion Item

👤 Dr Nick Mallaband, Acting Executive Medical Director

🕒 11:55

10 minutes
verbal

2407 - D3 GUARDIAN OF SAFE WORKING QUARTERLY REPORT

● Discussion Item


● Mr Mohammad Khan, Guardian of Safe Working

● 12:05

10 minutes

REFERENCES

Only PDFs are attached

 D3 - Guardian of Safe Working Quarterly Report.pdf

Report Cover Page				
Meeting Title:	Board of Directors			
Meeting Date:	2 July 2024	Agenda Reference:	D3	
Report Title:	Guardian of Safe Working Quarterly Report			
Sponsor:	Zoe Lintin, Chief People Officer			
Author:	Mohammad I Khan, Guardian of Safe Working			
Appendices:	N/A			
Report Summary				
Purpose of the report & Executive Summary				
<p>The current Guardian of Safe Working (GOSW) took over the role on 1 May 2024 handed over by the previous GOSW and this is the first Quarterly report produced following the change. The previous report submitted to the Board in March 2024 had data included until 31 January 2024 and this report looks at February 2024 to April 2024 period.</p> <p>The number of Exception Reports (ERs) filed between February 2024 to the end of April 2024 stand at 67. Over these three months, the majority of Exception Reports have been by Trainees working in General Medicine, Obstetrics/Gynecology and in Paediatrics. The majority of ERs were submitted in relation to additional hours worked, reflecting the high workload of Junior Doctors, often compounded by Rota gaps, inadequate locum provision, and unpredictable emergency care. There have been very few recent reports in relation to missed educational opportunities (3).</p> <p>The cost of ‘locum’ cover remained stable over this quarter. A decrease in ‘locum’ costs month on month observed from August 2023 onwards coincides with a significant decrease in Junior Doctor Rota gaps. Current Rota vacancies now stand at 15% overall.</p> <p>The Board of Directors can be assured that the vast majority of Trainee doctors are able to work safely. Junior Doctors are broadly able to access educational opportunities as envisaged in the 2016 contract, although this remains a challenge where high workload and rota gaps/sickness absence preclude attendance at planned teaching sessions and specialty clinics.</p>				
Recommendation:	The Board is requested to note the report and take assurance from the quarterly report.			
Action Required:	Approval	Review and discussion	Take assurance	Information only
Healthier together – delivering exceptional care for all				
Relationship to strategic priorities:	PATIENTS	PEOPLE	PARTNERSHIP	POUNDS
	We deliver safe, exceptional, person-centred care.	We are supportive, positive, and welcoming.	We work together to enhance our services with clear goals for our communities.	We are efficient and spend public money wisely.
	South Yorkshire ICS		NHS Nottingham & Nottinghamshire ICS	

We believe this paper is aligned to the strategic direction of:	Yes		Yes
Implications			
Relationship to Board assurance framework:	X	BAF1	If DBTH is not a safe trust which demonstrates continual learning and improvement then risk of avoidable harm and poor patient outcomes/experience and possible regulatory action
	X	BAF2	If DBTH is unable to recruit, motivate, retain and develop a sufficiently skilled workforce to deliver services then patient and colleague experience and service delivery would be negatively impacted and we would not embed an inclusive culture in line with our DBTH Way
	X	BAF3	If demand for services at DBTH exceeds capacity then this Impacts on safety, effectiveness, experience of patients and meeting national and local quality standards
		BAF4	If DBTH's estate is not fit for purpose then DBTH cannot deliver services and this impacts on outcomes & experience for patients and colleagues
		BAF5	If DBTH cannot deliver the financial plan then DBTH will be unable to deliver services and the Trust may not be financially sustainable in long term
		BAF6	If DBTH does not effectively engage and collaborate with its partners and communities then DBTH fails to meet its duty to collaborate, will miss opportunities to address strategic risks which require partnership solutions and will fail to deliver integrated care for benefit of people of Doncaster and Bassetlaw
		BAF7	If DBTH does not deliver continual quality improvement, research, transformation, and innovation then the organisation won't be sustainable in long term
Risk Appetite Statement compliance	Where appropriate, refer to the DBTH Risk Appetite Statement and indicate whether the matter has been subject to an assessment of DBTH risk appetite NO		
Legal/ Regulation:	-		
Resources:	-		
Assurance Route			
Previously considered by:		N/A	
Date:			
Any outcomes/next steps			
Previously circulated reports to supplement this paper:			

QUARTERLY REPORT ON SAFE WORKING HOURS:

DOCTORS AND DENTISTS IN TRAINING, DONCASTER AND BASSETLAW TEACHING HOSPITALS NHS FOUNDATION TRUST

Author: Mohammad I Khan, Guardian of Safe Working

Report date: 2 July 2024

Executive Summary

The number of Exception Reports (ERs) remains low, but there has been an increase in reporting from August 2023 onwards. There were 67 ERs filed between February 2024 and April 2024.

From August 2023, an increase in training posts and a decrease in Rota gaps was associated with a decrease in locum costs. More recently, Rota gaps have again increased but not to the high level observed prior to August 2023.

Over the past 3 months, the majority of Exception Reports have been by Trainees working in General Medicine, Obstetrics/Gynecology and in Paediatrics. However, the Paediatrics Department has encouraged Trainees to report and has participated in a successful regional Exception Reporting drive. Other specialties can learn from this and implement similar ER drives within their own departments in order to increase awareness of and support for reporting.

The majority of ERs were submitted in relation to additional hours worked, reflecting the high workload of Junior Doctors, often compounded by Rota gaps and inadequate locum provision.

The Board of Directors can be assured that the vast majority of Trainee doctors are able to work safely. Junior Doctors are broadly able to access educational opportunities as envisaged in the 2016 contract, although this remains a challenge where high workload and rota gaps/sickness absence preclude attendance at planned teaching sessions and specialty clinics. Departments have been requested to identify where this remains a challenge and to support Junior Doctors to maximise their training opportunities.

Introduction

This report sets out the information from the Guardian of Safe Working about the 2016 Terms and Conditions for Junior Doctors to assure the Board of the safe working of junior doctors. This report is for the period 1 February 2024 to 30 April 2024, although data from other months is used for comparison. The Board should receive a quarterly report from the Guardian as per the 2016 contract, which will include:

- Aggregated data on exception reports (including outcomes), broken down by categories such as specialty, department and grade
- Details of fines levied against departments with safety issues
- Data on rota gaps, vacancies and locum usage
- A qualitative narrative highlighting areas of good practice and / or persistent concern.

a) Exception reports (with regard to working hours and education)

Table 1. Number of exception reports by month, 1 February 2024 to 30 April 2024.

Month	Complete	Pending	Unresolved	Total
February 2024	11	4	9	24
March 2024	15	4	5	24
April 2024	8	7	4	19
Grand Total	34	15	18	67

There is seasonal variation in Exception Reporting (ER) with the highest number of monthly reports usually occurring during the winter months and in months of rotation like August. The latter coincides with Foundation Year 1 (FY1) Doctors commencing work and is likely due to a combination of awareness of exception reporting following Trust induction and adjusting to their new roles.

Among the open ERs for this quarter, 57% are to do with the hours worked, 28% to do with the service support during shifts and 14% are to do with educational needs. There are some outstanding ERs from previous months, and some are unresolved. Most of these are awaiting acknowledgement from the trainee regarding agreement with the suggested action plan while some are awaiting first meet with the supervisor. These have been chased with messages sent to trainees and supervisors for an update and offer of help.

Table 2. Number of exception reports by specialty, 1 February 2024 to 30 April 2024.

Specialty	2024-02	2024-03	2024-04	Grand Total
Gastroenterology				0
General medicine	12	8	6	26
General surgery		2	5	7
Geriatric medicine			1	1
Renal Medicine		1		1
Accident and emergency		1	2	3
Obstetrics and gynaecology	6	2	4	12
Paediatrics	6	10	1	17
Otolaryngology (ENT)				0
Respiratory Medicine				0
Trauma & Orthopaedic Surgery				0
Vascular Surgery				0
Ophthalmology				0
Grand Total	24	24	19	67

Over the past 3 months, the majority of ERs have been submitted by Trainees working in Paediatrics (25%), General Medicine (39%) and in Obstetrics/Gynaecology (18%).

It should be noted of the 55 ERs from Trainees working in Paediatrics between August and November 2023, 54 of these were in relation to additional hours worked in order to undertake handover, which took place after Trainees were scheduled to have finished working for the day. This issue has now been resolved and Trainees have been remunerated for those additional hours worked.

No exception reports were received from both the GP training schemes for which the Trust is the lead employer.

Table 3. Reason for submission of Exception Report, 1 February 2024 to 30 April 2024.

Additional Hours Worked	57%
Change in pattern of work	1%
Service Support	28%
Educational opportunities	14%
Breaks	0
Total	100%

Over the past Quarter, the vast majority (57%) of ERs were submitted in relation to additional hours worked, reflecting the high workload of Junior Doctors and emergency care requiring doctors to stay late in order to ensure patient safety. Three reports were made in relation to missed educational opportunities. Trainees are missing educational opportunities due to workload and understaffing. An email was sent by the Medical Education Department in November 2023 regarding maximising Foundation Trainee attendance at mandatory teaching sessions. Senior members of the Team are responsible for facilitating Trainees to attend by reviewing the barriers to attendance within their Specialty and mitigating these. Reasons for missing training opportunities were mainly due to workload, inadequate staffing or unplanned leave/sickness.

Two ERs are still open that were submitted in this quarter as Immediate Safety Concerns (ISC). One is in Paediatrics where a senior trainee submitted a report due to lack of senior support, heavy workload and insufficient staffing leading to being felt unsafe on a shift. This led to a detailed discussion with the educational supervisor acknowledging a very busy shift with a few sick children and consequent developing resuscitation scenarios. There was breakdown of communication within the team and further discussions involved the on call consultant as well. Steps were taken to ensure a senior nurse is present at ward round and better handover with improvement of communication within the teams. The trainee was offered to get time off in lieu as they overstayed that night to finish pending jobs and a response is being awaited.

The second ISC was filed by a trainee in Obstetrics/Gynaecology; still awaiting initial meet between trainee and supervisor. This has been chased 3 times but there has been no update so far. It was to do with a shift becoming understaffed as per trainee where the second doctor was pulled away for a clinic leaving on call doctor to carry two bleeps.

b) Work schedule reviews

There have been no work schedule reviews this quarter.

c) Locum bookings

Locum and bank usage.

The cost of 'locum' cover has decreased as compared to 2023. This coincides with a significant decrease in unfilled training posts from August 2023 onwards and as compared to January 2024.

Busy specialities like Emergency and General Medicine, Orthopaedics, Paediatrics, Obstetrics/Gynaecology constitute the bulk of the locum cost and the monthly cost has been similar.

The majority of locum cover since January 2024 was to provide staffing for rota vacancies (63%). The number of locum shifts covering rota vacancies has decreased steadily over the months. A reasonable number of locum shifts were required for both extra cover (649), seasonal pressures (541) and for sickness absence/covid sickness absence (610) as well as due to strikes (629).

The junior medical workforce will continue to be affected due to ongoing industrial action. However, there does not appear to be a correlation between Exception Reporting and Junior Doctor strike dates.

d) Vacancies

Rota vacancies have remained similar with mild fluctuations in the last few months. Of the current Rota vacancies in January 2024, only 2.8% of the Medical Specialty posts and 8.8% of Urgent and Emergency Care posts were unfilled compared with 53% of posts in Trauma and Orthopedics, 28% in General Surgery, 18% in Obstetrics/Gynecology, and 16% in Paediatrics.

In previous years, monthly Rota vacancies have varied between 30.9 WTE and 41.6 WTE (in 2022) and between 19.2 WTE to 31.4 WTE (in 2021). The monthly Rota vacancies in Jan 2024 were 46 WTE, which remained unchanged in April 2024.

Table 4. Trainee vacancies by specialty, 1 February 2024 to 30 April 2024.

	VACANCIES (WTE)	Posts	February	March	April
Medicine	Specialty Medicine	65	4	4	5.1
	FY1	15	0	0	1
	FY2	2	1	1	0.6
	CT/ST GPST 1-3	25	2.4	2.4	2.9
	ST3+	23	0.6	0.6	0.6
	Elderly Medicine	23	2.9	2.9	2.7
	FY1	3	0	0	0
	FY2 (No FY2 placements)	1	0	0	0
	CT/ST GPST 1-3	15	1.9	1.9	1.7
	ST3+	4	1	1	1
	Renal	7	0.4	0.4	0.2
	FY1 (No FY1 placements)	0	0	0	0
	FY2	6	0.2	0.2	0
	CT/ST GPST 1-3 (No CT/GPST placements)	0	0	0	0
	ST3+	1	0.2	0.2	0.2
U&EC	Urgent & Emergency Care	40	5.4	4.9	6.3
	FY1	5	0	0	0
	FY2	5	0	0	1.2
	CT/ST GPST 1-3	28	4.9	4.9	5.1

	ST3+	2	0.5	0	0
Women's & Children's	Obstetrics & Gynaecology	26	6.4	6.4	5.4
	FY1	2	0	0	0
	FY2	1	0	0	0
	CT/ST GPST 1-3	12	4.8	4.8	3.8
	ST3+	11	1.6	1.6	1.6
	Paediatrics	32	5.2	4	4
	FY1	3	0	0	0
	FY2	1	1	1	1
	CT/ST GPST 1-3	20	4.2	2.6	2.6
	ST3+	8	0	0.4	0.4
	GU Medicine	2	0.4	0.4	0.4
	FY1 (No FY1 placements)	0	0	0	0
	FY2	1	0	0	0
	CT/ST GPST 1-3	1	0.4	0.4	0.4
	ST3+ (No ST3+ placements)	0	0	0	0
Surgery & Cancer	ENT	8	2.4	2.4	1.2
	FY1 (No FY1 placements)	0	0	0	0
	FY2	2	1.2	1.2	0
	CT/ST GPST 1-3	3	0.2	0.2	0.2
	ST3+	3	1	1	1
	General Surgery	18	2.8	2.8	2
	FY1	10	0.8	0.8	0
	FY2	1	0	0	0
	CT/ST GPST 1-3	5	2	2	2
	ST3+	2	0	0	0
	Ophthalmology	9	0	0	0
	ST3+	1	0	0	0
	Urology	5	7.2	7.2	7.2
	FY1	1	0	0	0
	FY2	2	0	0	0
	CT/ST GPST 1-3 (No CT/GPST placements)	0	0	0	0
	ST3+	2	0	0	0
	Trauma & Orthopaedics	6	3.6	3.6	3.6
	FY1 (No FY1 placements)	0	0	0	0
	FY2	1	0	0	0
	CT/ST GPST 1-3	5	2.4	2.4	2.4
	ST3+	4	1.2	1.2	1.2
	Vascular	8	2.2	2.2	5.2
	FY1	2	0	0	0
	FY2 (No FY2 placements)	0	0	0	0
	CT/ST GPST 1-3	2	1.2	1.2	1.2
	ST3+	4	1	1	4
Clinical Specialties	Anaesthetics	15	1.2	1.2	1.2
	FY1 (No FY1 placements)	0	0	0	0

	FY2 (No FY2 placements)	0	0	0	0
	CT/ST GPST 1-3	11	1.2	1.2	1.2
	ST3+	4	0	0	0
	Radiology (POSTS DIS-ETABLISHED Oct 19-Oct 21)				
	ICT	12	1.9	1.9	1.4
	FY1 (No FY1 placements)	0	0	0	0
	FY2	6	0.4	0.4	0.4
	CT/ST GPST 1-3	4	1.5	1.5	1
	ST3+	2	0	0	0
	Total	308	46	44.3	45.9

e) Fines

1. No fines have been levied this quarter.

Qualitative information

The Junior Doctor Forum meeting took place on 9 May 2024. The following points were discussed:

1. BMA Junior doctors wellbeing campaign
2. NHS England document "Improving working lives of doctors in training"
3. Junior doctors parking
4. Increasing awareness in junior doctors to ER
5. Change of system from Allocate to Health Rota
6. Challenges in AL in some junior doctor teams
7. Digital Staff (DSP) passport

Summary

Ongoing exception reports highlight high workloads for Junior Doctors, especially in Major busy Specialities despite significant improvements in staffing. High workload and understaffing are the usual causes for Junior Doctors being unable to undertake educational opportunities.

Engagement

The regional Guardian Forum now takes place once a year and the last meeting occurred in June 2024 where self-rostering was discussed as being piloted by some trusts in certain specialities. The national annual Guardians Conference is due to take place in October 2024.

The local quarterly Junior Doctors' Forum (JDF) took place in May 2024, with the next one planned for September 2024 with special focus on Just Culture. The JDF is open to all trainee Junior Doctors with the aim of improving engagement.

An ongoing programme of engagement to raise awareness of exception reporting, and to encourage attendance and participation in the JDF is underway. This includes:

Induction with new FY1s and additional teaching sessions to reinforce the importance of Exception Reporting and addressing any underlying barriers to submitting ERs with both Trainees and Educational Supervisors.

Specialty-specific training sessions regarding exception reporting aimed at both Junior Doctors and Consultant Colleagues. This has successfully taken place in Paediatrics, with the aim being to provide future sessions for other specialties.

Quarterly GOSW reports are submitted to the JLNC and TMC with regular involvement and discussion. Some Trainees have expressed concern about the lack of support they receive from senior colleagues to exception report and have stated that they are discouraged from reporting. This has led to the dissemination of information about “when to Exception Report” to senior medical colleagues and promoting a positive culture of reporting within the Trust.

Working collaboratively with the Freedom to Speak Up Guardian and Trust SupportTT Champions. Engagement sessions have already occurred, and further sessions are planned to take place during Junior Doctor Forums.

Recommendation

The Board of Directors can be assured that a clear majority of Trainee doctors are able to work safely. General Medicine has been less of a concern since August 2023 with regards high workloads for Junior Doctors and there has been a more recent spread of ERs across different specialties. The number of training posts has increased and the proportion of training posts that have been appointed has increased significantly since August 2023. Other Departments should implement an Exception Reporting drive similar to that recently and successfully undertaken by the Paediatrics Department. The goal of which was to highlight the importance of reporting and to demonstrate senior colleague support with reporting. This helps to address any concerns Junior Doctors may have in relation to a negative reporting culture within the Trust.

Junior Doctors are broadly able to access educational opportunities as envisaged in the 2016 contract, although this remains a challenge where high workload and rota gaps preclude attendance at educational sessions. This requires local resolution within those affected specialties and Junior Doctors are encouraged to discuss this issue with their Educational Supervisors for additional support.

2407 - D4 WORKFORCE RACE EQUALITY & DISABILITY EQUALITY STANDARDS

● Information Item

● Anthony Jones, Deputy Director of People & OD

● 12:15

5 minutes

REFERENCES

Only PDFs are attached



D4 - Workforce Race Equality & Disability Equality Standards.pdf

Report Cover Page			
Meeting Title:	Board of Directors		
Meeting Date:	2 July 2024	Agenda Reference:	D4
Report Title:	Workforce Race Equality Standard (WRES) & Workforce Disability Equality Standard (WDES)		
Sponsor:	Zoe Lintin, Chief People Officer		
Author:	Kirby Hussain, Equality, Diversity & Inclusion Lead Zoe Lintin, Chief People Officer		
Appendices:	Appendix 1: 2023-24 WRES data Appendix 2: 2023-24 WDES data		
Report Summary			
Purpose of the report & Executive Summary The information below summarises the DBTH workforce data for the Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES) submissions. The data was collected on 19 April 2024, covering the period 1 April 2023 to 31 March 2024. This report was presented to Trust Leadership Team on 13 May 2024 and was approved, noting that it would then be shared with People Committee for approval prior to submission of the data. The report was subsequently circulated to People Committee members via email, with agreement of the Chair of the Committee, and the data was submitted on the NHS England portal prior to the national deadline of 31 May 2024. This summary highlights the areas of positive change in comparison with last year’s data whilst recognising there is still work to do in order to see continued improvements, with key areas of focus outlined below.			
WRES Highlights <ul style="list-style-type: none">There has been a significant increase in the number of BME colleagues in clinical roles, with 245 more employees stepping into such roles, together with an increase of 15 colleagues in non-clinical roles across bands 2, 4, 5, 6, 7, and 8A within our workforce. This positive trend underscores our commitment to diversity and inclusion.			
Areas of improvement were: <ul style="list-style-type: none">Clinical band 2 increased by 11 employeesClinical band 5 increased by 163 employees – aided by internationally educated nurse recruitmentClinical band 6 increased by 17 employeesMedical & dental consultants increased by 11 employeesNon-consultant career grade increased by 36 employeesSlight increase in proportion of colleagues being appointed and the number of appointed BME employees increased slightly			
WDES Highlights <ul style="list-style-type: none">There has been a notable rise in the number of employees in clinical roles reporting as having a disability, with an additional 60 individuals taking up such positions or declaring their disability.			

Areas of improvement were:

- Clinical band 2 with a disability increased by 19 employees
- Clinical band 3 with a disability increased by 2 employees
- Clinical band 5 with a disability increased by 18 employees
- Clinical band 6 with a disability increased by 8 employees
- The number of Medical & dental consultants with a disability and non-consultant career grade with a disability stayed the same
- Medical & Dental Trainee grade with a disability has decreased by 2 employees

Key areas of continued focus across both WRES and WDES and Actions being taken include:

- BME Clinical band 3 decreased by 27 employees
- Number of shortlisted BME applicants decreased by 11 and with a disability decreased by 21
- There continues to be no Board representation from either BME or Disabled colleagues.
- The Board Development Delegate Programme has been designed to support a more diverse talent pipeline at a senior level, with the third cohort recently commencing with three delegates. Four delegates have already completed the programme with positive feedback on their experiences of the programme and the impact on their personal development. The third cohort of the Reciprocal Mentoring Programme is also underway, to support aspiring leaders and provide learning for established leaders.
- There has been only a slight decline (1 employee) in the overall representation of colleagues from a BME background in medical trainee positions. The diversity within these cohorts is mainly shaped by the pool of individuals enrolled in university medical programmes and trainees are allocated to each of the Trusts. The ED&I Lead has contacted counterparts at the University of Sheffield and Sheffield Hallam University to explore ways of enhancing support and retention for students.
- Increasing the membership and robustness of staff network groups and promoting this in our recruitment offers locally and internationally. There have been some changes in chair roles in some networks over the course of the year which has impacted on progress.
- Cultural Competence training has started to provide support in areas with communities of internationally educated colleagues. Consideration is being given as to how this training can be shared more widely.
- Work to continue to encourage reporting of disability status, including seeking views of the Ability Network on what may assist with this.
- The staff survey results have been analysed by breakdown of ethnicity and disability, with the results shared with the EDI Committee and relevant staff networks.

These actions and others are included within the overarching Equality, Diversity and Inclusion action plan which also incorporates the NHSE High Impact Actions. The action plan is monitored through the EDI Committee with regular reporting and oversight at People Committee.

Recommendation:	The Board is asked to receive this report and to note that, following approval from Trust Leadership Team and People Committee, the data was submitted as part of mandated reporting by the national deadline of 31 May 2024.			
Action Required:	Approval	Review and discussion	Take assurance	Information only

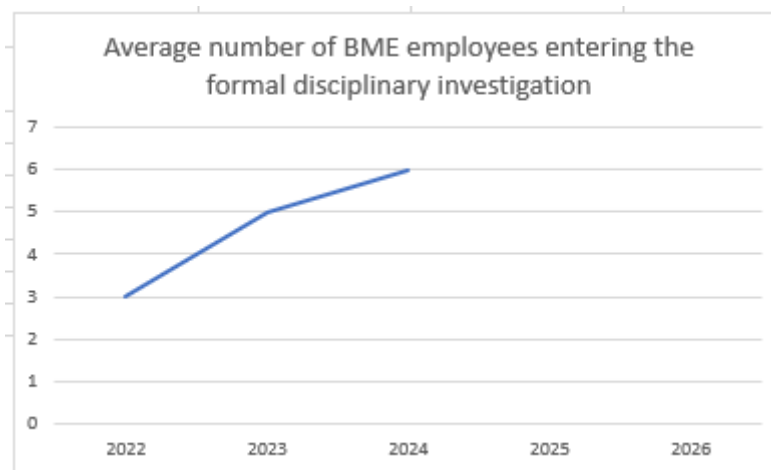
Healthier together – delivering exceptional care for all				
Relationship to strategic priorities:	PATIENTS		PEOPLE	PARTNERSHIP
	<i>We deliver safe, exceptional, person-centred care.</i>		<i>We are supportive, positive, and welcoming.</i>	<i>We work together to enhance our services with clear goals for our communities.</i>
We believe this paper is aligned to the strategic direction of:	South Yorkshire ICS			NHS Nottingham & Nottinghamshire ICS
	Yes			Yes
Implications				
Relationship to Board assurance framework:		BAF1	If DBTH is not a safe trust which demonstrates continual learning and improvement then risk of avoidable harm and poor patient outcomes/experience and possible regulatory action	
	X	BAF2	If DBTH is unable to recruit, motivate, retain and develop a sufficiently skilled workforce to deliver services then patient and colleague experience and service delivery would be negatively impacted and we would not embed an inclusive culture in line with our DBTH Way	
		BAF3	If demand for services at DBTH exceeds capacity then this Impacts on safety, effectiveness, experience of patients and meeting national and local quality standards	
		BAF4	If DBTH's estate is not fit for purpose then DBTH cannot deliver services and this impacts on outcomes & experience for patients and colleagues	
		BAF5	If DBTH cannot deliver the financial plan then DBTH will be unable to deliver services and the Trust may not be financially sustainable in long term	
		BAF6	If DBTH does not effectively engage and collaborate with its partners and communities then DBTH fails to meet its duty to collaborate, will miss opportunities to address strategic risks which require partnership solutions and will fail to deliver integrated care for benefit of people of Doncaster and Bassetlaw	
		BAF7	If DBTH does not deliver continual quality improvement, research, transformation, and innovation then the organisation won't be sustainable in long term	
Risk Appetite Statement compliance	Where appropriate, refer to the DBTH Risk Appetite Statement and indicate whether the matter has been subject to an assessment of DBTH risk appetite NO			
Legal/ Regulation:	The WRES & WDES data are mandated reports for NHS organisations. Equality Act			
Resources:				
Assurance Route				
Previously considered by:	Trust Leadership Team People Committee			
Date:	13 and 16 May 2024			
Any outcomes next steps	Supported for data submission by the deadline of 31 May 2024			
Previously circulated reports to supplement this paper:	N/A			

Appendix 1 2023-2024 WRES Data

	Non clinical 2023	Non clinical 2024	Non Clinical Change
<Band 1	0	0	0
Band 1	1	1	0
Band 2	32	37	5
Band 3	5	13	8
Band 4	3	6	3
Band 5	1	7	6
Band 6	4	4	0
Band 7	7	7	0
Band 8a	3	4	1
Band 8b	1	2	1
Band 8c	0	0	0
Band 8d	1	1	0
Band 9	0	0	0
VSM	0	0	0
Other	0	0	0
	Clinical 2023	Clinical 2024	Clinical Change
<Band 1	0	0	0
Band 1	0	0	0
Band 2	66	77	11
Band 3	36	9	-27
Band 4	4	6	2
Band 5	254	417	163
Band 6	58	75	17
Band 7	12	17	5
Band 8a	4	3	-1
Band 8b	1	0	-1
Band 8c	2	2	0
Band 8d	0	1	1
Band 9	1	0	-1
VSM	0	0	0
Other		0	0
Medical & Dental	181	192	11
Medical & Dental Non-	95	131	36
Medical & Dental Trainee	94	93	-1

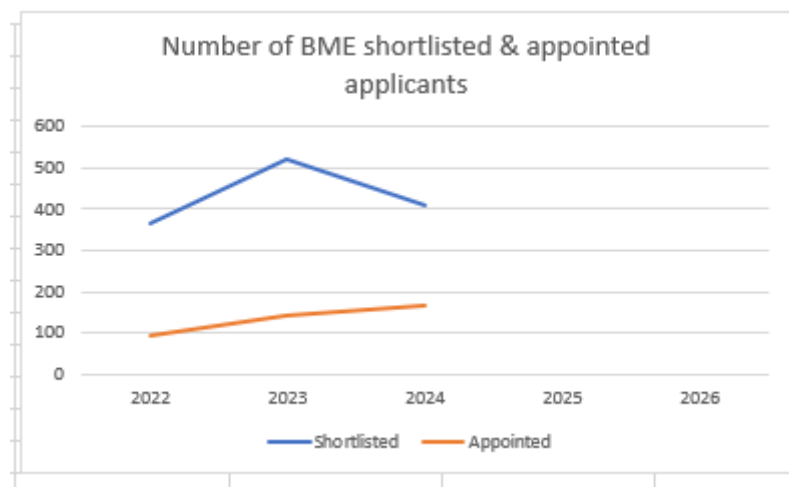
Average number of BME employees entering the formal disciplinary investigation

	2022	2023	2024	2025	2026
BME	3	5	6		



Number of BME shortlisted & appointed applicants

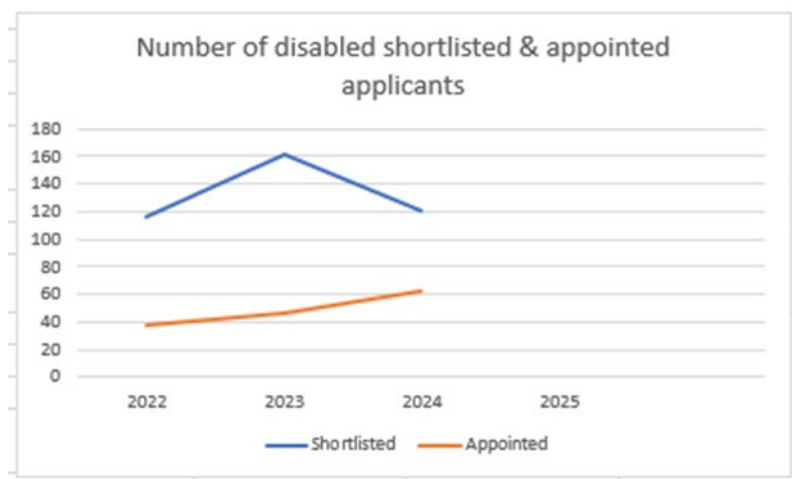
	2022	2023	2024	2025	2026
Shortlisted	366	523	408		
Appointed	95	142	168		



Appendix 2 2023-2024 WDES Data

	Non clinical 2023	Non clinical 2024	Change
<Band 1	0	0	0
Band 1	6	6	0
Band 2	39	48	9
Band 3	15	20	5
Band 4	9	8	-1
Band 5	4	4	0
Band 6	4	6	2
Band 7	3	5	2
Band 8a	2	2	0
Band 8b	0	0	0
Band 8c	1	0	-1
Band 8d	0	0	0
Band 9	0	0	0
VSM	0	0	0
Other	0	2	2
	Clinical 2023	Clinical 2024	Change
<Band 1	0	0	0
Band 1	0	0	0
Band 2	49	66	17
Band 3	8	10	2
Band 4	5	4	-1
Band 5	53	71	18
Band 6	41	49	8
Band 7	11	22	11
Band 8a	0	1	1
Band 8b	1	0	-1
Band 8c	1	0	-1
Band 8d	0	0	0
Band 9	0	0	0
VSM	0	0	0
Other	0	0	0
Medical & Dental	7	7	0
Medical & Dental Non-	2	2	0
Medical & Dental Trainee	4	6	2

Number of disabled shortlisted & appointed applicants				
	2022	2023	2024	2025
Shortlisted	116	161	120	
Appointed	37	47	62	



2407 - D5 2023/24 ANNUAL REPORT & ACCOUNTS, INCLUDING ANNUAL GOVERNANCE STATEMENT

Information Item






Richard Parker OBE, Chief Executive

12:20

5 minutes

REFERENCES

Only PDFs are attached

-  D5 - 2023-24 Annual Report & Accounts.pdf
-  D5 - Appendix A - Annual Report 2023_24.pdf
-  D5 - Appendix A - Financial Accounts 2023-24.pdf
-  D5 - Appendix B - Letter of Representation.pdf
-  D5 - Quality Account 2023_24 draft.pdf

Report Cover Page				
Meeting Title:	Board of Directors			
Meeting Date:	2 July 2024	Agenda Reference:	D5	
Report Title:	Trust Annual Report 2023/24 including Annual Governance Statement and Annual Accounts 2023/24			
Sponsor:	Richard Parker OBE – Chief Executive Officer			
Author:	Rodney Muskett, Acting Deputy Director of Finance			
Appendices:	Appendix A – Trust Annual Report 2023/24 including Annual Governance Statement and Annual Accounts Appendix B – Letter of Representations Appendix C – Quality Accounts 2023/24			
Report Summary				
Purpose of the report & Executive Summary				
<p>To present the final Trust Annual Report and Annual Accounts which have been submitted to NHSE.</p> <p>The Trust Annual Report 2023/24 including Annual Governance Statement, and Annual Accounts were presented at the Audit and Risk Committee on 26 June 2024.</p> <p>With delegated authority from the Trust Board and following discussions at the Audit & Risk Committee it was agreed the accounts would be approved subject to the completion of the external audit from Ernst & Young.</p> <p>The Committee agreed that should any non-material changes be identified as part of the external audit, the Chief Executive, Director of Finance and the Chair of the Audit & Risk Committee would sign off to allow submission.</p> <p>Ahead of final submission there were some minor changes made to the annual report and accounts, as part of the completion of the external audit. These included adding further information with regards to the Trust’s actions on Climate Change/Emissions, adding further information with regards to actions following internal audits as well as adding additional information in the accounting policy note regarding clinical income.</p> <p>The final accounts were submitted to NHSE on 28th June 2024, a final copy of which is shared with the Board for information.</p>				
Recommendation:	The Board is asked to note the Annual Report and Annual Accounts.			
Action Required:	Approval	Review and discussion	Take assurance	Information only

Healthier together – delivering exceptional care for all					
Relationship to strategic priorities:	PATIENTS		PEOPLE	PARTNERSHIP	POUNDS
	<i>We deliver safe, exceptional, person-centred care.</i>		<i>We are supportive, positive, and welcoming.</i>	<i>We work together to enhance our services with clear goals for our communities.</i>	<i>We are efficient and spend public money wisely.</i>
We believe this paper is aligned to the strategic direction of:	South Yorkshire ICS			NHS Nottingham & Nottinghamshire ICS	
	NA			NA	
Implications					
Relationship to Board assurance framework:		BAF1	If DBTH is not a safe trust which demonstrates continual learning and improvement then risk of avoidable harm and poor patient outcomes/experience and possible regulatory action		
		BAF2	If DBTH is unable to recruit, motivate, retain and develop a sufficiently skilled workforce to deliver services then patient and colleague experience and service delivery would be negatively impacted and we would not embed an inclusive culture in line with our DBTH Way		
		BAF3	If demand for services at DBTH exceeds capacity then this Impacts on safety, effectiveness, experience of patients and meeting national and local quality standards		
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		BAF6	If DBTH does not effectively engage and collaborate with its partners and communities then DBTH fails to meet its duty to collaborate, will miss opportunities to address strategic risks which require partnership solutions and will fail to deliver integrated care for benefit of people of Doncaster and Bassetlaw		
		BAF7	If DBTH does not deliver continual quality improvement, research, transformation, and innovation then the organisation won’t be sustainable in long term		
Risk Appetite Statement compliance	Where appropriate, refer to the DBTH Risk Appetite Statement and indicate whether the matter has been subject to an assessment of DBTH risk appetite NO				
Legal/ Regulation:	Standing Orders - Board of Directors				
Resources:	N/A				
Assurance Route					
Previously considered by:		Audit and Risk Committee			
Date:	26 June 2024				
Any outcomes/next steps					
Previously circulated reports to supplement this paper:	N/A				

Doncaster and Bassetlaw Teaching
Hospitals NHS Foundation Trust
Annual Report and Accounts 2023/24

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.

A handwritten signature in dark ink, appearing to read 'Richard Parker', followed by a period.

Richard Parker OBE
Chief Executive
27 June 2024

Chair and Chief Executive's statement

Over the past year, we at Doncaster and Bassetlaw Teaching Hospitals (DBTH) have continued to demonstrate our unwavering commitment to providing excellence in healthcare.

Throughout 2023/24, colleagues at the Trust have made remarkable strides in enhancing our services and improving patient outcomes.

This year has been one of significant progress and achievement, showcasing our commitment to delivering exceptional care and highlighting the green shoots of recovery following the challenges of the past few years.

In 2023/24, we continued to serve our communities with dedication, maintaining one of the busiest emergency services in the region. Our facilities, including Doncaster Royal Infirmary, Bassetlaw Hospital, and Montagu Hospital, have also seen substantial improvements and expansions, ensuring we meet the evolving needs of our patients.

Our commitment to infrastructure development was evident with the launch of several key projects. The refurbished medical imaging facilities at Bassetlaw Hospital and the new maternity bereavement suite at Doncaster Royal Infirmary are just a few examples of our efforts to enhance patient care environments.

Additionally, with the Mexborough Elective Orthopaedic Centre of Excellence and the Community Diagnostic Centre at Montagu Hospital we hope to set new standards for specialist care and diagnostics, as well mark a new era of partnership and collaborative working.

During the year we have welcomed new colleagues to our senior leadership teams, including our Deputy Chief Executive, Zara Jones, and our Chief Information Officer, Dan Howard. These appointments have brought fresh perspectives and expertise, helping to develop, as well as drive work on a new strategic vision which will be completed in 2024/25.

We have also made significant strides in patient care. Our newly introduced early pregnancy loss midwife has provided specialised support for women and families, while the introduction of the Rapid Diagnostic Service has helped to reduce waiting times for patients.

Our stroke service went paperless, and the implementation of Digital Care Planning has streamlined patient management, ensuring more efficient and effective care delivery.

This year, we celebrated numerous accolades and recognitions that highlight the dedication and hard work of our colleagues. Sarah Sutherland and Emily Watkinson were named winners at the Doncaster College Apprenticeship Awards, and our Estates and Facilities team won the Team of the Year award at the Building Better Healthcare Awards. These achievements reflect our commitment to excellence in all areas of our operations.

In terms of financial performance, we have delivered the 2023/24 financial plan which included £57.6 million capital investments. As well as the programmes identified above the

capital funding has also included the Bassetlaw Emergency Village which will open in late 2024, and the refurbishment of the Central Delivery Suite at Doncaster Royal Infirmary.

The launch of the DBTH Way has been a milestone in shaping our organisational culture. Developed with extensive input from colleagues, this framework emphasises kindness, inclusivity, empowerment, accountability, and collaboration. It sets clear expectations for how we interact with each other, our patients, and our communities, fostering a supportive and positive work environment.

Our strategy for addressing health inequalities has also progressed significantly. Led by Dr. Kelly Mackenzie and Richard Woodhouse, our Health Inequalities Team has launched the Trust's first-ever Tackling Health Inequalities Strategy, embedding the reduction of health disparities into all our activities. This proactive approach ensures that we address the unique needs of our diverse community.

Innovation remains at the heart of our efforts and with support from the Fred and Anne Green Legacy we have invested in advanced technologies, such as the Da Vinci robot for minimally invasive surgery and are exploring a Tyromotion Robotic Therapy suite for stroke rehabilitation. These investments are part of our broader strategy to provide cutting-edge treatments and care pathways, ensuring the best possible outcomes for our patients.

As we look to the future, our commitment to sustainability and the NHS's net zero ambitions guide our actions. Our Green Plan, launched in December 2021, has led to significant achievements, including the transition to renewable electricity sources and the reduction of volatile anaesthetic gases.

These efforts are part of our broader commitment to creating a sustainable healthcare environment.

In summary, the past year has been one of transformative progress for Doncaster and Bassetlaw Teaching Hospitals. Our achievements in enhancing patient care, improving infrastructure, and fostering a supportive work environment have positioned us well to meet challenges in the future.

We are dedicated to our updated vision of delivering exceptional healthcare for all and look forward to continuing our journey of excellence and innovation, and invite readers to find out how we have progressed in 2023/24.

We would like to thank colleagues, governors, members, volunteers, partner organisations, commissioners, regulators, everyone else who has worked with us over the past year and our local communities.

Their positive support has been overwhelming and has contributed to what has been another successful, as well as challenging, year for the Trust.

This Annual Report sets out openly, honestly and in detail, how we performed in 2023/24, and what we plan to achieve in 2024/25.

Finally, we can confirm this annual report for 2023/24 was prepared on a 'group' basis within the Trust and thank colleagues for their efforts in collating this document. We consider the annual report and accounts, taken as a whole, is fair, balanced and understandable, and provides the information necessary for stakeholders to assess the trust's performance, business model and strategy.



Suzy Brain England OBE
Chair of the Board
27 June 2024



Richard Parker OBE
Chief Executive
27 June 2024

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 Nottingham and Nottinghamshire, and 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 440,000 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 obstetrics unit 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 (MH)**

Montagu is a 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.

More recently the site has become the home of the Mexborough Elective Orthopaedic Centre of Excellence (MEOC), and 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.

We host our Audiology service within the Sandringham Road Centre, while Mammography and Children's Speech and Language Therapy are housed within Devonshire House, both within two miles of Doncaster Royal Infirmary.

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

In 2023/24, the Trust began the process of refreshing its vision, as well as introducing the DBTH Way, a new culture and behaviours framework.

Refreshed vision and priority statements

Since the conclusion of our previous [Trust strategy](#) in 2022, DBTH, and the wider health system, has evolved significantly, and as such the Trust requires a vision which responds to the dynamic healthcare landscape whilst maintaining our commitment to providing exceptional care.

As such, at our [Board of Directors meeting](#) which took place on 7 May 2024, the following statement was approved:

- **Healthier together – delivering exceptional healthcare for all**

This is underpinned by four strategic priorities, which are:

- **Patients:** We deliver safe, exceptional, person-centred care.
- **People:** We are supportive, positive, and welcoming.
- **Partnership:** We work together to enhance our services with clear goals for our communities.
- **Pounds:** We are efficient and spend public money wisely.

The above replaces our previous vision, strategic objectives, True North, and breakthrough objectives. Note, our We Care values and the DBTH Way remain unchanged.

It is important to recognise that the decision to move away from our current vision stems from an evaluation of where the Trust currently stands, what we need to focus on, and how to make this meaningful for colleagues.

Over the past few years, our Trust, like others, has faced profound challenges. While our previous vision was aspirational and appropriate at the time, we now feel it no longer encapsulates the priorities, aspirations, and focus areas that we need to emphasise moving forward.

Feedback from stakeholders and internal assessments highlighted the need for greater clarity and specificity in our vision and supporting objectives. It has become evident that merely aiming to be outstanding in all aspects lacks the precision required to address the unique challenges we face, many of which must be overcome under constraining circumstances such as staffing, resources, and infrastructure.

Therefore, the new vision and supporting statements aim to provide a more targeted and actionable framework, accompanied by a set of meaningful and actionable objectives and

metrics. This will ensure that our vision aligns closely with our soon-to-be-drafted overall five-year strategy.

We also intend for this to cascade down to Divisions and Directorates, and further still to individual teams and services.

We understand that some work and strategies have been drafted with the previous vision and objectives in mind. We will work diligently to ensure that there is broad alignment and that these documents remain relevant, even in transition, and in many cases are updated.

The annual report for 2024/25 will provide further details around this work.

The DBTH Way

Developed with input from colleagues across the Trust, this framework sits alongside our We Care values to define our expectations of one another and strengthen our commitment to providing exceptional care, as well as ensuring colleagues have the very best working experience.

The DBTH Way has been a collaborative effort, involving online open engagement sessions and interactive workshops to gather insights and opinions from all corners of our organisation. Additionally, crucial feedback gained from the Staff Survey has been integral to its development, alongside the newly-launched People Strategy, Just Culture Pledges and national guidance and frameworks, such as the Five Year Forward Plan.

At DBTH, we are proud of our commitment to the values of We Care and the DBTH Way builds upon this foundation, providing further clarity on what it means to embody these values in our everyday interactions. It sets a standard for how we engage with each other, our patients, our communities, and our partner organisations, guiding us towards a culture of excellence and compassion.

The DBTH Way is not a set of rules to be memorised or recited off-by-heart. Instead, it is a guiding light clearly stating our expectations. It serves as a baseline for what it means to be a member of Team DBTH, defining our shared vision and purpose. By adhering to these principles, we create an environment where everyone feels valued, supported, and empowered to deliver the highest quality of care.

In summary, it can be defined by two statements: 'We Are' and 'We Show':

- We are Kind, Inclusive, Person-centred, Empowering, Accountable, and Collaborative.
- We show Attentive listening, Integrity and Honesty, Courage, and Positivity.

Since its launch in mid-2023, we have invited each and every member of the Trust to embrace the DBTH Way and make it an integral part of their professional journey and working life at DBTH

Our vision is:

Healthier together – delivering exceptional care for all.

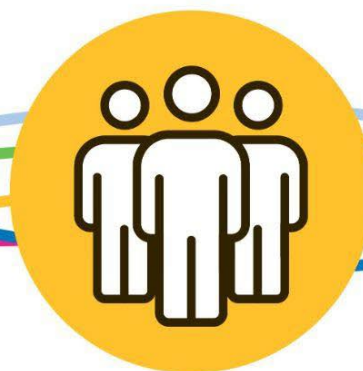
Our four strategic priorities are:

Patients



We deliver safe,
exceptional,
person-centred care

People



We are supportive,
positive and
welcoming

Partnership



We work together to
enhance our services
with clear goals for our
communities

Pounds



We are efficient
and spend
public money wisely



Doncaster and Bassetlaw
Teaching Hospitals
NHS Foundation Trust



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

We are



Kind



Person centred



Accountable



Inclusive



Empowering



Collaborative

We show



Attentive listening



Integrity and honesty



Courage and positivity

We Care values

We always put
the patient first

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

Committed to
quality and
continuously
improving patient
experience

Always caring and
compassionate

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

Encouraging and
valuing our diverse
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 are



We show



We Care values

We always put the patient first

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

Committed to quality and continuously improving patient experience

Always caring and compassionate

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

Encouraging and valuing our diverse colleagues and rewarding ability and innovation

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



Doncaster and Bassetlaw Teaching Hospitals
NHS Foundation Trust

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 background



Achievements in 2023/24

Below is a brief summary of achievements, milestones and significant developments within our hospitals throughout 2023 and 2024.

April 2023

- Lucy Nickson and Dr Emyr Jones were appointed as Non-Executive Directors at DBTH.
- Work began on a new maternity bereavement suite at Doncaster Royal Infirmary.
- Two colleagues, Sarah Sutherland and Emily Watkinson, were named winners at the Doncaster College Apprenticeship Awards.
- The Trust introduced the Early Pregnancy Loss role, with the ambition to provide specialised support for women and families.
- Deanne Driscoll, the Trust's very first Chief Nursing Information Officer, was appointed.
- Following development, refurbished medical imaging facilities were opened at Bassetlaw Hospital.
- Dame Rosie Winterton MP officially opened the Central Delivery Suite at Doncaster Royal Infirmary, following an investment of £2.5 million.

May 2023

- The Trust signed up to the UNISON Placement Pledge, to ensure students had meaningful clinical placements.
- A new Student Hub was opened at Doncaster Royal Infirmary, providing a dedicated learning space for medical students on placement at the Trust.
- The Montagu Hospital Simulation Centre celebrated 20 years of service.
- The Stroke service at the Trust went paperless, following the implementation of Digital Care Planning.
- Following a wider investment of £2.53 million, a refurbished Pain Management Unit opened its doors at Montagu Hospital.
- Zara Jones was appointed Deputy Chief Executive.
- The Doncaster Cancer Detection Trust purchased and donated specialist equipment to aid with surgeries at the Trust.
- The Trust received official confirmation that it was unsuccessful in its bid to secure funding for a new hospital in Doncaster.
- Emma Galloway was named Divisional Nurse for Clinical Speciality Services.

June 2023

- The Trust became the first acute NHS provider in the country to eradicate reinforced autoclaved concrete (RAAC) from its sites.
- The Serenity Suite, a specialised residential area for those who have experienced the loss of an infant in childbirth, opened following a successful fundraising campaign.
- The DBTH People Strategy was published.
- Enabling works related to the Bassetlaw Emergency Village got underway.

- The Born and Bred in Doncaster (BaBi-D) Research study recruited its 1,000th participant.
- The Trust achieved a “Gold” rating as part of South Yorkshire’s “Be Well @ Work” scheme.
- The very first We Care into the Future event took place in Bassetlaw, offering 12 and 13-year-old students the opportunity to find out about careers in healthcare.
- Kirsty Clarke was appointed Associate Chief Nurse for Safe Staffing.
- Colleagues who had served more than 40 years within the NHS were served afternoon tea, as part of NHS75 celebrations.

July 2023

- All colleagues at DBTH were invited to the Yorkshire Wildlife Park as part of a special 'Thank You' event.
- Construction began on the Bassetlaw Emergency Village following a groundbreaking ceremony involving Brendan Clarke-Smith MP.
- Enabling works began as part of the Mexborough Elective Orthopaedic Centre (MEOC) project following an investment of £14.9 million to fund the development of the collaborative project between DBTH, The Rotherham NHS Foundation Trust, and Barnsley Hospital NHS Foundation Trust.
- The Sharing How We Care Event returned to the Doncaster Dome.
- Construction began on the MEOC following a groundbreaking ceremony by Richard Parker OBE, Chief Executive at DBTH.
- The Bassetlaw League of Friends donated an electrocardiogram machine to the Trust.
- The Trust marked one of its most successful recruitment campaigns, appointing 40 soon-to-qualify midwives, 75 nurses, and 30 healthcare assistants.
- Lord Markham, Parliamentary Under Secretary of State at the Department of Health and Social Care, visited Doncaster Royal Infirmary to understand the risks the site faces due to ageing infrastructure.

August 2023

- Mr Abhishek Arora, a Specialist Orthopaedic Surgeon within the Trust, received an award from the National Institute for Health and Care Research (NIHR).
- DBTH was awarded a Quality Mark for its Preceptorship Programme.
- The HealthZone Doncaster and Bassetlaw Cancer Care app was launched to support patients.
- Will Quince MP, Minister of State for the Department of Health and Social Care, visited Bassetlaw Hospital.
- The Trust’s Abdominal Aortic Aneurysm (AAA) Screening Programme celebrated 10 years of service.
- The first cohort of the DBTH Board Development Programme graduated.
- DBTH received a gold award as part of the NHS England Recondition Games.
- Gavin Portier was appointed Head of Organisational Development, Quality, Diversity and Inclusion, and Wellbeing.

- Marie Hardacre was appointed Associate Chief Nurse for Patient Safety and Quality.
- Inspectors from the Care Quality Commission (CQC) arrived and commenced an unannounced inspection.

September 2023

- The Trust began a trial, offering free sanitary products for female colleagues within the site's restrooms.
- The Star Awards, the Trust's internal and annual award scheme, received a record number of nominations (801).
- The foundations and footings of the MEOC were completed, signalling significant progress with the build.
- The People Systems and Workforce Information (PSWI) Team were nominated for, and won, the Best Workforce Innovation category, as part of the Innovate Health Care Awards.
- Anne, Princess Royal, visited Doncaster Royal Infirmary's Women's and Children's Hospital.
- The Well-Led section of the Care Quality Commission (CQC) inspection takes place.

October 2023

- Zara Jones joined DBTH as Deputy Chief Executive.
- Dr Sam Debbage, Director of Education and Research, was made an honorary professor at Sheffield Teaching Hospitals.
- Lorna Ball was appointed Divisional Nurse for the Division of Medicine.
- A collaborative effort by local NHS providers and organisations in South Yorkshire, known as the Doncaster Wound Care Alliance, was announced as a finalist for the Health Service Journal's (HSJ) Integrated Care Initiative of the Year Award.
- Elizabeth Dunwell was appointed Divisional Nurse for the Division of Surgery.
- DBTH was accredited as "Menopause Friendly."
- Joanna Stedman was appointed as Divisional Nurse for the Division of Urgent and Emergency Care.
- The Trust's Facebook page reached 50,000 followers.
- Dr Eithne Cummins was appointed Divisional Director for Urgent and Emergency Care.
- Mr Ranjit Pande was appointed Divisional Director for Surgery.

November 2023

- The Trust's Estates and Facilities team won the Team of the Year award at the Building Better Healthcare Awards.
- The DBTH Star Awards for 2023 took place with record-breaking attendance.
- The organisation's Preceptorship Team were nominated for the Nursing Times Workforce Awards.
- Drive-thru Phlebotomy at the Ecopower Stadium ceased operations and transitioned back to pre-pandemic arrangements.

- The X-ray service at Retford Hospital reopened following refurbishment.
- The Endoscopy Suite within the Community Diagnostic Centre at Montagu Hospital opened its doors.
- Professor Parveen Ali was inducted into the American Academy of Nursing.

December 2023

- The Trust received nine nominations as part of the Doncaster Business Awards 2023, more than any other single organisation.
- Pauline McNeil, Healthcare Assistant, received the Chief Nursing Officer award in recognition of her exemplary support to nursing and midwifery.
- DBTH was named Employer of the Year at the Doncaster Business Awards 2023.
- Ed Miliband, MP for Doncaster North, officially opened the Endoscopy Suite at Montagu Hospital.
- An official ribbon-cutting ceremony took place at the Montagu Elective Orthopaedic Centre.
- The Trust hosted its first long-service afternoon tea event for long-serving colleagues who had achieved 10, 20, 30, 40, or 50 years of service to the NHS.

January 2024

- The Doncaster Cancer Detection Trust donated a Fibroscanner, also known as a transient elastography machine.
- Dan Howard joined the Trust as Chief Information Officer following the departure of Ken Anderson.
- Montagu Elective Orthopaedic Centre cared for its first patient.
- Colleagues hosted a “topping out” event to signify a significant milestone within the development of the Bassetlaw Emergency Village.
- The Trust announced its intention to purchase a robotic surgery platform, following an investment of around £3 million, a significant amount from the Fred and Ann Green Legacy.

February

2024

- The Trust launched its Nursing, Midwifery, and Allied Health Professionals strategy.
- DBTH received the highest return rate for surveys across Europe for a study looking to improve clinician well-being and hospital work environments.
- The Ear Nose and Throat Masterclass celebrated its 20th year at the Trust.
- The organisation was awarded Veteran Aware reaccreditation.
- A joint project between South Yorkshire Children and Young People’s Alliance, Doncaster and Bassetlaw Teaching Hospitals, and local schools, was shortlisted for an award at the HSJ Partnership Awards.
- Enabling works began on the next phase of the Community Diagnostic Centre at Montagu Hospital, which will see the development of a new imaging suite.

March 2024

- The Trust received its most improved Staff Survey results, as well as the highest ever participation rate.
- Following an inspection in August, the Trust received its Care Quality Commission (CQC) report which moved the organisation's rating from "Good" to "Requires Improvement".

Additional highlights aligned with our overall priority statements:

Patients

"We deliver safe, exceptional, person-centred care."

The 2023/24 year has been a period of significant progress and achievement for Doncaster and Bassetlaw Teaching Hospitals, underscoring our commitment to delivering outstanding patient care.

Below are the highlights from the year under the "Patients" category, reflecting our efforts to enhance patient outcomes and experiences.

Operational achievements

- **Emergency care improvements:** Following an intensive piece of work which began in January 2024, in March 2024, we achieved a performance rate of 76.1% against the four hour access care standard for March 2024 of 76%. Additionally, we saw increased use of the discharge lounge, virtual ward and improvements in ambulance handover times - improvement we hope to maintain in the long-term.
- **Cancer care advancements:** We made significant strides in reducing the 62-day cancer backlog and successfully delivered the Cancer Faster Diagnosis Standard.
- **Diagnostic and elective care:** There were notable improvements in the six-week diagnostic standard for Endoscopy and Medical Imaging. By the end of March, we virtually eliminated long waits for elective care, with zero 104-week waits, two 78-week waits, and only 16 patients waiting over 65 weeks.
- **Winter period management:** We maintained safe services over the winter period with minimal elective cancellations, ensuring continuity of care despite seasonal pressures.

- **Response to industrial action:** Throughout periods of industrial action, we successfully maintained essential safe services, demonstrating our resilience and commitment to patient safety.
- **Leadership recruitment:** We completed the recruitment of our leadership team within Corporate Nursing, as well as recruitment to vacant posts within our Divisional teams, reinforcing our strategic vision and enhancing our operational capacity.
- **Sexual Safety Charter:** As signatories to this charter, we have committed to a zero-tolerance approach to any unwanted, inappropriate, and harmful sexual behaviours towards our workforce. By signing up to this document, we pledge to uphold the principles and actions outlined in the charter to ensure a safe and respectful environment for all staff members, demonstrating our dedication to fostering a secure and supportive workplace.

Nursing and Midwifery

- **Strategic initiatives:** The launch of the Nursing, Midwifery, and Allied Health Professionals Strategy, along with the drafting of the Visitor's Charter, marked significant steps forward in patient care and engagement.
- **Safe Staffing processes:** We recruited to a number of vacant posts, embedding evidence-based safe-staffing processes throughout the Trust.
- **Safeguarding and support:** Our safeguarding team has expanded, and we have introduced Domestic Abuse Advisors, strengthening our support for vulnerable patients.
- **Patient safety framework:** We have implemented the Patient Safety Incident Response Framework (PSIRF), as well as supported the development of the Professional Nurse/Midwife Advocate role within the Trust, both of which have been key to enhancing patient safety.
- **Maternity and midwifery achievements:** We have achieved Clinical Negligence Scheme for Trusts (CNST) Year 5 in the Maternity Incentive Scheme and had our most successful year for Registered Midwifery recruitment. The healthcare and support worker transition project was also successfully completed.
- **Professional development:** Our first cohort of Chief Nurse Fellows have completed their training. Additionally, we achieved the National Preceptorship Quality Mark for

nursing.

- **Care excellence accreditation:** We commenced Care Excellence Accreditation reviews for all inpatient areas, aiming to standardise and elevate the quality of care across the Trust.

Quality and Safety

- **Maintained safety during industrial action:** Ensuring patient safety during this time was our top priority, and we successfully maintained it throughout periods of industrial action.
- **Mortality rate reductions:** We have achieved reductions in hospital mortality rates, with improvements in both the Hospital Standardised Mortality Ratio (HSMR) which has dropped from 107.95 to 105.44 in a 12-month period, with improvement in the Summary Hospital-level Mortality Indicator (SHMI).
- **Job planning and medical appraisal:** We have seen improvements in job planning, with over 92% of medical appraisals completed, enhancing our workforce's effectiveness and satisfaction.
- **Health inequalities strategy:** We published a new Health Inequalities Strategy, which is now available in the usual locations, emphasising our commitment to addressing disparities in health outcomes.

People

2023/24 has been a remarkable year for Doncaster and Bassetlaw Teaching Hospitals, showcasing our commitment to our colleagues and their development. Below are the highlights from the year under the "People" category, reflecting our dedication to creating a supportive and growth-oriented environment for our employees:

- **Record-breaking Staff Survey:** We achieved unprecedented participation in the Staff Survey (67% participation) with positive results indicating significant improvements in various areas. More details are available further in the report.
- **DBTH Way and Just Culture:** The development and launch of the DBTH Way alongside a renewed focus on Just Culture has fostered a more supportive and transparent workplace environment.
- **Strategic developments:** This year saw the development and publication of crucial strategies including the People Strategy, Research and Innovation Strategy, Speaking

Up Strategy, and the Leadership Prospectus, guiding us towards a more innovative and inclusive future.

- **Awards and recognitions:** Our Trust has received numerous award nominations and wins, notably achieving Menopause accreditation and being named Employer of the Year at the Doncaster Business Awards.
- **Succession Planning and growth:** We have introduced the Scope for Growth framework, ensuring effective succession planning and opportunities for professional growth within our Trust.
- **Flexible Working Policy:** The launch of our new Flexible Working policy and related toolkit has provided colleagues with more opportunity to achieve better working arrangements, enhancing work-life balance and supporting retention.
- **Equality, Diversity and Inclusion (EDI):** A refresh of our EDI plan and the introduction of the Board Development Delegate Programme (now in its third cohort) underline our commitment to fostering an inclusive workplace.
- **Long Service Programme:** We successfully relaunched our Long Service Programme, celebrating the dedication and contributions of our long-serving team members.

Education and Research

- **Strategy Implementation:** The first year of our Research and Innovation Strategy has been delivered successfully, meeting all key performance indicators including the development and launch of the NMAHP Research and Innovation framework.
- **HTA Licence:** We have been granted a Human Tissue Authority (HTA) licence, enabling us to conduct Advanced Therapy Investigational Medicinal Product (ATIMP) trials on-site.
- **Born and Bred in Doncaster Study:** The BaBi-D study continues to thrive, with over 2,400 participants (1,432 women and 975 babies) recruited to date, fostering community engagement in research and enhancing connectivity with partners.
- **Learner expansion:** There has been a notable increase in learner numbers across all specialisms and groups within DBTH, driven by our pioneering efforts in widening participation activities, including 'We Care into the Future' and extensive work experience programs. We have fully utilised the apprenticeship levy to support these

initiatives.

- **NHSE Annual Review:** The NHSE Annual Review, led by the Associate Dean for Quality in Yorkshire and Humber, confirmed that DBTH has clear education policies, engages people across the organisation, and maintains a positive attitude towards education.

These achievements illustrate our dedication to the development and wellbeing of all our colleagues and learners, fostering a culture of growth, inclusivity, and excellence within Doncaster and Bassetlaw Teaching Hospitals.

Our Staff Survey results

The yearly national questionnaire is the Trust's best way of finding out how our colleagues feel about our organisation and the care we provide. It helps us understand what we're doing well and where we need to improve.

As an organisation we are pleased that in 2023/24 we have registered our best ever survey results, and underlining this 71% of our responses this year were better than the national average, and 94% of our results saw an improvement from the 2022 survey.

Despite this survey landing at our busiest time, during the winter period, we also managed a record-breaking response rate, with 67% of Team DBTH (4,704 colleagues) taking the time to fill out the survey.

This puts us far beyond the national average which stands at 45% and very close to the highest return rate in the country for acute trusts 69% – the DBTH rate of 67% made us one of the best performing organisations in the country.

Looking at our results, we showed improvements in all of the seven People Promise themes, with higher scores in the Staff Engagement and Morale themes which underlie these pledges.

The areas most improved from last year are those that demonstrate good work-life balance and flexible working opportunities as well as those that focus on how DBTH supports colleagues to take care of their health and wellbeing.

This result is particularly pleasing as flexible working was one of our identified areas to seek improvements following last year's survey, with a focused workstream in place throughout last year which continues to progress actions.

The results this year also show that our work in Equality, Diversity and Inclusion is having a positive impact at DBTH with improvements to be seen in how many feel that DBTH respects differences and in how many colleagues said that our Trust acts fairly towards career progression.

Whilst these are undoubtedly the best survey results we have received at DBTH, we want to continue to see improvement as we embed aspects of our People Strategy and there are areas where the results have not been as positive. As well as building on and embedding work in areas where we have seen progression, we continue to give equal scrutiny to those scores which are lower than we would want them to be.

One of the areas where continued development would benefit our working lives at DBTH is working as teams and how we treat each other as colleagues. Whilst we have seen improvements in this area since the last survey, we would collectively like to focus on providing the very best work experience for all our colleagues and learners.

We have also recently introduced the DBTH Way to sit alongside our We Care values. This framework defines our expectations of one another, how we engage with each other and how we can all create an environment where everyone feels valued, supported and empowered.

Teams with enough responses (at least 11) have been sent their own anonymised report. Respective leaders have been holding conversations and engagement sessions to share this feedback and develop action plans to drive forward improvements within individual teams.

Overall, it is our intention to ensure that we have a year-round cycle of engagement with colleagues, using their feedback to make improvements. As Team DBTH, our colleagues are integral to our success as an organisation – ensuring they are happy in their work is absolutely key to our goal of being Healthier together – delivering exceptional healthcare for all.

Just Culture

As a Trust, we always strive to provide the best possible care for our patients and a good experience at work for our people. However, sometimes things don't always go to plan. We recognise that mistakes and accidents can happen in any healthcare organisation or other setting, as we are all human, and what sets us apart is our dedication to learning from these experiences and enhancing patient safety and colleague experience.

At DBTH, we are committed to delivering the highest quality of care to our patients and being a great place to work, and we recognise the vital role that a Just Culture plays in achieving this goal.

Just Culture is our commitment to fostering fairness, transparency and continuous learning throughout our organisation. By embracing Just Culture, we can create a supportive environment that empowers our colleagues to speak up and that will enable us to identify system vulnerabilities and promote continuous improvement. Our Board of Directors is committed to embedding a Just Culture approach.

Just Culture has four key principles which we should consider in our response to a patient safety incident:

1. **Fair accountability:** We recognise the importance of accountability without unjust blame. Just Culture recognises that errors are often the result of system failures rather than individual negligence. We will encourage open dialogue and learning from these to implement preventative measures and avoid similar incidents in the future.
2. **Learning and improvement:** We will not only identify and report errors but analyse reported incidents, near misses and other raised concerns to identify trends, patterns and underlying causes. Through this analysis, we can implement effective measures, continuously evolving and enhancing our practices for the safety of our patients.
3. **Communication and feedback:** Open and transparent communication is at the heart of Just Culture. We encourage everyone to speak up, ask questions and share suggestions, concerns or ideas for improvement. Additionally, we will provide timely feedback on reported incidents and the subsequent actions taken.
4. **Education and training:** Just Culture is supported at DBTH by the national Patient Safety Incident Response Framework (PSIRF) and we will provide comprehensive education and training for all colleagues who respond to such incidents.

Readers can head to <https://www.dbth.nhs.uk/just-culture-at-dbth/> to view the Just Culture pledges from a number of senior colleagues across the Trust, whilst all colleagues have been invited to share their own.

Investment and strengthening our leadership

Throughout 2022/23 and 2023/24 the Trust has seen some changes within its Board of Directors, with colleagues joining the organisation to provide leadership within their particular areas of expertise.

Following a period of recruitment, all appointments to the Board of Directors were finalised in 2024, with Zoe Lintin, Chief People Officer, Karen Jessop, Chief Nurse, Denise Smith, Chief Operating Officer, all joining us in 2022/23, and Zara Jones joined in October 2023 as Deputy Chief Executive.

Additionally, and at this time, Jon Sargeant stood down from the Deputy Chief Executive role but continued to lead our Finance and Recovery, Innovation and Transformation teams.

Non-Executive Director vacancies have also been filled as we have appointed Hazel Brand, Jo Gander, Mark Day, Dr Emyr Jones and Lucy Nickson to the Board of Directors in early 2023/24 – each of whom bring an independent and professional perspective to ensure we are heading in the right direction and achieving our objectives.

To ensure we have the appropriate oversight and capacity at a Divisional level, the Trust's Executive Group supported a change in our Divisional Structure, establishing separate divisions for Urgent and Emergency Care and Medicine. We also remodelled our Division of

Surgery, with Cancer Services no longer aligned with any one Division, but within our Deputy Chief Operating Officer (Elective)'s portfolio.

We have made these changes to ensure that we have the appropriate leadership capacity to respond to our post-pandemic challenges in urgent and emergency care, recovery of elective care and cancer services. All of these changes, and associated roles, can be viewed in our updated Structure Charts (link below).

Finally, we appointed a number of Divisional Nurses at this time, as well as General Managers to provide clinical and operational oversight to these areas. This was complemented by the full establishment of a corporate nursing team, with a Deputy Chief Nurse, and associate chief nurses appointed.

The Trust's full structure can be viewed here: <https://www.dbth.nhs.uk/structure-charts/>

Partnerships

In 2023/24, Doncaster and Bassetlaw Teaching Hospitals have made significant strides in strengthening our partnerships and enhancing our governance frameworks. Below are the key highlights, which also includes our commitment to effective collaboration and robust corporate governance.

- **Virtual Ward launch and expansion:** We launched, and have subsequently increased the number of patients benefiting from our Virtual Ward, allowing for more efficient and flexible patient management - this was achieved in tandem with partners at Rotherham, Doncaster and South Humber NHS Foundation Trust.
- **Mexborough Elective Orthopaedic Centre (MEOC):** The MEOC was built on time and within budget, opening to patients in January. Remarkably, the unit broke-even within the financial year 2023/24, showcasing our efficient project management and financial planning. This project was a first-of-its-kind collaboration between the Trust and partners at The Rotherham Hospital NHS Foundation Trust and Barnsley Hospital NHS Foundation Trust.
- **Pathology transition:** Following a significant programme of work led by our CEO Richard Parker, OBE on April 1, 2024, pathology services at Barnsley Hospital NHS Foundation Trust, The Rotherham NHS Foundation Trust, DBTH, Sheffield Children's NHS Foundation Trust, and Sheffield Teaching Hospitals NHS Foundation Trust formed the South Yorkshire and Bassetlaw Pathology (SYBP) Partnership. This collaboration unifies laboratory services across these trusts into a single service, developed with input from staff, to ensure a sustainable, innovative approach to pathology management.

Corporate governance and strategy

- **Corporate Governance review:** We undertook a comprehensive review of our corporate governance processes using a “fresh eyes” approach. This initiative aimed to identify areas for improvement and ensure our governance structures are robust and effective.
- **Risk Management training:** We introduced a structured risk management training process, equipping our staff with the necessary skills and knowledge to identify, assess, and manage risks effectively.
- **CIVICA Declare implementation:** The successful implementation of the CIVICA Declare system has streamlined the management of declarations of interests, enhancing transparency and accountability across the Trust.
- **Committee effectiveness reviews:** We standardised the process for committee effectiveness reviews, aligning them with year-end reporting to ensure timely and accurate assessments of committee performance.
- **Assurance logs for Board oversight:** The introduction of committee chairs’ assurance logs has improved Board oversight, providing a clear and structured way to monitor and review committee activities and outcomes.

These achievements highlight our dedication to fostering strong partnerships and maintaining high standards of governance, ensuring that we continue to operate efficiently and transparently while delivering excellent care to our patients.

South Yorkshire Acute Federation (SYAF) and South Yorkshire and Bassetlaw (SYB) Integrated Care System (ICS)

Below is the summary of achievements and actions from the SYAF in 2023/24, of which DBTH is a member alongside all acute provider partners.

Note, all organisational plans, developments and changes are made with our partners, both regionally and at Place, in mind.

You can find out more about the SYAF by visiting: <https://syics.co.uk/acute federation> and the SYBICS by visiting: <https://syics.co.uk/>

- The single South Yorkshire and Bassetlaw Pathology Network went live on 1 April and is now set to deliver quality and efficiency benefits for patients and staff.
- The federation published its Clinical Strategy - a five-year framework for clinical collaboration across the Acute Federation.
- The Sheffield Elective Orthopaedic Centre (SEOC) opened on 3 April 2023 with a phased introduction of the Enhanced Care Unit. This has increased day case rates for primary arthroplasty and significantly reduced the number of long waiters. The

number of patients waiting over 52 weeks for orthopaedic surgery at SEOC reduced from 462 in April 2023 to 173 by December 2023 with no patients waiting over 78 weeks.

- The Mexborough Elective Orthopaedic Centre, a collaboration between Barnsley Hospital NHS Foundation Trust, Doncaster & Bassetlaw Teaching Hospitals NHS Foundation Trust and The Rotherham Foundation Trust, opened on 15 January 2024 and was delivered to time and to budget.
- Patient Initiated Follow Up in elective care increased from 2.45% in April 2023 to 3.67% in February 2024 which is above the national average and use of specialist advice at a rate of 56.1 per 100 referrals in February 2024.
- Three Community Diagnostic Centres are currently open, delivering additional capacity for Imaging, Endoscopy and Physiological Sciences, exceeding the original target number of additional tests of 84,317 with actual activity numbers of 89,742.
- The Yorkshire Endoscopy Training Academy (YETA) formed in June 2023, hosted by Sheffield Teaching Hospitals. The first trainee to complete immersion training was able to perform independent lists 20 weeks earlier than would have been feasible with standard training.
- The Acute Paediatrics Innovator Programme was launched in 2023 and has secured funding for Paediatric Virtual Ward remote monitoring technology, established clinical networks to improve access to Paediatric Dental elective and Ear, Nose & Throat elective services.
- Sheffield Children's NHS Foundation Trust's has pioneered a High Intensity Theatres Operating List enabling the clinical team to increase Ear, Nose and Throat surgery for children from 10 to 20 procedures a day.
- The SYB Stroke Health Inequalities Report was published in July 2023 to support service development and identify areas of high impact.
- The SYB Integrated Stroke Delivery Network (ISDN) successfully implemented multiple projects with third sector partners responding to gaps in access to services supporting life After Stroke through the Stroke Quality Improvement for Rehabilitation scheme including dedicated Social Prescribing Link workers to support people post-stroke and piloting a new six-week clinic in Sheffield for stroke patients who are able to be discharged promptly from Hyper Acute Stroke Units. The ISDN also delivered a pre-hospital video triage pilot which is now business as usual within Sheffield and Doncaster Hyper Acute Stroke Units.
- We have used our insight to inform Barnsley Metropolitan Borough Council's Stroke Prevention Campaign to address higher stroke mortality rates in Barnsley.

- 16,000 tobacco specialist assessments have been completed with inpatients across Acute, Mental Health and Children's Trusts.
- There have been 2,237 four-week quits achieved as a result of the QUIT programme which, following national statistics, equates to over 1,000 smoking-related deaths avoided.
- SYB successfully met the 62-day backlog trajectory at the end of March 2024.

Pounds

The 2023/24 financial year has been marked by strategic financial management and significant investments in infrastructure at Doncaster and Bassetlaw Teaching Hospitals. Below are the highlights from the year under the "Pounds" category, reflecting our commitment to financial sustainability and innovation.

- **Financial Performance:** We delivered a £23.7 million deficit against a planned deficit of £26.8 million for the financial year 2023/24, representing an 11.5% improvement on our financial plan. Additionally and with agreed support from NHS England, we successfully managed our cash flows, ending the year with £36 million cash in hand.
- **Capital Plan Delivery:** We executed a substantial £57.8 million capital plan, ensuring the continued enhancement and expansion of our facilities and services.
- **Substantial developments:** The Trust has undergone significant capital development, including the £14.9m Mexborough Elective Orthopaedic Centre, which aims to reduce orthopaedic waiting times. The Community Diagnostic Centre at Montagu Hospital has received over £25m, adding a new Endoscopy Suite and planned Imaging Suite. Bassetlaw Hospital has eliminated reinforced autoclaved aerated concrete panels, paving the way for the £17.6m Bassetlaw Emergency Village, enhancing urgent and emergency care services. (figures relate to the overall capital projects)
- **Bassetlaw Emergency Village (ED/CAU/ATC):** The Bassetlaw Emergency Village project is progressing on schedule and within budget, with the build handover anticipated in September 2025.
- **Quality Improvement and Innovation Strategy:** Our forthcoming Quality Improvement and Innovation Strategy is set to be published shortly, outlining our plans for continuous improvement and innovative practices across the Trust.
- **New hospital and refurbishment plan:** The Trust's application for funding for a new hospital in Doncaster has been unsuccessful. Consequently, a refurbishment plan has been developed and is being refined to reduce infrastructure-related risks and ensure the continued provision of high-quality services for the local community.

- **Regional and national visits:** During the year, the Trust received a number of visits from individuals from NHS England, the Department of Health and Social Care and NHS Confederation.

These accomplishments reflect our dedication to maintaining financial health, investing in our infrastructure, and implementing strategies that support both quality improvement and innovation.

Significant changes and developments since 1 April 2024:

- Lesley Barnett was appointed Head of Cancer Services.
- With the support of charitable funds and the Fred and Ann Green Legacy, the Trust has procured a robotic surgery platform to enhance cancer procedures.
- We successfully hosted our first DBTH Leadership Conference, attended by over 100 senior managers.

- Our Corporate Nursing team has drafted the DBTH Visitor's Charter, outlining clear expectations for both colleagues and visitors.
- Our Stroke team has implemented advanced CT perfusion software within their services to improve stroke care. This cutting-edge technology allows specialists at the Trust to extend the thrombolysis treatment window from the current standard of four and a half hours to nine hours, and the thrombectomy treatment window from six hours to 24 hours, following a partnership agreement with the Neuro Intervention team at Sheffield Teaching Hospitals (STH).
- Mr. Tony Wilkinson, Lead Consultant Podiatric Surgeon, has been elected to the Council of the Royal College of Podiatry for a three-year term.
- Professor Lynda Wyld, Consultant Breast Surgeon, has been appointed to the Royal College of Surgeons Council, recognising her dedication to advancing surgical training, education, and examination, particularly in the fields of general and breast surgery.
- DBTH achieved a 76.1% compliance rate in the Four Hour Emergency Care Standard for March 2024, up from 67.27% in the previous month and in March 2023. Consequently, in May 2024, NHS England recognised the Trust as one of the most improved both regionally and nationally. As a result, we will receive an additional £2 million in funding to invest in our services for the benefit of patients.
- Jon Sargeant, Executive Director of Recovery, Innovation and Transformation and Chief Financial Officer, will be retiring in January 2025.
- Publication of our DBTH Operational Plan for 2024/25. Annual Plans were drafted throughout January to February with an extended Trust Executive Group meeting held on 7 February 2024 which gave an output of 20 priority areas of focus for the trust, which were prioritised to the following Transformation Programme by the Executive Team and aligned to the NHS Operational Planning Guidance which was published at the end of March 2024 and also with the South Yorkshire and Nottingham and Nottinghamshire ICBs Joint Forward Plans and Place Plans. Via a thorough Triangulation and Confirm and Challenge process the Trust has ensured all plans are robust to deliver quality care to patients.

Our Care Quality Commission (CQC) Report in 2023/24

Following receipt of the written report, our Trust's Care Quality Commission (CQC) rating has been adjusted from 'Good' to 'Requires Improvement'.

Whilst this rating is disappointing, it is in part reflective of the immense challenges we've faced in recent years. From the onset of the pandemic to our subsequent and ongoing efforts to recover and address our backlog, we have been clear about our current position, and the steps we need to take to get back to, and beyond, the level of performance and service delivery we were at just a few short years ago.

It's important to note that while the overall rating has reduced, there are areas where we maintained or improved and we are pleased to note that none of our services at the Trust are rated as 'Inadequate'.

As a Trust, we have implemented comprehensive action plans following the receipt of initial feedback from the CQC, and we are now in the process of making positive changes in order to address the findings of inspectors. This process is being led by Karen Jessop, Chief Nurse, with support from senior leaders across the Trust.

One aspect we are particularly proud of, and that stands out within the findings, is the consistent acknowledgment of the caring nature of our colleagues. Patients have expressed feeling safe and well-cared for by our teams, which is a testament to the compassion and professionalism colleagues demonstrate every day.

Since the inspection, which took place amidst industrial action in August and October 2023, significant progress has been made within the organisation. We've seen improvements in various areas, and we are pleased that our recent Staff Survey results have shown positive changes, with responses to 94% of questions indicating improvements compared to last year.

Notably, fewer colleagues indicated they are looking to leave the trust, and we know that continued improvement is only possible by having the right people in the right areas. Recruitment and retention remain key priorities for us as we strive to deliver safe and sustainable services, and we are pleased this is reflected in the number of newly qualified colleagues choosing DBTH as the employer of choice. We're committed to making further progress in this area and ensuring that our workforce reflects the diversity of the communities we serve.

Moreover, we've initiated several transformative changes within the Trust to address the challenges highlighted in the inspection report. Developments such as the Montagu Elective Orthopaedic Centre, the Community Diagnostic Centre, and the Bassetlaw Emergency Village, as well as our newly published strategies for People, Nurses, Midwives and AHPs, Research and Innovation, and Health Inequalities, highlight just a few examples of our commitment to transformation, development and excellence in patient care.

It is the Trust's ambition to return to a rating of 'Good' as soon as possible, whilst being mindful of the challenges ahead. The below image outlines the ratings for services within the Trust, across each hospital site.

Rating for acute services/acute trust

	Safe	Effective	Caring	Responsive	Well-led	Overall
Bassetlaw District General Hospital	Requires Improvement ↔ Mar 2024	Requires Improvement ↓ Mar 2024	Good ↔ Mar 2024	Requires Improvement ↓ Mar 2024	Requires Improvement ↓ Mar 2024	Requires Improvement ↓ Mar 2024
Doncaster Royal Infirmary	Requires Improvement ↔ Mar 2024	Requires Improvement ↓ Mar 2024	Good ↔ Mar 2024	Requires Improvement ↓ Mar 2024	Requires Improvement ↓ Mar 2024	Requires Improvement ↓ Mar 2024
Montagu Hospital, Mexborough	Requires Improvement ↓ Mar 2024	Good ↔ Mar 2024	Good ↔ Mar 2024	Good ↔ Mar 2024	Requires Improvement ↓ Mar 2024	Requires Improvement ↓ Mar 2024
Retford Hospital	Requires Improvement ↓ Mar 2024	Not rated	Good ↔ Mar 2024	Good ↔ Mar 2024	Good ↔ Mar 2024	Good ↔ Mar 2024
Overall trust	Requires Improvement ↔ Mar 2024	Requires Improvement ↓ Mar 2024	Good ↔ Mar 2024	Requires Improvement ↓ Mar 2024	Requires Improvement ↓ Mar 2024	Requires Improvement ↓ Mar 2024

The full inspection report can be read here: <https://www.cqc.org.uk/provider/RP5>

Performance overview and analysis in 2023/24

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.

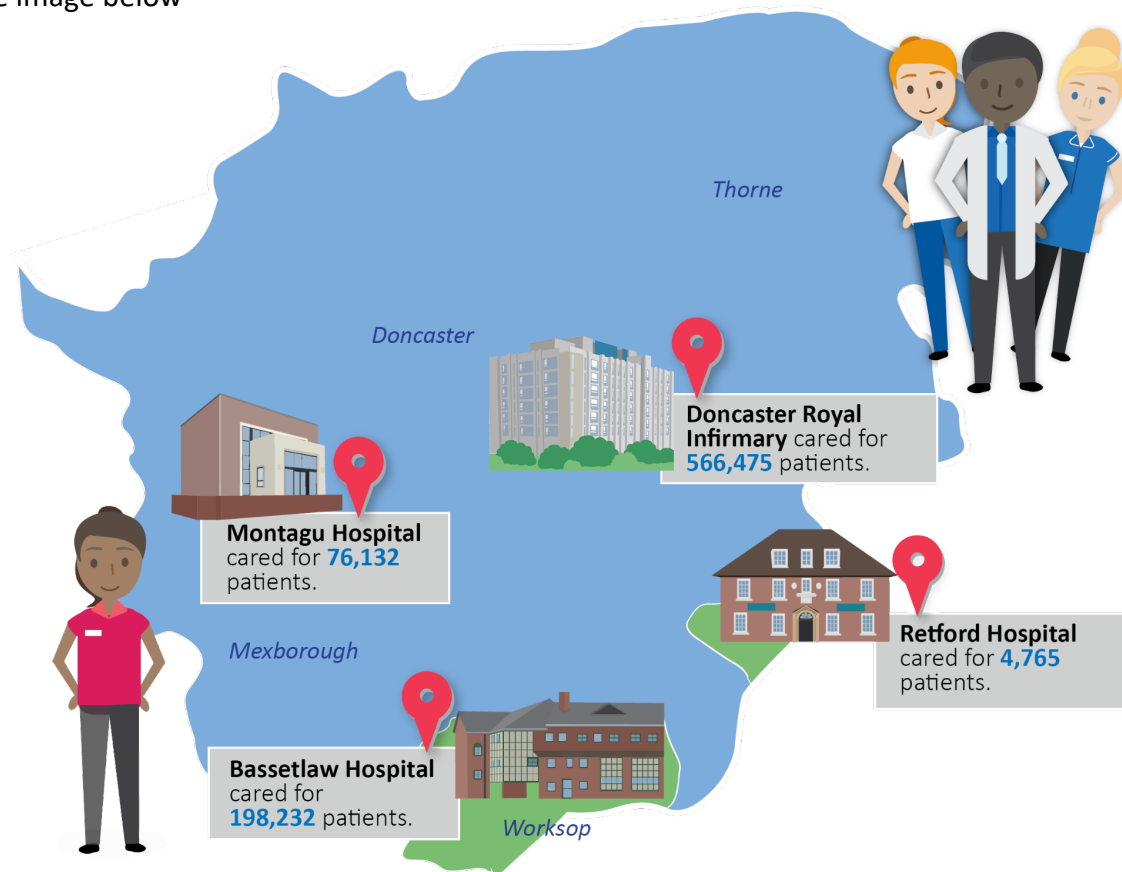
Our activity in 2023/24:

- We cared for 511,463 inpatients.
- We cared for 130,952 more outpatients.
- We cared for 198,662 emergencies.
- We delivered 4,572 babies.

In comparison with 2022/23:

- We cared for 15,150 more inpatients.
- We cared for 29,041 more outpatients.
- We cared for 4,631 emergencies.
- We delivered 66 fewer babies.

A breakdown of how many patients were cared for in each respective site can be viewed in the image below



Performance analysis 2023/24

As an organisation, we strive to provide timely access to care for all our patients. In this section, you can find a brief summary of our operational performance against a number of national standards, highlighting some of our achievements from the past 12 months.

Urgent and Emergency Care

During 2023/24, average daily attendances to our Emergency Departments were 542, a 2.1% increase compared to the previous year.

In March 2024, 76.1% of our patients were admitted, transferred or discharged from our Emergency Departments within 4 hours from arrival, achieving the standard set out in the national planning guidance for 2023/24.

Bed occupancy remained high throughout the year and all our available inpatient beds were open during the winter period to support patient flow from the Emergency Department through to a ward.

We expanded our same day emergency care services for acute medicine and this service is now available 12 hours a day, seven days a week.

We have worked in collaboration with partners across Doncaster Place during 2023/24 to deliver the Urgent and Emergency Care Improvement Plan, recognising that timely access to urgent and emergency care requires a coordinated approach across the health and social care system.

Throughout 2023/24 we have continued the work to develop our Bassetlaw Emergency Village which, once complete, will provide facilities for paediatric patients to be observed at Bassetlaw Hospital rather than being transferred to Doncaster Royal Infirmary. Further details can be viewed in the capital projects section below.

Elective Care

Our focus in 2023/24 has been to continue to reduce the number of patients experiencing long waiting times, following the COVID-19 pandemic and backlog created as a result.

By March 2024 we had virtually eliminated the longest waiting times with no patients waiting over 104 weeks and only four patients waiting over 78 weeks.

In March 2024, 60.1% of our patients were treated within 18 weeks from referral, compared to 57.2% nationally.

- Diagnostics Waiting Times and Activity – 77.4% (March Performance)
- Cancer FDS – 81.2% (Full Year)

Diagnostics

During the year we have made significant improvements to reducing our waiting times for diagnostics. By March 2024, we were consistently delivering the six-week waiting time standard for endoscopy and medical imaging.

Cancer

The number of urgent suspected cancer referrals has remained high since the COVID-19 pandemic yet we achieved our plan to reduce the number of people waiting over 62 days on a cancer pathway by the end of the year.

We have consistently delivered the 28-day faster diagnosis standard, ensuring the majority of patients are diagnosed or have cancer ruled out within 28 days of being referred urgently by their GP for suspected cancer. During 2023/24, we achieved the faster diagnosis standard for 81.2% of our patients.

Investment and infrastructure

As a Trust, we have maintained a strong emphasis on recovery and investment during the 2023/24 financial year, aiming to enhance services and meet the evolving needs of our community.

As such, our Recovery, Innovation, and Transformation team, through the Capital Planning Unit and other dedicated colleagues, has overseen a substantial investment of £57 million throughout the past 12 months within our estate.

Our primary focus for 2024/25 has been on delivering larger, complex Public Dividend Capital (PDC) schemes while also executing smaller minor works projects that support key clinical needs, business continuity, and retention of accreditations. These initiatives are aligned with the joint plans and capital resource strategies published by the Integrated Care Boards in both South Yorkshire and Nottingham and Nottinghamshire.

Additionally, we have closely collaborated with the Place systems in Doncaster and Bassetlaw to ensure our investments meet local requirements.

The major complex PDC projects, which involve partnering Trusts, include the £8 million Community Diagnostic Centre (CDC) Phase 2 (Endoscopy and Ultrasound) and the £15 million Montagu Elective Orthopaedic Centre of Excellence (MEOC) projects at Montagu Hospital. CDC Phase 2 became operational in November 2023, while MEOC was completed on December 18, 2023, and began operations in January 2024. CDC Phase 3 (MRI and CT) commenced earlier in the financial year and is due for completion in March 2025.

At Bassetlaw Hospital, we are on track to deliver the Emergency Village (BEV) PDC scheme, which includes a new Emergency Department, Assessment and Treatment Centre, and Children's Assessment Unit, by September 2024. The latter will provide paediatric short-stay overnight accommodation. Despite the BEV project being funded at £17.6 million, the overall project cost is £22.5 million, with the residual amount funded through Trust capital departmental expenditure limit (CDEL). (figures relate to the overall capital projects)

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

Furthermore, we continue to prioritise the development of services to address emerging healthcare challenges. By investing in innovative technologies, research, and staff training, we are 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 in suitable care environments. Notable advancements include the provision of a new state-of-the-art Da Vinci robot for minimally invasive surgical procedures and a Tyromotion Robotic Therapy suite for stroke rehabilitation.

In the 2023/24 financial year, the Trust delivered its highest ever value of Estates Capital Infrastructure investment in a 12-month period. With £49.2 million invested in estate infrastructure overall, including the highlighted PDC schemes, this was:

Electrical infrastructure works – Phase 4b (£2,470,060): This project addressed electrical infrastructure within the East Ward Block, including the provision of a new substation to house the new transformers, funded for the 2024/25 fiscal year.

Fire precaution work (£2,991,571): Implementation of fire safety measures across multiple areas in DRI, Bassetlaw, and Montagu Hospitals.

Lift refurbishment programme (£607,954): Upgrades to bed lifts at DRI and Bassetlaw Hospitals.

Ventilation improvements (£180,122): Various schemes to enhance airflows in clinical spaces.

Minor works for CQC accreditation, PLACE, and staff accommodation upgrades (£218,496): Includes flooring upgrades in communal areas and minor refurbishment of D Block at Doncaster Royal Infirmary.

Estates management (£84,482): Includes six-facet condition appraisals and upgrades to Trust facilities infrastructure hardware systems.

Divisional priorities (£1,082,614): A programme of works addressing the divisional and departmental annual planning process with infrastructure implications.

Roads and car parks (£32,361): Minor works following Trust Health and Safety committee recommendations.

Data cabinet improvements (£52,460): Minor works to reduce risk in data cab locations due to overheating, inappropriate access, and other issues.

Security and lighting (£42,527): Upgrades and improvements to site security, including CCTV and lighting enhancements.

Refurbishment of central delivery suite (£343,405): Completion of the Central Delivery Suite project at Doncaster Royal Infirmary's Women's and Children's Hospital.

Window upgrades (£11,587): Minor safety improvements to windows.

CDC phase 2 fire upgrade works (£211,462): Fire safety upgrades to the existing structure of the Community Diagnostic Centre Phase 2.

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

Bassetlaw Emergency Village (£21,682,240 - entire scheme cost to-date): This project will enable paediatric patients to remain at Bassetlaw Hospital for observation out-of-hours,

rather than being automatically transferred to DRI or Sheffield Children's Hospital, and will provide enhanced facilities at the Worksoy site. The substantial enabling works are scheduled for completion and handover to the Trust in September 2024, with the aim of becoming operational in November 2024, ahead of winter pressures.

Development work on the Emergency Village project commenced in 2021. A comprehensive consultation regarding the future paediatric model involved staff, patients, partners, and the Bassetlaw community, with 1,893 respondents. Of those surveyed, 85% preferred building a new Children's Assessment Unit adjacent to the emergency department, allowing children to stay at Bassetlaw Hospital for short-term observation, including overnight stays (patients requiring longer stays will continue to be transferred to Doncaster Royal Infirmary).

Survey respondents identified three top priorities for the new Emergency Village development: timely access to clinical treatment (82%), availability of staff to assist with queries (71%), and comfortable, neurodiversity-inclusive surroundings (55%).

The new Emergency Village build at the front of Bassetlaw Hospital is substantial, occupying much of the space previously used by the pay-and-display car park. Additionally, building work has been carried out within the facility that historically provided mental health care, vacated prior to the removal of reinforced autoclaved aerated concrete (RAAC) panels in 2022/23.

Once complete, the development will offer modern urgent and emergency care services, meeting the needs of the Bassetlaw community now and for the future. The expansion will increase the size of the Emergency Department (ED) and provide more accessible same-day services, ensuring patients receive the best care more quickly.

While the investment is exciting and extremely positive for the Bassetlaw community, we acknowledge that such building works can be disruptive and unsettling for staff, patients, and the public. To address this, we have developed a comprehensive communication and engagement plan to keep everyone informed in a timely manner about developments and potential disruptions.

Montagu Community Diagnostic Centre (CDC) Phase Two (£9,982,095) and Phase Three (£16,000,000): This project includes the relocation of the Pain Management Unit and the creation of a new Endoscopy Unit.

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

Phase One of the project began in January 2022, with the placement of a mobile MRI at Montagu Hospital, joined by a CT scanner in early February. Between January and March 2022, around 2,600 patients were seen, helping to reduce the backlog of diagnostic activities accumulated due to COVID-19-related restrictions over the previous two years.

Following the completion of Phase One, the Trust's Strategy and Improvement team, along with service leads, developed a new business case to enhance the services offered by the CDC. This led to securing additional funding for Phase Two (Endoscopy and Ultrasound) and Phase Three.

CDC Phase Two was handed over and became operational in November 2023. It is located within the main area of Montagu Hospital, known as the 'rotunda,' familiar to many local people.

Phase Three commenced on-site (to the rear of the Oral and maxillofacial surgery (OMFS) block) in February 2024, with handover expected in March 2025 and operations starting in April 2025 when the roll-on, roll-off vans will be decommissioned.

These new facilities will create much-needed capacity for imaging and other diagnostic services, enabling patients to receive quicker diagnoses in a single, community-based location.

Montagu Elective Orthopaedic Centre of Excellence (£14,921,000): The project which has established a new theatre unit, recovery and 12 bed surgical ward area was handed over in December 2023 and operational in January 2024.

Working in partnership with Barnsley Hospital NHS Foundation Trust (BH) and The Rotherham Hospital Foundation Trust (TRFT), colleagues at DBTH led 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 features 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 also benefits 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.

A note on the future of Doncaster Royal Infirmary

In May 2023, the Trust learned that its bid for funds to create a new hospital in Doncaster had been unsuccessful. While this news was undoubtedly disappointing, the Trust remains committed to progress and is now pursuing an ambitious improvement and refurbishment scheme at Doncaster Royal Infirmary (DRI), anticipating the availability of limited funding.

These proposed improvements, still pending approval, will focus on four critical areas of the DRI site. The aim is to address vital infrastructure risks and target areas with the highest impact, particularly those serving our most acutely ill patients. Additionally, these improvements would tackle nearly 50% (approximately £50 million) of the current backlog maintenance at the site.

Crucially, this program of works will enable the Trust to meet essential safety requirements associated with the ageing estate while enhancing the healthcare environment for both current and future generations in Doncaster and its surrounding areas.

In summary, the proposed improvements include:

- **Relocation of the Department of Critical Care to the ground floor:** This move will provide modern facilities for the patients receiving critical care and facilitate the development of the East Ward Block.
- **Creation of a new ward block building in front of the East Ward Block:** Another priority to modernise the hospital infrastructure.
- **Integration of two new modular theatres:** These will support the existing theatre suite during refurbishment.

Once the enabling scheme are completed they will facilitate:

- **Full refurbishment of the East Ward Block:** Priority refurbishment of the main tower block at DRI.
- **Full refurbishment of the Women's and Children's Hospital.**
- **Creation of additional car parking capacity and on-site accommodation.**

If approved, these improvements will be delivered over a multi-phase timeline at an estimated cost of approximately £360 million.

Sustainability and the Trust's Green Plan

The NHS has an ambitious target to become the world's first net zero national health service within any country, aiming to achieve net zero for directly controlled emissions (NHS Carbon Footprint) by 2040, with a further target to achieve net zero for emissions that we influence (NHS Carbon Footprint Plus) by 2045.

As one of the largest employers within Doncaster and Worksop, operating across three major sites, we create a significant environmental footprint. This is as a result of our carbon emissions, as well as our contribution to air pollution and the waste materials that we produce.

In recognition of this, and in support of the NHS' net zero ambitions, the Trust has outlined its strategy for improved sustainability and reduced carbon emissions in its Green Plan, which can be viewed here:

<https://www.dbth.nhs.uk/about-us/how-we-are-run/trust-strategy/>

Since its initial launch in December 2021, the Green Plan has led to a number of significant achievements that have improved sustainability at the Trust, including:

- A transition to the procurement of electricity from clean renewable sources, leading to a significant reduction in the Trust's carbon footprint.
- A significant reduction in the use of volatile anaesthetic gases that have a harmful impact on the environment.
- The attainment of a Green Flag Award for the memorial gardens at Doncaster Royal Infirmary and Bassetlaw District General Hospital, recognition of the benefit that these green spaces provide and their positive impact on biodiversity.
- A transition to a 'zero waste to landfill' approach to waste disposal.
- An increased focus on sustainability when procuring goods and services, and work with partners to help minimise the environmental impact of our supply chain.
- The successful training of Trust employees in carbon literacy and future plans for more widespread training and education throughout the organisation.

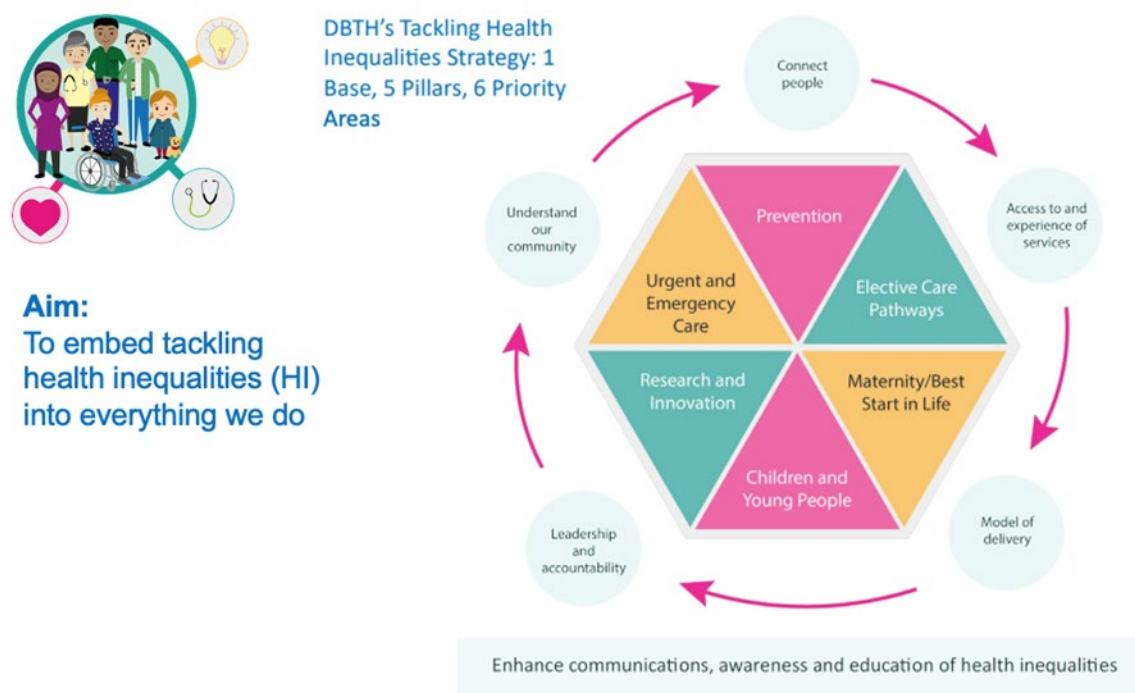
Alongside these achievements, colleagues from throughout the organisation are working to implement further actions presented within our Green Plan as part of the Trust's Sustainability Steering Group.

It is hoped that this plan will help us to create the best environment that we can for our staff and patients, which we believe will help us in our overall vision of "Healthier together – delivering exceptional healthcare for all."

Health inequalities

DBTH's Health Inequalities Team, led by Dr Kelly Mackenzie, Consultant in Public Health, and Richard Woodhouse, Health Inequalities Development Manager, has been progressing the health inequalities agenda across the Trust at pace, supported by Dr Kirsty Edmondson Jones, Director of Recovery and Innovation.

The Trust's first Tackling Health Inequalities Strategy was launched on 18 March 2024, following approval by the Trust Board on 28 November 2023.



Aligned with national and local plans, our strategy aims to embed the reduction of health inequalities into all our activities. To achieve this, we are integrating health inequalities considerations into all our processes and policies, including business planning, the Quality Performance Impact Assessment (QPIA) process, and business case templates, with implementation facilitated through Monday.com. Monday.com is a digital solution to monitor and track the delivery of complex programmes of work.

We are collaborating closely with the Quality Improvement (QI) team to incorporate health inequalities as a "lens" in all QI processes. Additionally, we are developing a health inequalities/QI toolkit to support colleagues in conducting QI projects specifically targeting health inequalities.

Our strategy outlines six priority areas of focus, detailing the work undertaken in 2023/24 and the plans for 2024/25:

1. **Prevention:** We are working with the Healthy Hospital Programme Team, reviewing their data through a health inequalities lens. We are also contributing to the development of an alcohol care team for DBTH, coordinated by our ICB colleagues.
2. **Elective care pathways / recovery:** We have provided feedback on the Access Policy review to ensure health inequalities are thoroughly considered. We are planning targeted work with colleagues across the Trust to examine why patients did not attend their appointment (DNAs) and health inequalities. Additionally, we are assessing the new MEOC site for its potential impact on health inequalities, both positive and negative, in collaboration with colleagues across the three Trusts.
3. **Urgent and Emergency Care Pathways:** We are planning a project to examine high-intensity users in Urgent and Emergency Care (UEC) and the impact of initiatives such as Making Every Contact Count.
4. **Maternity and Best Start in Life:** Our focus is on building strong relationships with maternity colleagues and identifying how we can best support existing efforts to address health inequalities.
5. **Children and Young People:** We are concentrating on strengthening relationships with paediatric colleagues and determining the best ways to support ongoing work to tackle health inequalities.
6. **Research and Innovation:** As of 1 February 2024, Dr Kelly Mackenzie has begun a new joint role as Clinical Senior Lecturer (University of Sheffield) and Honorary Consultant in Public Health (DBTH). Plans are underway to develop research projects specifically aimed at addressing health inequalities.




These six priority areas are underpinned by one base and five pillars. The base provides the foundation for delivering this strategy and focuses on enhancing our communications, awareness, and education about health inequalities for our people, our patients, and our local communities.

Below is our health inequalities training matrix. We have developed three levels of training designed to build on each other, with baseline training and wider place-based training included.

- **Baseline Training:** Includes the completion of Statutory and Essential to role (SET) Training, which incorporates initial health inequalities input via the Equality, Diversity and Inclusion (EDI) SET module.
- **Level 1:** Provides an in-depth understanding of health inequalities and incorporates an e-learning for health online training module onto the Electronic Staff Record (ESR)

system for all colleagues to access (SET+).

- **Level 2:** A training package developed by the DBTH Health Inequalities Teams to help participants identify health inequalities relevant to their service/team/ward/division. This training has been piloted with two teams in the Trust, and plans are in place to roll it out more widely across the Trust, with discussions on sharing this training across South Yorkshire.
- **Level 3:** Currently under development, this training will provide a step-by-step guide on how to address identified health inequalities, closely linked to the Quality Improvement (QI) approach.

Three-tiered Framework	Training Framework	Target Groups	HI Training Matrix		Additional Training
 	Role Specific Training (ReST) Role development Clinical skills	Senior Leaders, Managers, QII Level 2, PMO, Project/ Change and Building Development	Purpose Skills and knowledge to support operational and strategic developments in HI	KPI 1% of staff by 2026	HEAT TOOL ehfl E-learning +3 year top up
		Level 1 QII, Managers/ Supervisors	Able to identify, act and signpost	10% of staff by 2025	CORE20PLUS ehfl E-learning +3 year top up
	SET +	All staff - Including NED's	Understand	90% of staff by 2025	Normal SET training cycle ECHO
	SET	All staff	Basic		
		ICB/ PCN/ Place Partners			

The five pillars encompass behaviours, models of practice, and a general ethos/culture shift which, when implemented, will support all work across the six priority areas. These pillars include:

1. **Understanding our Communities:** To ensure accurate, complete, and timely access to population health data, combined with community voices, to better understand health inequalities and where to focus our actions. We are working closely with the Information Analyst Team to include health inequalities data (including deprivation data) in our existing dashboards. We are also partnering with DBTH's new engagement partner, People Focused Group, to ensure the patient/public voice is incorporated into our work going forward.

2. **Connecting People:** To work closely with partners, building on existing relationships, networks, and trust. This approach ensures work is aligned and supported, prevents silo-working, and allows health inequalities to be addressed using a whole-system approach.
3. **Model of Delivery:** To move towards a more needs-led, compassionate social model of care and to use co-production to improve existing services and/or develop new services based on the needs of our communities.
4. **Access to and Experience of Services:** To focus on the NHS England approach to inform and reduce health inequalities, Core20PLUS5, ensuring targeted support is provided for the Core20, the most deprived 20% of the national population and PLUS 5, the five clinical areas of focus; maternity, severe mental illness, chronic respiratory disease, early cancer diagnosis and hypertension.

Note: Core20PLUS5 is a national NHS England approach to inform action to reduce healthcare inequalities at both national and system level. The approach defines a target population – the ‘Core20PLUS’ – and identifies ‘5’ focus clinical areas requiring accelerated improvement.

5. **Leadership and Accountability:** Strong leadership, clear accountability, and governance structures will support a culture shift and help to embed health inequalities in everything we do, acknowledging that our employees may also experience health inequalities.

To support the delivery of our strategy, we have also provided a three-tier framework. The framework outlines work that we can do to tackle health inequalities by: 1) increasing support/developing new services with a focus on prevention, 2) improving our existing services, and 3) influencing the wider determinants of health in our Anchor Institution role. This framework will support teams, services, and divisions by guiding thinking and acting as a prompt for action.

Furthermore, NHS England published their first Statement on Information on Health Inequalities in November 2023. This document sets out a series of data that Integrated Care Boards (ICBs) and NHS Trusts need to report on alongside their annual reports.

The duty of Integrated Care Boards (ICBs) and NHS Trusts to report information on health inequalities will encourage better quality data, completeness, and increased transparency. Data should be used by relevant NHS bodies to shape and monitor improvement activities to further reduce healthcare inequalities. The Statement is therefore intended to help drive improvement in the provision of good quality services and in reducing inequalities.

We have therefore provided a supplement to accompany the Annual Report, summarising these data. While we have presented most of the data requested by NHS England, we were unable to obtain all due to external data source access issues. The main learning from the

supplement is that the data highlight variabilities across important demographics such as deprivation, ethnicity, age, and gender.

As a Trust, we need to ensure that we routinely break down our activity data by these demographics. We need to complement this with an understanding of the Doncaster and Bassetlaw population demographics to provide the wider context for our data, so we can identify if groups are being over- or under-represented in our activity data. Any areas of concern can prompt a deeper dive into what the data means, allowing us to take appropriate action and make relevant quality improvements.

As an organisation, we believe that it is unreasonable for someone's ethnicity or place of birth to determine their access to healthcare. The launch of our Tackling Health Inequalities Strategy has provided us with a clear plan on how to progress health inequalities work across the Trust and will ensure we work collaboratively with our partner organisations to address some of the wider-reaching health inequalities challenges.

The Trust's full Health Inequalities Strategy can be viewed: <https://www.dbth.nhs.uk/about-us/how-we-are-run/trust-strategy/>

Financial performance

NHS England has directed that Foundation Trusts' financial statements must comply with 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 2023/24 FT ARM and adhere to International Financial Reporting Standards (IFRS) and HM Treasury's Financial Reporting Manual, to the extent that these are meaningful and appropriate to NHS Foundation Trusts. Accounting policies are applied consistently to items considered material in relation to the accounts.

This marks the fourth 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 separate annual reports for both the Charity and Wholly Owned Subsidiary to be published at a later date.

2023/24 in Review

In a year marked by increasing elective and non-elective treatments, rising inflation, industrial action and staffing challenges, the financial performance of the Trust has reflected these pressures.

Clinical Income: The Trust's clinical income increased by £16.9 million in the year, as it received additional funds to support increased clinical activity and inflationary cost pressures within the sector.

Overall Deficit: The Trust reported an overall deficit of £67.8 million, which includes £44.4 million of impairments resulting from the annual valuation exercise. Excluding these and other technical adjustments, the Trust's deficit stands at £23.7 million (compared to a £10.1k deficit in 2022/23 post Covid). This position was better than the planned deficit of £26.8 million for the year.

Summary of Financial Performance: Detailed in the annual accounts, the key financial metrics are as follows:

- **Working Capital:** Cash balances held by the Trust as of 31 March 2024 were £36.3 million (31 March 2023: £32.5 million).

- **Loan Repayments:** The Trust made loan repayments of £1.8 million during the year (2022/23: £1.8 million).
- **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. The dividend payable in 2023/24 was £7.6 million (2022/23: £6.8 million).
- **Income:** The Trust received a total income of £568 million in 2023/24, an increase of £13 million from the previous year. The 2023/24 contracting arrangements introduced Aligned Payment Incentives, strengthening the link between activity and income.
- **Revenue Expenditure:** Operating expenses for the year totalled £630 million, a £64 million increase from the previous year. This includes £44.4 million related to impairments. The majority of expenditure was on pay budgets (staffing) at £379.6 million, with nursing and medical staffing being the largest areas of expenditure.
- **Capital Expenditure:** Expenditure on larger items with a lifespan of more than one year, such as buildings and equipment, was £57.6 million, of which £43 million was funded by the Department of Health and Social Care, primarily for estate improvements. Major areas of capital expenditure included:
 - Community Diagnostic Centre – Montagu: £14.3 million
 - Bassetlaw Emergency Village: £21.1 million
 - Mexborough Elective Orthopaedic Centre: £12.3 million
 - Digital Transformation: £3.7 million.

Joint Forward Plans and Capital Resource Plans

At the start of the 2023/24 financial year, the Trust agreed on its capital plan with the South Yorkshire Integrated Care Board (ICB) and partners. Throughout the year, the Trust engaged with the ICB and its partners to deliver the jointly agreed capital plans.

Additionally, the Trust's business planning process was conducted in conjunction with Place and ICB-based partners to ensure alignment. This planning included setting out how the system would meet national planning guidance expectations and defining each organisation's role. The Trust actively participated in developing the One Doncaster Plan, which outlines key priorities at Place for the next five years.

As an organisation, we are also an active partner in developing the Joint Forward View Five Year ICB plan, ensuring all our corporate strategic plans and strategies align with the ICB and Place initiatives.

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:

- **Focussing on our patients waiting for treatment**

Like all providers across the country, the legacy of COVID-19 continues to impact the Trust, and work is ongoing to bring performance and activity back to pre-pandemic levels. Our focus in the coming financial year is to recover our position as much as possible, collaborating closely with our Place and system partners to achieve this goal.

- **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.

Whilst there are plans across the health community aimed at reducing demand for acute services, demand predictions for demographic growth not included in contracts 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 very large 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.

In 2023/24 the Trust Estate Capital Programme was based upon maintaining and improving the safety of the buildings and environments, and in doing so, supporting patient safety. A number of property improvement areas are to be considered in 2024/25. Nevertheless, the availability of capital funds to support improvements remains an ongoing challenge and as such we will continue to make the case for further additions and developments to our sites, particularly Doncaster Royal Infirmary.

- **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 2023/24 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.

- **Ageing Infrastructure at Doncaster Royal Infirmary**

The ageing infrastructure at Doncaster Royal Infirmary presents significant risks, including the potential for major incidents that could affect patient care and safety. The Estates and Facilities team diligently manages these risks, responding promptly to issues as they arise.

While we continue to advocate for additional funding to address these challenges comprehensively, we are committed to using our available capital to maintain a robust schedule of repairs and maintenance, ensuring the facility remains safe and operational.

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

Opportunities in 2024/25

- 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 and look for opportunities to provide services where they will best serve our communities
- 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

These accounts have been prepared on a going concern basis. The financial reporting framework applicable to NHS bodies, derived from the HM Treasury Financial Reporting Manual, defines that the anticipated continued provision of the entity's services in the public sector is normally sufficient evidence of going concern.

The directors have a reasonable expectation that this will continue to be the case.

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. The Trust is a member of the South Yorkshire Integrated Care System (ICS).

The ICS has stated its immediate strategic plans, focusing on delivering the objectives set out in NHS England's 2024/25 priorities and operational planning guidance, and its response to the NHS long-term plan. The ICS plans assume the continued provision of services by the Trust. No circumstances were identified causing the directors to doubt the continued provision of NHS services.

This year, with an adjusted performance deficit of £23.7m, the Trust performed favourably against its planned deficit of £26.8million. This position recognised strong performance against the national Elective Recovery Fund (ERF) target, and a considerable contribution from the Trust's 2023/24 cost improvement programme.

All pressures associated with industrial action were fully funded by commissioners. As the NHS financial regime moves away from mechanisms introduced during the COVID-19 period, income from commissioners was largely based on two funding mechanisms:

- A simplified block payments system which mainly covered the Trust's emergency activity and associated income
- A smaller proportion of income aligned to elective and other activity reimbursed on a cost and volume basis or aligned to ERF payment principles

The Trust's original 2024/25 financial plan was for a deficit of £26.7m. However, national changes in funding has led to increased non-recurrent funding from South Yorkshire Integrated Care Board, which has reduced this planned deficit to £2.4m. This revised planned deficit is based on the assumption that a delivery of savings of 4% of expenditure is needed. The Trust is reasonably assured that appropriate mechanisms are in place to support delivery of this target.

The Trust reported a cash position at 31 March 2024 of £36.3m, which mainly supported capital creditors of £24m. The underlying cash challenge is expected to continue into 2024/25 and for the remainder of the going concern period to 30 June 2025.

In order to assess the extent of this challenge, the Trust has prepared a Group cash forecast which covers the going concern period up to 30 June 2025.

This Group cash forecast shows the Trust requiring continued revenue cash support estimated at £24.2m (£5.3m already received from central cash support in April to June 2024 and £18.9m being redirected in the latter part of the financial year as income through local commissioners) with an estimated cash balance of approximately £1.9m (Group: £4.9m) at the end of the forecast period. This cashflow assessment has been made using the £2.4m deficit plan agreed for 2024/25. Interim support can be accessed nationally if it were required, subject to scrutiny of the drivers of the cash position.

For reference, during 2023/24 the Trust received central cash support totalling £26.7m from NHS England in line with its due process and challenge.

This was received from October 2023 to March 2024. Revenue cash support is not a loan but is accounted for as public dividend capital which attracts a cost of capital charge at 3.5%.

The Trust expects this additional funding to only cover 2024/25 and as such, assumes the need for further central cash support in 2025/26.

However, this has not been included in the going concern assessment to June 2025 and cash flow forecasts predict that current balances will be sufficient requiring locally managed interventions amounting to £3.7m. Should these interventions not crystallise or there is a greater cash need than planned then the Trust will access central cash support consistent with 2023/24.

However, the Trust expects that either centrally, or locally, 2025/26 planning will identify sufficient funding for our operations given the expectation of continuation of services.

NHS operating and financial guidance is not yet issued for 2025/26, and so the Trust has based its assessment for the first quarter of 2025/26 on the same assumptions used to build the 2024/25 financial plan. Key assumptions include:

- A continuation of income and expenditure flows and performance in line with 2024/25 plans
- A continued need to deliver financial efficiencies

In conclusion, these factors, and the anticipated future provision of services in the public sector, support the Trust's adoption of the going concern basis for the preparation of the accounts.

A handwritten signature in dark ink, appearing to read 'Rt Parker', with a stylized flourish at the end.

Richard Parker OBE
Chief Executive
27 June 2024

Accountability Report

Welcome to the Accountability Report section of DBTH's Annual Report. This section outlines the composition of our Board, details on remuneration, and an overview of our staffing and oversight committees amongst much else.

We aim to provide transparency and insight into the governance and workforce that drive our Trust forward. Thank you for your interest in our commitment to accountability and excellence.

A handwritten signature in dark ink, appearing to read 'Richard Parker', with a stylized flourish at the end.

Richard Parker OBE
Chief Executive
28 June 2024

Director's Report

The Board of Directors is responsible for setting and driving forward the strategic direction of DBTH.

The Board is made up of Executive Directors and Non-Executive Directors who develop and monitor the Trust strategic aims and performance against key objectives and other indicators.

Together, their role is to receive, accept and challenge reports to fulfil all of their responsibilities and to be able to assure the Council of Governors.

The Board composition aims to ensure that the skills and experience provided by the Non-Executive and Executive Directors throughout the year provided a good, well balanced Board.

The balance is reviewed throughout the year as well as whenever any Director level vacancies, Executive or Non-Executive, arise. The Trust has retained a constitutional option to vary the numbers slightly as and when the need arises, provided always that the Board retains a majority of Non-Executive Directors.

A strong unitary Board is fundamental to the success of the Trust. The effectiveness of the Board is aligned to the delivery of our operational plan year-on-year and is closely monitored by the Governors throughout the year, as part of their role of holding the Non-Executive Directors and, through them, the Board, to account.

The Board continues to evaluate its performance throughout the year through appraisals (individually and collectively) and is ultimately held to account by the Council of Governors on behalf of the Trust's members.

Composition of the Board

During 2023/24, the following persons were members of the Board of Directors:

Name	Position	Length of service at 31 March 2024	Term of office from	Attendance at Board meetings
Suzy Brain England OBE	Chair of the Board	8 years	1.1 2017	10 of 11
Mark Day	Non-Executive Director (Senior Independent Director)	23 months	1.5.2022	10 of 10
Kath Smart	Non-Executive Director	6 Years	1.4.2018	11 of 11
Mark Bailey	Non-Executive Director	4 Years	1.2.2020	10 of 11

Hazel Brand	Non-Executive Director	20 months	1.7.2022	10 of 11
Jo Gander	Non-Executive Director	20 months	25.7.2022	9 of 11
Dr Emyr Jones	Non-Executive Director	13 months	20.2.2023	10 of 11
Lucy Nickson	Non-Executive Director	13 months	1.3.2023	10 of 11
Richard Parker OBE	Chief Executive			11 of 11
Zara Jones	Deputy Chief Executive			6 of 6
Zoe Lintin	Chief People Officer			11 of 11
Karen Jessop	Chief Nurse			9 of 11
Jon Sargeant	Executive Director of Recovery, Innovation and Transformation and Chief Financial Officer			10 of 11
Denise Smith	Chief Operating Officer			11 of 11
Dr Tim Noble	Executive Medical Director			4 of 4
Dr Nick Mallaband	Acting Executive Medical Director (from September 2023)			7 of 7

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.

In 2023/24, the Trust introduced the Scope for Growth succession planning tool, as well as the Board Delegate Programme to encourage candidates from a range of diverse backgrounds to aspire to senior and board-level roles.

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 2023/24 are as follows:

Chair

Suzy Brain England OBE C.Dir is an experienced board chair, non-executive director, consultant, mentor, and counsellor. She currently serves as the Chair and Trustee of Keep Britain Tidy, is a member of the Institute of Directors' Accreditation and Standards Committee, and is the founder of Cloud Talking mentoring services. Suzy has extensive experience in chairing and serving on boards across various sectors, including health, housing, enterprise, and finance.

Suzy was awarded an OBE for public service, particularly 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 the CEO of the Earth Centre in South Yorkshire.

Non-Executive Directors (as of 31 March 2024)

Joanne Gander is a retired, highly skilled registered nurse with a broad experience of working across the health and care system at all levels latterly as Director of Clinical and Product Assurance at NHS Supply Chain as well as previous senior roles within NHS England in the Accelerated Access Collaborative, Nursing and Digital Technology teams as well as serving as a Commissioning Group Director within North East Lincolnshire Care Trust Plus.

As a Clinical Non-Executive Director, Jo chairs the Quality and Effectiveness Committee and she acts as one of two NED Maternity & Neonatal Safety Champions. Her passion lies in patient safety and regulation to ensure patients and their families have the best care experience possible.

Kath Smart became Deputy Chair in February 2023 and is a Doncaster resident with extensive public sector experience. She has worked within the NHS for over a decade as a commissioner in Doncaster, Wakefield, and Hull, covering roles from risk management to governance and external inspections.

A Chartered Institute of Public Finance and Accountancy (CIPFA) qualified accountant, Kath has served as a Non-Executive Director and Chair of the Audit Committee at Rotherham, Doncaster and South Humber NHS Foundation Trust (RDaSH) until 2018 when she joined DBTH. Kath has also held audit-related roles with Doncaster Council and currently chairs Acis Group, a social housing provider, while undertaking financial work for Foresters Friendly Society and mental health act work for RDaSH.

Mark Bailey joined the Trust as a Non-Executive Director in February 2020. A former Group Director for Customers and Services at Rolls-Royce plc, Mark has over 30 years of experience in the private sector, specialising in strategic development, business growth, and customer service transformation.

Mark acts as the chair of Doncaster and Bassetlaw Health Care Services and chairs the Trust's People Committee. Outside of DBTH, he also serves as a Non-Executive Director at the Derbyshire Community Health Services NHS Foundation Trust and is a Visiting Fellow at Cranfield University School of Management.

Throughout his career, Mark has introduced innovative digital solutions, which align with the Trust's focus on modernising technology to support patient care.

Mark Day is a Chartered Director with executive experience in NHS finance and as Chief Operating Officer for a £2.5 billion national property company. Currently living in North Yorkshire, Mark is familiar with the local area, having worked for the former Doncaster Health Authority for five years. He serves as a healthcare business consultant and is an independent lay member of Cornwall Council's Audit Committee.

Mark serves as Senior Independent Director at the Trust.

Hazel Brand was formerly DBTH's Lead Governor and Head of Communications. Trained as an Occupational Therapist, Hazel transitioned into health journalism with roles at the Health Service Journal (HSJ) and British Journal of Healthcare Computing. She joined Doncaster and Montagu Hospitals as Communications Manager and supported major organisational changes for nearly 20 years.

Retiring in 2012, Hazel served a maximum term as Governor, including three years as Lead Governor. She is also a member of Bassetlaw District Council and serves as the Non-Executive Director for Freedom to Speak Up.

Dr Emyr Wyn Jones qualified in Medicine in 1973 and joined Doncaster Royal and Mexborough Hospital NHS Trust in 1986, serving 24 years as a Consultant General Physician specialising in Diabetes and Endocrinology. He authored 'An Illustrated Guide to the Diabetic Clinic', published by Blackwell Science in 1998. Dr Jones held roles as Clinical Director of Medicine, Medical Director, and Deputy Chief Executive before retiring in 2010.

Emyr has since held national leadership roles, including Medical Advisor to the National Audit Office and Clinical Leader for the Summary Care Records Programme at NHS Digital. He was also Secondary Care Doctor Member for NHS Doncaster Clinical Commissioning Group until its dissolution in 2022.

As a Clinical Non-Executive Director, Emyr acts as Deputy Chair of the Quality and Effectiveness Committee and he also acts as one of two NED Maternity & Neonatal Safety Champions.

Lucy Nickson began her nursing career over 30 years ago, training in Sheffield and working at Weston Park Hospital. She later practised Health Visiting in Chesterfield and North Derbyshire. Lucy held NHS management roles, including leading Community Nursing within Derbyshire and serving as Head of Performance at the East Midlands Strategic Health Authority.

Twelve years ago, she transitioned to the charity sector, serving as CEO of a hospice, a home-based end-of-life care charity, The Foundation at Club Doncaster, and leading South Yorkshire-based commercial healthcare organisations. She is currently Chief Executive of Day One Trauma Support, a national charity that works alongside the health service to support individuals impacted by major trauma and serious injury.

Executive Directors (as of 31 March 2024)

Richard Parker OBE was appointed Chief Executive in January 2017. Before this role, Richard served as Director of Nursing, Midwifery & Quality. His career began as a student nurse, qualifying in 1985. Richard's extensive experience includes roles such as Deputy Chief Nurse at Sheffield Teaching Hospitals in 2005, Deputy Chief Operating Officer in 2010, and Chief Operating Officer in 2013. He joined DBTH in October 2013.

Richard earned an MBA in Health and Social Services from Leeds University and the Nuffield Institute for Health in 1997, focusing his dissertation 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. He led this service for five years before being named Deputy Chief Executive and Executive Director for Recovery, Innovation, and Transformation in a secondment capacity, which finished in early 2023.

This directorate includes Strategy and Improvement, Digital Transformation, Information and Informatics, and the Performance Management Office. Together, the team focuses on enhancing and developing services and systems across the organisation to improve patient care and treatment as the Trust emerges from the challenges of COVID-19.

Dr Tim Noble qualified from St Bartholomew's Hospital Medical School in London in 1989. Born and raised in York, he trained in various hospitals in the south of England before returning to the North in 1995. He completed a research project at Sheffield Teaching Hospitals and qualified as a specialist in respiratory medicine in 2002.

Following a stint at Barnsley Hospital, Dr Noble joined DBTH in 2006 as a Consultant Respiratory Physician. From 2010 to 2017, he led the hospitals' respiratory medicine service and held two Clinical Director posts before becoming Deputy Medical Director in 2017. Dr Tim Noble was appointed Medical Director in March 2020 and took a period of leave in late 2023, with Dr Nick Mallaband acting as Executive Medical Director in his absence.

Zoe Lintin was appointed Chief People Officer in June 2022. A Fellow of the Chartered Institute of Personnel and Development (CIPD), Zoe brings a wealth of experience from her previous role as Director of Human Resources and Organisational Development at Chesterfield Royal Hospital NHS Foundation Trust, a position she held since 2016. Zoe is passionate about creating the best possible workplace environment for colleagues, understanding the direct impact this has on delivering high-quality healthcare. She serves as the Deputy Vice President of the Yorkshire and Humber branch of the Healthcare People Management Association (HPMA) and is a member of the South Yorkshire branch of the CIPD.

Zoe is a qualified coach, accredited mediator, and trained in psychometric testing and 360-degree feedback. Her earlier career spans HR, OD, and learning and development roles in the private and legal sectors. She began her NHS career at Sheffield Children's NHS Foundation Trust in 2006 and has been a Trustee on the Board of a South Yorkshire schools academy trust since 2019.

Denise Smith was appointed Chief Operating Officer in January 2023. Originally from York, Denise has over 25 years of NHS experience, beginning in operational management in Women & Children services. She has worked across primary and secondary care in both commissioner and provider organisations.

Since 2009, Denise has held operational leadership positions in several Acute Trusts across the country. Most recently, she served as the Chief Operating Officer at The Queen Elizabeth Hospital, King's Lynn, from May 2019 to 2023.

Karen Jessop was appointed Chief Nurse in January 2023. Previously, she was the Deputy Chief Nurse at Sheffield Teaching Hospitals (STH), a role she held from October 2017 to January 2023. Qualifying as a Registered Nurse over 25 years ago, Karen started her career at Hull University Hospitals in 1995, where she held various roles within critical care and surgery.

Karen advanced to Matron and Divisional Nurse Manager, also qualifying as a Registered Midwife and completing a Master's Degree in Health Care Leadership from the University of Birmingham.

Zara Jones was appointed Deputy Chief Executive in October 2023. Before joining DBTH, Zara was the Executive Director of Strategy and Planning at Derbyshire Integrated Care Board (ICB).

In this role, she oversaw a diverse portfolio encompassing acute care, mental health, primary and community care, and included responsibilities for commissioning, performance, and strategy development, working closely with partners in the region.

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 2023/24 and no charitable donations in 2023/24.

Payments Practice Code

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

Non NHS	Number	Value '£000
Total bills paid in the year	96,628	£339,503
Total bills paid within target	54,946	£270,022

Percentage of total bills paid within target	56.9%	79.5%
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NHS	Number	Value '£000
Total bills paid in the year	3,045	£22,906
Total bills paid within target	2,669	£20,025
Percentage of total bills paid within target	92%	87.4%

Invoices are not paid within 30 days, usually due to being held in query and invoice validation.

Quality Governance

The last formal inspection for Use of Resources concluded "Good" in 2019/20, however the latest overall CQC inspection has been downgraded to "Requires Improvement" - with the latest report received in late 2023/24.

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 2023/24 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 2024, two 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 Chief People Officer 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 2024/25.

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	No performance related payment arrangements	None disclosed	N/A	None paid	N/A

of performance					
Explanation of whether there are any provisions for recovery of sums paid to directors, or provisions for withholding payments	Any sums paid in error may be recovered. In addition there is provision for recovery of payments in relation to Mutually Agreed Resignation Scheme (MARS) payments where individuals are subsequently employed in the NHS	None disclosed	Any sums paid in error may be recovered	None paid	N/A

Annual Report on Remuneration

Nominations and Remuneration Committee of the Board of Directors

The membership of the committee in 2023/24 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). The committee was convened on three occasions during the year to discuss appointments and the remuneration of Executive Directors.

Name	Role	Attendance
Suzy Brain England OBE	Chair of the Board	3 of 3
Kath Smart	Non-Executive Director (Deputy Chair of the Board)	2 of 3
Jo Gander	Non-Executive Director	3 of 3
Mark Bailey	Non-Executive Director	2 of 3
Hazel Brand	Non-Executive Director	3 of 3
Mark Day	Non-Executive Director	2 of 3
Dr Emyr Jones	Non-Executive Director	2 of 3
Lucy Nickson	Non-Executive Director	3 of 3

Fair pay comparison

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

2023/24	25th percentile	Median	75th percentile
Salary component of pay	£247,500	£247,500	£247,500
Total pay and benefits excluding pension benefits	£25,806	£31,970	£44,780
Pay and benefits excluding pension: Pay ratio for highest paid director	9.59:1	7.74:1	5.53:1

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

The banded remuneration of the highest paid director in the financial year 2023/24 was £245k-£250k (2022/23: £210k-£215k), and the increase between 2022/23 and 2023/24 was 16.5%, based on the mid-points of the pay bandings (as per DHSC GAM guidance). This is 4.9 times higher than the salary and allowances of all employees on an annualised basis, divided by the FTE number of employees. (2022/23: 4.5 times). This was 7.74 times (2022/23: 6.96 times) the median remuneration of the workforce, which is £31,970 (2022/23: £30,515). This has increased as the highest paid director pay reflected an adjustment for a previously deferred remuneration review that was partially implemented in 2022/23 and completed in 2023/24.

For employees of the Trust as a whole, the range of remuneration in 2023/24 was from £95 to £434k (2022/23: £25 to £390k).

23 employees received remuneration in excess of the highest-paid director in 2023/24 (2022/23: 27 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.

Multiples have altered in year as a result of an adjustment for a previously deferred remuneration review that was partially implemented in 2022/23 and completed in 2023/24.

Expenses

	2022/23			2023/24		
	No. in office	No. receiving expenses	Expenses paid (£)	No. in office	No. receiving expenses	Expenses Paid (£)
Non-executive directors	10	4	£4,122.69	8	4	£3,434.35
Executive directors	9	4	£1,216.29	8	4	£912.72
Governors	36	0	£0.00	39	0	£0.00

Senior Managers Service Contracts

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

Name	Position	Date of contract (date commenced in post as senior manager)	Unexpired term as at 31 March 2024
Suzy Brain England OBE	Chair of the Board	1.1.2017	one year and nine months
Kath Smart	Non-Executive Director	1.4.2018	Three years

Mark Bailey	Non-Executive Director	1.2.2020	One year ten months
Hazel Brand	Non-Executive Director	1.7.2022	Two years four months
Jo Gander	Non-Executive Director	25.7.2022	One year four months
Mark Day	Non-Executive Director	1.5.2022	One year one month
Dr Emyr Jones	Non-executive Director	20.2.2023	One year 11 months
Lucy Nickson	Non-executive Director	1.3.2023	One year 11 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
Zara Jones	Deputy Chief Executive	25.09.23	N/A
Dr Nick Mallaband	Acting Executing Medical Director	26.9.2023	N/A

Directors Remuneration

Name and Title	2022/23							2023/24						
	Salary and fees (bands of £5000)	Taxable benefits Rounded to the nearest £100	Annual Performance - related bonus (bands of £5000)	Long Term Performance - related bonus (bands of £2500)	Pension Related benefit (bands of £2500)	Other Remuneration (bands of £5000)	Total (bands of £5000)	Salary and fees (bands of £5000)	Taxable benefits Rounded to the nearest £100	Annual Performance - related bonus (bands of £5000)	Long Term Performance - related bonus (bands of £2500)	Pension Related benefit (bands of £2500)	Other Remuneration (bands of £5000)	Total (bands of £5000)
Suzy Brain England OBE – Chair of the Board	55-60						55-60	55-60						55-60
Mark Bailey Non-executive Director	10-15						10-15	10-15	500					15-20
Kathryn Smart Non-executive Director	15-20						15-20	15-20						15-20
Mark Day Non-executive director	0 - 5						0 - 5	15-20	100					15-20
Hazel Brand Non-executive Director	5-10						5-10	10-15						10-15
Joanne Gander Non-Executive Director	5 - 10						5-10	10-15						10-15
Emyr Jones Non-Executive Director	0 - 5						0-5	10-15						10-15
Lucy Nickson Non-Executive Director	0 - 5						0-5	10-15	100					10-15

Dr Tim Noble Executive Medical Director	210-215				52.5-55		260-265	210-215						210-215
Richard Parker OBE Chief Executive (1)	205-210						205-210	245-250						245-250
Jon Sargeant Chief Financial Officer	155-160				32.5-35		185-190	155-160						155-160
Zoe Lintin Chief People Officer	110-115				55-57.5		165-175	145-150						145-150
Denise Smith Chief Operating Officer	30-35				7.5-10		40-45	145-150						145-150
Karen Jessop Chief Nurse	30-35				12.5-15		40-45	140-145					62.5-65	200-205
Zara Jones Deputy Chief Executive	-						-	75-80						75-80
Dr Nick Mallaband Acting Executive Medical Director								100-105					2.5-5	105-110

(1) £10k - £15k of this reflects an adjustment for a previously deferred remuneration review that was partially implemented in 2022/23 and completed in 2023/34.
Note, individual has opted out of pension scheme in 2023/24.

Downward valuations of pension related benefits are shown as nil movements in the relevant column.

All Executive Directors who are currently within the NHS Pension Scheme are affected by the Public Service Pensions Remedy and their membership between 1 April 2015 and 31 March 2022 was moved back into the 1995/2008 Scheme on 1 October 2023.

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:

$$\text{Pension benefit increase} = ((20 \times \text{PE}) + \text{LSE}) - ((20 \times \text{PB}) + \text{LSB})$$

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 2024			Lump sum at pension age related to accrued pension at 31 March 2024			Cash Equivalent Transfer Value at 1 April 2023	Real increase in Cash Equivalent Transfer Value	Cash Equivalent Transfer value at 31 March 2024	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	0	-	0	37.5	-	40	55	-	60	160	-	165	1,144	197	1,476	-
Tim Noble	0	-	0	32.5	-	35	70	-	75	200	-	205	1,450	157	1,781	-
Nicolas Mallaband	0	-	2.5	0	-	0	20	-	25	65	-	70	400	-	469	-
Zoe Lintin	0	-	0	35	-	37.5	30	-	35	85	-	90	489	140	699	-
Denise Smith	0	-	0	30	-	32.5	45	-	50	120	-	125	822	144	1,068	-
Karen Jessop	0	-	2.5	42.5	-	45	50	-	55	140	-	145	749	270	1,114	-
Zara Jones	0	-	0	17.5	-	20	35	-	40	100	-	105	477	93	726	-

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

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
27 June 2024

Governance Report

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

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

Board of Directors	Council of Governors
<ul style="list-style-type: none">● Operational management● Strategic development● Capital development● Business planning● Financial, quality and service performance● Trust-wide policies● Risk assurance and governance● Strategic direction of the Trust (taking account of the views of the Council of Governors).	<ul style="list-style-type: none">● Hold the Non-executive Directors to account for the performance of the Board of Directors.● Appoint and determine the remuneration of the Chairman and Non-executive Directors● Appoint the 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 2023/24. 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 Q4 2023/24, 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. This limited assurance was linked to the frequency of the reviews of the framework, as well as some additional details required within them and work is ongoing to improve the framework.

Audit and Risk Committee (ARC)

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 five 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
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Kath Smart – Chair	Non-Executive Director	5 of 5
Emyr Jones	Non-executive Director	5 of 5
Mark Bailey	Non-Executive Director	5 of 5
Mark Day	Non-Executive Director (From May 2022)	5 of 5
Joanne Gander	Non-Executive Director (From July 2022)	5 of 5

As internal auditors, 360 Assurance 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 provide an opinion of 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 2023.

For 2023/24, 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 stand at zero.

Staff Report

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 people. 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 inclusive organisation with great people that provide great care, each and every day.

Note all staff policies and procedures can be viewed here: <https://www.dbth.nhs.uk/about-us/our-publications/publication-scheme/our-policies-and-procedures/>

Keeping our colleagues informed and engaged

We engage with our colleagues in various ways, utilising multiple communication channels, formal consultations with Staff Side union representatives, collective agreements, and open feedback forums.

Here are some of our main communication platforms:

- **The Buzz:** Sent every Tuesday to all colleagues, with a readership of about 3,500 each week (out of around 6,800).
- **The Hive:** Our Extranet features all Trust information, including news and developments, with around 125,000 page views a month.
- **Friday All-User Round-Up:** An email sent to all colleagues, averaging about 3,000 readers.
- **DBTH Staff Facebook Group:** With 7,200 members, it is our most active channel, encompassing around 90% of all colleagues.
- **DBTH Staff App:** Available on Android and iOS, with 5,000 active users.
- **Public Social Media:** We have 51,000 followers on Facebook and about 7,000 on Twitter, making us one of the most followed acute providers in the country.
- **Team Brief:** Presented by the Executive team every two months and recorded to be shared with colleagues.

- **Managers' Brief:** Sent to around 250 senior managers, usually reserved for operational developments and significant changes within the Trust.

Reward and Recognition

- **Star Awards:** Our DBTH Stars awards scheme allows any employee to nominate colleagues who deserve recognition for their work. A panel reviews all nominations and selects a monthly 'Star.' Winners receive gift vouchers, a certificate, and a nomination for the Trust's annual Stars award ceremony. The scheme culminates in the Annual Star Awards hosted in the latter half of the year.
- **Christmas Advent Calendar:** Starting in 2021, from December 1 to 25, every employee is entered into a prize draw to mark Advent and as a 'thank you' for their efforts throughout the year. Last year's prizes included tickets to West End shows, a smartwatch, a spa day, and much more.
- **Reward and Recognition Events:** We have a schedule of events linked to specific celebration days and professional events. This ranges from a free cup of tea and slice of cake delivered by the Executive Team, a £25 gift voucher for all staff at Christmas, to a free trip to the Yorkshire Wildlife Park. We also relaunched our Long Service Award, recognizing continuous service across the NHS for 10, 20, 30, 40, and 50 years.
- **NHS Fleet and Tusker Lease Cars:** The Trust offers two lease car suppliers, providing team members with exclusive discounts and offers via generous salary sacrifice schemes, including significant savings on a range of vehicles, including electric cars.
- **Staff Lottery:** For a small fee, team members can participate in our monthly lottery draw, with 11 winners each month and prizes ranging from £1,000 to £50. Every six months, we hold a special one-off prize draw for £6,000.

Health and Wellbeing

As a Trust, we strive to attract and retain skilled staff while ensuring their physical and mental well-being. By providing a comprehensive well-being package, we ensure our colleagues feel valued and supported, knowing the organisation cares about their health and well-being.

In July 2023, employees of DBTH were invited to participate in our first Health & Wellbeing (HWB) survey. The HWB team aimed to understand:

- How DBTH employees rate their physical and mental well-being.
- What type of HWB support they would like from the Trust.
- Whether they have used any of our support offers and their feedback on them.

On average, respondents rated the Trust's support for their physical and mental well-being at 7 out of 10. Those who accessed the health and well-being support rated it highly. Additionally, 52% of respondents were aware of the available HWB activities, and 47% knew how to access them.

Given the cost-of-living crisis and its impact on colleagues, financial well-being has become increasingly important. To address this, we have implemented various financial well-being support initiatives to help colleagues manage their finances better.

We organised a series of webinars facilitated by support organisations such as The Money Helper, which offered advice on making money go further and pension planning. Our popular weekly Wellbeing Wednesday sessions covered numerous financial well-being topics, including budgeting, getting on the property ladder, and saving on energy bills, with contributions from Doncaster Energy Team, Yorkshire Water, Nottinghamshire County Council, and Citizens Advice Bureau.

HSBC also hosted several helpful webinars and on-site 'Financial Health Check Clinics,' open to all colleagues regardless of their bank affiliation. Additionally, Blue Light Discounts visited our sites to offer savings opportunities.

Accolades

- Awarded Gold in the South Yorkshire Be Well @ Work awards.
- Shortlisted for the Healthcare People Management Association's (HPMA) Award in the NHS Employers Wellbeing category for outstanding efforts and innovative approaches to enhancing colleague well-being.
- Awarded the NHS Employers Wellbeing award at the HPMA Awards for 'Mission Menopause' in collaboration with South Yorkshire Integrated Care Board (ICB).
- Shortlisted in the Supporting Team category at the DBTH Star Awards.
- Accredited as a Menopause Friendly Employer.

Women's Health

From pregnancy to menopause, female employees can face significant challenges while at work. Our support includes:

- FREE emergency period products.
- Staff smear clinics with evening and weekend appointments.
- Menopause support, including our first Menopause Policy launched in 2023, drop-in menopause clinics, a menopause peer support group on WhatsApp, 20 trained menopause advocates, and a menopause library.

Staff Survey 2023

Our Staff Survey results reflect the positive actions we are taking to improve colleagues' health and well-being, with 67% agreeing that 'the Trust takes positive action on health and

well-being' and 69.5% stating 'my immediate manager takes a positive interest in my health and well-being'.

Vivup

Our Employee Assistance provider, Vivup, offers 24/7, 365-day support, giving colleagues access to confidential, impartial assistance, including counselling for issues such as anxiety and depression. Vivup also provides a Listening Line and a Bereavement Support Line for assistance with matters like domestic abuse and financial well-being support. Additionally, payroll pay schemes and lifestyle discount vouchers are available.

Wellbeing Champions

At DBTH, we have around 30 Wellbeing Champions who support the Health and Wellbeing team by promoting available support and encouraging colleagues to participate in activities. In 2023, bi-monthly Wellbeing Champion Sessions were implemented to provide training and support for the champions in their roles.

Additional Support

Our comprehensive health and well-being package is continually evolving and includes:

- Complementary Therapies
- Reiki
- Dr. Bike
- Yoga
- Know Your Numbers
- Therapy Dog
- Wellbeing Trolleys
- Wellbeing Calendar

Education

In our continued commitment to providing and securing the highest quality training and education for all members of Team DBTH, including all our learners, we have introduced the DBTH Education Quality Framework in Autumn 2023. This framework complements our overarching People Strategy and reflects the NHSE Quality and Outcomes Framework, providing a mechanism to triangulate educational data across programmes and professional and clinical groupings.

Our multidisciplinary and inclusive Training and Education Department leads and supports all training areas, including Statutory and Essential Training (SET), Role Specific Training (ReST), the wider upskilling of colleagues to complement new roles, and ongoing professional development. We also provide high-quality clinical placements for a breadth of

pre-registration learners, postgraduate doctors in training, and those seeking wider work experience. Education Leads, aligned with clinical and corporate directorates, and specific programmes of work, liaise with senior leaders to ensure that our education provision reflects our current and future workforce needs. We have embedded the Learning Needs Analysis (LNA) tool into the annual business planning process, thereby aligning our education provision and commission directly with our business needs.

As a Trust, we have maximised available education funding, both internally and externally, to support our people in the areas outlined above while meeting the quality standards in our education contract. The apprenticeship levy has further enabled us to expand our educational offerings across all workforce areas, from entry-level to postgraduate study. DBTH remains a leading employer for apprenticeships, with 2.15% of our workforce enrolled in an apprenticeship during 2023/24. This commitment to growing our own and investing in our people is further complemented by significantly low attrition rates for individuals undertaking apprenticeships.

Building on our partnerships with local education providers, including schools and Further Education Institutes (FEIs), and recognising our anchor status within local communities, we have continued to offer a breadth of work experience placements. These range from T Level students, clinical attachments, virtual workshops, career events, and bespoke opportunities such as poster designing and supporting local events, ensuring learners and citizens in Bassetlaw and Doncaster are 'work ready'. Building on the successes of our 'Foundation School in Health' partnerships with Hall Cross Academy (Doncaster) and Retford Oaks Academy (Bassetlaw), we hosted two further 'We Care Into the Future' events, with over 1,500 Year 8 students attending and exploring the myriad of employment and educational opportunities available at DBTH. These initiatives have gained national interest, with other NHS providers beginning to replicate the model.

Recognised for our forward modelling of health and wider care careers, our Head of Education (Widening Participation) remains a key member supporting the implementation of Doncaster's Education and Skills Strategy 2030. Additionally, our Director of Education and Research is a member of the Education and Skills Strategy Board. DBTH co-chairs and hosts the Project Manager of the Doncaster Health and Care Centre of Excellence, delivering on the Education and Skills Strategy 2030's commitment to establish Centres of Excellence ecosystems.

DBTH remains committed to providing clinical placements to over 1,350 pre-registration students from various Higher Education Institutes (HEIs) across South Yorkshire and beyond, a significant increase of 30% from 2022/23. These include a wide range of pre-registration programmes such as Medicine, Nursing, Midwifery, Allied Health Professionals, Healthcare

Scientists, and Pharmacists, extending to elective placements and returning to practice. We also continue to support postgraduate doctors in training in collaboration with NHSE, aligning with our clinical service provision.

Providing clinical placements for both pre-registration and postgraduate trainees is a core aspect of our education mission. We are proud of our reputation for high-quality clinical education, reflected in student and learner feedback and confirmed by annual external assessments, including the Senior Leaders Engagement (SLE) meeting (NHSE) and The University of Sheffield's Medical School annual assessment. In our 2023 SLE, we were highly commended by the Associate Dean of YH NHSE, recognising our inclusive policies, people, and positivity towards education. Additionally, DBTH was shortlisted for the Nursing Times Placement of the Year (Hospital) category, highlighting the excellence of our pre-registration student nurse programme.

Our intention for 2024/25 is to introduce the National Safe Learning Environment Charter, with DBTH already recognised by the National Team as a trailblazer. This recognition reflects our ongoing commitment to maintaining and growing educational excellence across DBTH and into our communities.

Research

Progressing our commitment to making DBTH a leading centre of research excellence for the benefit of our patients and our Trust, we have successfully delivered the introductory year of the new Research and Innovation Strategy (2023-2028). Complementing this overarching strategy, we developed and launched a Nursing, Midwifery, and Allied Health Professionals Research and Innovation Framework, recognising the need for tailored support for our wider healthcare professionals alongside medical and dental colleagues.

We have aligned and cross-referenced this strategy with the new Clinical Quality Strategy, People Strategy, and Health Inequalities Strategy to ensure our key objectives are reinforced and supported. This integrated approach has fostered growth in research talent, innovation expertise, and leadership in research and innovation among DBTH colleagues, underpinned by a sustainable financial model.

Significant research developments have been made, particularly in maternal and child health. The Born and Bred in Doncaster (BaBiD) research study has reached over 2,250 recruits by the end of March 2023.

Comparable to our external education quality scrutiny, DBTH has again met its annual contract requirements with the National Institute for Health and Care Research (NIHR) Clinical Research Network (CRN), receiving overwhelmingly positive feedback on patient

recruitment and the breadth of studies offered. Our notable studies include the 'IGLOO' (Sickness absence and sustainable return to work pilot study) and the 'BaBiD' (Born and Bred in Doncaster) study, addressing seldom-heard groups and specialist clinical areas.

Building on our portfolio research activity successes, DBTH continues to develop partnerships with local academic and innovation institutions, as reflected in our new Research and Innovation Strategy.

As part of our ambition to develop Doncaster as a University City and recognising the value of a collaborative network, DBTH continues to work closely with the City of Doncaster Council and Rotherham, Doncaster and South Humber NHS Trust. This year, we have focused on developing our People and Public Involvement (PPI) approach, progressing with the Doncaster Voices community to help inform, shape, and prioritise our research and innovation activities. Complementing our place-based activities across Doncaster, DBTH is a key partner within the South Yorkshire Integrated Care Board, supporting the development of research and innovation activities at the ICB level, including a new Research and Innovation Strategy.

We remain a key partner for education and research across the South Yorkshire Integrated Care Board (SY ICB). While committed to supporting all communities we serve, we are financially aligned with the SY ICB for commissioning and reporting purposes. Additionally, we have started engaging with the North Nottinghamshire ICB, particularly in developing their new Research Strategy. As this work progresses, we look forward to sharing updates through our usual channels and in next year's annual report.

DBTH continues to lead regionally and nationally with our multi-professional and inclusive approach, often sharing our experiences with other provider organisations. We are recognised for the integration of education and research within our organisation, supported by individual leadership, engagement, and embedding these elements within work profiles and the organisation's strategic priorities.

Health and safety

Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust (DBTH) is dedicated to providing a safe and secure environment for patients, staff, and visitors.

We achieve this through the development and implementation of robust systems and processes to effectively manage health and safety (H&S) issues. Our approach includes proactively identifying risks, implementing effective mitigation measures following a hierarchy of controls, and encouraging staff to report H&S incidents via the Trust's

electronic reporting system, Datix. We foster a no-blame culture to promote transparency and reflection, reducing the likelihood of future incidents.

This report covers all aspects of Health and Safety (H&S) Management at DBTH for the reporting period 2023/2024.

The Trust Health and Safety (H&S) Committee meets quarterly and delivers a formal bi-annual report to the Audit and Risk Committee (ARC). This process allows the Chair of ARC to escalate any areas of concern to the Board through the Chair's assurance report.

Additionally, the Acting Operational Director of Estates & Facilities provides an annual declaration of performance compliance against the Department of Health and Social Care's NHS Premises Assurance Model (NHS PAM) to the Trust Board. This report specifically addresses the patient experience and safety elements of the annual assurance return to NHS England, which aligns with the Care Quality Commission (CQC) Key Lines of Enquiry (KLOE).

During the reporting period, 408 accidents/incidents were reported on DATIX that either caused or had the potential to cause personal injury to staff, visitors, and contractors. Of these, 9 incidents were reportable to the Health and Safety Executive (HSE) under The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR). Table 1 provides a full breakdown of incidents by subcategory and site for the reporting period of April 2023 – March 2024.

Table 1: Breakdown of incidents into Subcategory and Site April 2023 – March 2024

	Doncaster Royal Infirmary	Bassetlaw Hospital	Montagu Hospital	External to DBH	Total
Accident caused by some other means	50	7	6	2	65
Collisions	15	4	1	2	22
Exposure to electricity, hazardous substance, infection etc	16	5	2	0	23
Injury caused by physical or mental strain	24	3	2	0	29

Moving and Handling Incidents	24	6	4	0	34
Sharps related incident, including knives	96	19	5	2	123
Slips/trips/falls (includes faints)	79	17	7	3	107
Transport related incident	4	1	0	0	5
Total	308	62	27	4	408

After successfully introducing e-learning packages for health and safety (H&S) risk assessment and manual handling risk assessment onto ESR, the H&S Advisor and Senior Moving and Handling Advisor proposed to the Role and Specific Training (ReST) panel that these e-learning packages become mandatory as part of the Trust's SET+ training package. This proposal was approved, and compliance mapping is currently underway.

In a further enhancement to H&S training, the Trust has introduced a comprehensive National Health, Safety and Welfare standalone training package, which all staff are required to complete every three years. This 30-minute training module covers all hazards and risks pertinent to a healthcare environment.

The introduction of a separate mandatory H&S training package outside of the standard SET requirements provides a deeper level of training and improves the ability to monitor compliance. As this is a National Training package, the content, level of training, and aims and objectives are aligned with other NHS organisations.

As part of the improved risk assessment training programme, new clinical and non-clinical risk assessment templates have been developed and approved by the Trust H&S Committee. These templates are available for download on a new dedicated H&S page on Trust Hive, along with a suite of H&S factsheets and associated H&S management toolbox talks. These risk assessments are now part of a comprehensive set of Ward/Departmental Operational Risk Management folders covering sharps, moving and handling, violence and aggression, and COSHH risk assessments. The folders are complete in all clinical areas, with continued distribution throughout the remaining non-clinical areas into the new financial year (FY) 2024/25.

As part of an ongoing Quality Improvement (QI) project to enhance H&S management within the Trust, a new internal safety alert procedure has been introduced. This initiative promotes a proactive approach to incident investigation, sharing lessons learned to reduce risks, and fostering a positive H&S culture throughout the organisation.

Internal Safety Alerts serve as notifications or announcements to warn colleagues of potential hazards, dangers, or risks associated with specific products, activities, or situations, significantly reducing incidents by increasing awareness and providing clear guidance to prevent accidents and injuries. These alerts will follow the same process as the current external Medicine and Health Care Products Regulatory Association (MHRA)/Estates and Facilities Alert (EFA) system, distributed to all identified clinical and non-clinical teams throughout the organisation.

The Trust H&S Communication Working Group continues to meet monthly, comprising representatives from the Communication team and the H&S Management team, including fire and security. Positive progress is being made via this group to communicate current H&S, Fire Safety, and Security Management themes through various channels, including a dedicated H&S page in Buzz, a Health and Safety section on the Hive, Facebook posts, and a DBTH H&S App.

A new H&S Strategy, incorporating outputs from the ongoing H&S management QI project, is currently in development. The draft strategy was approved by the Trust Health and Safety Committee and circulated to several clinical and non-clinical colleagues for review.

The draft strategy links patient safety, patient experiences, and the quality of care with the safety, health, and wellbeing of the organisation's workforce. It is currently under further review following the introduction of the Trust's new vision and strategic objectives.

In June 2023, the Trust H&S Advisor and Head of Compliance undertook a positive site visit to Bradford District Care NHS Foundation Trust (BDC) to discuss their successful attainment of ISO 45001 accreditation and the Royal Society for the Prevention of Accidents (RoSPA) gold accreditation award.

Following this visit and a subsequent comparison of H&S management processes and procedures at both BDC and DBTH, it was determined that DBTH was in a position to submit its own application to RoSPA. This will help the Trust understand its current position and the further steps required to achieve ISO 45001 accreditation. The Trust completed its RoSPA application on 31 January 2024 and is currently awaiting feedback, expected in June or July 2024.

A comprehensive feedback report will outline areas for improvement to enhance the level of accreditation in future applications.

A 'sharps' deep dive was undertaken in 2023 to investigate incidents of sharps injuries within the Trust. As a result, a 'Sharps' working group has been established, including various clinical and non-clinical stakeholders. The group reports directly to the Infection Control Committee bi-monthly and provides a quarterly exception summary report to the Trust H&S Committee.

The group's main tasks include monitoring trends and incidents related to sharps injuries, overseeing processes for the safe use and disposal of sharps, providing education, support, advice, and networks, coordinating trials of devices designed to reduce sharps injuries, and promoting a culture of sharps injury prevention within the Trust.

The Health and Safety Executive Safety Climate Tool (SCT) survey results are currently being reviewed and analysed from the inaugural Safety Climate Survey, with 807 colleagues responding. These results and the action plan will be presented to the Trust H&S Committee in August 2024. The SCT measures the workforce's attitudes and perceptions about health and safety, providing insights into the safety culture and enabling targeted improvements. Regular reviews and updates of the electronic Control of Substances Hazardous to Health (COSHH) system, Alcumus Sypol, continue to be undertaken by the H&S Advisor.

This includes substance updates and new information additions to ensure continual improvement. The H&S Advisor is also reviewing current Trust guidance and documentation available to staff on the Hive to ensure the continual improvement of information availability.

As part of a national programme of planned HSE inspections to hospitals assessing the management arrangements for controlling risks associated with Asbestos Containing Materials (ACMs) and compliance with the Control of Asbestos Regulations (CAR) 2012, the Mexborough Montagu Hospital (MMH) site was chosen for inspection. The inspection took place on 21 March 2024, focusing on the Trust's arrangements to ensure that ACMs are maintained in sound condition and not damaged by foreseeable activities within the premises.

Documentation relevant to the Trust's management of ACMs, including asbestos surveys, risk assessments, the asbestos register, and the asbestos management plan, was reviewed. The HSE inspectors provided positive feedback, stating that the Trust was carrying out its duty to manage and control asbestos in line with CAR 2012 and Regulation 4. They appreciated the comprehensive policies and procedures in place and advised simplifying the asbestos management plan for easier reading and updating. The level of investment from the Trust in removing and abating asbestos and the continued plan of works linked to the annual Capital programme were also commended.

The Fire Improvement programme for Financial Year (FY) 23/24 at the Women's and Children's (W&C's) Doncaster Royal Infirmary site (DRI) will continue into FY 24/25 to complete all fire precaution work elements required within ward M1, as illustrated in Table 2. The Fire Improvement works for the East Ward Block (EWB) at the DRI site are complete up to Phase 5 of the basement level, with the final Phases 5-8 to be agreed subject to the confirmation of Capital Resource Expenditure Limits (CDEL) for FY 24/25. These works are subject to a jointly agreed action plan between the Trust and South Yorkshire Fire & Rescue

Service (SYFRS), with progress monitored by the Fire Task and Finish Group (FTFG) and regular reporting/discussions with SYFRS.

Table 2: Fire Improvement Project 2023/2024 Programme Summary

Fire Improvement Programme Schedule			
Key Milestones (2022/23)	Start Date	Completion Date	Comments
DRI EWB Level 1 Phases 1 & 2		02/06/23	Complete
DRI EWB Level 1 Phase 3	21/08/23	10/11/23	Complete
DRI EWB Level 1 Phases 4 & 5	13/11/23	09/02/23	Complete
DRI W&C's Completion of Ward M1	04/09/23	07/06/24	Completion planned within FY24/25
DRI EWB Level 1 Phase 6			Currently waiting for Funding allocation to be confirmation prior to agreement for programme start/completion date.
DRI EWB East & West Fire Escapes Contract Award			Currently waiting for Funding allocation to be confirmation prior to agreement for programme start/completion date.
DRI W&C's Ward G5			Currently waiting for Funding allocation to be confirmation prior to agreement for programme start/completion date.

DRI W&C's Remaining Central Cores Contract Award			Currently waiting for Funding allocation to be confirmation prior to agreement for programme start/completion date.
DRI W&C's Level 5 Theatres Contract Award			Currently waiting for Funding allocation to be confirmation prior to agreement for programme start/completion date.

Workforce statistics as at 31 March 2024 (subject to Audit)

In 2023/24, the Trust's staff turnover figure stood at 13.39% - this figure is higher than usual as it includes the Pathology service which was transferred to Sheffield Teaching Hospitals following work by the South Yorkshire Acute Federation. Please note, staff turnover information can be viewed here: <https://digital.nhs.uk/data-and-information/publications/statistical/nhs-workforce-statistics> (not subject to audit)

	FTE (Perm)	FTE (Other)	FTE (Total)
Total staff employed as at 31 March 2024	6,204	524	6,728
Medical and dental	699	58	757
Administration and estates	1,591	38	1,629
Nursing, midwifery and health visiting staff	2,941	389	3,330
Scientific, therapeutic and technical staff	700	38	738

Healthcare science staff	153	1	154
Other	120	0	120

	2023/24 Actual	2023/24 Target	Benchmarking data
Staff Sickness Absence Rate	5.77%	5%	2022/23 the rate was 6.28%
			In 2022/23 the regional average was 4.35%

Task force on climate-related financial disclosures (TCFD)

NHS England's NHS foundation trust annual reporting manual has adopted a phased approach to incorporating the TCFD recommended disclosures as part of sustainability annual reporting requirements for NHS bodies, stemming from HM Treasury's TCFD aligned disclosure guidance for public sector annual reports.

TCFD recommended disclosures as interpreted and adapted for the public sector by the HM Treasury TCFD aligned disclosure application guidance, will be implemented in sustainability reporting requirements on a phased basis up to the 2025/26 financial year. Local NHS bodies are not required to disclose scope 1, 2 and 3 greenhouse gas emissions under TCFD requirements as these are computed nationally by NHS England.

The phased approach incorporates the disclosure requirements of the governance pillar for 2023/24.

As part of our work around climate and sustainability, the Trust has undertaken risk assessments on the effects of climate change and severe weather and as such, has developed a Green Plan following the guidance of the Greener NHS programme. The Trust ensures that its obligations under the Climate Change Act and the Adaptation Reporting requirements are complied with.

The Trust's Green Plan is a Board approved strategic document, which sets out the Trust's commitment and approach to achieving net zero and to improving the sustainability of the Healthcare Services we provide.

We are currently prioritising enabling actions that include the development and training of our workforce, providing system leadership, developing sustainable models of care, improving access to preventative health advice and access to fresh and healthy food options on our Estate. Alongside these interventions we will prioritise interventions that reduce carbon emissions and improve sustainability performance.

The strategy outlines our intention to implement direct interventions within estates and facilities, travel and transport, supply chain and medicines to reduce carbon emissions and

to improve sustainability performance and to adapt to a changing climate, and these efforts specifically focus upon:

- Estates and facilities
- Adaptation
- Travel and transport
- Supply chain and procurement
- Medicines
- Workforce and system leadership
- Sustainable models of care
- Food and nutrition
- Digital transformation

Governance pillars

To demonstrate our commitment to the Green Plan, this document has been approved by the Trust's Board of Directors.

This is in recognition the Board of Directors must support the development and delivery of the Green Plan, ensuring that sustainability is embedded at the core of the Trust's strategies, policies, and operations.

A Board Lead has been appointed, the Lead supports the proposal and approval of any new targets, strategies, and business cases that relate to the delivery of the Green Plan, and regularly updates the Board of Directors on any developments, progress, and matters of assurance.

The Trust has also appointed a Sustainability Lead, who has broad responsibility for progressing the implementation of the Green Plan and the associated projects. The Sustainability Lead chairs our Sustainability Group, which will support the coordination, delivery, management and monitoring of the Green Plan.

The Groups membership is comprised of a multi-disciplinary team of colleagues from key departments, who provide the knowledge and understanding of the operation of the hospitals, which is required to create organisational level change.

The Sustainability Group meets regularly, with the priority aim to support the development of projects and 'Green' Action Plans, which deliver the objectives of the Green Plan.

The Sustainability Group also works to develop, further, key governance requirements, for example the monitoring of progress and the annual reviews of the Green Plan.

To further enable managers, and colleagues across the Trust to implement our climate related targets, we have specifically focused on the following:

- Developing the Leadership and Governance structures required to deliver the Green Plan.
- Engaged, developing and training staff, ensuring they understand the Trust's impact on climate change and how this impact relates to their role and how they can positively impact.
- Updating and maintaining our internal communication plans to include engagement that promotes the Green Plan.
- Delivering Carbon Literacy Training to ensure staff are aware of the impacts of climate change and its relationship with carbon.
- Developing the Annual Sustainability Report to review our progress towards reducing carbon emissions and progress at achieving the objectives of the Green Plan.

Furthermore, we have folded this approach into our procurement processes, specifically:

- Promotion of the Green Plan to our suppliers, communicating its commitments and our intention to work with the supply chain to reduce impact.
- Establishing a system that enables the assessment and selection of more sustainable goods, products, and services.
- Assessing what products and services in the supply chain pose a higher ethical, labour, and environmental risk and mitigating that risk.
- Establishment of a set of standards that suppliers must adhere to for example to achieve social value outcomes, and on ethics, labour, and the environment, aligned with the Government Buying standards.
- Reviewing our existing supplies of goods and services to confirm they meet those standards.
- Ensuring that environmental, social, and economic impacts and opportunities are appropriately considered and evaluated in the assessment of value for money; before purchasing, when purchasing new products, when developing and scoring tenders and when setting up contracts or framework agreements.
- Managing tendering and procurement strategies that ensure fair access to contracting opportunities for businesses of all sizes and types and invite local companies to tender.

Since its initial launch in December 2021, the Green Plan has led to a number of significant achievements that have improved sustainability at the Trust, including:

- A transition to the procurement of electricity from clean renewable sources, leading to a significant reduction in the Trust's carbon footprint.
- A significant reduction in the use of volatile anaesthetic gases that have a harmful impact on the environment.
- The attainment of a Green Flag Award for the memorial gardens at Doncaster Royal Infirmary and Bassetlaw District General Hospital, recognition of the benefit that these green spaces provide and their positive impact on biodiversity.
- A transition to a 'zero waste to landfill' approach to waste disposal.
- An increased focus on sustainability when procuring goods and services, and work with partners to help minimise the environmental impact of our supply chain.
- The successful training of Trust employees in carbon literacy and future plans for more widespread training and education throughout the organisation.

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	275,927	262,134	13,793
Social security costs	29,943	29,943	-
Apprenticeship Levy	1,404	1,404	
Pension cost – defined contribution plans	30,826	30,826	-

employer's contributions to NHS Pensions			
Pension cost – defined contribution plans employer's contributions to NHS Pensions paid by NHS England on provider's behalf	13,428	13,428	-
Pension cost - other	111	111	-
Temporary staff – external bank	20,007	-	20,007
Temporary staff – agency/contract staff	14,859	-	14,859
Total Staff costs	386,505	337,846	48,659

Equality, diversity and inclusion (EDI) - (not subject to audit)

At Doncaster and Bassetlaw Teaching Hospitals (DBTH), our mission is to cultivate an inclusive culture where every colleague feels a sense of belonging and is valued.

We celebrate diversity and expect all colleagues to show kindness and respect towards each other, adhering to the DBTH Way. Our goal is to mirror the diversity of the communities we serve and recruit from, aiming to enhance diversity in our leadership by nurturing our talented colleagues. We uphold that all protected characteristics are equally important, including age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, and sexual orientation.

For details on our equality priorities and actions, please visit the Equality and Diversity page on the Trust website www.DBTH.nhs.uk. Here, we also publish information to comply with the Equality Act.

On June 8, 2023, NHS England launched its first equality, diversity, and inclusion (EDI) improvement plan, acknowledging the benefits of a diverse workforce for better patient care. In response, we developed the DBTH EDI Improvement Plan, reviewing all EDI workstreams. This plan aligns with the six high impact actions and success metrics. As of March 2024, the Trust has completed 24 actions, with others on track.

The DBTH Health Inequalities strategy, approved by the Board in March 2024 and published shortly after, complements our ambition to promote equality, diversity, and inclusion within DBTH.

Our internal communications highlight cultural events and awareness days, providing opportunities for colleagues to engage through learning sessions and lectures.

Engaging with our community, the Trust actively participates in the local PRIDE event in Doncaster. In 2023, Doncaster Council's Ethnic Culture Fusion Network (EFCN) became a core member of the Trust EDI Committee.

The Trust's 2023 NHS staff survey results highlight the positive impact of our EDI initiatives since 2021, showing improvements in culture and working experiences at DBTH. We consistently exceed the national average for acute NHS trusts. While this progress is encouraging, we remain committed to further improvements for all colleagues.

Equality Information as at 31 March 2024 – Executive and Senior Directors

Gender (Directors Only)	Headcount	Headcount %
Female	12	67%

Male	6	33%
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Senior managers

Gender	Headcount	Headcount %
Female	63	64%
Male	36	36%

Equality information

Gender	Headcount	FTE	Headcount %
Female	6,103	4991.03	81.34%
Male	1,400	1270.03	18.66%

Age	Headcount	FTE	Headcount %
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16 - 20	118	106.98	1.57%
21 - 25	527	492.14	7.02%
26 - 30	813	723.72	10.84%
31 - 35	976	827.87	13.01%
36 - 40	916	778.87	12.21%
41 - 45	823	700.93	10.97%
46 - 50	766	668.57	10.21%
51 - 55	882	748.53	11.76%
56 - 60	873	680.27	11.64%
61 - 65	609	411.37	8.12%
66 - 70	157	97.95	2.09%

71 & above	43	23.85	0.57%
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Ethnicity	Headcount	FTE	Headcount %
Any Other	111	107.31	1.48%
Asian	659	616.25	8.78%
Black	273	250.15	3.64%
Chinese	30	27.97	0.40%
Mixed	97	82.31	1.29%
White	6,173	5,045.44	82.27%
Not Disclosed	150	129.83	2%

Disability	Headcount	FTE	Headcount %
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No	6,590	5,522.13	87.83%
Not Declared	235	185.80	3.13%
Prefer Not To Answer	24	20.61	0.32%
Unspecified	288	235.51	3.84%
Yes	356	295.20	4.74%

Sexual Orientation	Headcount	FTE	Headcount %
Bisexual	71	61.85	0.95%
Gay or Lesbian	96	88.66	1.28%
Heterosexual or straight	5,600	4717.33	74.64%
Other sexual orientation not listed	13	11.71	0.17%

Undecided	9	6.35	0.12%
Unspecified	251	209.62	3.35%
Not Disclosed	1,453	1,163.73	19.37%

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.

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 code was developed to help organisations take action to improve race equality within the workplace, drawing learning and recommendations outlined in reports, charters, and pledges, with the aim of supporting organisations who are actively tackling diversity and inclusion challenges.

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

As of 31 March 2024, the gender pay gap at DBTH stands at 33.3% in favour of men. This marks an improvement from the previous year, where the mean gender pay gap was 34.8%

in favour of men. The breakdown of pay distribution is detailed in the Quartile Pay section of this report.

Upper Hourly Pay Quartile: In 2023/24, men accounted for 35% and women for 65% of this quartile, primarily due to the high percentage of male consultants who feature prominently in this pay range. In 2022/23, men constituted 33.8%, and women represented 66.2% in the upper hourly pay quartile.

Upper Middle Pay Quartile: The distribution in 2023/24 favours women, with 14.3% men and 85.7% women. The Trust employs more women than men, especially in roles traditionally seen as female professions, such as Nursing, Administration, and Allied Health Professionals. In 2022/23, the distribution was 13.4% men and 86.6% women.

Lower Middle Pay Quartile: In 2023/24, the distribution was 13.5% men and 86.5% women, showing a similar pattern to 2022/23, which had 13.7% men and 86.3% women.

Lower Hourly Pay Quartile: In 2023/24, men comprised 11.4% and women 88.6% of the lower hourly pay quartile. This is compared to 12.4% men and 87.6% women in 2022/23.

Bonus Distribution: As of 31 March 2024, 12.4% of men and 1% of women received bonuses. Bonus payments are derived from Clinical Excellence Awards (CEAs), which aim to reward consultants contributing to the delivery of safe, high-quality care and the improvement of NHS services. For the past three years, DBTH has awarded CEAs equally to eligible male and female consultants.

DBTH Approach to Reducing the Gender Pay Gap

The Trust is committed to reducing the gender pay gap through various initiatives:

- **Flexible Working:** Flexible working arrangements provide women with opportunities to develop their careers while balancing motherhood and home responsibilities.
- **Menopause Support:** In 2023/24, the Trust achieved accreditation as a Menopause Friendly Employer. The Health & Wellbeing team and committee ensure this accreditation, and the work of Menopause Champions, improve working conditions for women in the Trust.

- **Gender Diversity and Inclusion Initiatives:** The Trust has a comprehensive improvement plan to promote gender diversity, including leadership programmes aimed at increasing diversity in leadership roles. The Board Development Delegate programme offers opportunities for individuals with protected characteristics to develop into executive or non-executive directors, with all participants in both cohorts being women.

One participant has progressed to a governor role on a school board. The Reciprocal Mentoring Programme (RMP) has had two cohorts, with the third cohort starting at the time of reporting. In 2023/24, eight out of ten aspiring leaders in the RMP were women, and in 2024/25, seven women are participating.

- **Implementing 'Mend the Gap' Recommendations:** The Trust promotes a flexible working culture when advertising senior roles. Job adverts highlight flexible working arrangements, reduced hours, and job-share opportunities, ensuring they meet the needs of both the service and employees.
- **Training and Awareness Programs:** The Trust provides training to promote understanding and awareness of gender-related issues among staff. The Trust has an active LGBTQ+ Staff Network and is exploring a network to support women returning to work after maternity leave.
- **Clear Goals and Benchmarks:** The Trust has established clear goals and benchmarks to track progress and hold the organisation accountable for addressing the gender pay gap, as detailed in the DBTH EDI Improvement Plan.

Through the outlined approaches, the Trust has made progress in reducing the gender pay gap. However, continued efforts are essential to address gender disparities, focusing on equitable pay structures and opportunities for all employees.

Regular monitoring and targeted interventions are crucial to ensure progress towards gender equality in the workplace.

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 the 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 2023/24

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.

<i>Number of employees who were relevant union officials during the relevant period</i>	<i>Full-time equivalent employee number (Trust Total)</i>
14	12.3

<i>Percentage of time</i>	<i>Number of employees</i>
0%	0
1-50%	13
51-99%	0
100%	1

Provide the total cost of facility time	£77,845.64
Provide the total pay bill	£386,505,000

Provide the percentage of the total pay bill spent on facility time calculated as: (total cost of facility time / total pay bill x100)	0.02%
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Time spent on paid union activities as a percentage of total facility time hours calculated as: (total hours spent on paid trade union activities by relevant union officials during the relevant period / total paid facility time hours x100)	68.88
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NHS Staff Survey

The NHS staff survey is conducted annually. As of 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 2023/24 survey among trust staff was 67% (2022/23: 65%).

Indicators	2023/24 Trust score	2023/24 benchmarking group score	2022/23 Trust score	2022/23 benchmarking group score
We are compassionate and inclusive	7.41	7.24	7.3	7.2
We are recognised and rewarded	6.05	5.94	5.8	5.7
We each have a voice that counts	6.82	6.70	6.7	6.6
We are safe and healthy	6.24	6.06	6.0	5.9
We are always learning	5.90	5.61	5.6	5.4
We work flexibly	6.24	6.20	6.0	6.0
We are a team	6.81	6.75	6.6	6.6
Staff engagement	6.94	6.91	6.8	6.8
Morale	6.11	5.91	5.8	5.7

Below are the rest details of related to the Staff Survey:

National Staff Survey 2023

in summary



Doncaster and Bassetlaw
Teaching Hospitals
NHS Foundation Trust



Response rates

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

67% Completed the survey (4,704).

45% Average response rate for similar organisations.



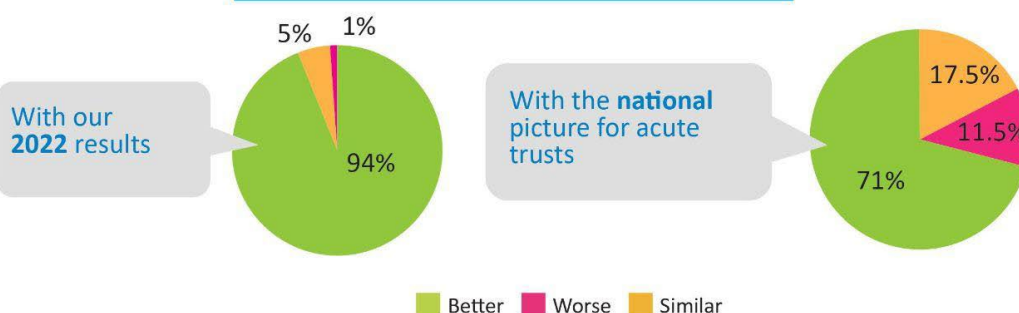
Thank you
for your
feedback!

Notable feedback



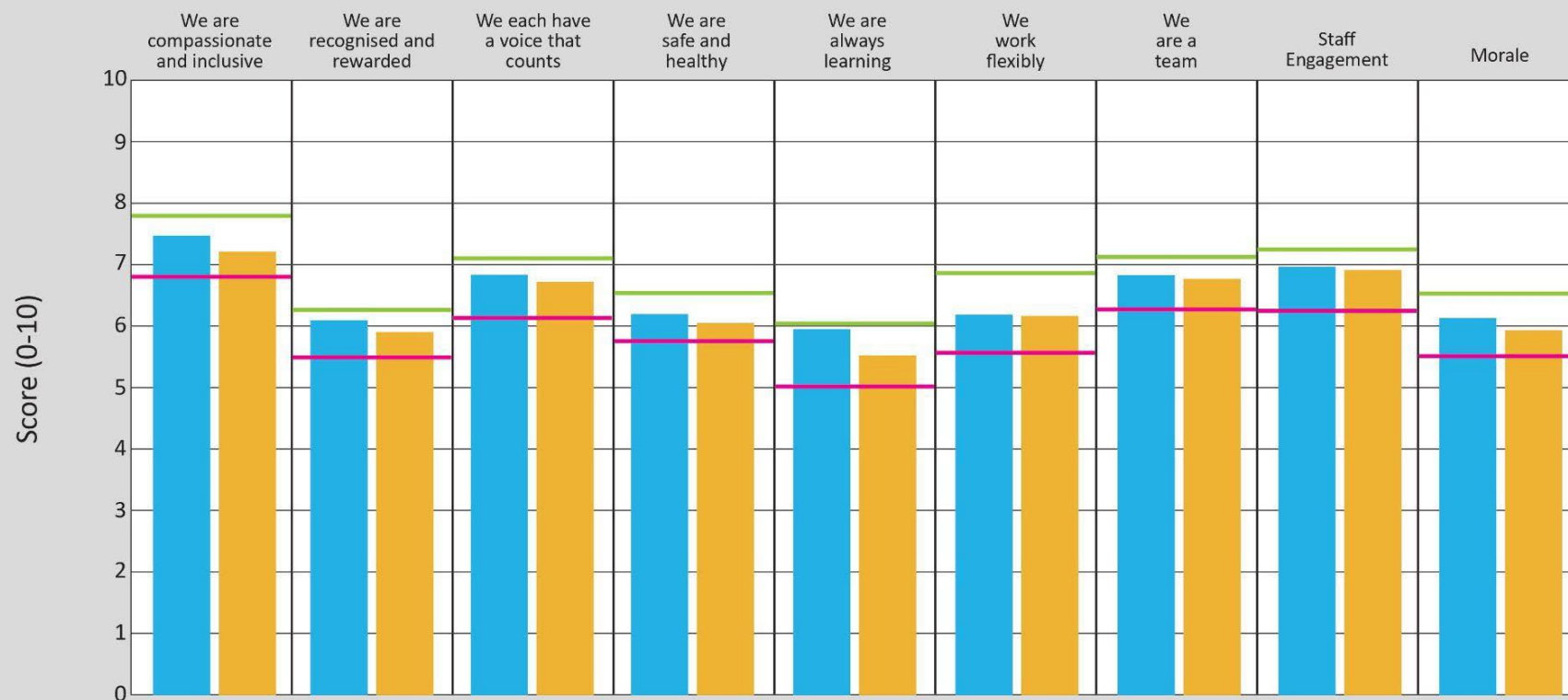
- ▲ **67%** feel the Trust takes positive action on Health and Wellbeing.
- ▲ **90%** of you had an appraisal in the last 12 months.
- ▲ **58%** of you feel that our teams at DBTH work well together to achieve our objectives
- ▲ **75%** of you feel that the Trust respects differences (cultures, backgrounds and so on)
- ▲ **64%** of you think the Trust acts fairly with regard to career progression / promotion
- ▲ **61%** of you are confident that the organisation would address your concerns if you raised them

How our responses compare:



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.



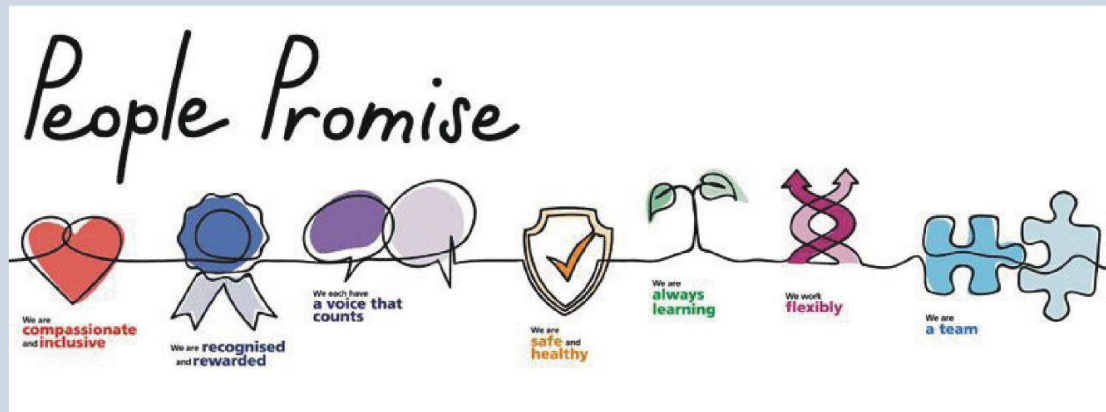
Our data is benchmarked against national data from similar organisations (acute trusts)

Best	7.71	6.37	7.16	6.55	6.07	6.87	7.19	7.32	6.52
DBTH	7.41	6.05	6.82	6.24	5.90	6.24	6.81	6.94	6.11
National	7.24	5.94	6.70	6.06	5.61	6.20	6.75	6.91	5.91
Worst	6.85	5.50	6.21	5.75	5.05	5.60	6.35	6.34	5.54

How does this compare with last year?

Theme	2022 score	2023 score	Change
We are compassionate and inclusive	7.3	7.4	
We are recognised and rewarded	5.8	6.0	
We each have a voice that counts	6.7	6.8	
We are safe and healthy	6.0	6.2	
We are always learning	5.6	5.9	
We work flexibly	6.0	6.2	
We are a team	6.6	6.8	
Staff Engagement	6.8	6.9	
Morale	5.8	6.1	

 Better
  Worse
  Similar to last year



Your job

	2022	This year	
		National	DBTH
Q2a. Often/always look forward to going to work	51.6%	54.2%	55.4%
Q2b. Often/always enthusiastic about my job	65.8%	68%	71.7%
Q2c. Time often/always passes quickly when I am working.	70%	71.3%	70.7%
Q3a. Always know what work responsibilities are.	87.2%	86.5%	88.1%
Q3b. Feel trusted to do my job.	90.6%	90.4%	90.9%
Q3c. Opportunities to show initiative frequently in my role.	71.4%	73.3%	73.6%
Q3d. Able to make suggestions to improve the work of my team/dept.	67.1%	70.8%	69.8%
Q3e. Involved in deciding changes that affect work.	46.7%	51.2%	49.5%
Q3f. Able to make improvements happen in my area of work.	50.2%	55.9%	54.9%
Q3g. Able to meet conflicting demands on my time at work	45.5%	47%	49.6%
Q3h. Have adequate materials, supplies and equipment to do my work	53.2%	56.5%	56.3%
Q3i. Enough staff at organisation to do my job properly	24.4%	31.6%	32.1%
Q4a. Satisfied with recognition for good work	52.3%	53.3%	54.5%
Q4b. Satisfied with extent organisation values my work	42.8%	43.7%	46.3%
Q4c. Satisfied with level of pay	24.7%	29.8%	31.5%
Q4d. Satisfied with opportunities for flexible working patterns	49%	55.2%	53.1%
Q5a. I have realistic time pressures	25.7%	25.2%	29.3%
Q5b. Have a choice in deciding how to do my work	51.2%	52.4%	51.9%
Q5c. Relationships at work are unstrained	42.7%	46.1%	45.2%
Q6a. Feel my role makes a difference to patients/service users	86.8%	87.8%	88.8%
Q6b. Feel my organisation is committed to helping me balance my work and home life	45%	48%	50.7%

Your job continued

	2022	This year	
		National	DBTH
6c. I achieve a good balance between my work life and my home life	54.2%	55%	58.7%
6d. I can approach my immediate manager to talk openly about flexible working.	66.6%	68.6%	69.1%

Your Team

	2022	This year	
		National	DBTH
7a. The team I work in has a set of shared objectives.	71.6%	73.5%	73%
7b. The team I work in often meets to discuss the team's effectiveness.	47.2%	61.2%	54.5%
7c. I receive the respect I deserve from my colleagues at work.	69.1%	71.3%	70.3%
7d. Team members understand each other's roles.	73.1%	71.5%	74.1%
7e. I enjoy working with the colleagues in my team.	82.1%	80.9%	82.3%
7f. My team has enough freedom in how to do its work.	57.2%	60.1%	60%
7g. In my team disagreements are dealt with constructively.	55.7%	56.7%	55%
7h. I feel valued by my team.	68.9%	69.7%	69.5%
7i. I feel a strong personal attachment to my team.	64.9%	63.8%	65.3%

People in your organisation

	2022	This year	
		National	DBTH
8a. Teams within this organisation work well together to achieve their objectives.	52.8%	54.9%	57.8%
8b. The people I work with are understanding and kind to one another.	69.7%	69.8%	69.6%
8c. The people I work with are polite and treat each other with respect.	70.7%	70.8%	70.2%
8d. The people I work with show appreciation to one another.	67.1%	66.7%	67.8%

Your managers

	2022	This year	
		National	DBTH
9a. My immediate manager encourages me at work.	69.5%	71.3%	72.1%
9b. My immediate manager gives me clear feedback on my work.	64.5%	63.9%	65.5%
9c. My immediate manager asks for my opinion before making decisions that affect my work.	55.3%	58.6%	56.9%
9d. My immediate manager takes a positive interest in my health and well-being.	67.4%	69%	69.5%
9e. My immediate manager values my work.	70%	71.4%	72%
9f. My immediate manager works together with me to come to an understanding of problems.	67.4%	68.1%	68.2%
9g. My immediate manager is interested in listening to me when I describe challenges I face.	69.3%	70.7%	71.1%
9h. My immediate manager cares about my concerns.	68.2%	69.4%	69.9%
9i. My immediate manager takes effective action to help me with any problems I face.	65.3%	66.3%	67.7%

Your health, wellbeing and safety

	2022	This year	
		National	DBTH
10b. I work zero additional PAID hours per week for DBTH, over and above my contracted hours.	43.7%	61.4%	60.2%
10c. I work zero additional UNPAID hours per week for DBTH, over and above my contracted hours.	52.7%	48.3%	55.6%
11a. My organisation takes positive action on health and well-being.	62.5%	57.1%	66.7%
11b. In the last 12 months, I have not experienced musculo-skeletal problems (MSK) as a result of work activities.	68.6%	69.5%	70.7%
11c. During the last 12 months, I have not felt unwell as a result of work related stress.	56.6%	57.5%	60.6%
11d. In the last three months I have not come to work despite not feeling well enough to perform my duties.	41.8%	44.7%	43.8%
11e. I have not felt pressure from my line manager to come to work.	76.2%	78.2%	78.3%

Your health, wellbeing and safety continued

	2022	This year	
		National	DBTH
12a. I never/rarely find my work emotionally exhausting.	21.9%	22.6%	25.3%
12b. I never/rarely feel burnt out because of your work.	27.6%	30%	33.1%
12c. My work never/rarely frustrates me.	20.7%	22.3%	24.3%
12d. I am never/rarely exhausted at the thought of another day / shift at work.	34.4%	36.5%	38%
12e. I never/rarely feel worn out at the end of my working day / shift.	16.9%	18.9%	20.4%
12f. I never/rarely feel that every working hour is tiring for me.	49%	49.9%	53.1%
12g. I never/rarely feel like I don't have enough energy for family and friends during leisure time?	34.4%	33.4%	37.6%
13a. In the last 12 months, I have not personally experienced physical violence at work from patients / service users, their relatives or other members of the public.	82.6%	85.9%	84.1%
13b. In the last 12 months, I have not personally experienced physical violence at work from managers.	99.5%	99.2%	99.6%
13c. In the last 12 months, I have not personally experienced physical violence at work from other colleagues.	98.6%	98%	98.8%
13d. The last time you experienced physical violence at work, did you or a colleague report it?	66.9%	68.7%	68.3%
14a. In the last 12 months, I have not personally experienced harassment, bullying or abuse at work from patients / service users, their relatives or other members of the public	71.8%	74.3%	76.1%
14b. In the last 12 months, I have not personally experienced harassment, bullying or abuse at work from managers.	90.9%	89.9%	93.4%
14c. In the last 12 months, I have not personally experienced harassment, bullying or abuse at work from other colleagues.	82.8%	81.2%	84.7%
14d. The last time you experienced harassment, bullying or abuse at work, did you or a colleague report it?	48.5%	49.6%	48.2%
15. Does your organisation act fairly with regard to career progression / promotion, regardless of ethnic background, gender, religion, sexual orientation, disability or age?	63.5%	55%	63.7%

Your health, wellbeing and safety continued

	2022	This year	
		National	DBTH
16a. In the last 12 months, I have not personally experienced discrimination at work from patients / service users, their relatives or other members of the public.	94.9%	90.9%	94.8%
16b. In the last 12 months, I have not personally experienced discrimination at work from a manager / team leader or other colleagues.	94.3%	90.4%	94.1%
16c. On what grounds have you experienced discrimination? (% of those who answered yes to 16b)			
1. Ethnic background	1. 31.5%	1. 54.8%	1. 34.4%
2. Gender	2. 21.1%	2. 18.8%	2. 20.2%
3. Religion	3. 2.1%	3. 5.4%	3. 3.5%
4. Sexual Orientation	4. 5.5%	4. 4.2%	4. 4.5%
5. Disability	5. 10.7%	5. 8.1%	5. 10.1%
6. Age	6. 22.4%	6. 16.3%	6. 20.2%
7. Other	7. 24.7%	7. 23.1%	7. 31.1%
17a. In the last 12 months, I have not been the target of unwanted behaviour of a sexual nature in the workplace from patients/service users, their relatives or members of the public	-	92%	91.4%
17b. In the last 12 months, I have not been the target of unwanted behaviour of a sexual nature in the workplace from staff/colleagues.	-	96.1%	97.3%
18. In the last month, I have not seen any errors, near misses or incidents that could have hurt staff and/or patients/service users	71.6%	65.1%	70.2%
19a. My organisation treats staff who are involved in an error, near miss or incident fairly.	57.5%	59.9%	58.8%
19b. My organisation encourages us to report errors, near misses or incidents.	84.5%	85.4%	84.7%
19c. When errors, near misses or incidents are reported, my organisation takes action to ensure that they do not happen again.	66.9%	68.5%	68.9%
19d. We are given feedback about changes made in response to reported errors, near misses and incidents.	55.7%	61%	58.7%

Your health, wellbeing and safety continued

	2022	This year	
		National	DBTH
20a. I would feel secure raising concerns about unsafe clinical practice.	72.3%	70.4%	72.7%
20b. I am confident that my organisation would address my concern.	58.4%	56%	60.9%
21. I think that my organisation respects individual differences (e.g. cultures, working styles, backgrounds, ideas, etc).	72.2%	69.6%	74.6%
22. I can eat nutritious and affordable food while I am working.	-	51.7%	48%

Your Personal Development

	2022	National	DBTH
23a. In the last 12 months, have you had an appraisal, annual review, development review, or Knowledge and Skills Framework (KSF) development review?	89.9%	83.6%	90.5%
23b. It helped me to improve how I do my job.	21.8%	26.6%	25.7%
23c. It helped me agree clear objectives for my work.	35.2%	36.1%	37.2%
23d. It left me feeling that my work is valued by my organisation.	32.8%	33.5%	36%
24a. This organisation offers me challenging work.	66.3%	68.4%	66.5%
24b. There are opportunities for me to develop my career in this organisation.	57%	56.5%	59.7%
24c. I have opportunities to improve my knowledge and skills.	69%	70.2%	71.3%
24d. I feel supported to develop my potential.	55.7%	56.3%	59%
24e. I am able to access the right learning and development opportunities when I need to.	59.3%	59.3%	62%

Above data is benchmarked against IQVIA data of a cohort of 62 trusts across the country.

Countering fraud, bribery and corruption

The NHS is estimated to be vulnerable to over £1.2 billion pounds a year. Fraud against the NHS takes taxpayers' money away from patient care and puts into the hands of criminals.

We have an in-house collaborative counter fraud arrangement with five 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 Director of Finance is 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 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 2023/24 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. The Trust is required to comply with the Government Functional Standard GovS 013: Counter Fraud initiated by the Cabinet Office and in this reporting year, the Trust achieved a full green rating, and we continue to maintain our contractual obligations regarding counter fraud compliance with our ICBs.

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, and we provide an online declaration system for all staff. The Trust website contains a statement from the Chief Executive in relation to ensuring that our organisation is free from bribery and corruption.

To ensure we have the right culture and that our staff can recognise and report fraud, we require all employees to receive fraud awareness training as part of our Statutory and Essential Training (SET) program; the compliance rate for 2023/24 was over 96%.

In addition to continuing to raise awareness of fraud against the NHS throughout the year, in November 2023 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 cost-of-living crisis to create new fraud risks and as such information has been made available to staff via our communications network to provide advice and guidance.

As part of our proactive approach to spotting and disrupting fraud, we have a well-publicised system in place for staff to raise any concerns of suspected 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 £370,000 (2022/23: £377,000).

Staff Exit packages for 2023/24

There were no staff exit packages agreed, and none in 2022/23.

High paid and off pay-roll arrangements

For all off-payroll engagements as of 31 March 2024, for more than £245 per day and that last for longer than six months:

No. of existing engagements as of 31 March 2024	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

r or more years at the time of reporting	
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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 2023 and 31 March 2024, 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 2023 and 31 March 2024	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 2023 and 31 March 2024

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.	16

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
Mark Day (Chair)	Non-executive Director	9 of 10
Denise Smith	Chief Operating Officer	9 of 10
Jon Sargeant	Chief Financial Officer and Director of Recovery, Innovation & Transformation	9 of 10
Kath Smart	Non-executive Director	8 of 10
Mark Bailey	Non-executive Director	9 of 10
Dr Emyr Jones	Non-executive Director	8 of 10

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
Jo Gander – Chair	Non-executive Director	6 of 6
Dr Emyr Jones	Non-executive Director	6 of 6
Hazel Brand	Hazel Brand	6 of 6
Lucy Nickson	Non-executive Director	4 of 6
Dr Tim Noble	Executive Medical Director	2 of 3
Dr Nick Mallaband	Acting Executive Medical Director (from 25 September 2023)	3 of 3
Karen Jessop	Chief Nurse	6 of 6
Zara Jones	Deputy Chief Executive (from December 2023)	2 of 2

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
Mark Bailey – Chair	Non-executive Director	5 of 5
Mark Day	Non-executive Director	3 of 5

Hazel Brand	Non-executive Director	4 of 5
Lucy Nickson	Non-executive Director	4 of 5
Zoe Lintin	Chief People Officer	5 of 5
Karen Jessop	Chief Nurse	4 of 5
Dr Tim Noble	Executive Medical Director	3 of 3
Dr Nick Mallaband	Acting Executive Medical Director (from 25 September 2023)	2 of 2

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

- Reviewed workforce matters including workforce planning, colleague engagement, training, education and development, health and wellbeing, equality, diversity and inclusion, just culture, recruitment and HR and OD systems and processes
- Had oversight of the delivery of year 1 of the DBTH People Strategy 2023 to 27
- Reviewed the staff survey results and learner survey results and had oversight of improvement action plans
- Reviewed the implementation of the DBTH Way and plans for embedding this
- Reviewed Freedom to Speak Up information.

Charitable Funds Committee

Name	Role	Meeting Attendance
Mark Bailey	Non-executive Director	2 of 4
Suzy Brain England	Chair of the Board	3 of 4
Hazel Brand	Non-executive Director (Chair)	4 of 4
Mark Day	Non-executive Director	3 of 4
Jo Gander	Non-executive Director	3 of 4
Karen Jessop	Chief Nurse	3 of 4
Emyr Jones	Non-executive Director	3 of 4
Zara Jones	Deputy Chief Executive	2 of 2
Zoe Lintin	Chief People Officer	2 of 4
Nick Mallaband	Acting Medical Director	2 of 2
Lucy Nickson	Non-executive Director	4 of 4

Tim Noble	Medical Director	1 of 2
Richard Parker	Chief Executive	2 of 4
Jon Sargeant	Chief Financial Officer	4 of 4
Kath Smart	Non-executive Director	3 of 4
Denise Smith	Chief Operating Officer	0 of 4

The Committee oversees and provides assurance on all charitable activities within the Trust. Doncaster and Bassetlaw Teaching Hospitals Charity publishes its own annual report and accounts, which will be available on <https://dbthcharity.co.uk/>.

Council of Governors

During 2023/24 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. Note, the Lead Governor post is temporarily vacant.

Name	Constituency / Partner Organisation	Meeting attendance
Andrew Middleton	Public - Bassetlaw	5 of 5

Annette Johnson	Public - Doncaster (from 21/9/2023-16/4/2024)	3 of 3
David Gregory	Public - Doncaster (from 21/9/2023)	2 of 3
David Northwood	Public - Doncaster	5 of 5
Denise Carr	Public - Bassetlaw (from 21/9/2023)	2 of 3
Dennis Atkin	Public - Doncaster (end of term 20/9/2023)	1 of 2
Eileen Harrington	Public - Doncaster	0 of 5
George Kirk	Public – Doncaster	1 of 5
Irfan Ahmed	Public - Doncaster	2 of 5
Jackie Hammerton	Public - Rest of England & Wales	1 of 5
Lynne Logan	Public - Doncaster	5 of 5
Marc Bratcher	Public - Doncaster	0 of 5
Lynne Schuller	Public - Bassetlaw	3 of 5
Maria Jackson-James	Public - Rest of England & Wales	0 of 5

Mark Bright	Public - Doncaster	5 of 5
Natasha Graves	Public - Doncaster	1 of 5
Mick Muddiman	Public - Doncaster	0 of 5
Pauline Riley	Public - Doncaster (end of term 20/9/2023)	2 of 2
Peter Abell	Public - Bassetlaw (end of term 20/9/2023)	2 of 2
Peter Hewkin	Public - Bassetlaw (from 23/9/2023)	3 of 3
Rob Allen	Public - Doncaster (from 21/9/2023)	2 of 3
Sheila Walsh	Public - Bassetlaw	5 of 5
Dr Vivek Panikkar	Staff - Medical and Dental	4 of 5
Gavin Portier	Staff - Nursing & Midwifery (from 21/9/2023)	0 of 3
Duncan Carratt	Staff - Non-clinical (end of term 20/9/2023)	2 of 2
Kay Brown	Staff - Non-clinical	5 of 5
Joseph Money	Staff - Non-Clinical (from 21/9/2023)	1 of 3

Sally Munro	Staff - Nurses and Midwives (end of term 20/9/2023)	0 of 2
Sophie Gilhooly	Staff - Other Healthcare (end of term 20/9/2023)	1 of 2
Mandy Tyrrell	Staff - Nursing & Midwifery	1 of 5
Andria Birch	Partner Governor - Bassetlaw Community and Voluntary Service (BCVS)	0 of 5
Anita Plant	Partner Governor - Partially Sighted Society	1 of 5
Ainsley MacDonnell	Partner - Nottinghamshire County Council	0 of 5
Alexis Johnson	Partner - Doncaster Deaf Trust	1 of 5
Harriett Digby	Partner - Bassetlaw District Council (from 7/11/2023)	2 of 2
Jo Posnett	Partner - Sheffield Hallam University	0 of 0
Phil Holmes	Partner - Doncaster Council	3 of 5
Tina Harrison	Partner - Doncaster College and University Centre (end of term 20/9/2023)	0 of 2

These meetings are held virtually with the focus and format of meeting reflecting the Council responsibilities. Presentations are received from all NEDs, the Lead Governor, Chair and Chief Executive with an interactive question and answer session in addition to statutory COG business. The executive directors have not been required to attend all meetings but do attend where the nature of the business conducted required their attendance. This allows Directors to prioritise service delivery.

Director	Role	Council of Governors meeting attendance
Suzy Brain England OBE	Chair of the Board	4 of 5
Kath Smart	Non-executive Director	5 of 5
Mark Bailey	Non-executive Director	5 of 5
Mark Day	Non-executive Director	3 of 5
Hazel Brand	Non-executive Director	5 of 5
Jo Gander	Non-executive Director	2 of 5
Lucy Nickson	Non-executive Director	5 of 5
Dr Emyr Jones	Non-executive Director	3 of 5

Richard Parker OBE	Chief Executive	4 of 5
Zara Jones	Deputy Chief Executive	2 of 2
Jon Sargeant	Chief Financial Officer	1 of 1
Karen Jessop	Chief Nurse	1 of 1
Dr Tim Noble	Executive Medical Director	1 of 1

Governor elections and terms of office

Governors serve three-year terms 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 2024, there were 13,295 members overall. An analysis of our current membership body is provided below:

	Number of members at 31st March 2024
Public Constituency	5,798
Doncaster	3,243

Bassetlaw	1,823
Rest of England and Wales	732
Staff Constituency	7,497
Nurses and Midwives	2,155
Non-clinical	2,460
Other healthcare professionals	2,271
Medical and Dental	611
Total	13,295

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 via the Trust Board office.
- 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.
- Offer of 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 Code of

governance for NHS provider trusts (the Code of governance) was published in October 2022 and has been applicable since 1 April 2023. It replaces the previous NHS foundation trust code of governance issued by Monitor.

For the year ending 31 March 2024, 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 periodic external reviews of the Trust's governance arrangements.
- Working with governors in briefings and enabling governors to attend meetings, 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.2.1	The board of directors should assess the basis on which the trust ensures its effectiveness, efficiency and economy, as well as the quality of its healthcare delivery over the long term, and contribution to the objectives of the ICP and ICB, and place-based partnerships. The board of directors should ensure the trust actively addresses opportunities to work with other providers to tackle shared challenges through entering into partnership	See page 59 and page 80 and 81.

	arrangements such as provider collaboratives. The trust should describe in its annual report how opportunities and risks to future sustainability have been considered and addressed, and how its governance is contributing to the delivery of its strategy.	
A.2.3	The board of directors should assess and monitor culture. Where it is not satisfied that policy, practices or behaviour throughout the business are aligned with the trust's vision, values and strategy, it should seek assurance that management has taken corrective action. The annual report should explain the board's activities and any action taken, and the trust's approach to investing in, rewarding and promoting the wellbeing of its workforce.	See page 83 onwards.
A.2.8	The board of directors should describe in the annual report how the interests of stakeholders, including system and place-based partners, have been considered in their discussions and decision-making, and set out the key partnerships for collaboration with other providers into which the trust has entered. The board of directors should keep engagement mechanisms under review so that they remain effective. The board should set out how the organisation's governance processes oversee its collaboration with other organisations and any associated risk management arrangements.	See page 80.
B.2.6	<p>The board of directors should identify in the annual report each non-executive director it considers to be independent. Circumstances which are likely to impair, or could appear to impair, a non-executive director's independence include, but are not limited to, whether a director:</p> <ul style="list-style-type: none"> • has been an employee of the trust within the last two years • has, or has had within the last two years, a material business relationship with the trust either directly or as a partner, shareholder, director or senior 	See page 59.

	<p>employee of a body that has such a relationship with the trust</p> <ul style="list-style-type: none"> • has received or receives remuneration from the trust apart from a director's fee, participates in the trust's performance-related pay scheme or is a member of the trust's pension scheme • has close family ties with any of the trust's advisers, directors or senior employees • holds cross-directorships or has significant links with other directors through involvement with other companies or bodies • has served on the trust board for more than six years from the date of their first appointment • is an appointed representative of the trust's university medical or dental school. <p>Where any of these or other relevant circumstances apply, and the board of directors nonetheless considers that the non-executive director is independent, it needs to be clearly explained why.</p>	
B.2.13	The annual report should give the number of times the board and its committees met, and individual director attendance.	See page 59 and page 122 onwards.
B.2.17	For foundation trusts, this schedule should include a clear statement detailing the roles and responsibilities of the council of governors. 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 the board, the council of governors, board committees and the types of decisions which are delegated to the executive management of the board of directors.	See Council of Governors section, page 128.

C 2.5	If an external consultancy is engaged, it should be identified in the annual report alongside a statement about any other connection it has with the trust or individual directors.	See page 121.
C2.8	The annual report should describe the process followed by the council of governors to appoint the chair and non-executive directors. The main role and responsibilities of the nominations committee should be set out in publicly available written terms of reference.	See Council of Governors section, page 128.
C 4.2	The board of directors should include in the annual report a description of each director's skills, expertise and experience.	See page 59.
C 4.7	All trusts are strongly encouraged to carry out externally facilitated developmental reviews of their leadership and governance using the Well-led framework every three to five years, according to their circumstances. The external reviewer should be identified in the annual report and a statement made about any connection it has with the trust or individual directors.	See page 147.
C.4.13	<p>The annual report should describe the work of the nominations committee(s), including:</p> <ul style="list-style-type: none"> the process used in relation to appointments, its approach to succession planning and how both support the development of a diverse pipeline how the board has been evaluated, the nature and extent of an external evaluator's contact with the board of directors and individual directors, the outcomes and actions taken, and how these have or will influence board composition the policy on diversity and inclusion including in relation to disability, its objectives and linkage to 	See page 59 and page 99.

	<p>trust vision, how it has been implemented and progress on achieving the objectives</p> <ul style="list-style-type: none"> the ethnic diversity of the board and senior managers, with reference to indicator nine of the NHS Workforce Race Equality Standard and how far the board reflects the ethnic diversity of the trust's workforce and communities served the gender balance of senior management and their direct reports. 	
C5.15	<p>Foundation trust 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.</p>	See page 133.
D2.4	<p>The annual report should include:</p> <ul style="list-style-type: none"> the significant issues relating to the financial statements that the audit committee considered, and how these issues were addressed an explanation of how the audit committee (and/or auditor panel for an NHS trust) has assessed the independence and effectiveness of the external audit process and its approach to the appointment or reappointment of the external auditor; length of tenure of the current audit firm, when a tender was last conducted and advance notice of any retendering plans where there is no internal audit function, an explanation for the absence, how internal assurance is achieved and how this affects the external audit 	See page 122 and 147.

	<ul style="list-style-type: none"> an explanation of how auditor independence and objectivity are safeguarded if the external auditor provides non-audit services. 	
D2.6	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, is fair, balanced and understandable, and provides the information necessary for stakeholders to assess the trust's performance, business model and strategy.	See page 8.
D.2.7	The board of directors should carry out a robust assessment of the trust's emerging and principal risks. The relevant reporting manuals will prescribe associated disclosure requirements for the annual report.	See page 54.
D2.8	The board of directors should monitor the trust's risk management and internal control systems and, at least annually, review their effectiveness and report on that review in the annual report. The monitoring and review should cover all material controls, including financial, operational and compliance controls. The board should report on internal control through the annual governance statement in the annual report.	See page 54.
D2.9	In the annual accounts, the board of directors should state whether it considered it appropriate to adopt the going concern basis of accounting when preparing them and identify any material uncertainties regarding going concern. Trusts should refer to the DHSC group accounting manual and NHS foundation trust annual reporting manual which explain that this assessment should be based on whether a trust anticipates it will continue to provide its services in the public sector. As a result, material uncertainties over going concern are expected to be rare.	See page 54 and 56.

E.2.3	Where a trust releases an executive director, eg to serve as a non-executive director elsewhere, the remuneration disclosures in the annual report should include a statement as to whether or not the director will retain such earnings.	See page 59.
Appendix B, para 2.3 (not in Schedule A)	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.	Page 128.
Appendix B, para 2.14 (not in Schedule A)	The board of directors should ensure that the NHS foundation trust provides effective mechanisms for communication between governors and members from its constituencies. Contact procedures for members who wish to communicate with governors and/or directors should be clear and made available to members on the NHS foundation trust's website and in the annual report.	Page 128.
Appendix B, para 2.15 (not in Schedule A)	The board of directors should state in the annual report the steps it has taken to ensure that the members of the board, and in particular the non-executive directors, develop an understanding of the views of governors and members about the NHS foundation trust, eg through attendance at meetings of the council of governors, direct face-to-face contact, surveys of members' opinions and consultations.	Page 128.

Additional requirement of FT ARM resulting from legislation	<p>If, during the financial year, the Governors have exercised their power* under paragraph 10C** of schedule 7 of the NHS Act 2006, then information on this must be included in the annual report.</p> <p>This is required by paragraph 26(2)(aa) of schedule 7 to the NHS Act 2006, as amended by section 151 (8) of the Health and Social Care Act 2012.</p> <p>* Power to require one or more of the directors to attend a governors' meeting for the purpose of obtaining information about the foundation trust's performance of its functions or the directors' performance of their duties (and deciding whether to propose a vote on the foundation trust's or directors' performance).</p> <p>** As inserted by section 151 (6) of the Health and Social Care Act 2012)</p>	N/A
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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 2024. 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)
27 June 2024

Annual governance statement

Scope of responsibility

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As Accounting Officer, I am responsible for maintaining a sound system of internal control that supports the achievement of the Trust's policies, aims, and objectives while safeguarding public funds and departmental assets for which I am personally accountable. This is in accordance with the responsibilities assigned to me. I ensure that the NHS Foundation Trust is administered prudently and economically, with resources 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 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 Trust's policies, aims, and objectives. It evaluates the likelihood of those risks being realised and seeks to mitigate the impact should they be realised, managing 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 2024 and up to the date of approval of the annual report and accounts.

Capacity to Handle Risk

The Chief Executive holds overall accountability and responsibility for risk management, while the Executive Directors are responsible for the risks relevant to their specific areas. In particular, the Chief Nurse and Executive Medical Director are responsible for risks 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 (BAF) and the Trust Risk Register. The Trust Company Secretary, on behalf of the Chief Executive, is responsible for the Board Assurance Framework and Trust Risk Register.

The Trust has appointed a substantive Deputy Chief Executive, who took up the post during the 2023/2024 financial year. In the interim, the Chief Finance Officer, Director of Recovery, Innovation, and Transformation has been the identified Deputy Chief Executive Officer.

Risk policies are regularly reviewed in light of current best practice advice to assess whether changes are required with the Trust Risk Management Policy being refreshed during 2023/24. Divisional Directors and Directorate Managers are responsible for maintaining the risk registers for their departments. Furthermore, managing risk is a fundamental duty of all employees, regardless of grade, role, or status.

The Trust uses the DatixWeb© integrated risk management system. Local risk management training needs are identified and in addition to one-to-one coaching by a trained risk practitioner, a suite of educational material has been developed, accessible via the Trust's intranet. A national risk management e-learning module is available to colleagues via the Electronic Staff Record (ESR) and work is currently underway to establish if this can be mandated as part of role specific training. Staff can also contact the Trust Board Office for guidance on applying relevant risk management policies.

The risk and control framework

The Board assures itself of the validity of its corporate governance statement through regular reviews of its governance processes, which are routinely undertaken by internal audit. The Board has reviewed and improved its risk management processes during 2023/24 and will continue to bring a stronger focus on strategic and operational risks in 2024/25. This has been informed by the risk areas and developments highlighted by an independent review. The introduction of a Risk Management Board in 2022/23 has continued to embed during 2023/24 to ensure appropriate oversight and scrutiny of the Trust Risk Register. Work has continued to ensure compliance with the Trust's risk management strategy, and these improvements have been recognised independently in the Head of Internal Audit Opinion.

Other sources of assurance include regulatory reviews by the Care Quality Commission, committee effectiveness reviews, Board and committee inspection of key performance metrics, consideration of the Board Assurance Framework and Trust Risk Register, and reviews of key governance documents such as the constitution, standing financial instructions, and standing orders. Additionally, processes geared towards maintaining quality, such as ward walkabouts and quality impact assessments, contribute to assurance.

Governors receive assurances via the Council of Governors meetings and attendance at Board of Director meetings, active questioning of Directors, and their observations and opinions. The Board is responsible for determining the organisation's risk appetite and ensuring that robust systems of internal control and management are in place, with risks to the achievement of organisational objectives being appropriately managed. During 2023/24, this responsibility was supported through the assurance committees of the Board:

- **Audit and Risk Committee:** Reviews the effectiveness of the system of integrated governance, risk management and internal controls, to satisfy the Board that its approach to integrated governance remains effective.
- **Quality and Effectiveness Committee:** Responsible for clinical risk, including clinical and quality governance, patient safety, and experience.
- **People Committee:** Reviews systems of control and governance specifically in relation to people matters.
- **Finance and Performance Committee:** Undertakes monthly scrutiny of financial reporting and progress against effectiveness and efficiency plans.
- **Charitable Funds Committee:** Oversees the Trust's charitable fundraising efforts.

The Board Assurance Framework was refreshed in October 2023 and will continue to be iteratively developed over time. Committees will review the BAF at least quarterly and ensure that satisfactory review arrangements are 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.

Additionally, the committees receive assurance regarding compliance with Care Quality Commission (CQC) registration and information governance requirements. Data quality is part of the internal audit annual work plan, and risks to data security are managed through the Information Governance Policy and compliance with the Data Security and Protection Toolkit. The DSPT was reviewed during 2022/23 and found to have substantial assurance by audit colleagues. 2023/24 work is currently underway at the time of writing.

Each Division and Department is responsible for maintaining its own risk register, a standing agenda item in Divisional governance team meetings. Any risk identified as 'extreme' is

escalated via the Risk Management Board to the Trust Leadership Team for consideration regarding required actions.

To mitigate the risk of efficiency and effectiveness savings programmes adversely impacting the quality of care, all plans are reviewed and require approval and sign-off by the Executive Medical Director and Chief Nurse.

Principal Risks to Compliance with Licence Condition FT4

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 various activities to mitigate corporate governance risks, including regular audits and reviews of governance processes, reviews of its constitution and standing orders, and examination of reporting lines between the Board, committees, and other decision-making bodies. Significant risks to the achievement of governance standards are included within the assurance framework and Trust Risk Register and are reviewed in line with the outlined processes.

The Trust concluded 2023/24 in full compliance with the code of governance.

Significant Risks and Challenges

The strategic risks and challenges currently facing the Trust are recorded in the Board Assurance Framework (BAF) and include:

- If DBTH is not a safe trust which demonstrates continual learning and improvement, then there is a risk of avoidable harm and poor patient outcomes/experience and possible regulatory action.
- If DBTH is unable to recruit, motivate, retain and develop a sufficiently skilled workforce to deliver services then patient and colleague experience and service

delivery would be negatively impacted, and we would not embed an inclusive culture in line with our DBTH Way.

- If demand for services at DBTH exceeds capacity then this impacts on safety, effectiveness, experience of patients and meeting national and local quality standards.
- If DBTH's estate is not fit for purpose, then DBTH cannot deliver services and this impacts on outcomes and experience for patients and colleagues.
- If DBTH cannot deliver the financial plan then DBTH will be unable to deliver services and the Trust may not be financially sustainable in the long term.
- If DBTH does not effectively engage and collaborate with its partners and communities then DBTH fails to meet its duty to collaborate, will miss opportunities to address strategic risks which require partnership solutions and will fail to deliver integrated care for the benefit of the people of Doncaster and Bassetlaw.
- If DBTH does not deliver continual quality improvement, research, transformation & innovation then the organisation won't be sustainable in the long term.

This list is not exhaustive, and more details can be found in the Board Assurance Framework, where mitigating actions and outcomes are detailed. The Trust Risk Register details the operational risks to delivery and evidences the top three risk themes are Workforce, Finance and Infrastructure (Estates and Equipment). These risks are managed through the governance and assurance processes outlined above, with outcomes assessed through the Trust's management reporting systems.

Assurance that staffing processes are safe, sustainable and effective

Our staffing governance processes align with National Quality Board guidance and NHSI's Developing Workforce Safeguards (2018). This ensures the Trust consistently employs qualified, competent, and experienced staff, with a systematic approach to determining staffing levels that complies with current legislation and guidance.

Optimal staffing is crucial for safe, high-quality patient care. We continuously review staffing levels and skill mix to meet real-time needs, supported by relevant policies and regular staffing meetings. These processes help address any shortfalls promptly.

We use tools such as the nursing and midwifery quality dashboard and ward monitoring systems to inform staffing levels, continuously monitoring patient outcomes and quality indicators. Twice a year, each inpatient area assesses patient care needs using evidence-based tools—Safer Nursing Care Tool (SNCT) for nursing and Birthrate+ for midwifery. These reviews, informed by professional judgement and outcome evaluations, are reported to the Board of Directors through the People Committee. Current reviews using SNCT and Birthrate+ will be reported during 2024/25.

As part of the Trust's annual business planning cycle, workforce planning identifies staffing pressures, proposed service changes, and other factors affecting our workforce provision. The People Strategy 2023 to 2028 plays a crucial role in this work, focusing on four key pillars to enhance workforce sustainability and effectiveness. This is complemented by the Nursing, Midwifery, and Allied Health Professionals strategy, also published in 2023/24, which outlines specific initiatives to support these professions.

Recruiting sufficient numbers of appropriately qualified clinical staff has been identified as a potential strategic risk to the Trust's strategic aims. The Trust Risk Register provides a mechanism for operational staffing risks to be escalated to the Board of Directors.

Recognising the value of all clinical staff, the Trust regularly undertakes capacity and demand reviews to ensure the sufficiency of staff and has methods of escalation in place should any concerns regarding staffing levels be raised. All identified risks are assessed and logged onto the Trust's Risk Register with mitigations put in place and closely monitored.

To address future leadership needs, the Trust has implemented recent guidance and policies on succession planning and Scope for Growth. These initiatives ensure that we are identifying future leaders and highlighting paths for succession. Our Leadership Prospectus for 2023/24, which will be updated for 2024/25, provides a range of options for aspiring managers.

Additionally, the Board Delegate Programme supports aspirant colleagues, further strengthening our leadership pipeline.

This runs alongside our usual education programmes, development posts, and apprenticeships, ensuring comprehensive support for all staff development needs.

Stakeholder Involvement

The Trust has an effective structure for public stakeholder involvement, primarily through the Council of Governors. The assurance framework is informed by partnership working and various external contacts, including:

- Collaborative working between governors and directors, with the Council of Governors reviewing updates from Non-Executive Directors on performance, quality, and finance, and associated risks at quarterly meetings and through regular briefings.
- Consistent engagement with commissioners through contract review meetings and other contacts, especially regarding key shared risks.
- Governor observers attending the Finance and Performance Committee, Audit and Risk Committee, People Committee, and Quality and Effectiveness Committee.
- Public stakeholder involvement in managing risks through participation in the Patient Safety Review Group, Patient Experience Committee, and various patient safety campaigns, such as Sharing How We Care and patient experience films.

The Foundation Trust is fully compliant with the registration requirements of the Care Quality Commission. It has published an up-to-date register of interests, including gifts and hospitality, for decision-making staff on its website, as required by the Managing Conflicts of Interest in the NHS guidance. The list can be accessed via the following link: <https://dbth.mydeclarations.co.uk/home>

As an employer with staff entitled to membership of the NHS Pension Scheme, control measures are in place to ensure compliance with Scheme regulations, including accurate salary deductions, employer contributions, and timely updates to member Pension Scheme records.

Control measures are also in place to ensure compliance with obligations under equality, diversity, and human rights legislation.

The Foundation Trust has undertaken risk assessments on the effects of climate change and severe weather and developed a Green Plan following the Greener NHS programme guidance. In response to the NHS's ambitious objective to become the world's first 'net zero' national health service by 2040, with an 80% reduction by 2028 to 2032, the Trust has developed its Green Plan, detailing revised carbon emissions calculations and reporting. The Board-approved Green Plan ensures compliance with the Climate Change Act and Adaptation Reporting requirements.

Recent Initiatives and Improvements

- **Corporate Governance Review:** We undertook a comprehensive review of our corporate governance processes using a "fresh eyes" approach. This initiative aimed to identify areas for improvement and ensure our governance structures are robust and effective. The Trust's internal auditors also completed a focused review of the governance arrangements and controls in place to support the effective operation of the Board and its assurance committees and improvements were focused around alignment of Trust strategy as well as corporate effectiveness.
- **CIVICA Declare Implementation:** The successful implementation of the CIVICA Declare system has streamlined the management of declarations of interests, enhancing transparency and accountability across the Trust.
- **Committee Effectiveness Reviews:** We standardised the process for committee effectiveness reviews, aligning them with year-end reporting to ensure timely and accurate assessments of committee performance. These reviews provide insights into the effectiveness of our governance structures and highlight areas for further improvement, ensuring that each committee operates at the highest level of efficiency and effectiveness.
- **Assurance Logs for Board Oversight:** The introduction of committee chairs' assurance logs has improved board oversight, providing a clear and structured way to monitor and review committee activities and outcomes. These logs facilitate

transparency and ensure that the Board is kept informed of key issues and developments within each committee.

Continuous Improvement

The Trust remains committed to continuously improving its use of resources through the implementation of best practices, informed by Quality Improvement methodology and solid delivery, as well as robust financial controls. By maintaining stringent oversight and regular reviews, the Trust ensures that resources are utilised in the most economical, efficient, and effective manner possible.

Review of the Economy, Efficiency, and Effectiveness of the Use of Resources

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

- **Scheme of Delegation and Reservation of Powers to the Board:** This ensures that decision-making authority is clearly defined and appropriately assigned.
- **Standing Financial Instructions and Standing Orders:** These provide a framework for financial governance and operational procedures.
- **Competitive Procurement Processes:** These are used for procuring non-staff expenditure items to ensure value for money.
- **Materials Management and Best Practices:** These approaches maintain appropriate stock levels and minimise wastage.
- **Cost Improvement Plans and Efficiency Workstreams:** Managed by the Finance Directorate, these plans are designed to enhance efficiency without compromising the quality of patient care.
- **Grip and Control Measures:** These include tight controls on vacancy management, non-permanent staffing, and recruitment to ensure financial discipline.

Assurance and Monitoring

The Board gains assurance regarding financial and budgetary management from a monthly finance report, and the finance ledger and reporting system has been audited during 2023/24 with an outcome of significant assurance. The Audit and Risk Committee receives reports on losses, compensations, and waivers of standing orders, among other financial matters.

The Finance and Performance Committee receives detailed monthly reports on the progress of effectiveness and efficiency plans. Risks to the Trust's financial objectives are reviewed and monitored regularly, similar to other risks.

Audits and Internal Controls

A range of internal and external audits provide further assurance on economy, efficiency, and effectiveness. These audits are reported to the Audit and Risk Committee.

The Head of Internal Audit provides an annual opinion on the overall adequacy and effectiveness of the Trust's risk management, control, and governance processes (i.e., the system of internal control). This opinion is based on a risk-based programme of work, agreed upon with management and approved by the Audit and Risk Committee. The opinion covers the period from 1 April 2023 to 31 March 2024 and is based on the audits completed within this timeframe.

For the period 1 April 2023 to 31 March 2024 Internal Audit provided the following:

I am providing an opinion of **significant assurance** that there is a generally sound framework of governance, risk management and control designed to meet the organisation's objectives, and controls are generally being applied consistently.

Strategic risk management and Board Assurance Framework

I am providing an opinion of significant assurance. The Trust has strengthened its BAF and 15+ Trust Risk Register reporting arrangements in-year which have driven more mature discussion and oversight of the most significant risks to the organisation. This new reporting framework

continues to embed. It is also recognised that continued work is needed to refine the number of extreme (15+) operational risks logged on the Trust Risk Register.

Internal Audit outturn

I am providing an opinion of moderate assurance. We have delivered a mix of opinions in the year, with moderate or limited opinions on four core audits. We have raised two high risk findings in-year; one relating to Waiting List Clinical Prioritisation, and one relating to Mental Capacity Act compliance.

Implementation of Internal Audit Actions

I am providing an opinion of significant assurance. The Trust attained a first follow up implementation rate of 77% in year.

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 the audit programme, two high risks were identified relating to Waiting List Clinical Prioritisation and compliance with the Mental Capacity Act. The Trust responded to the audit findings and remedial action has been taken to address the audit recommendations.

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 2023/24, 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 August 2023 and the Well Led inspection took place in October 2023 and the Trust received an overall rating of 'Requires improvement'.

Overall, the CQC rated effective, safe, responsive and well-led as 'requires improvement', and caring as 'good'. In rating the Trust, the CQC took into account the current ratings of the services not inspected.

The inspection report was published in April 2024 and a programme of work is in the planning phases. Progress against this CQC action plan will be reported to the Trust's board in-line with the governance and control processes outlined above.

Actions already include relate to:

- Equipment availability and stock rotation
- Medicines management
- Minor injuries at DRI
- Resuscitation trolleys
- Infection Prevention and Control concerns
- Safe and secure storage of records
- Learning from Serious Incidents

Review of effectiveness

As Accounting Officer, I am responsible for reviewing the effectiveness of the system of internal control.

My review is informed by the work of internal auditors, clinical audit, executive managers, and clinical leads within the NHS Foundation Trust who oversee the development and maintenance of the internal control framework.

Additionally, I draw on performance information available to me and comments made by external auditors in their management letters and other reports.

I have been advised on the implications of my review by the Board, as well as the Audit and Risk, Finance and Performance, People, and Quality and Effectiveness Committees. These groups ensure that any identified weaknesses are addressed and that continuous improvements to the system are implemented.

This year, the leadership team has continued its efforts to reduce our retained financial deficit, recover from the effects of the pandemic, and improve standards of care. We are actively reviewing our strategy, clinical strategy, and strategic objectives.

We remain engaged in developing accountable care partnerships at Place in Doncaster and Bassetlaw, as well as within the integrated care systems for South Yorkshire and Nottinghamshire.

Our commitment to effective governance is demonstrated through regular monitoring and updates to our Board governance structures, financial governance arrangements, and effectiveness and efficiency plans, alongside quality and effectiveness initiatives. Recognising that our organisation thrives due to the dedication of our fantastic staff, we have made concerted efforts throughout the year to engage with them on strategic direction and 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.

A handwritten signature in dark ink, appearing to read 'Richard Parker'.

Richard Parker OBE
Chief Executive
27 June 2024

Independent auditor's report to the Council of Governors

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.

A handwritten signature in dark ink, appearing to read 'Richard Parker', with a stylized flourish at the end.

Richard Parker OBE

Chief Executive
27 June 2024

Doncaster & Bassetlaw Teaching Hospitals NHS Foundation Trust

Annual accounts for the year ended 31 March 2024

Foreword to the accounts

Doncaster & Bassetlaw Teaching Hospitals NHS Foundation Trust

These accounts, for the year ended 31 March 2024, 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.

A handwritten signature in black ink, appearing to read 'Rgt Parker', is positioned above the 'Signed' label.

Signed

Date **27/06/2024**

Statement of Comprehensive Income

	Note	Group		Trust	
		2023/24	2022/23	2023/24	2022/23
		£000	£000	£000	£000
Operating income from patient care activities	3	506,909	490,042	506,909	490,042
Other operating income	4	54,376	57,491	61,289	65,245
Operating expenses	7	(627,311)	(559,400)	(629,564)	(565,878)
Operating deficit from continuing operations		(66,026)	(11,867)	(61,366)	(10,591)
Finance income	12	1,705	940	1,704	651
Finance expenses	13	(241)	(330)	(241)	(330)
PDC dividends payable		(7,637)	(6,842)	(7,637)	(6,842)
Net finance costs		(6,173)	(6,232)	(6,174)	(6,521)
Other gains / (losses)	14	168	(584)	(286)	91
Corporation tax expense		(52)	(21)	-	-
Deficit for the year		(72,083)	(18,704)	(67,826)	(17,021)
Other comprehensive income					
Will not be reclassified to income and expenditure:					
Revaluations	8	3,271	6,960	3,271	6,960
Total comprehensive expense for the period		(68,812)	(11,744)	(64,555)	(10,061)
Deficit for the period attributable to:					
Doncaster & Bassetlaw Teaching Hospitals NHS Foundation Trust		(72,083)	(18,704)	(67,826)	(17,021)
TOTAL		(72,083)	(18,704)	(67,826)	(17,021)
Total comprehensive expense for the period attributable to:					
Doncaster & Bassetlaw Teaching Hospitals NHS Foundation Trust		(68,812)	(11,744)	(64,555)	(10,061)
TOTAL		(68,812)	(11,744)	(64,555)	(10,061)

Adjusted Financial Performance

	2023/24	2022/23
	£000	£000
(Deficit) for the period for Trust	(67,826)	(17,021)
(Deficit) / surplus for the period for wholly owned subsidiary	(92)	88
(Deficit) for the period for non-charity aspects of the Group	(67,918)	(16,933)
Add back all I&E impairments	44,432	6,672
Remove capital donations/grants I&E impact	(192)	199
Adjusted financial performance (deficit)	(23,678)	(10,062)
Planned adjusted financial performance (deficit)	(26,796)	(10,065)

"Adjusted financial performance" is used for system reporting to NHS England.

It excludes technical non-recurrent adjustments to enable NHS England to monitor the underlying performance of the Trust.

Statement of Financial Position

	Note	Group		Trust	
		31 March	31 March	31 March	31 March
		2024	2023	2024	2023
		£000	£000	£000	£000
Non-current assets					
Intangible assets	17	8,954	10,096	8,954	10,096
Property, plant and equipment	18	277,808	276,242	277,808	276,242
Right of use assets	19	5,117	6,043	5,117	6,043
Other investments / financial assets	23	8,218	7,908	550	550
Receivables	26	2,989	2,144	2,989	2,144
Total non-current assets		303,086	302,433	295,418	295,075
Current assets					
Inventories	25	9,767	8,263	9,227	7,611
Receivables	26	25,891	37,140	29,023	39,500
Cash and cash equivalents	29	37,278	33,664	36,311	32,490
Total current assets		72,936	79,067	74,561	79,601
Current liabilities					
Trade and other payables	30	(94,888)	(105,734)	(92,380)	(106,702)
Borrowings	32	(1,927)	(3,193)	(1,927)	(3,193)
Provisions	35	(558)	(608)	(558)	(608)
Other liabilities	31	(3,726)	(2,413)	(3,726)	(2,413)
Total current liabilities		(101,099)	(111,948)	(98,591)	(112,916)
Total assets less current liabilities		274,923	269,552	271,388	261,760
Non-Current liabilities					
Borrowings	32	(11,727)	(13,316)	(11,727)	(13,316)
Provisions	35	(2,420)	(2,698)	(2,420)	(2,698)
Total non-current liabilities		(14,147)	(16,014)	(14,147)	(16,014)
Total assets employed		260,776	253,538	257,241	245,746
Financed by					
Public dividend capital		347,258	271,208	347,258	271,208
Revaluation reserve		59,919	56,648	59,919	56,648
Income and expenditure reserve		(149,936)	(82,110)	(149,936)	(82,110)
Charitable fund reserves	45	3,335	7,500	-	-
Doncaster & Bassetlaw Healthcare Services Ltd	46	200	292	-	-
Total taxpayers' equity		260,776	253,538	257,241	245,746

The notes on pages 7 to 50 form part of these accounts.

Signed

Date

27/06/2024

Statement of Changes in Equity for the year ended 31 March 2024

Group	Public dividend capital £000	Revaluation reserve £000	Income and expenditure reserve £000	Charitable fund reserves £000	DBHS Limited £000	Total £000
Taxpayers' and others' equity at 1 April 2023	271,208	56,648	(82,110)	7,500	292	253,538
(Deficit) for the year	-	-	(67,826)	(4,165)	(92)	(72,083)
Net Impairments	-	3,271	-	-	-	3,271
Public dividend capital received	76,050	-	-	-	-	76,050
Taxpayers' and others' equity at 31 March 2024	347,258	59,919	(149,936)	3,335	200	260,776

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

Group	Public dividend capital £000	Revaluation reserve £000	Income and expenditure reserve £000	Charitable fund reserves £000	DBHS Limited £000	Total £000
Taxpayers' and others' equity at 1 April 2022	235,793	49,688	(65,089)	9,271	204	229,867
(Deficit) / surplus 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 2024

Trust	Public dividend capital	Revaluation reserve	Income and expenditure	Total
	£000	£000	£000	£000
Taxpayers' and others' equity at 1 April 2023	271,208	56,648	(82,110)	245,746
(Deficit) for the year	-	-	(67,826)	(67,826)
Net Impairments	-	3,271	-	3,271
Public dividend capital received	76,050	-	-	76,050
Taxpayers' and others' equity at 31 March 2024	347,258	59,919	(149,936)	257,241

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

Information on reserves

Revaluation reserve

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

Income and expenditure reserve

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

Charitable funds reserve

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

DBHS Ltd reserve

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

Statement of Cash Flows

	Note	Group		Trust	
		2023/24	2022/23	2023/24	2022/23
		£000	£000	£000	£000
Cash flows from operating activities					
Operating deficit		(66,026)	(11,867)	(61,366)	(10,591)
Non-cash income and expense:					
Depreciation and amortisation	7.1	16,913	15,266	16,913	15,266
Net impairments	8	44,432	6,672	44,432	6,672
Income recognised in respect of capital donations	4	(675)	(299)	(675)	(299)
Decrease /(increase) in receivables and other assets		11,376	(19,964)	9,632	(22,438)
(Increase) in inventories		(1,504)	(375)	(1,616)	(200)
(Decrease) / increase in payables and other liabilities		(9,578)	8,944	(8,931)	10,863
(Decrease) in provisions		(293)	(608)	(293)	(608)
Movements in charitable fund working capital		3,268	185	-	-
Corporation tax paid		(21)	(15)	-	-
Other movements in operating cash flows		258	1,023	11	-
Net cash flows from / (used in) operating activities		(1,850)	(1,038)	(1,893)	(1,335)
Cash flows from investing activities					
Interest and dividends received		1,454	651	1,704	651
Purchase of intangible assets		(1,185)	(2,435)	(1,185)	(2,435)
Purchase of non-current assets and investment property		(59,070)	(37,640)	(59,070)	(37,640)
Sales of non-current assets and investment property		-	91	-	91
Receipt of cash donations to purchase capital assets		675	299	675	299
		(58,126)	(39,034)	(57,876)	(39,034)
Cash flows from financing activities					
Public dividend capital received		76,050	35,415	76,050	35,415
Movement on loans from DHSC		(1,833)	(1,826)	(1,833)	(1,826)
Capital element of lease liability repayments		(1,446)	(682)	(1,446)	(682)
Interest on loans		(231)	(273)	(231)	(273)
Interest element of lease liability repayments		(53)	(42)	(53)	(42)
PDC dividend paid		(8,897)	(6,172)	(8,897)	(6,172)
Net cash flows from / (used in) financing activities		63,590	26,420	63,590	26,420
Increase / (decrease) in cash and cash equivalents		3,614	(13,652)	3,821	(13,949)
Cash and cash equivalents at 1 April		33,664	47,316	32,490	46,439
Cash and cash equivalents at 31 March	29	37,278	33,664	36,311	32,490

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 Doncaster & Bassetlaw Teaching Hospitals NHS Foundation Trust 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 2023/24 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. The financial reporting framework applicable to NHS bodies, derived from the HM Treasury Financial Reporting Manual, defines that the anticipated continued provision of the entity's services in the public sector is normally sufficient evidence of going concern. The directors have a reasonable expectation that this will continue to be the case.

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. The Trust is a member of the South Yorkshire Integrated Care System (ICS). The ICS has stated its immediate strategic plans, focusing on delivering the objectives set out in NHS England's 2024/25 priorities and operational planning guidance, and its response to the NHS long-term plan. The ICS plans assume the continued provision of services by the Trust. No circumstances were identified causing the directors to doubt the continued provision of NHS services.

This year, with an adjusted performance deficit of £23.7m, the Trust performed favourably against its planned deficit of £26.8million. This position recognised strong performance against the national Elective Recovery Fund (ERF) target, and a considerable contribution from the Trust's 2023/24 cost improvement programme. All pressures associated with industrial action were fully funded by commissioners. As the NHS financial regime moves away from mechanisms introduced during the COVID-19 period, income from commissioners was largely based on two funding mechanisms:

- a simplified block payments system which mainly covered the Trust's emergency activity and associated income
- a smaller proportion of income aligned to elective and other activity reimbursed on a cost and volume basis or aligned to ERF payment principles

The Trust's original 2024/25 financial plan was for a deficit of £26.7m. However, national changes in funding has led to increased non-recurrent funding from South Yorkshire Integrated Care Board, which has reduced this planned deficit to £2.4m. This revised planned deficit is based on the assumption that a delivery of savings of 4% of expenditure is needed. The Trust is reasonably assured that appropriate mechanisms are in place to support delivery of this target.

The Trust reported a cash position at 31st March 2024 of £36.3m, which mainly supported capital creditors of £24m. The underlying cash challenge is expected to continue into 2024/25 and for the remainder of the going concern period to 30 June 2025.

In order to assess the extent of this challenge, the Trust has prepared a Group cash forecast which covers the going concern period up to 30 June 2025. This Group cash forecast shows the Trust requiring continued revenue cash support estimated at £24.2m (£5.3m already received from central cash support in April to June 2024 and £18.9m being redirected in the latter part of the financial year as income through local commissioners) with an estimated cash balance of approximately £1.9m (Group: £4.9m) at the end of the forecast period. This cashflow assessment has been made using the £2.4m deficit plan agreed for 2024/25. Interim support can be accessed nationally if it were required, subject to scrutiny of the drivers of the cash position.

For reference, during 2023/24 the Trust received central cash support totalling £26.7m from NHS England in line with its due process and challenge. This was received from October 2023 to March 2024. Revenue cash support is not a loan but is accounted for as public dividend capital which attracts a cost of capital charge at 3.5%.

The Trust expects this additional funding to only cover 2024/25 and as such, assumes the need for further central cash support in 2025/26. However, this has not been included in the going concern assessment to June 2025 and cash flow forecasts predict that current balances will be sufficient requiring locally managed interventions amounting to £3.7m. Should these interventions not crystallise or there is a greater cash need than planned then the Trust will access central cash support consistent with 2023/24. However, the Trust expects that either centrally, or locally, 2025/26 planning will identify sufficient funding for our operations given the expectation of continuation of services.

NHS operating and financial guidance is not yet issued for 2025/26, and so the Trust has based its assessment for the first quarter of 2025/26 on the same assumptions used to build the 2024/25 financial plan. Key assumptions include:

- a continuation of income and expenditure flows and performance in line with 2024/25 plans
- a continued need to deliver financial efficiencies

In conclusion, these factors, and the anticipated future provision of services in the public sector, support the Trust's adoption of the going concern basis for the preparation of the accounts.

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 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 46. 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 NHS income is earned from NHS commissioners under the NHS Payment Scheme (NHSPS) which replaced the National Tariff Payment System on 1 April 2023. The NHSPS sets out rules to establish the amount payable to trusts for NHS-funded secondary healthcare.

Aligned payment and incentive contracts form the main payment mechanism under the NHSPS. In 2023/24 API contracts contain both a fixed and variable element. Under the variable element, providers earn income for elective activity (both ordinary and day case), out-patient procedures, out-patient first attendances, diagnostic imaging and nuclear medicine, and chemotherapy delivery activity. The precise definition of these activities is given in the NHSPS. Income is earned at NHSPS prices based on actual activity. The fixed element includes income for all other services covered by the NHSPS assuming an agreed level of activity with 'fixed' in this context meaning not varying based on units of activity. Elements within this are accounted for as variable consideration under IFRS 15 as explained below.

Where the relationship with a particular integrated care board is expected to be a low volume of activity (annual value below £0.5m), an annual fixed payment is received by the provider as determined in the NHSPS documentation. Such income is classified as 'other clinical income' in these accounts.

Note 1.4.1 Revenue from contracts with customers (cont.)

Revenue from NHS contracts (cont)

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 and accounted for as variable consideration under IFRS 15. Payment for CQUIN and BPT on non-elective services is included in the fixed element of API contracts with adjustments for actual achievement being made at the end of the year. BPT earned on elective activity is included in the variable element of API contracts and paid in line with actual activity performed.

Elective recovery funding provides additional funding to integrated care boards to fund the commissioning of elective services within their systems. In 2023/24, trusts do not directly earn elective recovery funding, instead earning income for actual activity performed under API contract arrangements as explained above. The level of activity delivered by the trust contributes to system performance and therefore the availability of funding to the trust's commissioners. In 2022/23 elective recovery funding for providers was separately identified within the aligned payment and incentive contracts.

In 2022/23 fixed payments were set at a level assuming the achievement of elective activity targets within aligned payment and incentive contracts. These payments are accompanied by a variable-element to adjust income for actual activity delivered on elective services and advice and guidance services. Where actual elective activity delivered differed from the agreed level set in the fixed payments, the variable element either increased or reduced the income earned by the Trust at a rate of 75% of the tariff price.

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 employers, 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 and 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.

Assets held at depreciated replacement cost have been valued on an alternative site basis where this would meet the location requirements of the service being provided

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.

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	56
Dwellings	17	37
Plant & machinery	7	36
Transport equipment	9	9
Information technology	7	28
Furniture & fittings	9	10

Right of use assets (including land) are depreciated over the shorter of the useful life or the lease term.

Assets in the course of construction are not depreciated.

Note 1.8 Intangible assets

Note 1.8.1 Recognition

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

Internally generated intangible assets

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

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

Software

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

Note 1.8.2 Measurement

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

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

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

Amortisation

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

Note 1.8.3 Useful economic life of intangible assets

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

	Min life Years	Max life Years
All intangible assets	1	9

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.

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

The standard was 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 were only 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 were not revisited.

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 2022/23 and 3.51% to new leases commencing in 2023/24.

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 1.12.3 Implementation of IFRS 16 - Right of Use Assets

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.

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 2024:

		Nominal rate	Prior year rate
Short-term	Up to 5 years	4.26%	3.27%
Medium-term	After 5 years up to 10 years	4.03%	3.20%
Long-term	After 10 years up to 40 years	4.72%	3.51%
Very long-term	Exceeding 40 years	4.40%	3.00%

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	3.60%	7.40%
Year 2	1.80%	0.60%
Into perpetuity	2.00%	2.00%

Early retirement provisions and injury benefit provisions both use the HM Treasury's pension discount rate of 2.45% in real terms (prior year: 1.70%).

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 not recognised in the Trust's accounts.

Non-clinical risk pooling

The Trust participates in the Property Expenses Scheme (PES) and the Liabilities to Third Parties Scheme (LTPS). Both are risk pooling schemes under which the Trust pays an annual contribution to NHS Resolution and, in return, receives assistance with the costs of claims arising. The annual membership contributions, and any excesses payable in respect of particular claims are charged to operating expenses as and when they become due.

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 where an inflow of economic benefits is probable. There are no such contingent 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 any third party cash or cash equivalents.

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 and key sources of estimation uncertainty

Estimates and the underlying assumptions are reviewed on a regular basis by the Trust's senior management. Areas of estimation uncertainty or significant judgement made by management in the process of applying the Trust's accounting policies and that have the most significant effect on the amounts recognised in the financial statements are:

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

For Trust assets which are held for their service potential and are in use, they are valued at their current value in existing use.

For non-specialised assets, this is interpreted as market value in existing use, defined in the Royal Institution of Chartered Surveyors (RICS) Red Book as Existing Use Value (EUV).

For specialised assets, this is interpreted as depreciated replacement cost on a modern equivalent asset basis, defined in the Royal Institution of Chartered Surveyors (RICS) Red Book. This establishes the cost of a modern equivalent asset that has the same service potential as the existing asset and then adjusts this value to take account of age and obsolescence. This obsolescence includes physical obsolescence (the wearing out of the asset over time) and functional obsolescence (the design and layout make it less fit for purpose than a more modern asset).

Note 1.22 Critical judgements in applying accounting policies and key sources of estimation uncertainty contd

Valuation of property, plant and equipment contd

When revaluing an asset adopting the DRC approach, all of the construction and building materials cost of providing a modern equivalent asset have to be assessed using the prices at the date of valuation (ie 31 March 2024), before allowing for the depreciation of the asset.

The Trust has an ageing property portfolio, in a poor state of repair due to ongoing capital spending restrictions, which therefore impacts on the assumptions made in the valuation.

For land, this valuation methodology is performed on an alternative site basis, whereby the value is determined based on

In order to significantly reduce the risk of material misstatement for the land and buildings portfolio, the Trust commissions annual valuations from a RICS registered valuer. Generally, the Trust has a desktop valuation each year, and a full valuation every five years. The Trust commissioned a full property revaluation exercise as at 31 March 2024

The Trust estimates the useful lives of property, plant and equipment based on the period over which the assets are expected to be available for use. The estimated useful lives of property, plant and equipment per Note 1.7.6 are reviewed periodically and are updated if expectations differ from previous estimates due to physical wear and tear, technical, legal or other limits on the use of the relevant assets.

Asset lives applied to the land and property portfolio are provided by the Trust's externally appointed and professionally qualified valuers.

Other areas

There are no other critical judgements, 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.

Note 1.23 Early adoption of standards, amendments and interpretations

No new accounting standards or revisions to existing standards have been early adopted in 2023/24.

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 2023/24. 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, which is expected to be from the 1 April 2025. Early adoption is not permitted.

Note 1.25 Climate Change Levy

Expenditure on the climate change levy is recognised in the Statement of Comprehensive Income as incurred, based on the prevailing chargeable rates for energy consumption.

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

	2023/24	2022/23
	£000	£000
Acute services		
Aligned payment & incentive (API) income - Variable (based on activity)	124,812	-
Aligned payment & incentive (API) income - Fixed (not variable based on activity)	334,623	433,352
High cost drugs income from commissioners	27,531	29,080
Other NHS clinical income	-	134
Community services		
Income from other sources (e.g. local authorities)	1,057	1,221
All services		
Private patient income	3,216	816
Consultants / Agenda for Change pay offer central funding	231	11,053
Additional pension contribution central funding	13,428	11,952
Other clinical income	2,011	2,434
Total income from activities	506,909	490,042

The 2022/23 figures reflect the substance of the 2022/23 contract where the contract was fixed in nature. Due to national changes with regards to the treatment of Elective Recovery Funding and the fixed / variable nature of clinical income between 2022/23 and 2023/24, in 2023/24, the income is a mix of being fixed and variable, linked to activity.

In 2023/24, the Trust accrued income as part of the national backpay agreement for Consultants. In 2022/23, the Trust accrued income as part of the national Agenda for Change backpay agreement.

Note 3.2 Income from patient care activities (by source) - Trust and Group

	2023/24	2022/23
	£000	£000
Income from patient care activities received from:		
NHS England	47,164	59,170
Clinical commissioning groups	-	100,548
Integrated care boards	453,406	325,672
NHS Foundation Trusts	53	47
NHS other	-	134
Local authorities	1,057	1,221
Non-NHS: private patients	3,216	816
Non-NHS: overseas patients (chargeable to patient)	547	783
Injury cost recovery scheme	1,145	1,317
Non NHS: other	321	334
Total income from activities	506,909	490,042
Of which:		
Related to continuing operations	506,909	490,042
Related to discontinued operations	-	-

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

	2023/24	2022/23
	£000	£000
Income recognised this year	547	783
Cash payments received in-year	152	387
Amounts added to provision for impairment of receivables	588	883
Amounts written off in-year	632	406

Note 4 Other operating income

	Group		Trust	
	2023/24	2022/23	2023/24	2022/23
	£000	£000	£000	£000
Research and development (contract)	901	741	901	741
Education and training (excluding notional apprenticeship levy income)	21,181	18,311	21,181	18,311
Non-patient care services to other bodies	27,416	31,256	34,985	39,462
Reimbursement and top-up income	-	2,534	-	2,534
Other contract income	1,534	1,656	1,534	1,656
Education and training - notional income from apprenticeship fund	1,316	1,047	1,316	1,047
Rental revenue from operating leases	571	351	571	351
Donations/grants of physical assets (non-cash) - received from other bodies	675	299	675	299
Charitable and other contributions to expenditure	16	-	16	-
Contributions to expenditure - consumables (inventory) donated from DHSC group bodies for COVID response	110	844	110	844
Charitable fund incoming resources	656	452	-	-
Total other operating income	54,376	57,491	61,289	65,245
Of which:				
Related to continuing operations	54,376	57,491	61,289	65,245
Related to discontinued operations	-	-	-	-

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

In both 2022/23 and 2023/24, there was no revenue recognised in the reporting period that was included in 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 - Trust

	31 March 2024 £000	31 March 2023 £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 2023 and 31st March 2024, the Trust does not have contract liabilities or remaining performance obligations.

Note 5.3 Income from activities arising from commissioner requested services - Trust

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:

	2023/24 £000	2022/23 £000
Income from services designated as commissioner requested services	506,909	490,042
Income from services not designated as commissioner requested services	61,289	65,245
Total	568,198	555,287

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, has been disposed of during the normal course of business.

Note 6 Fees and charges (Group)

The Group does not have any material fees or charges in either 2023/24 or 2022/23.

Note 7.1 Operating expenses (Group)

	2023/24	2022/23
	£000	£000
Purchase of healthcare from NHS and DHSC bodies	4,733	5,234
Purchase of healthcare from non-NHS and non-DHSC bodies	17,484	15,521
Staff and executive directors costs	379,623	368,376
Remuneration of non-executive directors	169	154
Supplies and services - clinical (excluding drugs costs)	42,030	37,371
Supplies and services – clinical: utilisation of consumables donated from DHSC group bodies for COVID response	110	844
Supplies and services - general	6,608	6,784
Drug costs (drugs inventory consumed and purchase of non-inventory drugs)	48,501	46,842
Consultancy costs	370	377
Establishment	3,555	3,343
Premises	26,549	21,389
Transport (including patient travel)	2,280	2,613
Depreciation on property, plant and equipment	14,586	12,937
Amortisation on intangible assets	2,327	2,329
Net impairments	44,432	6,672
Movement in credit loss allowance: contract receivables / contract assets	427	575
Increase in other provisions	353	267
Change in provisions discount rate(s)	(63)	(277)
Audit fees payable to the external auditor		
audit services - statutory audit	243	144
audit services - audits of subsidiaries	43	43
Internal audit costs	64	64
Clinical negligence	16,782	17,086
Legal fees	608	399
Insurance	494	235
Research and development	590	505
Education and training	7,479	6,351
Car parking and security	1,426	1,385
Other NHS charitable fund resources expended	5,508	1,837
Total	627,311	559,400
Of which:		
Related to continuing operations	627,311	559,400
Related to discontinued operations	-	-

Note 7.2 Other auditor remuneration (Group)

	2023/24	2022/23
	£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 for 2022/23 and 2023/24.

Note 8 Impairment of assets (Group)

	2023/24	2022/23
	£000	£000
Net impairments charged to operating surplus / deficit resulting from:		
Changes in market price	44,432	6,672
Total net impairments charged to operating surplus / deficit	44,432	6,672
Revaluation / impairments (and reversals) of property, plant and equipment (credited) / charged to the revaluation reserve	(3,271)	(6,960)
Total net impairments	41,161	(288)

The impairments in 2022/23 and 2023/24 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)

	2023/24	2022/23
	Total	Total
	£000	£000
Salaries and wages	275,927	261,729
Social security costs	29,943	25,950
Apprenticeship levy	1,404	1,151
Employer's contributions to NHS pensions	30,826	27,495
Pension cost - employer contributions paid by NHSE on provider's behalf (6.3%)	13,428	11,952
Pension cost - other	111	180
Temporary staff (including agency and external bank)	34,866	45,091
Total gross staff costs	386,505	373,548
Total staff costs	386,505	373,548
Of which		
Costs capitalised as part of assets	1,375	651
Disclosed within:		
Staff and executive directors costs	379,623	368,376
Research and development	564	505
Education and training	4,943	4,016
	385,130	372,897

Note 9.1 Retirements due to ill-health (Group)

During 2023/24, there were 6 early retirements from the Trust agreed on the grounds of ill-health (4 in the year ended 31 March 2023). The estimated additional pension liabilities of these ill-health retirements is £263k (£449k in 2022/23). 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 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 the 1995/2008 and 2015 schemes are accounted for, and the scheme liability valued, as a single combined scheme. 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 2024, is based on valuation data as 31 March 2023, updated to 31 March 2024 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 2020. The results of this valuation set the employer contribution rate payable from April 2024. The Department of Health and Social Care has recently laid Scheme Regulations confirming the employer contribution rate will increase to 23.7% of pensionable pay from 1 April 2024 (previously 20.6%). The core cost cap cost of the scheme was calculated to be outside of the 3% cost cap corridor as at 31 March 2020. However, when the wider economic situation was taken into account through the economic cost cap cost of the scheme, the cost cap corridor was not similarly breached. As a result, there was no impact on the member benefit structure or contribution rates.

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.

	2023/24 £000	2022/23 £000
Operating lease revenue		
Minimum lease receipts	571	351
Total	571	351
	31 March 2024 £000	31 March 2023 £000
Future minimum lease receipts due:		
- not later than one year;	571	351
- later than one year and not later than five years;	-	-
- later than five years.	-	-
Total	571	351

Note 12 Finance income (Group)

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

	2023/24 £000	2022/23 £000
Interest on bank accounts	1,454	651
NHS charitable fund investment income	251	289
Total finance income	1,705	940

Note 13.1 Finance expenditure (Group)

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

	2023/24 £000	2022/23 £000
Interest expense:		
Loans from the Department of Health and Social Care	224	259
Interest on lease obligations	52	42
Total interest expense	276	301
Unwinding of discount on provisions	(35)	29
Total finance costs	241	330

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

	2023/24 £000	2022/23 £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)

	2023/24 £000	2022/23 £000
Gains / (losses) on disposal of property, plant and equipment	(286)	91
Gains / (losses) on charitable fund investment revaluations	454	(675)
Total gains on disposal of assets	168	(584)
Total other gains	168	(584)

Note 15 Trust income statement and statement of comprehensive income

The Trust's(deficit) for the period was £(67,826k) (2022/23: £(17,021k)). The Trust's total comprehensive income/(expense) for the period was £(64,555k) (2022/23: £(10,061k)).

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 2022/23 or 2023/24.

Note 17.1 Intangible assets - 2023/24

Group and Trust	Software licences £000	Other (purchased) £000	Total £000
Valuation / gross cost at 1 April 2023	24,874	27	24,901
Additions	1,185	-	1,185
Disposals	(30)	-	(30)
Valuation / gross cost at 31 March 2024	26,029	27	26,056
Amortisation at 1 April 2023	14,805	-	14,805
Provided during the year	2,327	-	2,327
Disposals	(30)	-	(30)
Amortisation at 31 March 2024	17,102	-	17,102
Net book value at 31 March 2024	8,927	27	8,954
Net book value at 1 April 2023	10,069	27	10,096

Note 17.2 Intangible assets - 2022/23

Group and Trust	Software licences £000	Other (purchased) £000	Total £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 18.1 Property, plant and equipment - 2023/24

Group and Trust	Land £000	Buildings excluding dwellings £000	Dwellings £000	Assets under construction £000	Plant & machinery £000	Transport equipment £000	Information technology £000	Furniture & fittings £000	Total £000
Valuation/gross cost at 1 April 2023	8,299	218,142	2,518	17,401	64,720	250	15,174	5,530	332,034
Additions	-	11,433	-	35,918	5,365	-	2,652	198	55,566
Additions - donations of physical assets (non-cash)	-	-	-	-	675	-	-	-	675
Impairments charges to operating expenses	-	(54,439)	(179)	-	-	-	-	-	(54,618)
Impairments charged to the revaluation reserve	-	(4,918)	(96)	-	-	-	-	-	(5,014)
Revaluations / reversal of impairments credited to the revaluation reserve	-	7,916	369	-	-	-	-	-	8,285
Reclassifications	-	23,559	388	(23,943)	-	-	-	(4)	-
Disposals	-	-	-	-	(1,919)	-	(25)	(70)	(2,014)
Valuation/gross cost at 31 March 2024	8,299	201,693	3,000	29,376	68,841	250	17,801	5,654	334,914
Accumulated depreciation at 1 April 2023	-	2,289	32	-	37,738	234	10,570	4,929	55,792
Provided during the year	-	7,769	96	-	4,265	5	951	142	13,228
Impairments charges to operating expenses	-	(10,058)	(128)	-	-	-	-	-	(10,186)
Disposals	-	-	-	-	(1,633)	-	(25)	(70)	(1,728)
Accumulated depreciation at 31 March 2024	-	-	-	-	40,370	239	11,496	5,001	57,106
Net book value at 31 March 2024	8,299	201,693	3,000	29,376	28,471	11	6,305	653	277,808
Net book value at 1 April 2023	8,299	215,853	2,486	17,401	26,982	16	4,604	601	276,242

Note 18.2 Property, plant and equipment - 2022/23

Group and Trust	Land £000	Buildings excluding dwellings £000	Dwellings £000	Assets under construction £000	Plant & machinery £000	Transport equipment £000	Information technology £000	Furniture & fittings £000	Total £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 18.3 Property, plant and equipment financing - 2023/24

Group and Trust	Land £000	Buildings excluding dwellings £000	Dwellings £000	Assets under construction £000	Plant & machinery £000	Transport equipment £000	Information technology £000	Furniture & fittings £000	Total £000
Net book value at 31 March 2024									
Owned - purchased	8,299	201,693	3,000	29,376	25,801	11	6,305	653	275,138
Owned - donated/granted	-	-	-	-	2,670	-	-	-	2,670
NBV total at 31 March 2024	8,299	201,693	3,000	29,376	28,471	11	6,305	653	277,808

Note 18.4 Property, plant and equipment financing - 2022/23

Group and Trust	Land £000	Buildings excluding dwellings £000	Dwellings £000	Assets under construction £000	Plant & machinery £000	Transport equipment £000	Information technology £000	Furniture & fittings £000	Total £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 - donated/granted	-	-	-	-	2,470	-	-	-	2,470
NBV total at 31 March 2023	8,299	215,853	2,486	17,401	26,982	16	4,604	601	276,242

Note 19.1 Right of Use Assets - 2023/24

Group and Trust	Property (land and buildings) £000	Plant & machinery £000	Transport equipment £000	Information technology £000	Total £000
Valuation/gross cost at 1 April 2023	4,702	799	523	1,240	7,264
Lease restatements	432	-	-	-	432
Valuation/gross cost at 31 March 2024	5,134	799	523	1,240	7,696
Accumulated depreciation at 1 April 2023	667	201	126	227	1,221
Provided during the year - right of use asset	679	257	174	248	1,358
Accumulated depreciation at 31 March 2024	1,346	458	300	475	2,579
Net book value at 31 March 2024	3,788	341	223	765	5,117
Net book value at 1 April 2023	4,035	598	397	1,013	6,043

Note 19.2 Right of Use Assets - 2022/23

Group and Trust	Property (land and buildings) £000	Plant & machinery £000	Transport equipment £000	Information technology £000	Total £000
Valuation/gross cost at 1 April 2022	-	-	-	-	-
Recognition of right of use assets on initial application of IFRS 16 on 1 April 2022	4,505	607	523	1,240	6,875
Lease 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 19.3 Right of Use Assets - Summary Information - 2023/24

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	2023/24	2022/23
Depreciation charge for RoU assets by class of underlying asset			
- Property (land and buildings)	19	679	667
- Plant & machinery		257	201
- Transport equipment		174	126
- Information technology		248	227
Total		1,358	1,221
Interest expense on lease liabilities	32	(53)	(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	(1,446)	(682)
Additions / Adjustments to right of use assets	19	432	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	3,788	4,035
- Plant & machinery		341	598
- Transport equipment		223	397
- Information technology		765	1,013
Total		5,117	6,043

Note 20 Donations of property, plant and equipment

Doncaster & Bassetlaw Teaching Hospitals Foundation Trust has received donated assets totalling £675k in 2023/24. In 2022/23, donated assets totalling £299k 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 commissioned a full valuation of its land and buildings as at 31st March 2024, which was undertaken by Cushman & Wakefield.

In 2022/23 and 2023/24, the Trust undertook a revaluation based on a Modern Equivalent Asset basis on its land and buildings.

Note 22 Investment Property

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

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

	Group		Trust	
	2023/24	2022/23	2023/24	2022/23
	£000	£000	£000	£000
Carrying value at 1 April - brought forward	7,908	9,323	550	550
Acquisitions in year	2,435	1,882	-	-
Movement in fair value through income and expenditure	454	(675)	-	-
Disposals	(2,579)	(2,622)	-	-
Carrying value at 31 March	8,218	7,908	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 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 2024	31 March 2023	31 March 2024	31 March 2023
	£000	£000	£000	£000
Drugs	2,866	2,588	2,326	1,936
Consumables	6,901	5,675	6,901	5,675
Total inventories	9,767	8,263	9,227	7,611

Inventories recognised in expenses for the year were £66,597k (2022/23: £61,825k). Write-down of inventories recognised as expenses for the year were £0k (2022/23: £0k).

Note 26.1 Receivables

	Group		Trust	
	2024	2023	2024	2023
	£000	£000	£000	£000
Current				
Contract receivables	19,362	28,804	21,159	31,341
Allowance for impaired contract receivables / assets	(2,863)	(2,010)	(2,842)	(2,010)
Prepayments (non-PFI)	2,668	1,549	2,668	1,549
PDC dividend receivable	919	-	919	-
VAT receivable	5,211	8,523	4,760	8,220
Clinician pension tax provision reimbursement funding from NHSE	23	36	23	36
Other receivables	518	238	2,336	364
NHS charitable funds: receivables	53	-	-	-
Total current receivables	25,891	37,140	29,023	39,500
Non-current				
Contract receivables	2,947	2,862	2,947	2,862
Clinician pension tax provision reimbursement funding from NHSE	722	885	722	885
Allowance for impaired contract receivables / assets	(680)	(1,603)	(680)	(1,603)
Total non-current receivables	2,989	2,144	2,989	2,144
Of which receivable from NHS and DHSC group bodies:				
Current	10,888	19,866	10,888	19,866
Non-current	722	885	722	885

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 2023 - brought forward	3,613	-	3,613	-
New allowances arising	707	-	686	-
Reversals of allowances (where receivable is collected in-year)	(280)	-	(280)	-
Utilisation of allowances (write offs)	(497)	-	(497)	-
Allowances as at 31 Mar 2024	3,543	-	3,522	-

	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	-

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	
	2023/24	2022/23	2023/24	2022/23
	£000	£000	£000	£000
At 1 April	33,664	47,316	32,490	46,440
Net change in year	3,614	(13,652)	3,821	(13,950)
At 31 March	37,278	33,664	36,311	32,490
Broken down into:				
Cash at commercial banks and in hand	668	568	-	63
Cash with the Government Banking Service	36,610	33,096	36,311	32,427
Total cash and cash equivalents as in SoFP and SOCF	37,278	33,664	36,311	32,490

Note 30 Trade and other payables

	Group		Trust	
	31 March 2024	31 March 2023	31 March 2024	31 March 2023
	£000	£000	£000	£000
Current				
Trade payables	16,862	8,154	18,644	9,766
Capital payables	24,015	26,844	24,015	26,844
Accruals	37,102	57,383	36,826	57,503
Annual leave accrual	387	1,088	387	1,088
Social security costs	7,930	7,101	7,930	7,101
Other taxes payable	52	17	-	-
PDC dividend payable	-	341	-	341
Pension contributions payable	4,278	3,917	4,278	3,917
Other payables	300	142	300	142
NHS charitable funds: trade and other payables	3,962	747	-	-
Total current trade and other payables	94,888	105,734	92,380	106,702

Of which payables from NHS and DHSC group bodies:

Current	10,806	8,988	10,806	8,988
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 2024	31 March 2024	31 March 2023	31 March 2023
	£000	Number	£000	Number
- to buy out the liability for early retirements over 5 years	263		449	
- number of cases involved		6		4

Note 31 Other liabilities

	Group		Trust	
	31 March 2024	31 March 2023	31 March 2024	31 March 2023
	£000	£000	£000	£000
Current				
Deferred income: contract liabilities	3,726	2,413	3,726	2,413
Total other current liabilities	3,726	2,413	3,726	2,413

Note 32 Borrowings

	Group		Trust	
	31 March 2024 £000	31 March 2023 £000	31 March 2024 £000	31 March 2023 £000
Current				
Loans from DHSC	568	1,866	568	1,866
Lease liabilities	1,359	1,327	1,359	1,327
Total current borrowings	1,927	3,193	1,927	3,193
Non-current				
Loans from DHSC	8,417	8,959	8,417	8,959
Lease liabilities	3,310	4,357	3,310	4,357
Total non-current borrowings	11,727	13,316	11,727	13,316

Note 32.1 Reconciliation of liabilities arising from financing activities

Group and Trust	Loans from DHSC £000	Lease liabilities £000	Total £000
Carrying value at 1 April 2023	10,825	5,684	16,509
Cash movements:			
Financing cash flows - payments and receipts of principal	(1,833)	(1,446)	(3,279)
Financing cash flows - payments of interest	(231)	(53)	(284)
Non-cash movements:			
Additions	-	432	432
Application of effective interest rate	224	52	276
Carrying value at 31 March 2024	8,985	4,669	13,654

Note 32.2 Lease liabilities - maturity analysis

	31 March 2024 £000
Undiscounted future lease payments payable in:	
- not later than one year;	1,381
- later than one year and not later than five years;	2,227
- later than five years	1,200
Total gross future lease payments	4,808
Finance charges allocated to future periods	(139)
Total net lease liabilities	4,669
Of which:	
Current - due in not later than one year	1,359
Non current - due in over one year	3,310
	4,669

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**

Neither the Group nor 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

Neither the Group nor the Trust does not have any finance lease payables as a lessee.

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

Group and 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 2023	1,009	888	250	921	238	3,306
Change in the discount rate	(46)	(17)	-	(160)	-	(223)
Arising during the year	74	138	157	(37)	-	332
Utilised during the year	(93)	(155)	(46)	(27)	-	(321)
Reversed unused	-	-	(129)	-	-	(129)
Unwinding of discount	(17)	(18)	-	48	-	13
At 31 March 2024	927	836	232	745	238	2,978
Expected timing of cash flows:						
- not later than one year;	120	183	232	23	-	558
- later than one year and not later than five years;	343	439	-	49	238	1,069
- later than five years.	464	214	-	673	-	1,351
Total	927	836	232	745	238	2,978

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 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 (2023/24: £927k, 2022/23: £1,009k) and Pensions: injury benefits (2023/24: £836k, 2022/23: £888k) 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 2024, £195,397k was included in provisions of NHS Resolution in respect of clinical negligence liabilities of Doncaster & Bassetlaw Teaching Hospitals NHS Foundation Trust. (31 March 2023: £222,992k)

Note 36 Contingent assets and liabilities

	Group		Trust	
	31 March 2024 £000	31 March 2023 £000	31 March 2024 £000	31 March 2023 £000
Value of contingent liabilities				
NHS Resolution legal claims	67	68	67	68
Gross value of contingent liabilities	67	68	67	68
Amounts recoverable against liabilities	-	-	-	-
Net value of contingent liabilities	67	68	67	68

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 2024 £000	31 March 2023 £000	31 March 2024 £000	31 March 2023 £000
Property, plant and equipment	1,892	-	1,892	-
Total	1,892	-	1,892	-

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 Care Boards (ICBs) and the way those ICBs 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 £65,525k (2022/23: £70,784k), 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 Integrated Care Boards and other NHS or Government bodies, which are financed from resources voted annually by Parliament. The Trust funds its capital expenditure from cash reserves, loans or through the issue of PDC. 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 England. The Trust is not, therefore, exposed to significant liquidity risks.

Note 40.2 Carrying values of financial assets

Group	Held at fair			Total book value
	Held at amortised cost	value through I&E	Held at fair value through OCI	
	£000	£000	£000	£000
Carrying values of financial assets as at 31 March 2024 under IFRS 9				
Trade and other receivables excluding non financial assets	20,029	-	-	20,029
Cash and cash equivalents	36,610	-	-	36,610
Consolidated NHS Charitable fund financial assets	668	8,218	-	8,886
Total at 31 March 2024	57,307	8,218	-	65,525

Group	Held at fair			Total book value
	Held at amortised cost	value through I&E	Held at fair value through OCI	
	£000	£000	£000	£000
Carrying values of financial assets as at 31 March 2023 under IFRS 9				
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

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 fair			Total book value
	Held at amortised cost	value through I&E	Held at fair value through OCI	
	£000	£000	£000	£000
Carrying values of financial assets as at 31 March 2024 under IFRS 9				
Trade and other receivables excluding non financial assets	23,709	-	-	23,709
Cash and cash equivalents	36,311	-	-	36,311
Total at 31 March 2024	60,020	-	-	60,020

Trust	Held at fair			Total book value
	Held at amortised cost	value through I&E	Held at fair value through OCI	
	£000	£000	£000	£000
Carrying values of financial assets as at 31 March 2023 under IFRS 9				
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

Note 40.2 Carrying values of financial liabilities

Group	Held at amortised cost £000	Held at fair value through I&E £000	Total book value £000
Carrying values of financial liabilities as at 31 March 2024 under IFRS 9			
Loans from the Department of Health and Social Care	8,985	-	8,985
Obligations under leases	4,669	-	4,669
Trade and other payables excluding non financial liabilities	82,557	-	82,557
IAS 37 provisions which are financial liabilities	2,978	-	2,978
Consolidated NHS charitable fund financial liabilities	3,962	-	3,962
Total at 31 March 2024	103,151	-	103,151

Group	Held at amortised cost £000	Held at fair value through I&E £000	Total book value £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

Trust	Held at amortised cost £000	Held at fair value through I&E £000	Total book value £000
Carrying values of financial liabilities as at 31 March 2024 under IFRS 9			
Loans from the Department of Health and Social Care	8,985	-	8,985
Obligations under leases	4,669	-	4,669
Trade and other payables excluding non financial liabilities	86,413	-	86,413
IAS 37 provisions which are financial liabilities	2,978	-	2,978
Total at 31 March 2024	103,045	-	103,045

Trust	Held at amortised cost £000	Held at fair value through I&E £000	Total book value £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

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

The following maturity profile of financial liabilities is based on the contractual undiscounted cash flows. This differs to the amounts recognised in the statement of financial position which are discounted to present value.

	Group		Trust	
	31 March 2024 £000	31 March 2023 £000	31 March 2024 £000	31 March 2023 £000
In one year or less	89,026	103,488	88,920	103,488
In more than one year but not more than five years	6,281	7,294	6,281	7,294
In more than five years	7,983	10,586	7,983	10,586
Total	103,290	121,368	103,184	121,368

Note 41 Losses and special payments

Group and Trust	2023/24		2022/23	
	number of cases Number	value of cases £000	number of cases Number	value of cases £000
Bad debts	558	692	303	413
Fruitless payments and constructive losses	1	-	-	-
Damage to buildings and property	-	-	1	-
Total losses - bad debts	559	692	304	413
Compensation under court order or legally binding arbitration award	13	71	19	119
Ex-gratia payments	25	14	28	23
Other	-	-	3	316
Total special payments	38	85	50	458
Total losses and special payments	597	777	354	871

In 2022/23, 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 and 2023/24, the Trust did not make any gifts.

In 2022/23 and 2023/24, the Group, via its NHS charitable fund, committed expenditure to recognise the efforts of all staff during the year. This was in the form of a small gift voucher, as a token of appreciation. For both years, it was a cost of £177k.

Note 43 Related parties

The total value of receivables and payables balances held with related parties as at 31 March, together with the associated income and expenditure transactions during 2023/24 and 2022/23, is:

Group and Trust 2023/24	Receivables 31 March 2024 £000	Payables 31 March 2024 £000	Income 2023/24 £000	Expenditure 2023/24 £000
Other NHS bodies	11,610	10,806	530,738	36,351
Other bodies (including WGA bodies)	5,229	12,516	1,072	94,519
	16,839	23,322	531,810	130,870

Group and Trust 2022/23	Receivables 31 March 2023 £000	Payables 31 March 2023 £000	Income 2022/23 £000	Expenditure 2022/23 £000
Other NHS bodies	19,830	9,212	515,782	37,259
Other bodies (including WGA bodies)	8,523	11,078	1,620	118,382
	28,353	20,290	517,402	155,641

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, Integrated Care Boards, 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 authorities, HM Revenue & Customs and NHS Pension Scheme.

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

On 1st April 2024, a suite of Pathology services were transferred to Sheffield Teaching Hospitals NHS Foundation Trust (STH), as part of a piece of cross-Trust collaborative working. A number of staff have transferred via TUPE to STH, as have a small number of non-capital assets. As the Pathology service has been transferred within the NHS, it is not disclosed as a discontinuing event in these financial statements.

Approximately 203 members of staff (on a Whole Time Equivalent basis) have transferred, and the Trust is transferring £10m of pay costs, £9.1m of non pay costs and £1.3m of non clinical income. In return, the Trust is expecting to be charged in the region of £17.8m for services performed by the collaborative group.

Note 45 NHS Charitable Fund

The 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

	Total Funds	
	2023/24	2022/23
	£000	£000
Incoming resources	656	452
Resources expended	(5,526)	(1,837)
Net outgoing resources	<u>(4,870)</u>	<u>(1,385)</u>
Investment Income	251	289
Gains/(losses) on revaluation and disposal of investment	454	(675)
Net movement in funds	<u>(4,165)</u>	<u>(1,771)</u>
Fund balances at 1 April	7,500	9,271
Fund balances at 31 March	<u><u>3,335</u></u>	<u><u>7,500</u></u>

	Total Funds	
	2023/24	2022/23
Investment assets	8,218	7,908
Cash and receivables	721	505
Current liabilities	(5,604)	(913)
Total net assets	<u><u>3,335</u></u>	<u><u>7,500</u></u>
	2024	2023
	£000	£000
Unrestricted income funds	2,137	2,450
Other restricted income funds	1,198	5,050
	<u><u>3,335</u></u>	<u><u>7,500</u></u>

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 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

	2023/24 £000	2022/23 £000
Incoming resources	9,235	9,674
Resources expended	(9,077)	(9,586)
Net outgoing resources	<u>158</u>	<u>88</u>
Dividends paid	(250)	-
Net movement in assets	<u>(92)</u>	<u>88</u>

	2023/24 £000	2022/23 £000
Current assets	2,853	2,935
Cash	299	337
Current liabilities	(2,402)	(2,430)
Total net assets	<u>750</u>	<u>842</u>
Share Capital	550	550
Income & Expenditure reserve	200	292
Total net assets	<u>750</u>	<u>842</u>

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This letter of representations is provided in connection with your audit of the consolidated and Trust financial statements of Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust (“the Group and Trust”) for the year ended 31 March 2024. We recognise that obtaining representations from us concerning the information contained in this letter is a significant procedure in enabling you to form an opinion as to whether the consolidated and Trust financial statements give a true and fair view of (or ‘present fairly, in all material respects,’) the Group and Trust financial position of Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust as of 31 March 2024 and of its financial performance (or operations) and its cash flows for the year then ended in accordance with, for the Group and the Trust, UK adopted International Financial Reporting Standards as interpreted and adapted by the 2023/24 HM Treasury’s Financial Reporting Manual (the 2023/24 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.

We understand that the purpose of your audit of our consolidated and Trust financial statements is to express an opinion thereon and that your audit was conducted in accordance with International Standards on Auditing (UK), which involves an examination of the accounting system, internal control and related data to the extent you considered necessary in the circumstances, and is not designed to identify nor necessarily be expected to disclose all fraud, shortages, errors and other irregularities, should any exist.

Accordingly, we make the following representations, which are true to the best of our knowledge and belief, having made such inquiries as we considered necessary for the purpose of appropriately informing ourselves:

A. Financial Statements and Financial Records

1. We have fulfilled our responsibilities, as set out in the terms of the audit engagement letter dated 1 June 2022, for the preparation of the financial statements in accordance with, for the Group and Trust, UK adopted International Financial Reporting Standards as interpreted and adapted by the 2022/23 HM Treasury’s Financial Reporting Manual (the 2023/24 FReM) as contained in the Department of Health and Social Care Group Accounting

Manual 2023 to 2024 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.

2. We acknowledge, as members of management of the Group and Trust, our responsibility for the fair presentation of the consolidated and Trust financial statements. We believe the consolidated and Trust financial statements referred to above give a true and fair view of the financial position, financial performance (or results of operations) and cash flows of the Group in accordance with UK adopted International Financial Reporting Standards as interpreted and adapted by the 2023/24 HM Treasury's Financial Reporting Manual (the 2023/24FReM) as contained in the Department of Health and Social Care Group Accounting Manual 2023 to 2024 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, and are free of material misstatements, including omissions. We have approved the financial statements.
3. The significant accounting policies adopted in the preparation of the Group and Trust financial statements are appropriately described in the Group and Trust financial statements.
4. As members of management of the Group and Trust, we believe that the Group and Trust have a system of internal controls adequate to enable the preparation of accurate financial statements in accordance with UK adopted International Financial Reporting Standards as interpreted and adapted by the 2023/24HM Treasury's Financial Reporting Manual (the 2023/24FReM) as contained in the Department of Health and Social Care Group Accounting Manual 2023 to 2024 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 that are free from material misstatement, whether due to fraud or error.
5. We believe that the effects of any unadjusted audit differences, summarised in the accompanying schedule, accumulated by you during the current audit and pertaining to the latest period presented are immaterial, both individually and in the aggregate, to the financial statements taken as a whole. We have not corrected these differences as they represent an extrapolation rather than a true adjustment to be corrected.
6. We confirm the Group and Trust does not have securities (debt or equity) listed on a recognized exchange.

B. Non compliance with laws and regulations, including fraud

1. We acknowledge that we are responsible to determine that the Group and Trust's business activities are conducted in accordance with laws and regulations and that we are responsible to identify and address any non-compliance with applicable laws or regulations, including fraud.

2. We acknowledge that we are responsible for the design, implementation and maintenance of a system of internal control to prevent and detect fraud and that we believe we have appropriately fulfilled those responsibilities.
3. We have disclosed to you the results of our assessment of the risk that the consolidated and Trust financial statements may be materially misstated as a result of fraud.
4. We have no knowledge of any identified or suspected non-compliance with laws or regulations, including fraud, that may have affected the Group or Trust (regardless of the source or form and including without limitation, any allegations by whistleblowers”), including non-compliance matters:
 - Involving financial improprieties
 - Related to laws or regulations that have a direct effect on the determination of material amounts and disclosures in the consolidated and Trust financial Statements
 - Related to laws or regulations that have an indirect effect on amounts and disclosures in the consolidated and Trust financial statements, but compliance with which may be fundamental to the operations of the Group and Trust’s business, its ability to continue in business, or to avoid material penalties.
 - Involving management, or employees who have significant roles in internal control, or others.
 - In relation to any allegations of fraud, suspected fraud or other non Compliance with laws and regulations communicated by employees, former employees, analysts, regulators or others.

C. Information Provided and Completeness of Information and Transactions

1. We have provided you with:
 - Access to all information of which we are aware that is relevant to the preparation of the financial statements such as records, documentation and other matters;
 - Additional information that you have requested from us for the purpose of the audit; and
 - Unrestricted access to persons within the entity from whom you determined it necessary to obtain audit evidence.
2. All material transactions have been recorded in the accounting records and all material transactions, events and conditions are reflected in the financial statements.
3. We have made available to you all minutes of the meetings of shareholders, directors and committees of directors (or summaries of actions of recent meetings for which minutes have not yet been prepared) held through the period to the most recent meeting on the following date: 26 June 2024.
4. We confirm the completeness of information provided regarding the identification of related parties. We have disclosed to you the identity of the Group and Trust’s related parties and all related party relationships and transactions of which we are aware, including sales, purchases, loans, transfers

of assets, liabilities and services, leasing arrangements, guarantees, non-monetary transactions and transactions for no consideration for the period ended, as well as related balances due to or from such parties at the period end. These transactions have been appropriately accounted for and disclosed in the consolidated and Trust financial statements.

5. We believe that the methods, significant assumptions and the data we used in making accounting estimates and related disclosures are appropriate and consistently applied to achieve recognition, measurement and disclosure that is in accordance with for the Group and the Trust, UK adopted International Financial Reporting Standards as interpreted and adapted by the 2023/24 HM Treasury's Financial Reporting Manual (the 2023/24 FReM) as contained in the Department of Health and Social Care Group Accounting Manual 2023 to 2024 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.
6. We have disclosed to you, and the Group and Trust has complied with, all aspects of contractual agreements that could have a material effect on the consolidated and Trust financial statements in the event of non-compliance, including all covenants, conditions or other requirements of all outstanding debt.
7. From the date of our last management representation letter on 7 July 2023 through to the date of this letter we have disclosed to you, to the extent that we are aware, any (1) unauthorized access to our information technology systems that either occurred or is reasonably likely to have occurred, including of reports submitted to us by third parties (including regulatory agencies, law enforcement agencies and security consultants), to the extent that such unauthorized access to our information technology systems is reasonably likely to have a material effect on the consolidated and Trust financial statements, in each case or in the aggregate, and (2) ransomware attacks when we paid or are contemplating paying a ransom, regardless of the amount.

D. Liabilities and Contingencies

1. All liabilities and contingencies, including those associated with guarantees, whether written or oral, have been disclosed to you and are appropriately reflected in the consolidated and Trust financial statements.
2. We have informed you of all outstanding and possible litigation and claims, whether or not they have been discussed with legal counsel.
3. We have recorded and/or disclosed, as appropriate, all liabilities related to litigation and claims, both actual and contingent.

E. Going Concern

1. Note 1.2 to the consolidated and Trust financial statements discloses all the matters of which we are aware that are relevant to the Group and Trust's

ability to continue as a going concern, including significant conditions and events, our plans for future action, and the feasibility of those plans.

F. Subsequent Events

1. There have been no other events subsequent to period end which require adjustment of or disclosure in the consolidated and Trust financial statements or notes thereto, other than the transfer of Pathology services.

G. Group Audits

1. Necessary adjustments have been made to eliminate all material intra group unrealised profits on transactions amongst Trust, subsidiary undertakings and associated undertakings.

H. Other Information

1. We acknowledge our responsibility for the preparation of the other information. The other information comprises sections of the Annual Report not identified as subject to audit, other than the financial statements and the Auditor's Report thereon.
2. We confirm that the content contained within the other information is consistent with the financial statements.

I. Agreement of Balances and key judgments

1. We have disclosed to you details of all transactions and judgments we have made on income and expenditure, payable and receivable balances with counterparties irrespective of whether or not they have been included in the 2023/24 Agreement of Balances Exercise.
2. We have agreed balances, disputes and claims with all NHS bodies via the Agreement of Balances process and where not agreed, we have reported the matter to you.
3. We have disclosed to you all of the risks and judgments we have made in arriving at the Trust's reported financial outturn for financial year ended 31 March 2024

J. Segmental Reporting

1. We have reviewed the operating segments reported internally to the Board and We are satisfied that it is appropriate to aggregate these as, in accordance with IFRS 8: Operating Segments, they are similar in each of the following respects:
 - The nature of the products and services
 - The nature of the production processes
 - The type or class of customer for their products and services
 - The methods used to distribute their products.

K. Use of the Work of a Specialist

1. We agree with the findings of the specialists that we engaged to evaluate the valuation of Land and Buildings and have adequately considered the qualifications of the specialists in determining the amounts and disclosures included in the consolidated and Trust financial statements and the underlying accounting records. We did not give or cause any instructions to be given to the specialists with respect to the values or amounts derived in an attempt to bias their work, and we are not otherwise aware of any matters that have had an effect on the independence or objectivity of the specialists.

L. Estimates

Valuation of the Trust's Land and Buildings

1. We confirm that the significant judgments made in making the valuation of Land and Buildings estimate have taken into account all relevant information of which we are aware.
2. We believe that the selection or application of the methods, assumptions and data used by us have been consistently and appropriately applied or used in making the valuation of the Trust's Land and Building estimate.
3. We confirm that the disclosures made in the consolidated and Trust financial statements with respect to the accounting estimate, including those describing estimation uncertainty are complete and are reasonable in the context of for the Group and the Trust, UK adopted International Financial Reporting Standards as interpreted and adapted by the 2023/24 HM Treasury's Financial Reporting Manual (the 2023/24 FReM) as contained in the Department of Health and Social Care Group Accounting Manual 2023 to 2024 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.
4. We believe that the selection or application of the methods, assumptions and data used by us have been consistently and appropriately applied or used in making the valuation of the Trust's Land and Building estimate.
5. We confirm that no adjustments are required to the accounting estimate and disclosures in the consolidated and Trust financial statements.

M. Climate related matters

1. We confirm that to the best of our knowledge all information that is relevant to the recognition, measurement, presentation and disclosure of climate related matters has been considered, including the impact resulting from the commitments made by the Group and Trust, and reflected in the consolidated and Trust financial statements.

2. The key assumptions used in preparing the consolidated and financial statements are, to the extent allowable under the requirements of the 2023/24 HM Treasury's Financial Reporting Manual (the 2023/24 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, aligned with the statements we have made in the other information or other public communications made by us .

N. Ownership of Assets

1. Except for assets recognised as right of use assets in accordance with IFRS 16 Leases, the Group and Trust has satisfactory title to all assets appearing in the statement of financial position, and there are no liens or encumbrances on the Group and Trust's assets, nor has any asset been pledged as collateral. All assets to which the Group and Trust has satisfactory title appear in the statement of financial position.

Yours faithfully,



Jon Sargeant - Chief Financial Officer – 27 June 2024



Kath Smart - Chair of the Audit and Risk Committee – 227 June 2024

Schedule of unadjusted audit differences

Communication schedule for uncorrected misstatements

Entity: **Doncaster & Bassetlaw Teaching Hospitals NHS FT**

Period Ended: **31-Mar-2024**

Currency: **GBP (£)**

Uncorrected misstatements		Analysis of misstatements Debit/(Credit)										Income statement effect of the prior period	
No.	W/P ref.	Account (Note 1)	Assets Current	Assets Non-current	Liabilities Current	Liabilities Non-current	Equity components	Effect on the current period OCI	Income statement effect of the current period			Prior period Debit/(Credit)	Non taxable
		(misstatements are recorded as journal entries with a description)	Debit/(Credit) (Note 2)	Debit/(Credit) (Note 2)	Debit/(Credit) (Note 2)	Debit/(Credit) (Note 2)	Debit/(Credit)	Debit/(Credit)	Debit/(Credit)	Non taxable			
Factual misstatements:													
Projected misstatements:													
		PY SAD uncorrected overstatement of expenditure											
		Prepayments											
		Operating expenditure										(395,341)	
		PY SAD uncorrected understatement of expenditure											
		Expenditure										417,575	
		Accruals											
		24 DBTH Understatement of supplies & services expenditure											
		Dr Expenditure							1,328,573				
		Cr Payables			(1,328,573)								
		24 DBTH Overstatement of accruals											
		DR Accruals			1,130,717								
		CR Expenditure							(1,130,717)				
		24 DBTH Understatement of other operating expenditure											
		DR Expenditure							1,451,788				
		CR Receivables (VAT)	(1,451,788)										
Total of uncorrected misstatements before income tax			(1,451,788)	0	(197,856)	0	0	0	1,849,844			19,234	
Total of uncorrected misstatements			(1,451,788)	0	(197,856)	0	0	0	1,849,844			19,234	
Financial statement amounts			72,936,000	303,086,000	(101,099,000)	(14,147,000)	(260,776,000)		(67,826,000)			(17,021,000)	
Effect of uncorrected misstatements on F/S amounts			-2.0%	0.0%	0.2%	0.0%	0.0%		-2.4%			-0.1%	
Memo: Total of non-taxable items (marked 'X' above)										0		0	
Uncorrected misstatements before income tax								-2.4%	1,849,844			19,234	
Less: Tax effect of misstatements at current year marginal rate								0%	0			0	
Uncorrected misstatements in income tax									0			0	

Entity: **Doncaster & Bassetlaw Teaching Hospitals NHS FT**

Period Ended: **31-Mar-2024**

Currency: **GBP (£)**

Uncorrected misstatements		Analysis of misstatements Debit/(Credit)										Income statement effect of the prior period	
No.	W/P ref.	Account (Note 1)	Assets Current	Assets Non-current	Liabilities Current	Liabilities Non-current	Equity components	Effect on the current period OCI	Income statement effect of the current period			Prior period Debit/(Credit)	Non taxable
		(misstatements are recorded as journal entries with a description)	Debit/(Credit) (Note 2)	Debit/(Credit) (Note 2)	Debit/(Credit) (Note 2)	Debit/(Credit) (Note 2)	Debit/(Credit)	Debit/(Credit)	Debit/(Credit)	Non taxable			
Cumulative effect of uncorrected misstatements after tax but before turnaround								-2.4%	1,849,844			19,234	
Turnaround effect of prior period uncorrected misstatements								After tax		Memo: Before tax			
All factual and projected misstatements:								(19,234)	(19,234)				
Judgmental misstatements (Note 3):								0	0				
Cumulative effect of uncorrected misstatements, after turnaround effect								-2.4%	1,830,410				
Current year income before tax									(67,826,000)				
Current year income after tax									(67,826,000)				

Doncaster and Bassetlaw Teaching
Hospitals NHS Foundation Trust
Quality Accounts 2023/24

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Chief Nurse's statement

It is with great pleasure that I present to you the Quality Account for 2023/24.

This document marks the inaugural year of our newly published Nursing, Midwifery, and Allied Health Professionals (NMAHP) Quality Strategy. This strategy represents a significant milestone for Doncaster and Bassetlaw Teaching Hospitals (DBTH) NHS Foundation Trust, encapsulating our collective commitment to delivering exceptional patient care through continuous improvement and innovation.

The previous year has been pivotal as we transitioned from our former objectives, folding them into this comprehensive strategy, published in February 2024.

This Quality Account not only highlights our strategic priorities but also provides detailed reports on the progress and developments achieved since the strategy's inception.

I am pleased to report that we have made substantial strides in enhancing patient care and safety. Noteworthy developments include the establishment of the Corporate Nursing Senior Leadership Team and the appointment of several Divisional Nurses, who are leading their respective divisions with dedication and expertise.

These leadership enhancements have been fundamental in driving our initiatives forward, ensuring that patient safety and care quality remain at the forefront of our operations.

Our commitment to patient safety is further underscored by the implementation of the Patient Safety Incident Response Framework and the promotion of a Just Culture within our organisation.

I am particularly proud to note that we have registered zero Never Events in the past year, a testament to our rigorous safety protocols and the unwavering commitment of our colleagues.

In addition to these safety advancements, we have focused on improving patient experience by establishing robust feedback mechanisms and engaging with our community to ensure that their voices inform our service improvements. The creation of Family Liaison Officers and the relaunch of initiatives like John's Campaign underscore our dedication to compassionate and inclusive care.

This Quality Account also reflects on our operational achievements, including significant improvements in emergency care, cancer treatment pathways, and diagnostic services. Our commitment to maintaining service continuity during challenging periods, such as industrial actions and the winter surge, has been exemplary.

Furthermore, our efforts in winter period management ensured safe services with minimal elective cancellations, maintaining continuity of care despite seasonal pressures. During periods of industrial action, we successfully maintained essential safe services, demonstrating our resilience and commitment to patient safety.

The successful recruitment of our leadership team within Corporate Nursing and the appointment of Domestic Abuse Advisors have reinforced our strategic vision and operational capacity, further enhancing our support for vulnerable patients.

In nursing and midwifery, the launch of our strategic initiatives and the drafting of the Visitor's Charter marked significant steps forward in patient care and engagement. The implementation of the Professional Nurse/Midwife Advocate role within the Trust has also been key to enhancing patient safety.

Additionally, our achievements in the Clinical Negligence Scheme for Trusts (CNST) Year 5 in the Maternity Incentive Scheme, and the success of our healthcare and support worker transition project, underscore our commitment to excellence.

Looking ahead, we are excited about the continued evolution of our care planning and documentation processes, particularly through the embrace of digital technologies.

The transition to electronic patient records and the focus on personalised care plans will enhance the continuity and quality of care we provide, ensuring that every patient's needs and preferences are meticulously documented and respected.

Our progress is a testament to the hard work and dedication of our entire team. The successes we have achieved are not just milestones but steppingstones toward our ultimate goal of delivering the highest quality of care.

We remain committed to fostering a culture of continuous improvement, learning from our experiences, and adapting to the ever-changing healthcare landscape.

As we move forward, we invite you to join us on this journey.

Your feedback, support, and engagement are invaluable as we strive to exceed expectations and set new standards in patient care. I encourage you to explore this document in detail to gain a comprehensive understanding of our strategic priorities, the progress we have made, and our plans for the future.

Thank you for your continued support and commitment to excellence in patient care.

Karen Jessop

Chief Nurse

Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust

Our priorities for improvement in 2023/24

Last year's Quality Account was a transitional document, and in many ways the same is true in 2023/24.

Our quality priorities are now aligned with our recently published Nursing, Midwifery and Allied Health Professionals Quality Strategy, which is available on the Trust's website (www.dbth.nhs.uk).

This document informs the organisation's quality priorities for the next five years, which are outlined below, and in further detail within this document, as follows:

- **Patient Safety:** Implementing safety frameworks, reducing infections, and improving training.
- **Patient Experience:** Enhancing feedback mechanisms and community engagement.
- **Clinical Effectiveness:** Using evidence-based practices and digital systems.
- **Fundamentals of Care:** Ensuring essential care aspects like nutrition and hygiene.
- **Care of Vulnerable Patients:** Supporting those with complex needs.
- **Care Planning and Documentation:** Embracing digital tools and personalised care plans.

Informing this strategy, and related priorities, are also the following documents:

- NHS Long Term Plan 2019
- Patient Safety Incident Response Framework 2022
- National Quality Board Shared View of Quality 2021
- Patient Safety Strategy 2019
- South Yorkshire Integrated Care System Five Year Plan
- Patient Safety Incident Response Framework supporting guidance Engaging and involving patients families and staff a safety incident 2022

- Just Culture

Nursing, Midwifery and Allied Health Professionals Quality strategy in summary



Doncaster and Bassetlaw Teaching Hospitals
NHS Foundation Trust

Our Nursing, Midwifery and Allied Health Professionals Quality Strategy 2023-27 has been developed over several months at the start of 2023 commencing with a Senior nursing/midwifery and AHP time out to develop the first draft. The strategy builds on previous engagement taken prior to the COVID19 pandemic. Collaboration of the Nursing, Midwifery and AHP teams and sharing across the Trust has led to this final version.

This strategy supports the Trust's vision to be the safest trust in the country, outstanding in all we do, which in turn supports our true north objective to provide outstanding care and improve patient experience.



Our Nursing, Midwifery and Allied Health Professional quality strategy is based on three the dimensions of quality; clinical effectiveness, patient experience and patient safety. This is underpinned by the six strategic themes:

1. Safe

Avoiding harm to patients from care that is intended to help them.

2. Timely

Reducing waits and sometimes harmful delays.

3. Effective

Providing services based on evidence and which produce a clear benefit.

4. Efficient

Avoiding waste.

5. Person-centred

Establishing a partnership between practitioners and patients to ensure care respects patients' needs and preferences.

6. Equitable

Providing care that does not vary in quality because of a persons' characteristics.

Strategic aims

Patient Safety

We will continuously improve our systems and processes to ensure our patients receive high-quality, safe and effective care.

Patient Experience

We will provide compassionate and personalised care which meets the patient's individual needs. We will listen to our patients and their families ensuring their feedback is reflected in new or changes to services.

Clinical Effectiveness

We will ensure our care is provided in a manner which maximises the potential to improve patient outcomes and health, based on evidence based practice, continuous improvement and the monitoring of clinical outcomes.

Fundamentals of care

We will recognise and deliver fundamentals of care so patients receive the quality of care we would wish for our own loved ones.

Care of our most vulnerable patients

We will focus on improving the experience of care for our most vulnerable patients such as those living with dementia, learning disabilities, mental health issues and other health inequalities.

Care planning and documentation

We will embrace digital technology, ensure our patients are partners in their plan of care, and their care plans reflect the latest care needs. Our documentation will always be in line with professional standards and support continuity of care for our patients.

As a Trust, we do not work in isolation and we will continue to work in collaboration with system partners at Place, Integrated Care Board (ICB) and Integrated Care Partnership (ICP) level in the delivery of this Strategy and our wider strategic objectives. As a multi-site Trust, we work collaboratively with partners in both the South Yorkshire and Nottinghamshire systems. We are also proud of our role working with and supporting our local communities as an Anchor organisation and a Cornerstone employer.

Our NMAHPS Quality Strategy is underpinned by a delivery plan, detailing how we will achieve our strategic ambitions and how we will measure our progress and success. This includes quantitative measures such as a range of people data metrics and key performance indicators, triangulated with patient-related metrics where appropriate, as well as qualitative measures such as colleague and learner feedback and external recognition.

Feedback and data from our patient surveys are also important to us, for example friends and family test and our inpatient and maternity surveys. We take a quality improvement approach to our work and, when appropriate, develop and utilise research models.

Patient Experience is the 'golden thread' cutting through all that we do as a Trust. Patient engagement and involvement remains at the heart of everything we do.

This Nursing, Midwifery and Allied Health Professional Quality Strategy will be supported by other enabling Trust strategies and functions, aligned with our True North ambitions. This Strategy will be supported by a robust quality architecture, quality assurance framework and governance processes. The strategy will be supported by a children and young people delivery plan and a maternity delivery plan. Each strategic objective has a detailed delivery plan with a dedicated senior responsible person aligned to each strategic aim.

At DBTH, we have previously taken steps to develop a restorative just and learning culture which understands the impact of Human Factors. We will continue to work with the Just Culture work-streams. We will work in partnership with our peoples business partner teams to ensure we have a joined-up approach linked to the experiences of our people and the safety of our patients, linked with the continued implementation of PSIRF (Patient Safety Incident Response Framework) at DBTH.

[The full strategy document can be viewed on The Hive](#)

- Health and Social Care Act 2022 of Integrated Care Board and Integrated Care Systems.

In identifying our priorities, and strategic themes, for improvement, the Trust has taken into account the views of patients and their care outcomes: patients, colleagues, commissioners and NHS partners, service users.

Note, the document was drafted in 2023, and ratified and published in February 2024.

Strategic theme 1: Patient Safety

Outlined within our Nursing, Midwifery and Allied Health Professionals Quality Strategy, which is available on the Trust's website (www.dbth.nhs.uk) and was published in mid-2023.

Our aim: We will continuously improve our systems and processes to ensure our patients receive high-quality, safe and effective care.

Objectives:

- Implement the Patient Safety Incident Response Framework and embed its principles.
- Implement learning from patient safety events (LFPSE).
- We will review and learn from incidents and patient deaths.
- Implement national patient safety initiatives.
- Reduce healthcare-acquired infections.
- Increase the numbers of patients screened for, and where relevant, treated for sepsis.
- Patients who deteriorate will be recognized and treated promptly.
- Professional ownership of ward and department modelling and annual workforce review process to meet acuity and dependency requirements.
- Evidence of embedded practice and utilisation of Safe Staffing decision support tools to monitor compliance and professional judgement in regards to maintaining safe staffing.
- Embed Just culture principles.
- Review patient safety governance structures, ensuring board oversight of patient safety risks.
- Ensure staff have appropriate Patient Safety training.
- Recruit Patient safety partners.
- Ensure safeguarding policies in place and implemented.
- Develop and implement a 'Care Excellence' quality framework which increases oversight and accountability.
- Increase the number of no harm incidents reported to identify greater learning.
- Ensure procedures in place to acknowledge, review and act on National safety alerts.

Indicative success measures:

- Increased proportion of staff reporting increasing safety culture in local and national surveys.
- Increased proportion of staff who would recommend the Trust as a place to work or receive care in staff survey.

- Consistently achieving peer median care hours per patient day and submitting nationally required safe staffing reports. Aligning AHP workforce against recommended guidance in specialist areas.
- Proportion of staff who have undertaken the patient safety syllabus training.
- Evidence of shared learning from incidents.
- Patient Safety Partners in post.
- Increase in proportion of clinical incidents with no harm or minimum harm reported.
- Safeguarding policies in place and practise embedded.
- Quality Framework in place.
- Reduced number of patient harms/impact of harm.
- Reporting feedback.
- Establishment/Workforce reduction in vacancy/skill mix reviews.
- Learning from feedback/outcomes.
- CARE and Excellence review meetings.
- Audit and Compliance with Emergency Care Standards.
- Introduction of Quality and Safety seminars.

Strategic theme 2: Patient Experience

We will provide compassionate and personalised care which meets the individual needs of our patients. We will listen to and engage with our patients and their families ensuring their feedback is reflected in new or changes to services.

Objectives:

- Provide a wide variety of ways for patients to feedback to us.
- Hold community engagement events and work with Health-watch and Voluntary Sector organisations in the community to gain insight and feedback from the community including those groups who are seldom heard or affected by health inequalities.
- Launch carers charter/contract.
- Relaunch of the DBTH commitment to John's campaign John's Campaign which recognizes the important role of family members who care for people living with dementia and people with complex needs, including learning disabilities and or autism, and welcomes carers into our hospital.
- Embed, patient involvement and co-design into our organisations policies, procedures and Governance. Integrating the patient, family and carer voice within our everyday business.
- Review our complaint handling process for opportunities to provide a swift resolution for people when they raise concerns.
- Review Patient Experience reporting and escalation procedures to ensure the Chief Nurse and Board have oversight of patient experience.
- Establish patient forums and engagement panels.
- Achieve compliance with the Accessible Information Standard.
- Implement "we care to talk" across all inpatient areas.
- Introduction of Family Liaison Officers.
- Introduce "relative ward rounds" across inpatient areas.
- Celebrate success stories when we've engaged with patients/families to change services and feedback on changes is positive.

Success measures:

- Continued increase in Trust's response rates in Friends and Family Test.
- Where services utilise additional patient satisfaction/feedback, that results are audited and actioned.
- CQC patient survey results.

- Establish a youth forum and develop a patient engagement programme to include parental experience post discharge from neonatal services.
- Earlier resolution of complaints.
- Incremental reduction in complaint resolution times until most are resolved within 40 days and only the most complex take up to 90 days to resolve.
- Support our teams to resolve concerns at the earliest opportunity, through improved processes and training opportunities.
- Co-produced complaints policy developed and in place.
- Increasing positive score in patient satisfaction survey data including recommending DBTH as a place to receive care.
- Evidence of Board oversight of patient experience feedback and reports.
- Policy and processes in place to ensure patients/users/carers are involved in every service change.
- Citizens panel in place.
- Evidence that Accessible Information Standard requirements are met and SMART Action Plan in place to address any areas of non-compliance.
- Developing greater insight into patient, family and carer experience, including real-time feedback, and acting on trends in all care delivery areas.

Strategic theme 3: Clinical Effectiveness

We will ensure our care is provided in a manner which maximises the potential to improve patient outcomes and health, based on evidence-based practice, continuous improvement and the monitoring of clinical outcomes.

Objectives:

- Participating in National audits and creating a programme of local audits.
- Use of Quality Improvement (QI) methodology to improve care.
- Procedures in place for implementation of Nice Guidance and technology appraisals within 6 months of implementation.
- Plan and implement care in all settings in line with national guidance and evidence base.
- Fulfil our responsibilities in line with the Trust research and innovation strategy.
- Use our digital systems to ensure we gather and use data to inform improvements in care, by the use of Tendable, quality dashboard and other technology.
- Roll out ward accreditation across all inpatient wards.
- Develop and monitor quality measures across outpatient and community services.
- Explore opportunities (external and internal) to promote contribution and leadership to practise transformation and research impacting on patient care.
- Establish a shared governance framework in line with the Magnet for Europe (M4E) principles.
- Implement M4E Shared Governance and Nurse, Midwife, Allied Health Professions Council model.
- Contribute to the financial stability of the Trust by ensuring services are effective and outcome driven.
- Individual accountability, capability and competence to be factored into the development of a framework for professional practice at both fundamental and advanced levels.
- Links to leadership and relevant competencies.
- Link with partners (patient/carers/communities/voluntary/health and social care sectors across Place and System to maximise resources.

Success measures:

- Evidence of Quality Improvement methodology being implemented and improvements in quality.
- Roll out of audit and NICE dashboard.
- Agree the principles of the ward accreditation programme.

- Utilising digital information and technology enabling triangulation of both data and narrative.
- Agree criteria for Shared Governance Councils remit and responsibilities.
- Number of developed shared governance councils.
- Develop and agree the principles of a framework for professional practice.
- Launch the Framework for Professional Practice and embed into practice.
- Audit and Compliance with Emergency Care Standards.

Strategic theme 4: Fundamentals of Care

We will recognise and deliver fundamentals of care to ensure our patients receive the quality of care we would wish for our own loved ones.

Objectives:

- Implement evidence-based approaches to reducing the numbers of inpatient falls.
- Implement evidence-based approaches to continue to reduce the number of hospital-acquired pressure ulcers.
- Reduce the number of hospital-acquired infections.
- Evaluate safe transfer of care, both internally and externally.
- Provide person-centred care involving patients and their carers/families within all of our settings (inpatient, outpatient, and community).
- All of our contacts encourage, support, and promote patients to maintain independence to avoid deconditioning.
- Follow best practice and evidence-based principles of care to ensure the fundamentals of care are embedded, particularly:
 - Continence
 - Nutrition and Hydration
 - Oral Care
 - Medicines Management
 - Hygiene Care
 - Pain Management
 - Falls
 - Skin Integrity
 - Psychological support.

Success measures:

- CARE & Excellence Review Meetings as part of the ward to board assurance and quality framework.
- Improved patient experience and outcomes.
- Reduction in complaints concerning the fundamentals of care.
- Reduction in incidents due to failure to implement fundamentals of care.
- Reduced length of stay.
- Quality Dashboard implementation improvements in metrics.
- Roll out deconditioning QI project Trust-wide.

- Reduction in falls, pressure ulcers, VTE and infections.
- Reduced number of medication incidents.

Strategic theme 5: Care of our most vulnerable patients

We will focus on improving the experience of care for our most vulnerable patients such as those living with dementia, learning disabilities, mental health issues, and other health inequalities.

Objectives:

- Work with experts through experience to determine and further develop flagging of vulnerabilities including clinical vulnerabilities.
- Improve the recording of vulnerabilities within patient administration and incident reporting systems.
- In partnership with Education colleagues, develop a training strategy to support staff in recognizing and assessing vulnerabilities of our patients across all settings.
- Ensure reasonable adjustments are implemented and documented.
- Embedded the role of the Named Practitioner Safety in Caring.
- Understand and apply the relevant principles of the Mental Capacity Act, Deprivation of Liberty Safeguards, Mental Health Act, and the Best Interest process including the least restrictive options and safeguarding principles.
- Assess, plan, implement and review personalised plans of care for the vulnerable patient.
- Review and embed Violence Prevention and Reduction Standards to support risk management and maximise safe and secure working environments.
- Ensure our people have access to the resources and specialist inputs required in a timely way.
- Monitor incidents and complaints. Collating themes to promote shared learning and improve patient outcomes.
- Implement evidence-based approaches to reduce the number of incidents related to behaviour that challenges.
- To reduce health inequalities by promoting equitable access to healthcare.

Success measures:

- Robust flagging system across all systems to support.

Strategic theme 6: Care planning and documentation

We will embrace digital technology, ensure our patients are partners in their plan of care, and that their care plans reflect the latest care needs. Our documentation will always be in line with professional standards and support continuity of care for our patients.

Objectives:

- Ensure care plans feature person-centred care goals agreed with the patient – ‘what matters to you’.
- Embrace and embed digital technology such as electronic patient records.
- Patient and Carer involvement in planning and evaluation.
- Nothing about you, without your approach to factual documentation.
- Care planning from initial consultation/appointment and at the bedside - contemporaneous records.
- Discharge planning from initial consultation/appointment and point of admission.
- Meaningful documentation/respectful/factual.
- Supportive of innovation, e.g., clinical photography.
- Implement National documentation standard guidance to ensure consistent and accurate recording of patient information and care plans incorporating Information governance and GDPR principles.
- To facilitate the timely and efficient delivery of care by streamlining documentation processes and reducing unnecessary paperwork.
- Effective handover and Transitions across pathways (Therapies).
- Effective "board rounds".
- Effective "safety huddles".
- Effective Multi-Disciplinary meetings/approaches.

Success Measures:

- Personalised care plan review/evaluate once per shift.
- Audit - Quality of plans.
- Completion of assessments within the agreed timeframes.
- To ensure that all nurses, midwives, and AHPs are trained in best practices related to care planning and documentation and have access to ongoing education and support.
- Robust documentation audit.
- Transition to digital.
- Reduction in patient harms due to lack of handover/transfer/care planning processes.
- Reduce length of stay.
- Improved staff and patient satisfaction.

- Reduction in complaints around care planning/involvement.

Strategic themes - review of achievements in 2023/24

Our Quality strategy was only published in February 2024; however, a number of projects were ongoing at this time, meaning that significant progress has been made, aligned with the strategy, and summarised below.

Operational achievements

- **Emergency care improvements:** Following an intensive piece of work which began in January 2024, in March 2024, we achieved a performance rate of 76.1% against the four hour access care standard for March 2024 of 76%. Additionally, we saw increased use of the discharge lounge, virtual ward and improvements in ambulance handover times - improvement we hope to maintain in the long-term.
- **Cancer care advancements:** We made significant strides in reducing the 62-day cancer backlog and successfully delivered the Cancer Faster Diagnosis Standard.
- **Diagnostic and elective care:** There were notable improvements in the six-week diagnostic standard for Endoscopy and Medical Imaging. By the end of March, we virtually eliminated long waits for elective care, with zero 104-week waits, two 78-week waits, and only 16 patients waiting over 65 weeks.
- **Winter period management:** We maintained safe services over the winter period with minimal elective cancellations, ensuring continuity of care despite seasonal pressures.
- **Response to industrial action:** Throughout periods of industrial action, we successfully maintained essential safe services, demonstrating our resilience and commitment to patient safety.
- **Leadership recruitment:** We completed the recruitment of our leadership team within Corporate Nursing, as well as recruitment to vacant posts within our Divisional teams, reinforcing our strategic vision and enhancing our operational capacity.
- **Sexual Safety Charter:** As signatories to this charter, we have committed to a zero-tolerance approach to any unwanted, inappropriate, and harmful sexual behaviours towards our workforce. By signing up to this document, we pledge to uphold the principles and actions outlined in the charter to ensure a safe and respectful environment for all staff members, demonstrating our dedication to fostering a secure and supportive workplace.

Nursing and Midwifery

- **Strategic initiatives:** The launch of the Nursing, Midwifery, and Allied Health Professionals Strategy, along with the drafting of the Visitor's Charter, marked significant steps forward in patient care and engagement.
- **Safe Staffing processes:** We recruited to a number of vacant posts, embedding evidence-based safe-staffing processes throughout the Trust.
- **Safeguarding and support:** Our safeguarding team has expanded, and we have introduced Domestic Abuse Advisors, strengthening our support for vulnerable patients.
- **Patient safety framework:** We have implemented the Patient Safety Incident Response Framework (PSIRF), as well as supported the development of the Professional Nurse/Midwife Advocate role within the Trust, both of which have been key to enhancing patient safety.
- **Maternity and midwifery achievements:** We have achieved Clinical Negligence Scheme for Trusts (CNST) Year 5 in the Maternity Incentive Scheme and had our most successful year for Registered Midwifery recruitment. The healthcare and support worker transition project was also successfully completed.
- **Professional development:** Our first cohort of Chief Nurse Fellows have completed their training. Additionally, we achieved the National Preceptorship Quality Mark for nursing.
- **Care excellence accreditation:** We commenced Care Excellence Accreditation reviews for all inpatient areas, aiming to standardise and elevate the quality of care across the Trust.

Quality and Safety

- **Maintained safety during industrial action:** Ensuring patient safety during this time was our top priority, and we successfully maintained it throughout periods of industrial action.
- **Mortality rate reductions:** We have achieved reductions in hospital mortality rates, with improvements in both the Hospital Standardised Mortality Ratio (HSMR) which has dropped from 107.95 to 105.44 in a 12-month period, with improvement in the Summary Hospital-level Mortality Indicator (SHMI) .

- **Job planning and medical appraisal:** We have seen improvements in job planning, with over 92% of medical appraisals completed, enhancing our workforce's effectiveness and satisfaction.
- **Health inequalities strategy:** We published a new Health Inequalities Strategy, which is now available in the usual locations, emphasising our commitment to addressing disparities in health outcomes.
- **DBTH Way and Just Culture:** The development and launch of the DBTH Way alongside a renewed focus on Just Culture has fostered a more supportive and transparent workplace environment.

Just Culture

As a Trust, we always strive to provide the best possible care for our patients and a good experience at work for our people. However, sometimes things don't always go to plan. We recognise that mistakes and accidents can happen in any healthcare organisation or other setting, as we are all human, and what sets us apart is our dedication to learning from these experiences and enhancing patient safety and colleague experience.

At DBTH, we are committed to delivering the highest quality of care to our patients and being a great place to work, and we recognise the vital role that a Just Culture plays in achieving this goal.

Just Culture is our commitment to fostering fairness, transparency and continuous learning throughout our organisation. By embracing Just Culture, we can create a supportive environment that empowers our colleagues to speak up and that will enable us to identify system vulnerabilities and promote continuous improvement. Our Board of Directors is committed to embedding a Just Culture approach.

Just Culture has four key principles which we should consider in our response to a patient safety incident:

1. **Fair accountability:** We recognise the importance of accountability without unjust blame. Just Culture recognises that errors are often the result of system failures rather than individual negligence. We will encourage open dialogue and learning from these to implement preventative measures and avoid similar incidents in the future.
2. **Learning and improvement:** We will not only identify and report errors but analyse reported incidents, near misses and other raised concerns to identify trends, patterns and underlying causes. Through this analysis, we can implement effective measures, continuously evolving and enhancing our practices for the safety of our patients.

3. **Communication and feedback:** Open and transparent communication is at the heart of Just Culture. We encourage everyone to speak up, ask questions and share suggestions, concerns or ideas for improvement. Additionally, we will provide timely feedback on reported incidents and the subsequent actions taken.
4. **Education and training:** Just Culture is supported at DBTH by the national Patient Safety Incident Response Framework (PSIRF) and we will provide comprehensive education and training for all colleagues who respond to such incidents.

Readers can head to <https://www.dbth.nhs.uk/just-culture-at-dbth/> to view the Just Culture pledges from several senior colleagues across the Trust, whilst all colleagues have been invited to share their own.

Analysis of our activity and performance in 2023/24

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.

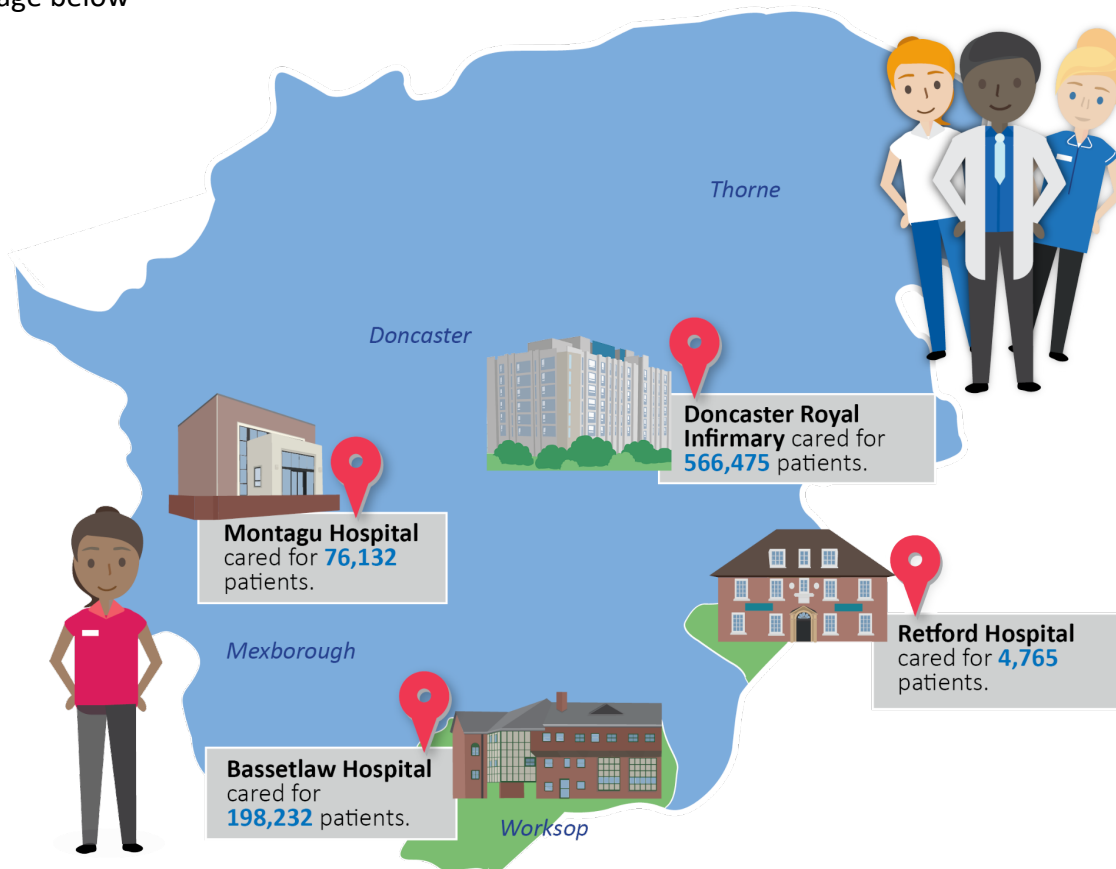
Our activity in 2023/24:

- We cared for 511,463 inpatients.
- We cared for 130,952 more outpatients.
- We cared for 198,662 emergencies.
- We delivered 4,572 babies.

In comparison with 2022/23:

- We cared for 15,150 more inpatients.
- We cared for 29,041 more outpatients.
- We cared for 4,631 emergencies.
- We delivered 66 fewer babies.

A breakdown of how many patients were cared for in each respective site can be viewed in the image below



Performance analysis 2023/24

As an organisation, we strive to provide timely access to care for all our patients. In this section, you can find a brief summary of our operational performance against a number of national standards, highlighting some of our achievements from the past 12 months.

Urgent and Emergency Care

During 2023/24, average daily attendances to our Emergency Departments were 542, a 2.1% increase compared to the previous year.

In March 2024, 76.1% of our patients were admitted, transferred or discharged from our Emergency Departments within 4 hours from arrival, achieving the standard set out in the national planning guidance for 2023/24.

Bed occupancy remained high throughout the year and all our available inpatient beds were open during the winter period to support patient flow from the Emergency Department through to a ward.

We expanded our same day emergency care services for acute medicine and this service is now available 12 hours a day, seven days a week.

We have worked in collaboration with partners across Doncaster Place during 2023/24 to deliver the Urgent and Emergency Care Improvement Plan, recognising that timely access to urgent and emergency care requires a coordinated approach across the health and social care system.

Throughout 2023/24 we have continued the work to develop our Bassetlaw Emergency Village which, once complete, will provide facilities for paediatric patients to be observed at Bassetlaw Hospital rather than being transferred to Doncaster Royal Infirmary. Further details can be viewed in the capital projects section below.

Elective Care

Our focus in 2023/24 has been to continue to reduce the number of patients experiencing long waiting times, following the COVID-19 pandemic and backlog created as a result.

By March 2024 we had virtually eliminated the longest waiting times with no patients waiting over 104 weeks and only four patients waiting over 78 weeks.

In March 2024, 60.1% of our patients were treated within 18 weeks from referral, compared to 57.2% nationally.

- Diagnostics Waiting Times and Activity – 77.4% (March Performance)
- Cancer FDS – 81.2% (Full Year)

Diagnostics

During the year we have made significant improvements to reducing our waiting times for diagnostics. By March 2024, we were consistently delivering the six-week waiting time standard for endoscopy and medical imaging.

Cancer

The number of urgent suspected cancer referrals has remained high since the COVID-19 pandemic yet we achieved our plan to reduce the number of people waiting over 62 days on a cancer pathway by the end of the year.

We have consistently delivered the 28-day faster diagnosis standard, ensuring the majority of patients are diagnosed or have cancer ruled out within 28 days of being referred urgently by their GP for suspected cancer. During 2023/24, we achieved the faster diagnosis standard for 81.2% of our patients.

Statements of assurance

Participation in clinical audits

During 2023/24, 44 national clinical audits and five national confidential enquiries covered relevant health services that Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust provides. During that period, Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust participated in 100% national clinical audits and 33% the national confidential enquiries which it was eligible to participate in.

The national clinical audits and national confidential enquiries that Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust participated in, and for which data collection was completed during 2023/24, are listed below alongside the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of the audit or enquiry.

The national clinical audits and national confidential enquiries that Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust was eligible to participate in during 2023/24 are as follows:

National Audit Trust participation	Data collection completed during 2023/24	% of cases submitted
Adult Respiratory Support Audit	Yes	100% of eligible cases
BAUS Nephrostomy Audit	Yes	100% of eligible cases
Breast and Cosmetic Implant Registry	Yes	100% of eligible cases
Case Mix Programme (CMP)	Yes	100% of eligible cases
Child Health Clinical Outcome Review Programme (now covered by the National Child Mortality Database)	Yes	100% of eligible cases

Elective Surgery (National PROMs Programme)	Yes	100% of eligible cases
Emergency Medicine QIPs: a) Care of Older People b) Mental Health (Self Harm) c) Infection control	Yes	100% of eligible cases
Epilepsy12: National Clinical Audit of Seizures and Epilepsies for Children and Young People	Yes	100% of eligible cases
Falls and Fragility Fracture Audit Programme (FFFAP): a) Fracture Liaison Service Database (FLS-DB) b) National Audit of Inpatient Falls (NAIF) c) National Hip Fracture Database	Yes	100% of eligible cases
Learning from lives and deaths of people with a learning disability and autistic people (LeDeR)	Yes	100% of eligible cases
Maternal, Newborn and Infant Clinical Outcome Review Programme	Yes	100% of eligible cases
Mental Health - Self Care	Yes	100% of eligible cases
Medical and Surgical Clinical Outcome Review Programme	Yes	100% of eligible cases
National Adult Diabetes Audit (NDA): a) National Diabetes Footcare Audit (NDFA) b) National Diabetes Inpatient Safety Audit (NDISA) c) National Pregnancy in Diabetes Audit (NPID)	Yes	100% of eligible cases
National Asthma and COPD Audit Programme (NACAP) a) COPD Secondary Care b) Adult Asthma Secondary Care c) Children and Young People's Asthma Secondary Care	Yes	100% of eligible cases
National Audit of Cardiac Rehabilitation	Yes	100% of eligible cases
National Audit of Care at the End of Life (NACEL)	Yes	100% of eligible cases

National Audit of Dementia (NAD)	Yes	100% of eligible cases
National Bariatric Surgery Registry	Yes	100% of eligible cases
National Cancer Audit Collaborating Centre - National Audit of Metastatic Breast Cancer	Yes	100% of eligible cases
National Cancer Audit Collaborating Centre - National Audit of Primary Breast Cancer	Yes	100% of eligible cases
National Cardiac Arrest Audit (NCAA)	Yes	100% of eligible cases
National Cardiac Audit Programme (NCAP): c) National Heart Failure Audit (NHFA) d) National Audit of Cardiac Rhythm Management (CRM) e) Myocardial Ischaemia National Audit Project (MINAP)	Yes	100% of eligible cases
National Child Mortality Database (NCMD)	Yes	100% of eligible cases
National Comparative Audit of Blood Transfusion: a) 2023 Audit of Blood Transfusion against NICE Quality Standard 138 b) 2023 Bedside Transfusion Audit	Yes	100% of eligible cases
National Early Inflammatory Arthritis Audit (NEIAA)	Yes	100% of eligible cases
National Emergency Laparotomy Audit (NELA)	Yes	100% of eligible cases
National Gastro-Intestinal Cancer Audit Programme (GICAP): a) National Bowel Cancer Audit (NBOCA) b) National Oesophago-Gastric Cancer Audit (NOGCA)	Yes	100% of eligible cases
National Joint Registry	Yes	100% of eligible cases
National Lung Cancer Audit (NLCA)	Yes	100% of eligible cases

National Maternity and Perinatal Audit (NMPA)	Yes	100% of eligible cases
National Neonatal Audit Programme (NNAP)	Yes	100% of eligible cases
National Obesity Audit (NOA)	Yes	100% of eligible cases
National Paediatric Diabetes Audit (NPDA)	Yes	100% of eligible cases
National Prostate Cancer Audit (NPCA)	Yes	100% of eligible cases
National Vascular Registry (NVR)	Yes	100% of eligible cases
Perinatal Mortality Review Tool (PMRT)	Yes	100% of eligible cases
Prescribing Observatory for Mental Health (POMH): a) Use of medicines with anticholinergic (antimuscarinic) properties in older people's mental health services b) Monitoring of patients prescribed lithium	Yes	100% of eligible cases
Sentinel Stroke National Audit Programme (SSNAP)	Yes	100% of eligible cases
SAMBA	Yes	100% of eligible cases
Serious Hazards of Transfusion UK National Haemovigilance Scheme	Yes	100% of eligible cases
Society for Acute Medicine Benchmarking Audit	Yes	100% of eligible cases
The Trauma Audit & Research Network (TARN)	Yes	100% of eligible cases
UK Renal Registry National Acute Kidney Injury Audit	Yes	100% of eligible cases

NCEPOD Trust participation	Data collection completed during 2023/24	% of cases submitted
Epilepsy	Yes	100%
Testicular	No	0%
Juvenile Idiopathic Arthritis	Yes	100%
End of life	No	0%
Endometriosis	No	0%

Participation in Clinical Research

Progressing our commitment to making DBTH a leading centre of research excellence for the benefit of our patients and our Trust, we have successfully delivered the introductory year of the new Research and Innovation Strategy (2023-2028). Complementing this overarching strategy, we developed and launched a Nursing, Midwifery, and Allied Health Professionals Research and Innovation Framework, recognising the need for tailored support for our wider healthcare professionals alongside medical and dental colleagues.

We have aligned and cross-referenced this strategy with the new Clinical Quality Strategy, People Strategy, and Health Inequalities Strategy to ensure our key objectives are reinforced and supported. This integrated approach has fostered growth in research talent, innovation expertise, and leadership in research and innovation among DBTH colleagues, underpinned by a sustainable financial model.

Significant research developments have been made, particularly in maternal and child health. The Born and Bred in Doncaster (BaBiD) research study has reached over 2,250 recruits by the end of March 2023.

Comparable to our external education quality scrutiny, DBTH has again met its annual contract requirements with the National Institute for Health and Care Research (NIHR) Clinical Research Network (CRN), receiving overwhelmingly positive feedback on patient recruitment and the breadth of studies offered. Our notable studies include the 'IGLOo' (Sickness absence and

sustainable return to work pilot study) and the 'BaBiD' (Born and Bred in Doncaster) study, addressing seldom-heard groups and specialist clinical areas.

Building on our portfolio research activity successes, DBTH continues to develop partnerships with local academic and innovation institutions, as reflected in our new Research and Innovation Strategy.

As part of our ambition to develop Doncaster as a University City and recognising the value of a collaborative network, DBTH continues to work closely with the City of Doncaster Council and Rotherham, Doncaster and South Humber NHS Trust. This year, we have focused on developing our People and Public Involvement (PPI) approach, progressing with the Doncaster Voices community to help inform, shape, and prioritise our research and innovation activities. Complementing our place-based activities across Doncaster, DBTH is a key partner within the South Yorkshire Integrated Care Board, supporting the development of research and innovation activities at the ICB level, including a new Research and Innovation Strategy.

We remain a key partner for education and research across the South Yorkshire Integrated Care Board (SY ICB). While committed to supporting all communities we serve, we are financially aligned with the SY ICB for commissioning and reporting purposes. Additionally, we have started engaging with the North Nottinghamshire ICB, particularly in developing their new Research Strategy. As this work progresses, we look forward to sharing updates through our usual channels and in next year's annual report.

DBTH continues to lead regionally and nationally with our multi-professional and inclusive approach, often sharing our experiences with other provider organisations. We are recognised for the integration of education and research within our organisation, supported by individual leadership, engagement, and embedding these elements within work profiles and the organisation's strategic priorities.

Statements from the Care Quality Commission (CQC)

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

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

The Care Quality Commission has not taken enforcement action against Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust during 2023/24.

The Board has taken assurance from the CQC inspection outcome. Unannounced and announced inspections by the CQC took place across Trust sites in August and September 2023 and the Trust received an overall rating of requires Improvement, a change on the previous years' rating of good.

Overall, the CQC rated the 'caring' domain as good, whilst safe, effective, responsive and well-led were rated as requires improvement.

In rating the trust, the CQC took into account the current ratings of the services not inspected. Well-led for the senior leadership of the trust was also rated as good.

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

Rating for acute services/acute trust

	Safe	Effective	Caring	Responsive	Well-led	Overall
Bassetlaw District General Hospital	Requires Improvement ↔ Mar 2024	Requires Improvement ↓ Mar 2024	Good ↔ Mar 2024	Requires Improvement ↓ Mar 2024	Requires Improvement ↓ Mar 2024	Requires Improvement ↓ Mar 2024
Doncaster Royal Infirmary	Requires Improvement ↔ Mar 2024	Requires Improvement ↓ Mar 2024	Good ↔ Mar 2024	Requires Improvement ↓ Mar 2024	Requires Improvement ↓ Mar 2024	Requires Improvement ↓ Mar 2024
Montagu Hospital, Mexborough	Requires Improvement ↓ Mar 2024	Good ↔ Mar 2024	Good ↔ Mar 2024	Good ↔ Mar 2024	Requires Improvement ↓ Mar 2024	Requires Improvement ↓ Mar 2024
Retford Hospital	Requires Improvement ↓ Mar 2024	Not rated	Good ↔ Mar 2024	Good ↔ Mar 2024	Good ↔ Mar 2024	Good ↔ Mar 2024
Overall trust	Requires Improvement ↔ Mar 2024	Requires Improvement ↓ Mar 2024	Good ↔ Mar 2024	Requires Improvement ↓ Mar 2024	Requires Improvement ↓ Mar 2024	Requires Improvement ↓ Mar 2024

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

Jo Gander – Chair	Non-executive Director	6 of 6
Dr Emyr Jones	Non-executive Director	6 of 6
Hazel Brand	Hazel Brand	6 of 6
Lucy Nickson	Non-executive Director	4 of 6
Dr Tim Noble	Executive Medical Director	2 of 3
Dr Nick Mallaband	Acting Executive Medical Director (from 25 September 2023)	3 of 3
Karen Jessop	Chief Nurse	6 of 6
Zara Jones	Deputy Chief Executive (from December 2023)	2 of 2

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 strategy in relation to-patient experience and person-centred-care, clinical governance, quality improvement and innovation, people and workforce development and communications and engagement.
- Undertaken strategic discussions and deep dives into quality, governance.

- 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.

Data quality

Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust submitted records during 2023/24 to the Secondary Uses Services for inclusion in the Hospital Episode Statistics which are included in the latest published data.

The percentage of records in the published data:

- 99.7% for admitted patient care.
- 99.8% for outpatient care.
- 97.8% for accident and emergency care 100% for admitted patient care.
- 99.9% for outpatient care.
- 99.9% for accident and emergency care.

Clinical coding error rate

In line with the DS&P requirements the Trust has undertaken clinical coding audits (diagnoses and procedure coding) during 2023/2024 which resulted in the Trust achieving the mandatory compliance level. The combined results of the audits were:

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

Criterion	DS&P Advisory Level	DS&P Mandatory Level	Doncaster and Bassetlaw Teaching Hospitals
Primary diagnosis correct	>=95.0%	>=90.0%	91.0%
Secondary diagnosis correct	>=90.0%	>=80.0%	89.6%

Primary procedure correct >=95.0% >=90.0% 97.3%

Secondary procedure correct >=90.0% >=80.0% 90.9%

NHS Staff Survey

The NHS staff survey is conducted annually. 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 2023/24 survey among trust staff was 67% (2022/23: 65%).

Indicators	2023/24 Trust score	2023/24 benchmarking group score	2022/23 Trust score	2022/23 benchmarking group score
We are compassionate and inclusive	7.41	7.24	7.3	7.2
We are recognised and rewarded	6.05	5.94	5.8	5.7
We each have a voice that counts	6.82	6.70	6.7	6.6
We are safe and healthy	6.24	6.06	6.0	5.9
We are always learning	5.90	5.61	5.6	5.4
We work flexibly	6.24	6.20	6.0	6.0
We are a team	6.81	6.75	6.6	6.6
Staff	6.94	6.91	6.8	6.8

engagement				
Morale	6.11	5.91	5.8	5.7

Patient experience

In the 2023/2024 financial year, 620 complaints were reported to the Trust, marking a 16.1% reduction from the 739 complaints reported in the 2022/2023 financial year.

The Head of Patient Engagement, Experience, and Involvement continues to build relationships with our local population, attending various local engagement events to “hear our communities' voices.” We remain actively engaged with the LeDeR Programme and LeDeR Steering Groups.

The Trust now has 120 Learning Disability Ambassadors, with ongoing recruitment and training efforts. Additionally, the Oliver McGowan training has been rolled out across the Trust.

Friends and Family Test: To improve response rates, the Trust changed its method of collecting Friends and Family Test feedback in January 2024. We have partnered with Iwantgreatcare for a 12-month pilot to enhance data collection and analytics. This service offers various feedback options, including text messaging, paper copies, QR codes, and online translations of the survey.

Formally Launched Carers Contract: Following successful engagement and positive feedback, the Trust has formally launched the Carers Contract.

Relaunch of John's Campaign: John's Campaign has been relaunched to provide support from families and carers during inpatient or outpatient care. This initiative allows carers or family members to be present during general care, mealtime support, and decision-making as advocates for the patient.

Volunteers: Volunteers are integral to enhancing the quality of care at Doncaster & Bassetlaw Teaching Hospitals NHS Foundation Trust (DBTHFT). Our dedicated volunteers undertake various roles, including escorting patients, serving as ward and clinic volunteers, and assisting in the library and A&E. The number of volunteers has increased compared to previous years, and the Trust continues to actively recruit more.

Engaging Service Users: The Head of Patient Engagement, Experience, and Involvement continues to build relationships with our local population, attending several local engagement events to “hear our communities' voices.”

Following a successful NHS Charities Bid, the Trust commissioned the People Focused Group as our engagement partners for a twelve-month period. Peer supporters will spend time in various areas, including:

- Emergency Department at DRI
- Emergency Department at Bassetlaw Hospital
- St Leger Ward DRI (Orthopaedics)

- Mallard Ward DRI (Gresley Unit) – Dementia
- SEND Therapies DRI
- Audiology Sandringham Road Centre
- Montagu Hospital Audiology
- Bassetlaw Hospital Audiology
- Ward 26 DRI (Surgical Unit)
- Elective Orthopaedic Mexborough Centre
- Mexborough Community Diagnostic Centre

Peer supporters will familiarize themselves with patients and Trust services, providing a unique community-led perspective on each area. They will also ensure that the patients' voice remains central to delivering excellent care across the Trust. Additionally, the Peers have participated in the Trust Ward Accreditation process.

Future plans include recruiting for a sustainable Trust Citizens' Panel.

2407 - D6 USE OF TRUST SEAL


● Information Item

👤 Rebecca Allen, Associate Director of Strategy, Partnerships & Governance

5 minutes

REFERENCES

Only PDFs are attached

 D6 - Use of Trust Seal.pdf

Report Cover Page				
Meeting Title:	Board of Directors			
Meeting Date:	2 July 2024	Agenda Reference:	D6	
Report Title:	Use of Trust Seal			
Sponsor:	Rebecca Allen - Associate Director Strategy, Partnerships & Governance			
Author:	Rebecca Allen - Associate Director Strategy, Partnerships & Governance			
Appendices:				
Report Summary				
Purpose of the report & Executive Summary				
To confirm the use of the Trust Seal, in accordance with Section 14 of the Trust's Board Standing Orders.				
Seal No	Description	Signed	Date of sealing	
138	Six month extension of the lease relating to the part ground and first floor of 28 -50 Ryton Street, Worksop, between Trillium (RMF) Limited and Doncaster & Bassetlaw Teaching Hospitals NHS FT	Richard Parker OBE Chief Executive Jon Sargeant, Chief Financial Officer	17 May 2024	
Recommendation:	The Board is asked to note the appropriate use of the Trust's seal.			
Action Required:	Approval	Review and discussion	Take assurance	Information only
Healthier together – delivering exceptional care for all				
Relationship to strategic priorities:	PATIENTS	PEOPLE	PARTNERSHIP	POUNDS
	<i>We deliver safe, exceptional, person-centred care.</i>	<i>We are supportive, positive, and welcoming.</i>	<i>We work together to enhance our services with clear goals for our communities.</i>	<i>We are efficient and spend public money wisely.</i>
We believe this paper is aligned to the strategic direction of:	South Yorkshire ICS		NHS Nottingham & Nottinghamshire ICS	
	NA		NA	
Implications				
Relationship to Board assurance framework:		BAF1	If DBTH is not a safe trust which demonstrates continual learning and improvement then risk of avoidable harm and poor patient outcomes/experience and possible regulatory action	
		BAF2	If DBTH is unable to recruit, motivate, retain and develop a sufficiently skilled workforce to deliver services then patient and colleague experience and service delivery would be negatively impacted and we would not embed an inclusive culture in line with our DBTH Way	

		BAF3	If demand for services at DBTH exceeds capacity then this Impacts on safety, effectiveness, experience of patients and meeting national and local quality standards
		BAF4	If DBTH’s estate is not fit for purpose then DBTH cannot deliver services and this impacts on outcomes & experience for patients and colleagues
		BAF5	If DBTH cannot deliver the financial plan then DBTH will be unable to deliver services and the Trust may not be financially sustainable in long term
		BAF6	If DBTH does not effectively engage and collaborate with its partners and communities then DBTH fails to meet its duty to collaborate, will miss opportunities to address strategic risks which require partnership solutions and will fail to deliver integrated care for benefit of people of Doncaster and Bassetlaw
		BAF7	If DBTH does not deliver continual quality improvement, research, transformation, and innovation then the organisation won’t be sustainable in long term
Risk Appetite Statement compliance	Where appropriate, refer to the DBTH Risk Appetite Statement and indicate whether the matter has been subject to an assessment of DBTH risk appetite NO		
Legal/ Regulation:	Standing Orders - Board of Directors		
Resources:	N/A		
Assurance Route			
Previously considered by:		N/A	
Date:			
Any outcomes/next steps			
Previously circulated reports to supplement this paper:			

2407 - D7 ESTATES RETURN INFORMATION COLLECTION 2023/24

● Decision Item


👤 Jon Sargeant, Chief Financial Officer

🕒 12:35

10 minutes

REFERENCES

Only PDFs are attached

 D7 - Estates Return Information Collection 2023-2024.pdf

Report Cover Page			
Meeting Title:	Board of Directors		
Meeting Date:	2 July 2024	Agenda Reference:	D7
Report Title:	Estates Return Information Collection (ERIC) 2023/2024		
Sponsor:	Jon Sargeant -Chief Financial Officer/Director RIT		
Author:	Sean Tyler - Head of Compliance (Estates and Facilities)		
Appendices:	Appendix 1: ERIC Return Trust Level Report 2023/2024 Appendix 2: ERIC Return Site Level Report 2023/2024		
Report Summary			
<p>The Department of Health and Social Care (DHSC) and Arm’s Length Bodies (ALBs) are accountable to the public and to Parliament for the NHS, including its funding, and therefore its estates & facilities. It therefore requires data to ensure this, including the ability to determine the level of efficient use of such funding. In addition to funding, data is also required by DHSC and its ALBs to make decisions on areas of policy, e.g. investment planning and income generation.</p> <p>The Estates Return Information Collection (ERIC) forms the central collection of Estates and Facilities data from all NHS organisations in England providing NHS funded secondary care during the fiscal year ending 31 March 2024. ERIC data provides the Government with essential information relating to the safety, quality, running costs and activity related to the NHS estates and also supports work to improve efficiency.</p> <p>It is critical that the data provided for the ERIC return is of the highest quality in terms of its accuracy as well as being consistent with other Trusts to provide full confidence in the data submitted, which is used to:</p> <ul style="list-style-type: none">• Populate the Model Hospital and provide accurate benchmarks for NHS Trusts.• Support the Secretary of State’s accountability to Parliament for the funds allocated to the NHS (which includes the running of the estate); and• Develop strategic plans for individual NHS estates. <p>In addition, the Standard Contract requires the data to be collected in accordance with specific reporting criteria at Trust and Site level to ensure information provided is meaningful, usable, and transparent.</p> <p>The report provides data collected for the financial year (FY) 23/24 ERIC return for Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust (DBTH) at Trust Level (Appendix 1) and individual Site Level (Appendix 2). The data and financial information was provided for the return by the Trust finance department, estates and facilities responsible managers, capital project managers and external consultants Oakleaf. The return has been verified by the Trust finance department against the financial ledger, and a Trust wide 20% 6 facet survey providing accurate backlog maintenance information.</p> <p>Within the report a number of key issues from the overall data collection are explained in more detail including, backlog maintenance, capital investment and the main variances within the data set from the FY22/23 collection.</p> <p>Backlog maintenance has decreased for the overall Trust from £150.9 to £147.8m delivering a percentage decrease of -2.0% for the reporting period FY23/24.</p> <p>Capital investment has increased overall by £1.3m from £56m to £57.3m for FY23/24 with £21m invested in the continuation of the larger scale capital projects including; Community Diagnostic Centre (CDC) and Montagu Elective Centre of Excellence (MEOC) at Mexborough Montagu Hospital (MMH) and Bassetlaw Emergency Village (BEV) at Bassetlaw District General Hospital (BDGH), with works continuing into FY24/25</p>			

for BEV. There was also a reduction in investment to maintain existing buildings of -£15.5m from £22.7m to £7.2m, though this is explained by the increased funding invested in FY22/23 to remove RAAC at BDGH.

Rates have increased overall across the Trust by £0.5m due mainly to implied increases (an interest rate that expresses the difference between the forward/future rates) from both Doncaster Metropolitan Borough Council (DMBC) and Bassetlaw council.

Contributions to costs from non-NHS organisations has increased for FY23/24 by £-0.3m due to re-categorisation of rent received from Luan's nursery at BDGH, with contribution to costs from NHS organisations decreasing by of £-0.4m as a result of the loss of provider to provider income following Nottinghamshire Healthcare Services (NHSFT) withdrawal from BDGH site. Finally contribution to costs from local Authorities has decreased to £0 from -£1.5m due to the non-recurrent income received in FY22/23 for following the major flood and electrical incident at the Doncaster Royal Infirmary (DRI) Women's and Children's Hospital.

A decrease on interest in Capital overall of £88k across the Trust is reported as direct consequence of lower interest charges due to lower capital loans balance as loans are being paid off.

There is a reduction in depreciation at BDGH and MMH of £1.4m due to the Impact of impairments on BDGH site, delivering a lower depreciation charge, with a £0.7m reduction at DRI due to high levels of spend on capital projects.

Public dividend capital (PDC) has reduced by £0.2m at BDGH due to the impact of impairments, lowering the site value relative to the DRI site and an increase of £0.5m at DRI as a consequence of the overall increase in PDC charge due to lower cash balance and the impact of impairments at BDGH and MMH.

There is an increase in electro bio medical equipment maintenance due to a change in reporting for FY23/24 resulting in an increase of £1.4m due to maintenance service costs from the medical imaging and cardio-respiratory departments now being included.

Energy tariffs have increased within the reporting period resulting in an increase in both gas and electric tariffs, with an increase in electric costs of £0.9m at DRI and BDGH, while MMH has decreased by £0.1m due to the impact of increased use of the CHP. Natural gas costs have increased by at DRI by £1.2m overall.

A change in investment reporting for both critical and non-critical backlog maintenance has resulted in £12.3m capital project investment reported across the three main trust sites for FY23/24, delivering an overall increase of £2m from the previous reporting period

The laundry and linen full service costs have increased by £0.2m overall due to current contract increases.

Finally there has been an overall decrease in waste management costs of £86k for FY23/24 primarily related to the change in the main waste management contract cost and waste distribution/segregation across all waste streams.

Recommendation:	The Board of Directors note / approve the information enclosed on the ERIC 2023/2024 submission which is required to be submitted to EFM Information, HSCIC (NHS DIGITAL) on 15/07/2024 and will be released into the public domain in October 2024 as part of the full ERIC returns report.			
Action Required:	Approval	Review and discussion	Take assurance	Information only
Healthier together – delivering exceptional care for all				
Relationship to strategic priorities:	PATIENTS	PEOPLE	PARTNERSHIP	POUNDS
	<i>We deliver safe, exceptional, person-centred care.</i>	<i>We are supportive, positive, and welcoming.</i>	<i>We work together to enhance our services with clear goals for our communities.</i>	<i>We are efficient and spend public money wisely.</i>

We believe this paper is aligned to the strategic direction of:	South Yorkshire ICS		NHS Nottingham & Nottinghamshire ICS
	NA		NA
Implications			
Relationship to Board assurance framework:	X	BAF1	If DBTH is not a safe Trust which demonstrates continual learning and improvement then risk of avoidable harm and poor patient outcomes/experience and possible regulatory action
		BAF2	If DBTH is unable to recruit, motivate, retain and develop a sufficiently skilled workforce to deliver services then patient and colleague experience and service delivery would be negatively impacted and we would not embed an inclusive culture in line with our DBTH Way
		BAF3	If demand for services at DBTH exceeds capacity then this Impacts on safety, effectiveness, experience of patients and meeting national and local quality standards
	X	BAF4	If DBTH’s estate is not fit for purpose then DBTH cannot deliver services and this impacts on outcomes & experience for patients and colleagues
		BAF5	If DBTH cannot deliver the financial plan then DBTH will be unable to deliver services and the Trust may not be financially sustainable in long term
		BAF6	If DBTH does not effectively engage and collaborate with its partners and communities then DBTH fails to meet its duty to collaborate, will miss opportunities to address strategic risks which require partnership solutions and will fail to deliver integrated care for benefit of people of Doncaster and Bassetlaw
		BAF7	If DBTH does not deliver continual quality improvement, research, transformation, and innovation then the organisation won’t be sustainable in long term
Risk Appetite Statement compliance	Where appropriate, refer to the DBTH Risk Appetite Statement and indicate whether the matter has been subject to an assessment of DBTH risk appetite YES/NO		
Legal/ Regulation:	The ERIC return for 2023/2024 has received approval from the Standardisation Committee for Care Information (SCCI). Please note that ERIC Data fields and definitions are reviewed and updated annually and are subject to change in accordance with current NHSE/I requirements.		
Resources:	N/A		
Assurance Route			
Previously considered by:		None	
Date:	N/A		
Any outcomes/next steps	Data provision from the ERIC return to inform expenditure and provide evidence required to support business cases for the expenditure. ERIC provides evidence in relation to Estates & Facilities, also including any local investment planning. Data collected through ERIC is also used to benchmark the Trust against other Trusts to determine levels of efficiency, safety and quality.		
Previously circulated reports to supplement this paper:	N/A		

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3. Capital Investment	6
4. Main ERIC Return Variances	7
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1. Introduction

The following report provides data collected for the financial year (FY) 23/24 ERIC return for Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust (DBTH) at Trust Level (Appendix 1) and individual Site Level (Appendix 2). The data and financial information was provided for the return by the Trust finance department, estates and facilities responsible managers, capital project managers and external consultants Oakleaf. The return has been verified by the Trust finance department against the financial ledger, and a Trust wide 20% 6 facet survey providing accurate backlog maintenance information.

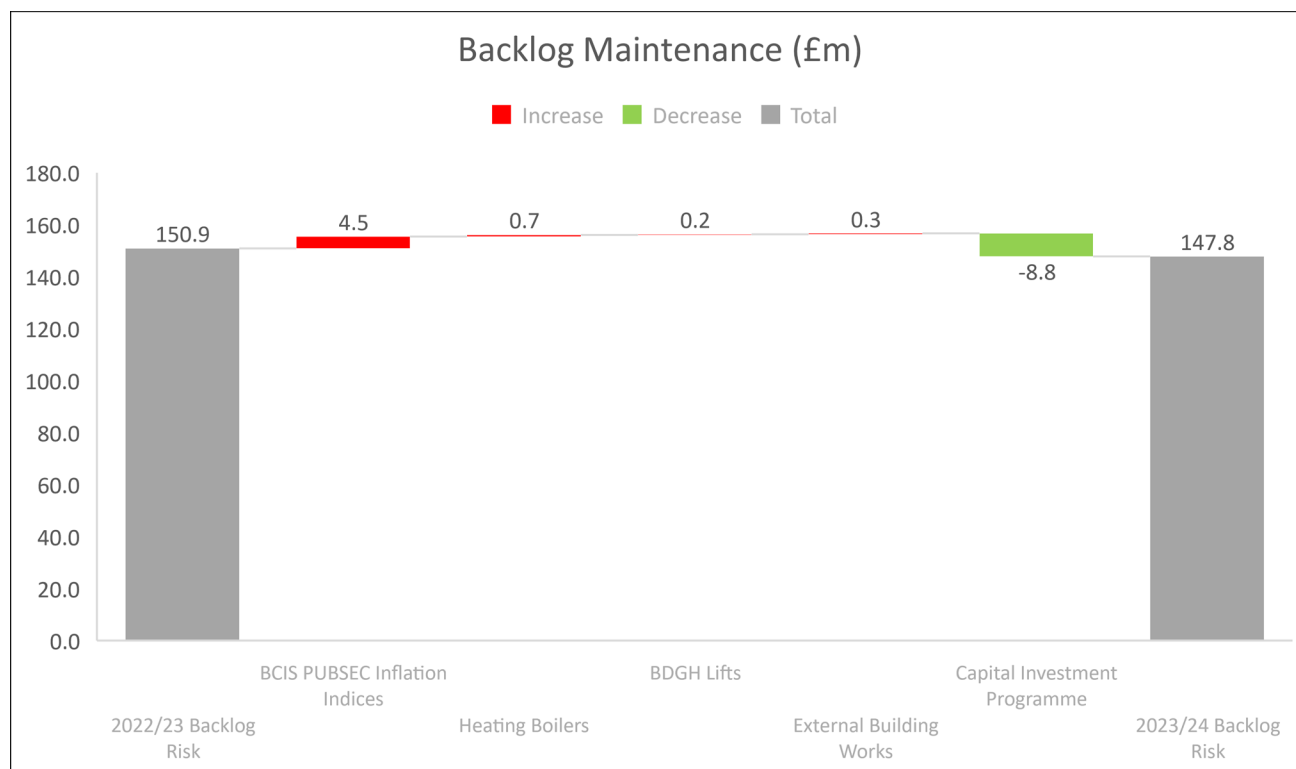
2. Backlog Maintenance

Following completion of the Trust annual 6 Facet 20% survey update by Oakleaf Consultancy and full desktop review by estates/capital managers at the three main trust sites, there has been an overall Net decrease in backlog maintenance for the Trust from £150.9m to £147.8m a percentage decrease of -2.0% (£3.05m) for the reporting period FY23/24.

The overall backlog maintenance decrease is presented in figure 1 illustrating the following; increase in backlog costs, increase in inflation and capital programme investment.

- An increase in backlog maintenance of £1.2m as a result of an increase in lift backlog costs within the 20% Oakleaf 6 facet survey update undertaken within the reporting period 23/24.
- Inflationary increase calculated using the Building Cost Information Service (BCIS) PUBSEC Tender Price Index of Public Sector Building Non-Housing at 3.9% (£4.5m), in accordance with ERIC returns data requirements.
- A decrease in Backlog maintenance identified in the FY23/24 quarter 4 Oakleaf 20% 6 Facet survey and full desktop review by estates/capital managers across the three main Trust sites of -£8.8m as a consequential result of the capital investment programme for FY23/24.

Figure 1: Backlog Maintenance Increase for 2023/2024 Including Investment to Reduce Backlog

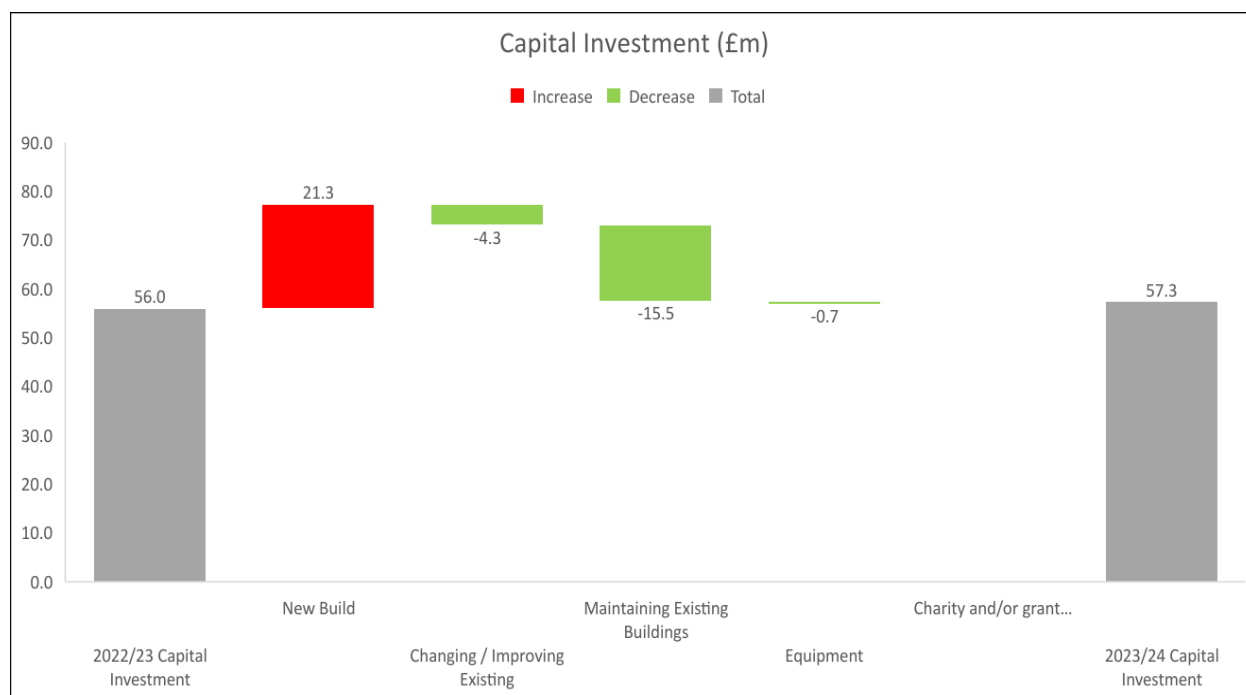


3. Capital Investment

An Increase in Capital Investment for FY23/24 of £1.3m from £56m to £57.3m illustrated in figure 2 including the following increase and decrease:

- The increase in new build investment from £18m to £39m is due to the continuation of the larger scale capital projects including; CDC and MEOC at MMH and BEV at BDGH, with works continuing into FY24/25 for BEV.
- The decrease in 'Changing / Improving Existing Buildings' from £7m to £2.8m is mainly driven by the re- allocation of funding for investment in new build schemes for the reporting period.
- The investment in 'Maintaining Existing Buildings' has decreased for FY23/24 from £22.7m to £7.2m due to the higher level of funding allocated in FY22/23 for the RAAC project.
- A general reduction in Investment in Equipment for this reporting period FY23/24 from £7.9m to £7.2m.
- An increase in charity/grant investment of £0.4m due to an increase in larger charitable funded schemes, including the Da Vinci robot, stroke rehab robot and completion of the serenity suite.

Figure 2: Capital Investment Report for 2023/2024



4. Main ERIC Return Variances

Rates; Annual rates have increased at the DRI, MMH and BDGH sites following the previous year's reporting period. BDGH has increased by £0.1m due to the Trust now paying the business rates for Block 47 the old mental health unit and implied increases from Bassetlaw council. DRI has increased by £0.4m and MMH by £40k due to implied rate increases from DMBC.

Contribution to costs; The re-categorisation of rent received from Luan's nursery between retail sales in FY22/23 to non-NHS organisations in FY23/24 has resulted in contributions to costs from non-NHS organisations increasing by -£0.3m. Contribution to costs from local Authorities has decreased by -£1.5m to £0 due to the non-recurrent income received following the major flood and electrical incident at the DRI Women's and Children's Hospital within the previous reporting period. A decrease in contribution to costs from NHS organisations of -£0.4m is a result of the loss of provider to provider income following Nottinghamshire Healthcare Services (NHSFT) withdrawing from the old mental health unit at BDGH site.

Depreciation; There is a reduction of £1m at BDGH due to the impact of impairments on the site, delivering a lower depreciation charge. There is also a reduction of £0.7m at DRI due to high levels of spend on capital projects.

Public Dividend Capital (PDC); There is a reduction of £0.2m at BDGH due to the impact of impairments, lowering the site value relative to the DRI site, delivering a lower apportioned PDC charge and an increase of £0.5m at DRI Increase as a consequence of the overall increase in PDC charge due to lower cash balance and the impact of impairments mainly at BDGH and MMH sites.

Interest on Capital; A reduction of £33k at DGH, £45k at DRI and £10k at MMH as a direct consequence of lower interest charges due to lower capital loans balance as loans are being paid off.

Electro Bio Medical Equipment maintenance; Due to a change in reporting for FY23/24 maintenance service costs from the medical imaging and cardio-respiratory departments have now been included; resulting in an increase of £0.8m at DRI and £0.6m at BDGH from the previous year's reporting.

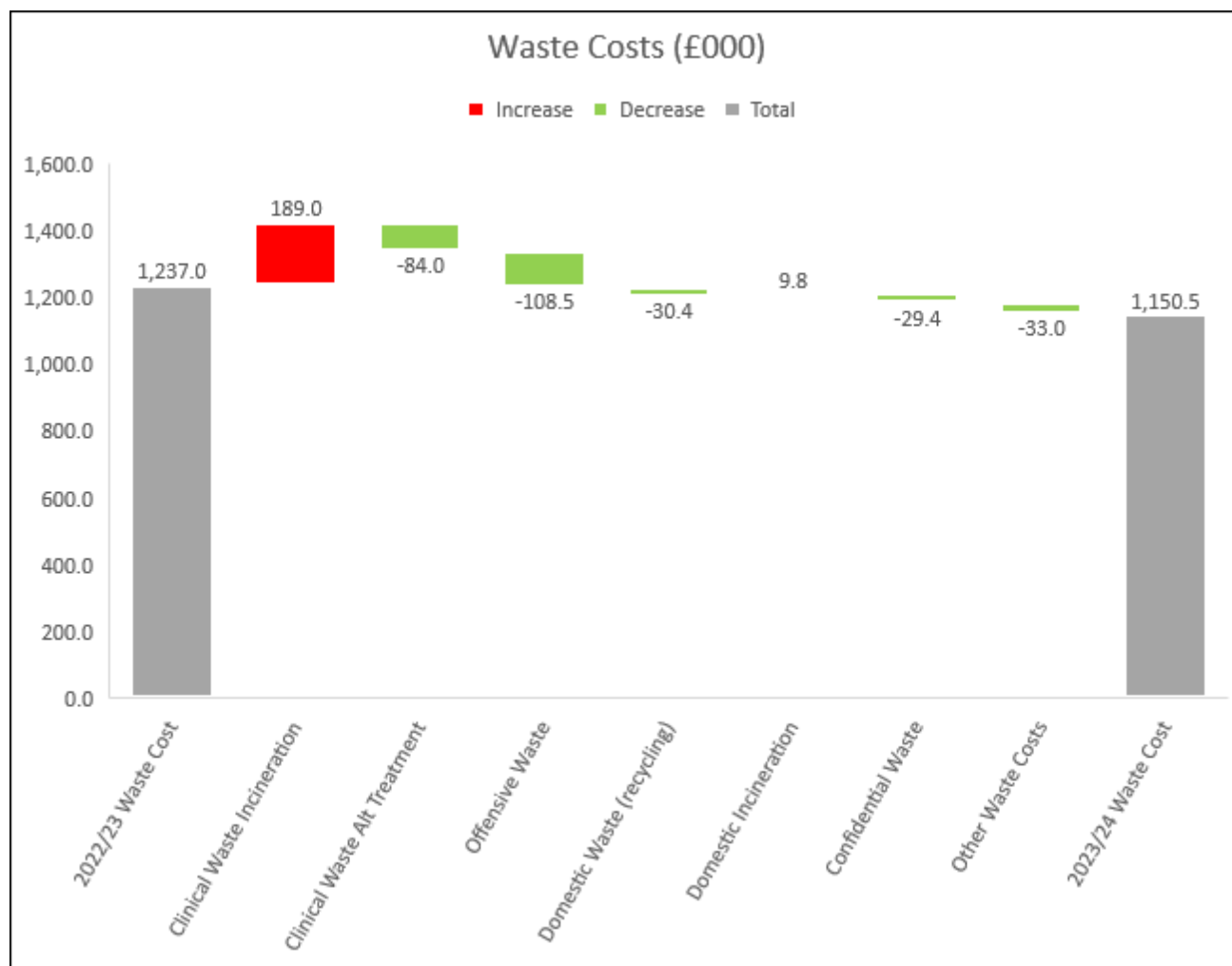
Energy; Due to increased energy tariffs experienced by the Trust for FY23/24 both gas and electric costs have increased for the current reporting period. Electric costs have increased at DRI by £0.5m and £0.4m at BDGH with a decrease at MMH of £0.1m due to the efficiencies achieved via the increased use of the CHP. Natural gas costs have increased at DRI by £0.9m, MMH £0.2m and BDGH £87k.

Quality of Buildings; A change in investment reporting for both critical and non-critical backlog maintenance from; investment to remove the physical backlog item, to; the overall capital programme scheme with elements of physical backlog removal included. This has resulted in £12.3m capital investment reported across the three main trust sites for FY23/24, delivering an overall increase of £2m from the previous reporting period FY22/23 figure of £10m.

Laundry and Linen; Laundry and linen full service costs have increased by £0.1m at BDGH, £73k at MMH and £60k at DRI due to current contract increases.

Waste Management; An overall decrease in waste management costs of £86k is illustrated in figure 3, identifying both an increase and decrease in costs, volumes and changes in waste segregation across the Trust sites. This is primarily related to the change in the main waste management contract cost and waste distribution across all waste streams.

Figure 3: Waste Management Variance Report for 2023/2024



5. Appendices

Appendix 1: ERIC Return Trust Level Report 2023/2024

Trust Profile	Unit	Value
Number of sites - General acute hospital	No.	3
Number of sites - Specialist hospital (acute only)	No.	0
Number of sites - Mixed service hospital	No.	0
Number of sites - Mental Health (including Specialist services)	No.	0
Number of sites - Learning Disabilities	No.	0
Number of sites - Mental Health and Learning Disabilities	No.	0
Number of sites - Community hospital (with inpatient beds)	No.	0
Number of sites - Other inpatient	No.	0
Number of sites - Non inpatient	No.	5
Number of sites - Support facilities	No.	0
Number of sites - Unoccupied	No.	0
Total number of sites	No.	8
Sites included above that are unreported	No.	0
Sites leased from NHS Property Services	No.	2
Sites occupied without charges	No.	0

Sustainability	Unit	Value
Estates Development Strategy	Yes/No	No
Energy managers	WTE	0.00
Does the trust have a waste reuse scheme	Yes/No	Yes
Waste re-use scheme - Cost savings	£	61,653
Waste re-use scheme - Carbon savings	CO2e (tonnes)	0.23
Waste managers	WTE	0.00
WEEE waste cost	£	5,554
WEEE waste volume	Tonnes	24.20
Estates and Facilities staff employed by an NHS wholly owned subsidiary company	WTE	0.00
Estates and facilities staff enrolled on an apprenticeship programme	No.	9

Finance	Unit	Value
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Capital investment for new build	£	39,569,000
Capital investment for changing/improving existing buildings	£	2,872,808
Capital investment for maintaining (lifecycle) existing buildings	£	7,209,742
Capital investment for equipment	£	7,245,513
Private sector funding investment	£	0
Public sector funding investment	£	56,221,915
Charity and/or grant investment	£	675,149
Number of energy efficient schemes	No	0
Energy efficient schemes costs	£	
Carbon savings from investment in energy efficient schemes	CO2e (tonnes)	

Contribution to costs	Unit	Value
Contribution to costs from areas leased out for retail sales	£	-64,131
Contribution to costs from non NHS organisations	£	-1,190,223
Contribution to costs from NHS organisations	£	-32,147
Contribution to costs from local authorities	£	0
Income from car parking - patients and visitors	£	-811,210
Income from car parking - staff	£	-337,115
Total contributions	£	-2,434,826

Fire Safety	Unit	Value
Fires recorded	No.	0
False alarms - No call out	No.	107
False alarms - Call out	No.	22
Deaths resulting from fires	No.	0
Injuries resulting from fires	No.	0
Patients sustaining injuries during evacuation	No.	0

Medical Records	Unit	Value
Medical Records cost - Onsite	£	2,697,735
Medical Records cost - Offsite	£	57,883
Type of Medical Records	Select	3. Mixed
Medical Records service provision	Select	Hybrid

Appendix 2: ERIC Return Site Level Report 2023/2024

		BASSETLAW DISTRICT GENERAL HOSPITAL	DONCASTER ROYAL INFIRMARY	MONTAGU HOSPITAL	OTHER REPORTABLE SITES	RETFORD HOSPITAL
Facilities Management (FM) Services	Unit	RP5BA	RP5DR	RP5MM	RP5ORS	RP5RE
Depreciation	£	3,006,470	8,794,942	1,426,588	0	0
Public Dividend Capital (PDC)	£	1,735,000	5,078,000	824,000	0	0
Public Dividend Capital (PDC) - assets under construction	£	0	0	0	0	0
Leases and rent	£	118,668	303,426	37,477	87,579	255,169
Rates	£	715,584	1,367,818	216,301	0	0
Interest on Capital	£	54,775	160,234	25,991	0	0
Other Estates and Facilities finance costs	£	0	0	0	0	0
Indirect accommodation subsidies	£				0	0
Estates and property maintenance	£	1,233,036	3,524,165	301,690	0	
Grounds and gardens maintenance	£	13,115	35,035	4,661	0	
Electro Bio Medical Equipment maintenance	£	977,616	2,328,266	75,117	58,585	10,926
Other Hard FM (Estates) costs	£	480,062	1,240,133	167,405	0	
Other Soft FM (Hotel Services) costs	£	1,410,533	3,500,984	580,287	0	
Management (Hard and Soft FM) costs	£	165,268	362,524	35,047	0	
Estates and facilities finance costs	£	5,630,497	15,704,420	2,530,357	87,579	255,169

		BASSETLAW DISTRICT GENERAL HOSPITAL	DONCASTER ROYAL INFIRMARY	MONTAGU HOSPITAL	OTHER REPORTABLE SITES	RETFORD HOSPITAL
Areas	Unit	RP5BA	RP5DR	RP5MM	RP5ORS	RP5RE
Gross internal floor area	m ²	40,660	108,615	14,448	1,157	2,045
Site heated volume	m ³	110,509	273,672	36,030	4,393	5,177
Land area owned	Hectares	10.70	11.24	3.30		
Land area not delivering services	Hectares	1.69	0.16	0.64	0.00	
Private patient	m ²	0	1,992	0	0	0
Pathology	m ²	895	3,646	439	0	0
Clinical Sterile Services Dept. (CSSD)	m ²	0	10	0	0	0
Clinical space - other	m ²	22,660	65,963	7,982	688	1,797
Medical records	m ²	869	1,978	238	0	0
Human Resources	m ²	204	1,297	0	0	0
Information Technology	m ²	57	490	57	0	0
General Administration	m ²	1,125	1,972	847	0	0
Restaurants and cafés'	m ²	1,114	1,366	374	0	0
Staff Accommodation	m ²	1,405	3,990	57	0	0
Non-clinical space - other	m ²	5,807	13,862	3,161	469	126
Retail sales area - Commercial	m ²	380	325	117	0	0
Internal floor area - unoccupied site	m ²				0	
Buildings on site	No.	33	40	11	4	3

		BASSETLAW DISTRICT GENERAL HOSPITAL	DONCASTER ROYAL INFIRMARY	MONTAGU HOSPITAL	OTHER REPORTABLE SITES	RETFORD HOSPITAL
Function and Space	Unit	RP5BA	RP5DR	RP5MM	RP5ORS	RP5RE
Not functionally suitable - occupied floor area	m²	21,814	95,918	6,393	0	0
Not functionally suitable - clinical space	m²	14,247	58,745	4,868	0	0
Floor area - empty	m²	1,056	1,650	32	0	0
Floor area - under used	m²	2,903	699	58	0	0
Single bedrooms for patients with en-suite facilities	No.	22	113	22	0	0
Single bedrooms for patients without en-suite facilities	No.	17	94	6	0	0
Isolation rooms	No.	0	18	0	0	0

		BASSETLAW DISTRICT GENERAL HOSPITAL	DONCASTER ROYAL INFIRMARY	MONTAGU HOSPITAL	OTHER REPORTABLE SITES	
Quality of Buildings	Unit	RP5BA	RP5DR	RP5MM	RP5ORS	
Cost to eradicate high risk backlog	£	9,669,585	7,110,670	355,010	0	
Cost to eradicate significant risk backlog	£	4,962,198	95,881,273	2,160,084	0	
Cost to eradicate moderate risk backlog	£	14,334,654	9,779,664	2,163,133	0	
Cost to eradicate low risk backlog	£	317,146	1,012,395	143,367	0	
Percentage of GIA surveyed using risk adjusted backlog guidance	Select	81 - 100%	81 - 100%	81 - 100%	0	
Methodology used to review costs to eradicate backlog	Select	Formal 6 facet survey	Formal 6 facet survey	Formal 6 facet survey	Not Applicable	
Methodology used to review costs to eradicate backlog - Reason	Notes					
Formal survey year	Select	2024	2024	2024		
Review year	Select					

		BASSETLAW DISTRICT GENERAL HOSPITAL	DONCASTER ROYAL INFIRMARY	MONTAGU HOSPITAL	OTHER REPORTABLE SITES	
Quality of Buildings	Unit	RP5BA	RP5DR	RP5MM	RP5ORS	
Investment to reduce backlog maintenance - Critical Infrastructure Risk	£	4,308,924	6,107,536	204,100	0	
Investment to reduce backlog maintenance - non Critical Infrastructure Risk	£	735,238	950,208	0	0	
Inflation element of the total cost to eradicate backlog maintenance	£	1,003,767	3,376,274	135,789	0	
Relevant occupied floor area	m²				0	

		BASSETLAW DISTRICT GENERAL HOSPITAL	DONCASTER ROYAL INFIRMARY	MONTAGU HOSPITAL	OTHER REPORTABLE SITES	RETFORD HOSPITAL
Age Profile	Unit	RP5BA	RP5DR	RP5MM	RP5ORS	RP5RE
Age profile - 2015 to 2024	%	0.00	0.25	0.00	0.00	0.00
Age profile - 2005 to 2014	%	6.09	0.13	11.66	31.05	0.00
Age profile - 1995 to 2004	%	13.34	3.48	27.91	20.55	23.26
Age profile - 1985 to 1994	%	37.88	9.60	24.41	0.00	0.00
Age profile - 1975 to 1984	%	29.41	0.00	0.88	0.00	0.00
Age profile - 1965 to 1974	%	2.32	48.64	16.96	26.56	64.06
Age profile - 1955 to 1964	%	1.11	24.54	3.26	0.00	0.00
Age profile - 1948 to 1954	%	0.00	0.00	0.00	0.00	0.00
Age profile - pre 1948	%	9.85	13.36	14.92	21.84	12.68
Age profile - total (must equal 100%)	%	100.00	100.00	100.00	100.00	100.00

	BASSETLAW DISTRICT GENERAL HOSPITAL	DONCASTER ROYAL INFIRMARY	MONTAGU HOSPITAL	OTHER REPORTABLE SITES
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CHP	Unit	RP5BA	RP5DR	RP5MM	RP5ORS	
Fossil-fuel led CHP units operated on site	No.	0	1	1	0	
Thermal energy consumption	KWh		3,926,288	1,042,048		
Electrical energy consumption	KWh		2,845,152	623,711		

		BASSETLAW DISTRICT GENERAL HOSPITAL	DONCASTER ROYAL INFIRMARY	MONTAGU HOSPITAL	OTHER REPORTABLE SITES	RETFORD HOSPITAL
Energy	Unit	RP5BA	RP5DR	RP5MM	RP5ORS	RP5RE
Electricity - green electricity tariff costs	£	1,941,500	4,349,026	193,531	0	
Electricity - green electricity consumed	kWh	4,791,399	10,301,959	1,163,970	0	
Electricity - trust owned solar costs	£	0	379	0	0	
Electricity - trust owned solar consumed	kWh	0	39,452	0	0	
Electricity - third party owned solar costs	£	0	0	0	0	
Electricity - third party owned solar consumed	kWh	0	0	0	0	
Electricity - other renewables costs	£	0	0	0	0	
Electricity - other renewables consumed	kWh	0	0	0	0	
Electricity - other costs	£	0	0	0	0	
Electricity - other consumed	kWh	0	0	0	0	
Gas costs	£	902,647	3,023,851	576,907	0	
Gas consumed	kWh	8,508,515	28,847,915	5,675,748	0	
Oil costs	£	0	9,196	0	0	
Oil consumed	kWh	0	991	0	0	
Non-fossil fuel - renewable costs	£	0	0	0	0	
Non-fossil fuel - renewable consumed	kWh	0	0	0	0	
		BASSETLAW DISTRICT GENERAL HOSPITAL	DONCASTER ROYAL INFIRMARY	MONTAGU HOSPITAL	OTHER REPORTABLE SITES	RETFORD HOSPITAL

Energy	Unit	RP5BA	RP5DR	RP5MM	RP5ORS	RP5RE
Other energy costs	£	0	7,450	0	0	
Steam consumed	kWh	0	0	0	0	
Hot water consumed	kWh	0	0	0	0	
Solar electricity generated	kWh	0	3,651	0	0	
Maximum electrical demand	kW	838	2,155	389	0	
Available electrical capacity	kVA	900	4,400	800	0	
Number of primary heating gas boilers older than 10 years (100kW and above)	No.	22	4	2	0	0
Number of primary heating gas boilers older than 10 years (less than 100kW)	No.	9	6	2	0	0
Heat pumps installed on site	No.	0	0	5	0	0
Buildings with an electricity meter	No.	28	15	4	0	0
LED lighting coverage	%	55.00	26.00	73.00	0.00	0.00
Oil-led heating sources	No.	0	0	0	0	0
Fossil fuel heating replacement date	Select	No plan	No plan	No plan	No plan	
Heat decarbonisation plan	Select	No	No	No		Not Applicable
Relevant occupied floor area	m²				0	

		BASSETLAW DISTRICT GENERAL HOSPITAL	DONCASTER ROYAL INFIRMARY	MONTAGU HOSPITAL	OTHER REPORTABLE SITES	RETFORD HOSPITAL
Water Services	Unit	RP5BA	RP5DR	RP5MM	RP5ORS	RP5RE
Water and sewerage cost	£	135,372	307,102	56,682	0	
Water volume (including borehole)	m³	37,731	97,658	12,376	0	
Buildings with a water meter	No.	9	8	4	0	0
Relevant occupied floor area	m²				0	
		BASSETLAW DISTRICT GENERAL HOSPITAL	DONCASTER ROYAL INFIRMARY	MONTAGU HOSPITAL	OTHER REPORTABLE SITES	

Waste	Unit	RP5BA	RP5DR	RP5MM	RP5ORS	
Incineration (clinical waste) cost	£	72,799	167,587	19,891	2,880	
Incineration (clinical waste) volume	Tonnes	19.66	81.33	3.11	1.28	
Alternative Treatment (clinical waste) cost	£	55,679	202,234	12,175	0	
Alternative Treatment (clinical waste) volume	Tonnes	60.52	332.46	16.47	0.00	
Offensive waste cost	£	24,713	83,234	7,363	3,391	
Offensive waste volume	Tonnes	120.39	391.80	34.64	8.02	
Clinical waste (excluding incineration) processed on site cost	£	0	0	0	0	
Clinical waste (excluding incineration) processed on site volume	Tonnes	0.00	0.00	0.00	0.00	
Clinical waste processed at municipal waste plants cost	£	0	0	0	0	
Clinical waste processed at municipal waste plants volume	Tonnes	0.00	0.00	0.00	0.00	
Domestic waste (landfill) cost	£	0	0	0	0	
Domestic waste (landfill) volume	Tonnes	0.00	0.00	0.00	0.00	
Domestic waste (recycling) cost	£	0	0	0	0	
Domestic waste (recycling) volume	Tonnes	0.00	0.00	0.00	0.00	
Domestic waste (incineration) cost	£	28,405	94,964	12,098	227	
Domestic waste (incineration) volume	Tonnes	146.62	569.99	65.80	1.81	
Domestic waste (food) cost	£	0	0	0	0	
Domestic waste (food) volume	Tonnes	0.00	0.00	0.00	0.00	
Domestic waste (excluding incineration) processed on site cost	£	0	0	0	0	
		BASSETLAW DISTRICT GENERAL HOSPITAL	DONCASTER ROYAL INFIRMARY	MONTAGU HOSPITAL	OTHER REPORTABLE SITES	
Waste	Unit	RP5BA	RP5DR	RP5MM	RP5ORS	

Domestic waste (excluding incineration) processed on site volume	Tonnes	0.00	0.00	0.00	0.00	
Confidential waste cost	£	11,919	26,610	2,112	0	
Confidential waste volume	Tonnes	42.91	98.45	9.93	0.00	
Other waste costs	£	62,270	192,552	64,957	0	
Relevant occupied floor area	m²				0	

		BASSETLAW DISTRICT GENERAL HOSPITAL RP5BA	DONCASTER ROYAL INFIRMARY RP5DR	MONTAGU HOSPITAL RP5MM	OTHER REPORTABLE SITES RP5ORS	RETFORD HOSPITAL RP5RE
Car Parking	Unit					
Car parking services cost	£	23,247	133,741	20,821	0	
Parking spaces available	No.	707	1,594	283	0	0
Designated disabled parking spaces	No.	42	72	35	0	0
Electric vehicle charging points	No.	0	0	0	0	0
Average fee charged per hour for patient/visitor parking	£	1.43	1.43	1.43	0.00	0.00
Average fee charged per hour for staff parking	£	0.14	0.14	0.14	0.00	0.00
Is there a charge for disabled parking	Yes/No/None	No	No	No	None	No

		BASSETLAW DISTRICT GENERAL HOSPITAL RP5BA	DONCASTER ROYAL INFIRMARY RP5DR	MONTAGU HOSPITAL RP5MM	OTHER REPORTABLE SITES RP5ORS	
Cleaning services	Unit					
Cleaning service provision	Select	In-house	In-house	In-house	Not Applicable	
Cleaning service cost	£	1,486,137	5,202,944	618,074		
Cleaning staff	WTE	51.44	192.06	21.17		

Relevant occupied floor area	m²					
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		BASSETLAW DISTRICT GENERAL HOSPITAL	DONCASTER ROYAL INFIRMARY	MONTAGU HOSPITAL	OTHER REPORTABLE SITES	RETFORD HOSPITAL
Food Services	Unit	RP5BA	RP5DR	RP5MM	RP5ORS	RP5RE
Food service provision	Select	Inpatient meals only	Inpatient meals only	Inpatient meals only	No meal provision	No meal provision
Inpatient food service cost	£	1,233,725	3,279,097	402,462		
Inpatient food ingredients cost	£	0	0	0		
Inpatient main meals requested	No.	169,146	658,629	47,835		
Inpatient food model type	Select	Cook-freeze bulk/buffet	Cook-freeze bulk/buffet	Cook-freeze bulk/buffet		
Inpatient meal preparation	Select	External food supplier - Ordered by trust	External food supplier - Ordered by catering FM provider	External food supplier - Ordered by catering FM provider		
Inpatient meals ordered with a digital or electronic meal ordering system	%	100.00	100.00	100.00		
Other food services costs	£	0	0	0	0	
Meals provided to A&E and urgent care patients	No.	2,352.00	7,152.00	0.00		
Staff/visitor restaurant food model type	Select	Cook-freeze bulk/buffet	Cook-freeze bulk/buffet	Cook-freeze bulk/buffet		
Where are the staff/visitor main course options cooked	Select	External food supplier - Ordered by catering FM provider	External food supplier - Ordered by catering FM provider	External food supplier - Ordered by catering FM provider		
		BASSETLAW DISTRICT GENERAL HOSPITAL	DONCASTER ROYAL INFIRMARY	MONTAGU HOSPITAL	OTHER REPORTABLE SITES	
Food Services	Unit	RP5BA	RP5DR	RP5MM	RP5ORS	RP5RE
Staff/visitor meals served	No.	13,431	54,080	1,792		
Catering staff	WTE	9.00	23.00	2.00		

		BASSETLAW DISTRICT GENERAL HOSPITAL RP5BA	DONCASTER ROYAL INFIRMARY RP5DR	MONTAGU HOSPITAL RP5MM	OTHER REPORTABLE SITES RP5ORS	
Food Waste	Unit					
Total food waste (all destinations and EWC codes)	Tonnes	18.00	37.00	4.00		
Food waste generated from production	Tonnes	4.50	8.30	1.00		
Food waste generated from plate waste	Tonnes	1.00	4.00	1.00		
Food waste generated from unserved meals	Tonnes	1.80	3.40	1.00		
Food waste generated from spoilage	Tonnes	0.00	0.50	0.00		

		BASSETLAW DISTRICT GENERAL HOSPITAL RP5BA	DONCASTER ROYAL INFIRMARY RP5DR	MONTAGU HOSPITAL RP5MM	OTHER REPORTABLE SITES RP5ORS	
Laundry & Linen	Unit					
Laundry and linen service provision	Select	Contracted – Full service	Contracted – Full service	Contracted – Full service	No service provision	
Laundry and linen contracted full service cost	£	395,179	1,035,036	165,687		
Laundry service cost	£					
Linen service cost	£					
Laundered pieces per annum	No.	630,479	2,161,875	187,508		
Other laundry and linen expenditure	£	0	0	0		
		BASSETLAW DISTRICT GENERAL HOSPITAL RP5BA	DONCASTER ROYAL INFIRMARY RP5DR	MONTAGU HOSPITAL RP5MM	OTHER REPORTABLE SITES RP5ORS	
Portering Services	Unit					
Portering service provision	Select	In-House	In-House	In-House	No portering service	
Portering service cost	£	671,716	1,855,514	235,788		
Portering staff	WTE	22.02	65.65	7.49		

Portering job allocation method	Select	Digital System (App/ Hand-held Device)	Digital System (App/ Hand-held Device)	Digital System (App/ Hand-held Device)		
Relevant occupied floor area	m²					

		BASSETLAW DISTRICT GENERAL HOSPITAL	DONCASTER ROYAL INFIRMARY	MONTAGU HOSPITAL	OTHER REPORTABLE SITES	RETFORD HOSPITAL
Safety	Unit	RP5BA	RP5DR	RP5MM	RP5ORS	RP5RE
Clinical service incidents caused by estates and infrastructure failure related to Critical Infrastructure Risk	No	1	5	2	0	0
Clinical service incidents caused by estates and infrastructure failure related to non-Critical Infrastructure Risk	No	1	2	0	0	0
Clinical service incidents caused by estates and infrastructure failure - other	No	2	7	2	0	0
Estates and facilities related incidents related to Critical Infrastructure Risk	No.	2	6	3	0	0
Estates and facilities related incidents related to Non-Critical Infrastructure Risk	No	1	3	1	0	0
Estates and facilities incidents related - other	No	15	52	11	0	0
Overheating occurrences triggering a risk assessment	No.	0	0	0	0	0
		BASSETLAW DISTRICT GENERAL HOSPITAL	DONCASTER ROYAL INFIRMARY	MONTAGU HOSPITAL	OTHER REPORTABLE SITES	RETFORD HOSPITAL
Safety	Unit	RP5BA	RP5DR	RP5MM	RP5ORS	RP5RE
Estates and facilities RIDDOR incidents	No	1	2	0	0	0
Flood occurrences triggering a risk assessment	No	0	0	0	0	0

		BASSETLAW DISTRICT GENERAL HOSPITAL	DONCASTER ROYAL INFIRMARY	MONTAGU HOSPITAL	OTHER REPORTABLE SITES	RETFORD HOSPITAL
Safety - Incidents	Unit	RP5BA	RP5DR	RP5MM	RP5ORS	RP5RE
Most clinically impactful - Incident type	Select	Structure	Miscellaneous	Lifts & Hoists		
Most clinically impactful - Cost to rectify estates and infrastructure failure	£	549	500,000	5,183		
Most clinically impactful - Down time as a result of estates and infrastructure failure	Hrs	24	17,472	48		
Most clinically impactful - Lost clinical time as a result of estates and infrastructure failure	Hrs	8	0	0		
Most clinically impactful - Lost clinical income	£	0	0	0		
Most clinically impactful - Number of recurring incidents	No.	0	0	2		
Second most clinically impactful - Incident type	Select	Heating systems	Fire safety	Ventilation systems		
Second most clinically impactful - Cost to rectify estates and infrastructure failure	£	6,000	25,000	1,000		
Second most clinically impactful - Down time as a result of estates and infrastructure failure	Hrs	12	8	168		

		BASSETLAW DISTRICT GENERAL HOSPITAL	DONCASTER ROYAL INFIRMARY	MONTAGU HOSPITAL	OTHER REPORTABLE SITES	RETFORD HOSPITAL
Safety - Incidents	Unit	RP5BA	RP5DR	RP5MM	RP5ORS	RP5RE
Second most clinically impactful - Lost clinical time as a result of estates and infrastructure failure	Hrs	8	8	0		

Second most clinically impactful - Lost clinical income	£	0	8	0		
Second most clinically impactful - Number of recurring incidents	No.	0	0	0		
Third most clinically impactful - Incident type	Select	Lifts & Hoists	External fabric	Hot and cold water systems		
Third most clinically impactful - Cost to rectify estates and infrastructure failure	£	0	10,000	5,000		
Third most clinically impactful - Down time as a result of estates and infrastructure failure	Hrs	0	4	0		
Third most clinically impactful - Lost clinical time as a result of estates and infrastructure failure	Hrs	0	4	0		
Third most clinically impactful - Lost clinical income	£	0	0	0		
Third most clinically impactful - Number of recurring incidents	No.	0	0	0		

2407 - E1 BOARD OF DIRECTORS WORK PLAN

● Information Item

👤 Fiona Dunn, Director Corporate Affairs

🕒 12:40

To follow

REFERENCES

Only PDFs are attached



E1 - BoD Workplan v2.pdf

DONCASTER AND BASSETLAW TEACHING HOSPITALS NHS FOUNDATION TRUST
ANNUAL WORK PROGRAMME FOR THE BOARD OF DIRECTORS

AGENDA ITEM/ACTION	LEAD PERSON / DOCUMENT ORIGINATOR	FREQUENCY	NEXT DUE							COMMENTS
				07/05/2024	02/07/2024	03/09/2024	05/11/2024	07/01/2025	04/03/2025	
OPENING ITEMS										
Welcome, apologies for absence and declarations of interest	Chair of the Board	Every Meeting	Every Meeting							
Actions from Previous Meetings	Chair of the Board	Every Meeting	Every Meeting							
Chair's Report	Chair of the Board	Every Meeting	Every Meeting							
Chief Executive's Report	Chief Executive	Every Meeting	Every Meeting							
BOARD LEARNING & REFLECTION										
Various (topics to be agreed by Executive Team)	Executive Lead & Presenter	Every Meeting	Every Meeting							
STRATEGY, PLANNING & PARTNERSHIPS										
Winter Plan	Chief Operating Officer	Annual	Sep-24							
Annual Business Plan	Chief Financial Officer	Annual	Mar-25							
Financial Plan	Chief Financial Officer	Annual	May-24							
Board Risk Appetite	Deputy Chief Executive	Annual	May-24							
Review of Strategic Risks	Deputy Chief Executive	Annual	May-24							
Doncaster & Bassetlaw Healthcare Services Update	Chief Financial Officer	Quarterly	Jul-24							
Partnership Updates (details TBC)	Deputy Chief Executive	TBC	TBC							
Innovation & Transformation Programme (Green Plan, health inequalities, major schemes/projects)	Executive	TBC	TBC							
Nursing, Midwifery & Allied Health Professionals Strategy 2023/27	Chief Nurse		2027							
People Strategy 2023/27	Chief People Officer		2027							
Research & Innovation Strategy 2023/28	Chief People Officer		2028							
Speaking Up Strategy 2024/28	Chief People Officer		2028							
Tackling Health Inequalities 2023/28	Director of Recovery,		2028							
ASSURANCE & GOVERNANCE										
Board Work Plan (approval)	AD of Strategy, Partnerships & C	Annual	May-24							
Board Effectiveness	AD of Strategy, Partnerships & C	Annual	Mar-25							
Integrated Quality & Performance Report	COO/CN/EMD/CPO	Every Meeting	Every Meeting							
Financial Position	Chief Financial Officer	Every Meeting	Every Meeting							
Staff Survey Results	Chief People Officer	Annual	Mar-25							
Research & Innovation Bi-annual Report	Chief People Officer	6 monthly	Jul-24							
Freedom to Speak Up Bi-annual Report	Chief People Officer	6 monthly	Nov-24							
Chair's Assurance Log - Finance & Performance Committee	F&P Chair	Post Committee	May-24							
Chair's Assurance Log - Quality & Effective Committee	QEC Chair	Every Meeting	May-24							
Chair's Assurance Log - People Committee	Chair of People Chair	Every Meeting	May-24							
Chair's Assurance Log - Audit & Risk Committee	ARC Chair	Post Committee	May-24							
Chair's Assurance Log - Charitable Funds Committee	CFC Chair	Post Committee	Jul-24							
Board Assurance Framework & Trust Risk Register	Executive Directors	Qtlly	May-24							
Terms of Reference - Finance & Performance Committee	AD of Strategy, Partnerships & C	Annual	Jul-24							
Terms of Reference - Quality & Effective Committee	AD of Strategy, Partnerships & C	Annual	Jul-24							
Terms of Reference - People Committee	AD of Strategy, Partnerships & C	Annual	Jul-24							
Terms of Reference - Audit & Risk Committee	AD of Strategy, Partnerships & C	Annual	May-24							
Annual Report - Audit & Risk Committee	Chair of ARC	Annual	Jul-24							
Annual Report - Charitable Funds Committee	Chair of CFC	Annual	Sep-24							
CORP/FIN 1 - A Standing Orders - Board of Directors	AD of Governance	Annual	Jul-24							
CORP/FIN 1 - B Standing Financial Instructions	AD of Governance	Annual	Jul-24							
CORP/FIN 1 - C Reservation of Powers to the Board and Delegation of Powers	AD of Governance	Annual	Jul-24							
CORP/FIN 1 - D Fraud, Bribery and Corruption Policy and Response Plan	Chief Financial Officer	2 Yearly	Mar-26							
CORP/FIN 1 - E Constitution	AD of Strategy, Partnerships & C	3 yearly	Sep-25							
CORP/COMM 11 - Management of Reviews, Visits, Inspections and Accreditations Policy	AD of Strategy, Partnerships & C	2 yearly	Dec-25							
CORP/COMM 25 - Establishment and Administration of Committees Policy	AD of Strategy, Partnerships & C	3 yearly	Feb-26							
CORP/FIN 4 - Standards of Business Conduct and Employees Declarations of Interest Policy	AD of Strategy, Partnerships & C	3 yearly	Jun-26							
CORP/RISK 30 - Risk Identification, Assessment, and Management Policy	AD of Strategy, Partnerships & C	3 yearly	Oct-26							
CORP/COMM 1 - Approved Procedural Documents (APDs) Development and Management Policy	AD of Strategy, Partnerships & C	3 yearly	Mar-27							
STATUTORY & REGULATORY										
Maternity & Neonatal Update	Director of Midwifery	Every Meeting	May-24							
Maternity Workforce	Director of Midwifery	Bi-annual	May-24							
Learning from Deaths	Executive Medical Director	Quarterly	Jul-24							
Guardian of Safe Working Report	Chief People Officer	Quarterly	Jul-24							
Workforce Race Equality Standards	Chief People Officer	Annual	Jul-24							
Workforce Disability Equality Standards	Chief People Officer	Annual	Jul-24							
Fit & Proper Persons Declarations	AD of Strategy, Partnerships & C	Annual	Sep-24							
Annual Report & Accounts including Annual Governance Statement	Chief Financial Officer	Annual	Jul-24							
Quality Report	Chief Nurse	Annual	Jul-24							
Going Concern	Chief Financial Officer	Annual	Mar-25							
Trust Seal	AD of Strategy, Partnerships & C	As Req'd	As Req'd							
Estates Return Information Collection	Chief Financial Officer	Annual	Jul-24							currently reports directly to BoD
The NHS Premises Assurance	Chief Financial Officer	Annual	Jul-24							currently reports directly to BoD

Emergency Preparedness, Resilience & Response - Compliance against the National Core Standards	Chief Operating Officer	Annual	Nov-24							
INFORMATION										
Work Plan	AD of Strategy, Partnerships & Q	Every Meeting	Every Meeting							
Appointment of External Auditors	Chief Financial Officer	As Req'd	Sep-24							
Appointment of Internal Auditors	Chief Financial Officer	As Req'd	Sep-24							
CLOSING ITEM										
Minutes of the Previous Meeting	Chair of the Board	Every Meeting	Every Meeting							
Governor Questions (regarding the business of the meeting)	Chair of the Board	Every Meeting	Every Meeting							
Any other Business (to be agreed with the Chair prior to the meeting)	Chair of the Board	Every Meeting	Every Meeting							
Date and time of the next meeting	Chair of the Board	Every Meeting	Every Meeting							
Withdrawal of Press and Public	Chair of the Board	As Req'd	As Req'd							

LEGEND KEY - (ensure reason entered in comments column or cell as appropriate)

Presented as planned
Planned for future meeting(s)
Rescheduled for valid reason(s) - as stated
Not considered as planned
Items added to the work plan post agreement - ensure reason entered in comments column

Process for administration of actions logs/work plans:

A review of the work plan administration process has been undertaken. Each Year a Board work plan MUST be assigned a separate worksheet (plan) for each Year. Once agreed, **no changes to workplan must be added without correct audit trail tracking and comments**. If an item has been identified for addition to a workplan then this **must** be added to the appropriate board/board committee meeting action log so full audit trail is available. Full annotation of whether a report has been to committee or not MUST be logged on to the workplan with appropriate comments as to why and when it will be presented and appropriate colour coding used identified in the legend (see above legend key). An additional column has been added to each work plan at the end headed "comments" to log any required supplementary information for audit/tracking purposes.

2407 - F1 MINUTES OF THE MEETING HELD ON 7 MAY 2024

● Decision Item

👤 Suzy Brain England OBE, Chair of the Board

🕒 12:40

5 minutes

REFERENCES

Only PDFs are attached



F1 - Draft Public Board of Directors Minutes - 7 May 2024 v2 (1).pdf

BOARD OF DIRECTORS – PUBLIC MEETING

Minutes of the meeting of the Trust's Board of Directors held in Public on
Tuesday 7 May 2024 at 09:30
via MS Teams

Present:	<p>Mark Bailey - Non-executive Director Suzy Brain England OBE - Chair of the Board (Chair) Hazel Brand - Non-executive Director Jo Gander - Non-executive Director Karen Jessop - Chief Nurse Dr Emyr Jones - Non-executive Director Zara Jones - Deputy Chief Executive Zoe Lintin - Chief People Officer Dr Nick Mallaband - Acting Executive Medical Director Lucy Nickson - Non-executive Director Richard Parker OBE - Chief Executive Jon Sargeant - Chief Financial Officer Kath Smart - Non-executive Director / Deputy Chair Denise Smith - Chief Operating Officer</p>
In attendance:	<p>Fiona Dunn - Director of Corporate Affairs / Company Secretary Lois Mellor - Director of Midwifery Angela O'Mara - Deputy Company Secretary (minutes) Gill Pickersgill - Health & Wellbeing Officer (agenda item B1) Gavin Portier - Head of Organisational Development, EDI and Health & Wellbeing (agenda item B1) Emma Shaheen - Director of Communications & Engagement</p>
Public in attendance:	<p>Rebecca Allen - Observer Laura Brookshaw - 360 Assurance Jodie Deadman - Board Development Delegate Dr Kirsty Edmondson-Jones – Director of Innovation & Infrastructure (agenda item C3) Gina Holmes - Staff Side Chair Rob Mason - Head of Quality Improvement (agenda item C3) Joseph Money - Staff Governor Dave Northwood - Public Governor Vivek Panikkar - Staff Governor Chinwe Russell - Board Development Delegate Khai Shahdan - Board Development Delegate Clive Smith - Public Governor Mandy Tyrrell - Staff Governor Sheila Walsh - Public Governor</p>
Apologies:	<p>Mark Day - Non-executive Director Lynne Schuller - Public Governor</p>

P24/05/A1 Welcome, apologies for absence and declaration of interest (Verbal)

The Chair welcomed everyone to the virtual Board of Directors meeting, including governors and observers. The above apologies for absence were noted and no declarations were made.

P24/05/A2 Actions from Previous Meetings

There were no active actions.

P24/05/A3 Chair's Report (Enclosure A3)

The Chair of the Board provided an overview of her activities since her last report. The Company Secretary's contribution was recognised ahead of her retirement and the Chair placed on record her appreciation.

The Board:

- ***Noted the Chair's Report***

P24/05/A4 Chief Executive's Report (Enclosure A4)

The Chief Executive's report summarised key items of interest relating to the Trust's refreshed strategic priorities: Patients, People, Partnership and Pounds.

The Board's attention was drawn to the exciting introduction of robotic surgery at the Trust. A *da Vinci Xi® surgical robot* had been purchased with the support of the Fred and Ann Green Legacy and was expected to become operational later this month. A significant amount of public interest had been seen in the naming of the robot.

Work to address required improvements in the recently published Care Quality Commission's inspection report was underway, the action plan would be shared later in the meeting. Whilst the outcome was disappointing, positive progress had been made in the six months since the inspection and there was confidence in the commitment to return to a rating of 'Good'.

The Hospital School located in the Women & Childrens' Hospital at Doncaster Royal Infirmary had secured a 'Good' rating from the Office for Standards in Education, Children's Services and Skills (Ofsted).

The Trust was proud to announce that Mr Tony Wilkinson, Lead Consultant Podiatric Surgeon and Professor Lynda Wyld, Consultant Breast Surgeon had been elected to the Council of the Royal College of Podiatry and the Royal College of Surgeons respectively.

In response to a question from Non-executive Director, Mark Bailey regarding partnership working across Place and at a system level, the Chief Executive acknowledged the duty to collaborate as part of the Health & Care Act 2022. The importance of collaborative working was recognised, and the formation of the South Yorkshire and Bassetlaw Pathology Network was referenced as an excellent example of partnership working. Operational challenges continued to be seen post Covid and the need to work collaboratively to provide a safe, quality, sustainable future proof service

for the benefit of patients and colleagues was evident.

Non-executive Director, Kath Smart enquired how the use of robotics would be evaluated in terms of the impact on patients, safety and quality. The Chief Executive confirmed the *da Vinci Xi® robotic equipment* would allow a more precise, less invasive surgery, leading to reduced recovery time, supporting throughput and activity. Opportunities for system working would be explored to support the delivery of a local, high quality service and the potential to work with a neighbouring trust in robotic orthopaedic surgery was noted. The ability to undertake robotic surgery was expected to support both colleague recruitment and retention. A further business case for a rehabilitation robot had been developed, which would be the second of its kind in the country. The Executive Medical Director welcomed the use of leading edge technology to support the future development of rehabilitation at Montagu.

Non-executive Director, Lucy Nickson encouraged positive communications in respect of the innovative ways of working, recognising the benefits and the potential support of future legacies.

The Board:

- ***Noted the Chief Executive's Report***

P24/05/B1 Health and Wellbeing Presentation (Enclosure B1)

The Chair of the Board welcomed the Head of Organisational Development, EDI and Wellbeing and the Wellbeing Officer to the meeting.

The presentation demonstrated the benefits of the Trust's health and wellbeing offer, aligned to NHSE's Health and Wellbeing Framework. The broader impact on health and wellbeing was recognised, including the environment and support of leaders and restorative supervision through the Professional Nurse and Maternity Advocate roles.

Along with opportunities to promote the Trust's approach at a national level, the Trust had received a gold standard Be Well@Work award, accreditation as a menopause friendly employer and were winners as part of the South Yorkshire Integrated Care System's 'Mission Menopause'.

The findings of the 2023 health and wellbeing and staff survey were helpful in recognising those positive elements of performance and highlighting areas of opportunity, the impact of the offer on colleague recruitment and retention was noted. An independent assurance opinion had been commissioned from the Trust's internal auditors, 360 Assurance, which would be reported to the Board's assurance committees in the coming months.

The contribution and support of Lucy Nickson as the Board level health and wellbeing guardian was recognised. Lucy endorsed the proactive, considered approach to health and wellbeing, using evidence to support initiatives whilst retaining flexibility to the specific needs of the organisation and its people.

Non-executive Director, Kath Smart welcomed the triangulation of evidence and in

response to a question where support may not meet colleagues' expectations, it was confirmed that feedback indicated a need for more specialist clinical support related to stress and anxiety. As Chair of the People Committee, Mark Bailey stressed the importance of the Just Culture work relating to colleague's mental health.

The Deputy Chief Executive enquired if there was an opportunity to better understand the impact of the offer from a governance perspective and it was suggested this be considered outside of the meeting with the Chief People Officer and Health and Wellbeing Guardian.

ZJ/ZL/
LN

The Head of Organisational Development, EDI and Wellbeing recognised the support of the Chief People Officer and the benefits of moving to a multi-year funded model. Success was linked to funding opportunities and support of charitable funds.

In response to a question from Non-executive Director, Hazel Brand regarding alternative sources of evidence, these included the violence prevention and reduction standard, reporting via the Trust's risk management system and data collection as part of the recruitment process.

Jo Gander, Non-executive Director recognised the significant efforts to support health and wellbeing and enquired what data was gathered in respect of the need for reasonable adjustments in the workplace. Alongside data gathered in the staff survey, the appointment of a clinical lead would strengthen occupational health support to the workforce.

Non-executive Director, Emyr Jones sought assurance that appropriate support was offered to doctors in training during rotation, which was offered as part of the induction process and through wellbeing walkabouts.

The Chair recognised the strength of the offer and thanked the presenters.

The Board:

- ***Noted the Health and Wellbeing Presentation***

P24/05/C1 True North, Breakthrough and Corporate Objectives 2023/24 (Enclosure C1)

The Chief Executive's report provided a year end update on delivery of 2023/24 corporate objectives. One area of work had stalled related to the Electronic Patient Record, this was due to a change in the way the business case was to be progressed.

During 2023/24 areas of significant progress were noted, including the publication of enabling strategies, delivery of the four hour emergency care standard in March 2024 and reduction in elective waiting lists.

In response to a question from Non-executive Director, Kath Smart with regards to what action would be required to move to a greater percentage of completed actions, the Chief Executive reflected on the factors impacting delivery during 2023/24 but shared an ambition to deliver against the standards, whilst recognising the ongoing challenges in 2024/25 related to the estate, financial constraints and digital maturity.

The Board:

- ***Noted and took assurance from the 2023/24 Corporate Objectives***

P24/05/C2

Trust Vision and 2024/25 Priorities Framework (Enclosure C2)

The Deputy Chief Executive presented the refreshed Trust vision statement ***‘Healthier together – delivering exceptional healthcare for all’*** and supporting priority statements for approval, proposed following workshops with senior colleagues and subsequent wider consultation:

- **Patients:** We deliver exceptional, person-centred care.
- **People:** We are supportive, positive, and welcoming.
- **Partnership:** We work together to enhance our services with clear goals for our communities.
- **Pounds:** We are efficient and spend public money wisely.

A draft branding visual and updated cover sheet for the Board and committee papers were appended to the paper for information.

In terms of next steps, there was a need to establish how success would be determined, including supporting metrics/measures.

ZJ

In response to a question from Non-executive Director, Hazel Brand, the Deputy Chief Executive confirmed she had worked closely with system partners to ensure visions were aligned.

Non-executive Director, Kath Smart suggested the addition of “safe” to the patient priority statement, to read ‘We deliver safe, exceptional, person-centred care, which was accepted by the Board. The Director of Communications & Engagement would ensure the website and branding visual were updated.

ES

The Board:

- ***Approved the Trust Vision and 2024/25 Priorities Framework, subject to the above change***

P24/05/C3

Quality Improvement & Innovation Strategy 2024/28 (Enclosure C3)

The Director of Innovation & Infrastructure and Head of Quality Improvement were welcomed to the meeting to present for approval the draft Quality Improvement & Innovation Strategy 2024-2028. The document had previously been considered by the Trust Leadership Team and Finance & Performance Committee.

The Head of Quality Improvement confirmed the strategy was aligned to the national improvement framework launched in April 2023, NHS Impact. The Trust’s strategy had been co-produced, with the five components of NHS Impact underpinning the systematic approach to quality improvement. Feedback had been incorporated and the refresh of the Trust’s vision and priority statements would be updated post meeting and circulated to board members.

JS

Non-executive Director, Mark Bailey enquired of the link between improvement work and cost improvement programmes and encouraged the use to secure financial benefit, alongside quality improvement. In terms of colleague support, there was a real opportunity for colleagues to influence change, the need to use plain language to simplify and encourage engagement was noted, with improvement work seen as an everyday tool.

The Chief Nurse welcomed the increase in the number of quality improvement trained colleagues, in terms of focus, prioritisation and how this was used to best effect, the Director of Innovation & Infrastructure confirmed that potential cost savings would be identified as part of the business planning process and a cost improvement plan developed, led by a senior responsible officer.

The Chief Executive confirmed that prior to the pandemic the Trust had taken part in NHS Improvement's Vital Signs Programme which empowered colleagues to deliver efficient and effective services. The Chief Executive remained engaged with the programme through regular meetings with fellow Chief Executives.

The Trusts refreshed approach was welcomed, with a focus on embedding a quality culture. Where quality improvement work had been successfully implemented there would be an opportunity for this to be showcased to the Board. As part of the programme of ward and departmental visits Board members would seek feedback on quality improvement initiatives undertaken or potential areas of focus. The feedback template would be updated to reflect this.

AO

The Chair recognised the focus at a national level on quality improvement and sought the Board's approval of the strategy.

The Board

- ***Approved the Quality Improvement & Innovation Strategy 2024/28***

P24/05/C4 Annual Review of the Trust Risk Appetite Statement & Strategic Risks (Enclosure C4)

At a Board workshop on 30th April 2024, the current risk appetite statement and strategic risks were reviewed and agreed by the Board of Directors for 2024/25.

The risk appetite statement was reviewed using a matrix model developed by the Good Governance Institute, the appetite for risk would feed into the Trust's wider risk management framework process and in particular the Board Assurance Framework.

The appetite on regulatory and quality risk types was changed to cautious.

The strategic risks were reviewed with no changes made. Risk scores would be reviewed and aligned with the Trust's risk appetite and the new vision and strategic priorities following approval today.

The Board:

- ***Noted the Annual Review of the Trust Risk Appetite Statement & Strategic Risks***

P24/05/D1 Integrated Quality & Performance Report (Enclosure D1)

As part of a refreshed approach to reporting, all executive directors would report against their respective performance and quality metrics within the Integrated Quality and Performance Report (IQPR), supported by the IQPR data pack, the content of which was under review. Statutory reporting linked to executive portfolios would be received separately.

The Chief People Officer highlighted the highest recorded statutory and essential training compliance of 89% in February 2024. Since writing the report the subsequent reduction seen in March, impacted in part by competency renewals, had increased to c.87%.

The Trust's non-medical appraisal season had commenced on 1 April, with the aim of achieving a 90% completion rate of good quality appraisals by 31 July.

The Board's attention was drawn to external recognition of the Trust's education offer and support.

The Chief Operating Officer reported achievement of the four hour emergency care standard in March, with 76.1% of patients being seen, treated and either admitted or discharged in four hours. In respect of elective care, the Trust had eliminated all waits of 104 weeks and above and reported two waits in excess of 78 weeks.

The Acting Executive Medical Director reported good progress with job planning, with an improving trend. Completion of medical appraisals in 2023/24 was reported at 93%, exceeding NHSE's national target of 85% and the Trust's stretch target of 90%.

In respect of mortality data, both the Summary Hospital Mortality Indicator (SHMI) and Hospital Standardised Mortality Ratio (HSMR) showed a reducing trend, a review of clinical coding was underway which may result in a further reduction being seen.

Following a restructure of the Trust's clinical governance arrangements, the inaugural Effective Committee had now taken place, the remit of the Committee would include audit activity, with a series of focused actions arising from a commissioned internal audit. The Committee would report to the Board's Quality & Effectiveness Committee.

As reported in year, the Chief Nurse confirmed the number of C. difficile cases reported in 2023/24 had exceeded the threshold. Benchmarking indicated the issue was not unique to the Trust and opportunities to consider improvement work were being explored. The 2024/25 threshold was yet to be confirmed.

Work to address and close the serious incidents currently reported in the IQPR was underway, following the transition to the Patient Safety Incident Response Framework in December 2023. This work would be monitored via the Patient Safety Committee.

In response to an increase in the number of category four hospital acquired pressure

ulcers (HAPU), quality review summits and increased support had been implemented. The Trust remained on track to achieve a 50% reduction in HAPUs by March 2025.

Non-executive Director, Lucy Nickson reflected on the volume of information within the supporting IQPR data pack and the ease of interpretation, and enquired how the quality of the narrative seen previously could be better facilitated. The Deputy Chief Executive acknowledged the complexity of the dashboard which was currently subject to review. The report and executive director supporting narrative would be refined; in terms of deeper dives or individual reports a proactive approach would be required, alongside the Board workplan.

EDs

In response to a question from Non-executive Director, Hazel Brand regarding the impact of virtual wards on bed occupancy, the Acting Executive Medical Director confirmed a steady increase in usage which, whilst positively impacting occupancy rates was not the sole contributor.

Non-executive Director, Kath Smart welcomed the use of the IQPR but highlighted those areas where data was not currently reported, for example, the National Institute for Health and Care Excellence (NICE) guidance and mixed sex accommodation. In addition, where standards were not met, for example venous thromboembolism (VTE) she requested supporting narrative be included to ensure both the challenge and required actions were communicated. To ensure a clear focus on the impact on health inequalities, data to support this view should be incorporated. The Acting Executive Medical Director confirmed his expectation that VTE compliance would be live within the next report.

Non-executive Director, Jo Gander acknowledged the benefits of reporting by exception. In response to a request for an update on the implementation of the patient tracking software, the Executive Medical Director confirmed his expectation that this would be completed by September 2024, with mitigating actions in place, monitored via the Quality & Effectiveness Committee.

The Chair of the Board recognised the value of the medical appraisal system and sought clarity on how personal and career development opportunities were explored in order to enable clinicians to develop as future leaders and ensure corporate engagement. The Acting Executive Medical Director confirmed personal development opportunities were considered as part of the medical appraisal, a new appraisal system had been procured and post implementation feedback could be provided as part of the supporting narrative in November's Board report. The Chief People Officer confirmed that Scope for Growth, the Trust's talent management framework adapted from the national framework was relevant to the medical workforce.

NM

The Board:

- ***Noted and took assurance from the Integrated Quality & Performance Board***

P24/05/D1.1 Financial Position & Financial Plan Update (Enclosure D1.1)

The Chief Financial Officer reported the Trust's deficit year end position of £23.7m, £3.1m favourable to plan and forecast. £1.6m of the overperformance related to industrial action funding received in month 12.

The year end cash balance was £36.3m. In the absence of agreed financial plans and in line with an assumed deficit of c.£40m, an initial request for national cash support of c.£10m was made for Quarter 1 2024/25, this would be updated following submission of 2024/25 financial plans.

The Trust's capital plan of £57.6m was delivered on time and to budget. £17.5m of costs savings were delivered, against a plan of £22m.

Non-executive Director, Emyr Jones sought clarification on the adverse to plan pay expenditure and the impact of the consultants pay award, the Chief Financial Officer confirmed an allowance for part year costs had been received, however, this was not counted against the plan.

The Chief Executive encouraged a positive recognition of the delivery of the financial plan, favourable to the submitted deficit position. Over time there was a need to work towards delivery of a balanced plan, noting historical underfunding at Trust and Place level.

Following scrutiny at the Trust's Finance & Performance Committee the Trust had submitted a 2024/25 deficit financial plan of £26.3m. Unlike previous years there was no contingency or cost pressure reserves. The plan required cost savings of £21.2m, with c£8-10m requiring further development.

The Trust was expecting a total capital allocation of £41.2m, £22.2m from the Integrated Care Board and £19.2m of ring fenced public dividend capital funding relating to the Community Diagnostic Centre, Electronic Patient Records and an additional CT scanner for Bassetlaw.

In response to a question from Non-executive Director, Lucy Nickson with regards to further pressure to move on the plan, the Chief Financial Officer confirmed that the Integrated Care Board had now submitted its deficit plan of £49m, all of which sat with the providers. Discussions had taken place with NHSE, and no further change was expected in the short term, however, there may be pressure later in the year, dependent upon the national position.

Non-executive Director, Mark Bailey reflected on the extensive discussions at the Finance & Performance Committee and enquired how a balance was being achieved across financial, operational and people plans. The Chief Financial Officer confirmed plans were being triangulated within the divisions to meet control totals. Quality Impact Assessments were being undertaken linked to cost savings. In view of national communication relating to a reduction in headcount the Chair of the Board reflected on the work to date to recruit to critical posts and the responsibility of the Board to ensure delivery of safe patient care and recognised the potential need for Board or its assurance committees to consider the redistribution of finances.

Kath Smart welcomed the assurance provided by the Deloitte review of the Trust's underlying deficit and highlighted the golden thread from the report into the Trust's cost improvement programmes. A key opportunity linked to partnership and priorities related to length of stay, where patients no longer had a right to reside and clarity was sought on the partnership work to ensure a system solution could be found to ensure patients were cared for in the most appropriate setting. The Chief Operating Officer shared an improved clarity of actions and focus across Doncaster Place, including actions within the

Trust's gift where no external support was required.

The Chief Executive acknowledged the national message regarding staffing, however, reiterated the Trust's primary responsibility was to provide safe care. The effective use of resources was key, ensuring the most appropriate outcome and supporting the move towards a breakeven position, ensuring that public money was spent wisely. Toolkits, such as Model Hospital and FutureNHS would support this work.

The Board:

- *The Board noted the financial position and supported the financial plan submission, noting the risks to delivery*

P24/05/D1.2 Drivers of the Deficit Report (Enclosure D1.2)

The Chief Financial Officer presented an overview of the findings of the Deloitte drivers of deficit report, finalised in Q4 2023/24. The presentation highlighted the scope, approach and limitations of the work commissioned by the Trust to validate its assessment of its underlying deficit, considering movement in financial performance between 2019/20 to 2022/23.

A significant increase in the Trust's cost base was identified, with expenditure increasing by £122.7m during the period, driven by pay inflation, increased temporary staffing spend, additional substantive pay costs, non-pay costs and depreciation.

The assessment validated the Trust's underlying deficit, the drivers of deficit ranged between £27m to £70m, depending on the assumptions applied. Opportunities spanned from operational activities within the Trust's control to longer term strategic items and structural solutions requiring a system approach. Key areas were known to the Trust and largely aligned to the cost improvement schemes.

This piece of work would be commissioned by providers across South Yorkshire to support the Acute Federation and Integrated Care Board focus on the identification of opportunities.

In response to a question regarding the value of opportunities within Estates, the Chief Financial Officer confirmed the savings related largely to securing best value contracts rather than infrastructure changes due to the challenged estate.

The Chair of the Board welcomed the Trust's early use of the independent assessment and recognised the benefit of a review to inform system opportunities.

The Board:

- ***Noted and took assurance from the Drivers of the Deficit***

P24/05/D2 **Chair's Assurance Log – Quality & Effectiveness Committee (Enclosure D2)**

Jo Gander, Chair of the Quality & Effectiveness Committee provided an overview of the four quadrants of the Chair's assurance log, positive assurance, areas of major works, areas of focus and decisions made.

The Board's attention was drawn to the limited colleague uptake of Influenza and Covid immunisations, which had been deferred to the People Committee for review.

MB

Concerns regarding the implementation of patient tracking software had been discussed at agenda item D1 and would continue to be monitored by the Committee.

The Board:

- ***Noted and took assurance from the Chair's Assurance Log***

P24/05/D3 **Chair's Assurance Log – People Committee (Enclosure D3)**

Mark Bailey, Chair of the People Committee provided an overview of the four quadrants of the Chair's assurance log, positive assurance, areas of major works, areas of focus and decisions made.

The report highlighted a concern relating to a current misalignment between the NHS long term workforce plan and 2024/25 business planning guidelines.

Significant assurance had been taken in relation to maternity services workforce supply and demand, the number of registered midwives was at its highest level, and based on current expressions of interest it was expected that the Trust would be fully recruited by 31 December 2024.

The Board:

- ***Noted and took assurance from the Chair's Assurance Log***

P24/05/D4 **Chair's Assurance Log – Finance & Performance Committee (Enclosure D4)**

Mark Day, Chair of the Finance & Performance Committee provided a verbal update from the meeting of 26 April 2024. There had been an extensive discussion around the year-end position and 2024/25 financial plans, which the Committee approved for submission to the Integrated Care Board. The Trust had achieved the four hour emergency care standard in March and confirmation of potential funding to mark the improvement was awaited. In terms of oversight of the Trust's elective performance it had been recommended that the Trust would exit tier two oversight.

A written copy of the assurance log would be provided post meeting and uploaded to the portfolio of papers.

MD

The Board:

- ***Noted and took assurance from the Chair's verbal update***

P24/05/D5 Chair's Assurance Log – Audit & Risk Committee (Enclosure D5)

Kath Smart, Chair of the Audit & Risk Committee provided an overview of the four quadrants of the Chair's assurance log, positive assurance, areas of major works, areas of focus and decisions made.

The Board's attention was drawn to the increase in the audit recommendation closure rate to 77% for timeliness, against a standard of 75% and an overall closure rate of 90%. The Head of Internal Audit Opinion for 2023/24 would be received in June 2024.

The internal audit review of Estates Planned Preventative Maintenance programme provided significant assurance on the arrangements in place to establish and monitor performance against delivery.

The Board:

- ***Noted the Chair's Assurance Log – Audit & Risk Committee***

P24/05/D6 Board Assurance Framework (BAF Risks 1-7 and Trust Risk Register) (Enclosure D6)

The Deputy Chief Executive provided an overview of the Board Assurance Framework, recognising the current span of strategic risks, oversight arrangements and the increased focus on risk management through the Risk Management Board. Following agreement of the risk appetite statement a refresh of the individual frameworks including alignment to individual committee and risk scores would be progressed.

EDs

BAF1 (Patients) - in view of limited progress on clinical audit effectiveness and required actions arising from the CQC inspection the current risk score would remain at 16.

BAF2 (People) - following lengthy discussions regarding the short term focus on restricted workforce growth in line with 2024/25 operational and financial planning it had been agreed the current risk score would remain at 12.

BAF3 (Operational Performance) - Non-executive Director, Kath Smart suggested the Chief Operating Officer consider the following areas for future inclusion: the assurance gained through a change in NHSE oversight, separation of key controls and reporting related to elective care.

DS

BAF5 (Financial Performance) - no significant change expected to risk score.

BAF6 (Partners) – development of the Trust's strategy would define actions to address collaboration, with refreshed Board reporting ensuring a focus on partnership. Committee oversight and contribution would be reassessed for a future iteration.

The Chair of the Audit & Risk Committee reminded BAF owners of the need to refresh target risk scores as four of the seven strategic risks had not reached the target score.

The Board:

- ***noted and took assurance from the Board Assurance Framework***

P24/05/D7 Audit & Risk Committee Terms of Reference (Enclosure D7)

The Board received and approved the refreshed Audit & Risk Committee's Terms of Reference.

The Company Secretary advised that additional minor adjustments may be required in response to 360 Assurance's review of corporate governance arrangements, and these would be presented in due course.

The Board:

- ***Approved the Audit & Risk Committee Terms of Reference***

P24/05/D8 Report to the Board following the Review of Effectiveness of the Council Governors (Enclosure D8)

Following a review of the effectiveness of the Council of Governors, supported by NHS Providers' Governwell Team and an independent governance advisor, the Deputy Chief Executive shared with the Board suggested next steps to progress initial findings and recommendations shared at the Council of Governors' April meeting.

Wider feedback would be sought to ensure the collective voice of the Council was heard, ensuring governors were supported to fulfil their statutory duties. Following receipt of the feedback the Board would take any required decisions and nominations would be sought for the role of Lead Governor.

The Board:

- ***Noted the Report to the Board following the Review of Effectiveness of the Council Governors and supported its recommendations***

P24/05/E1 CQC Report & Action Plan (Enclosure E1)

Following receipt of the final inspection report an action plan was developed to address the required improvements. The executive lead for the overall plan is the Chief Nurse, with each action assigned to an executive and operational lead, who would monitor delivery against the plan.

The action plan would be uploaded to Monday.com, progress would be reported to the Trust Leadership Team and quarterly by exception to the Quality & Effectiveness Committee.

In view of the change to the CQC assessment framework, the Chief Nurse would seek clarity on the requirements for reassessment of regulatory breaches.

The Board:

- ***Noted the report and action plan and approved the approach and monitoring outline***

P24/05/E2 Maternity & Neonatal Update (Enclosure E2)

The report provided an overview of the progress made against the national standards within maternity and neonatal services.

The Director of Midwifery confirmed full compliance had been awarded for Year 5 of the Clinical Negligence Scheme for Trusts standards and work had commenced on Year 6 due for submission in March 2025.

Midwifery staffing was an improving position, with a significant interest for the October intake of newly qualified midwives.

Work continued in respect of Savings Babies Lives Care Bundle version three, and full compliance was expected upon reassessment.
A refreshed version of the perinatal dashboard would be provided at the next Board meeting.

Emyr Jones, Non-executive Maternity Champion recognised the exemplary leadership in maternity and neonatal services.

The Board:

- ***Noted and took assurance from the Maternity & Neonatal Update***

P24/05/F Information Items (Enclosure F1 – F3)

The Board noted:

- F1 Board of Directors Workplan
- F2 NHS Planning Guidance 2024/25
- F3 Nottingham & Nottinghamshire Integrated Care Strategy 2023-27 (refreshed March 2024)

In respect of F1, the Chair of the Charitable Funds Committee requested the frequency of the Chair's assurance log be amended to reflect the sequence of meetings.

AO

P24/05/G1 Minutes of the meeting held on 26 March 2024 (Enclosure G1)

The Board:

- ***Approved the minutes of the meeting held on 26 March 2024***

P24/05/G2 Pre-submitted Governor Questions regarding the business of the meeting (verbal)

No questions had been received prior to the meeting; the Chair of the Board invited any questions post meeting to be submitted to the Trust Board Office for a written response to be provided. Governor question and answers would continue to be available via the governor portal and provided for information at the Council of Governors meeting. The Company Secretary had presented a selection of questions at April's Council of Governors meeting and this trial approach would continue at future meetings.

P24/05/G3 Any other business (to be agreed with the Chair prior to the meeting)

No items of other business were received.

P24/05/G4 Date and time of next meeting (Verbal)

Date: Tuesday 27 February 2024

Time: 13:30

Venue: MS Teams

P24/05/G4 Withdrawal of Press and Public (Verbal)

The Board:

- ***Resolved that representatives of the press and other members of the public be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest.***

P24/05/H Close of meeting (Verbal)

The meeting closed at 13:08

2407 - F2 PRE-SUBMITTED GOVERNOR QUESTIONS REGARDING THE BUSINESS OF THE MEETING

● Discussion Item

● Suzy Brain England OBE, Chair of the Board

● 12:45

10 minutes

2407 - F3 ANY OTHER BUSINESS - TO BE AGREED WITH THE CHAIR PRIOR TO THE MEETING

● Discussion Item

👤 Suzy Brain England OBE, Chair of the Board

🕒 12:55

10 minutes

2407 - F4 DATE AND TIME OF THE NEXT MEETING

● Information Item

● Suzy Brain England OBE, Chair of the Board

● 13:05

Date: Tuesday 3 September 2024

Time: 09:30

Venue: MS Teams

2407 - F5 WITHDRAWAL OF PRESS AND PUBLIC

● Information Item

👤 Suzy Brain England OBE, Chair of the Board

🕒 13:05

Board to resolve: That representatives of the press and other members of the public be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest.