Doncaster and Bassetlaw Teaching Hospitals
NHS Foundation Trust

Annual Report and Accounts 2019/20

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Performance Report

Chair and Chief Executive's statement

In late February 2020, we were starting to prepare our year-end reports and were looking forward to celebrating a successful 12 months for the Trust. One month later, and like NHS providers across the country, the Trust has had to change significantly to deal with the Covid-19 outbreak. However, despite the unusual times we find ourselves living in, 2019/20 was a positive year for Doncaster and Bassetlaw Teaching Hospitals (DBTH) and we believe that, whatever the future may hold, we must not lose sight of this.

2019/20 was filled with achievements and improvements, building upon our successes in the previous year. We have consolidated the good progress we made in patient care, treatment and experience in recent years, whilst further strengthening our links with partners both locally and nationally.

We have also had the opportunity to reflect upon our vision, values and objectives, clearly laying out where we want to head as an organisation. In August 2019 we refreshed our five-year strategy and updated our breakthrough objectives which we believe plot the coordinates to get to our overall destination of becoming the safest Trust in England, outstanding in all that we do.

While undoubtedly ambitious, our organisational confidence and recent achievements have not gone unnoticed. This year we have welcomed the Secretary of State for Health and Social Care, Matt Hancock, to both Doncaster Royal Infirmary and Bassetlaw Hospital, the Chief Executive of the NHS, Sir Simon Stevens, on two separate occasions and the Prime Minister, Boris Johnson, who visited Bassetlaw Hospital in late 2019.

Perhaps the crowning achievement, and a conclusion to the recovery journey we have undertook throughout the past few years, came in February 2020 when we were delighted to receive a Care Quality Commission (CQC) 'good' rating following inspections which took place in September and October. We are immensely proud of our colleagues and the report recognised a number of areas of quality care, practice and improvement, with an overall positive picture of the Trust.

During their inspection, the inspectors observed many examples of high-quality care and improvements since their last visit. The Trust's cross-site urgent and emergency services received particular praise having improved in all of the seven key domains. Our visitors also described clinicians as demonstrating good infection prevention and control practice as well as emphasising a culture of learning at the Trust in order to improve safety.

This is an achievement which reflects the hard work, commitment and expertise of our colleagues who have worked tirelessly to improve the services we offer patients. On a final note, and typifying the culture which is so abundant at our Trust, the CQC described our colleagues as being caring, supportive of each other and compassionate to both patients and their families – an accolade we rate even higher than the 'Good' rating itself.

Simultaneous to the arrival of our inspection result, we received encouraging feedback from this year's Staff Survey. Ensuring colleagues are proud and content to work here is very important to us and we were delighted to achieve the best results we have ever recorded.

Overall, our organisation's responses were significantly improved from last year's survey and we achieved the most improved score across 38 acute trusts with statistically significant improvements across 10 of the 11 themes in the survey. Most notably there has been significant improvements in the questions relating to staff being able to make improvements, being involved in decisions and senior managers acting on feedback, all of which are now above average.

This has undoubtedly resulted in the huge increase in the number of colleagues who would recommend DBTH as a place to work showing that our colleagues feel more comfortable in their work and that, together, we are moving forward as an organisation.

Not only were the Trust's results significantly improved on previous year's, the feedback and data we collected this year is far richer in terms of showing an accurate representation of the workforce with our response rate being higher than ever. In total, 59% of eligible staff completed the survey, against a national average of 48%. We were delighted to see this willingness to engage with the survey as it confirmed to us that our workforce is keen to work together in order reach our goals and objectives.

Following the launch of our 'Sharing How We Care' newsletter and conference last year, we have implemented a number of improvements this year, guided by our award-winning Sharing How We Care ethos to ensure that our patients remain at the heart of everything we do. As part of this, we have been working hard to improve the quality of information that our patients receive about their care and hospital stay.

Our teams have introduced bespoke welcome boards at the entrances to all of our in-patient areas. The welcome boards are designed to give visitors an overview of things like who works there, what tests may be carried out and what the discharge process is. The boards have been making a real difference in preparing patients and relatives for a hospital stay, ensuring that they are well informed and they know what to expect. We were pleased to see that this work was recognised by the Patient Safety Learning Awards this year and we were able to share this example of best practice with other Trusts.

In addition, our patient safety team introduced a simple, yet innovative, system to ensure that our in-patients are keeping hydrated during their hospital stay to aid their recovery. The introduction of 'traffic light water jugs' in order to monitor the amount that individuals are drinking each day, as well as enabling our clinicians to see how much a patient has drunk at a glance.

We can once again describe good progress in terms of our financial performance. Thanks to our identified savings and continued drive towards improved 'Efficiency and Effectiveness', we were able to meet our control total, which was a break even financial position.

This meant that we qualified for bonus payments from NHS England/Improvement (known as Financial Recovery Fund or FRF) which equated to £0.4m, resulting in the second consecutive surplus year end position. An achievement shared by all within the Trust.

As we identified at the beginning of this introduction, we ended this financial year making extensive preparations to treat and care for Covid-19 patients, including physically moving services around our hospital sites and redeploying our workforce to alternative areas. Every member of DBTH has pulled together during this time and, whilst we know we are in the midst of the biggest challenge we have ever faced as a Trust, it has been immensely inspiring to see our colleagues responding so well to such huge changes in the way we work and provide services to our communities – they are truly doing an outstanding job in such extraordinary times.

Overall, as we reflect upon 2019/20 and preceding years, we believe it is clear that our development as an organisation has been substantial. This is a testament to the hard-work and dedication of members of Team DBTH and speaks volumes for the talent, care and innovation we can count on amongst our colleagues.

We would like to thank staff, governors, members, volunteers, partner organisations, commissioners, regulators, everyone else who has worked with us over the past year and our local communities. Their positive support has been overwhelming and has contributed to what has been another successful, as well as challenging, year for the Trust.

This Annual Report sets out openly, honestly and in detail, how we performed in 2019/20, and what we plan to achieve in 2020/21. Finally, we can confirm this annual report for 2019/20 was prepared on a 'group' basis within the Trust and thank colleagues for their efforts in collating this document.

Suzy Brain England OBE
Chair
24 June 2020

Richard Parker OBE
Chief Executive
24 June 2020

Who we are and what we do

As well as being an acute NHS Foundation Trust, hosting one of the busiest emergency services in the county, we are also one of only five teaching hospitals in the Yorkshire region, working closely with the University of Sheffield and Sheffield Hallam University. As a Trust, we also maintain strong links with Health Education England (HEE), our local Clinical Commissioning Groups in both Doncaster and Bassetlaw, as well as our regional partners in South Yorkshire and Bassetlaw.

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

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

We provide the full-range of local hospital services, some community services (including family planning and audiology) and some specialist tertiary services including vascular surgery. We serve a population of more than 420,000 across South Yorkshire, North Nottinghamshire and the surrounding areas and run three hospitals:

- **Doncaster Royal Infirmary (DRI)**
  DRI is a large acute hospital with a 24-hour Emergency Department (ED) and trauma unit status. In addition to the full range of district general hospital care, it also provides some specialist services. It has in-patient, day case and out-patient facilities.

- **Bassetlaw Hospital in Worksop (BH)**
  BH is an acute hospital with over 170 beds, a 24-hour Emergency Department (ED) and the full range of district general hospital services, including a breast care unit. The site has in-patient, day case and out-patient facilities.

- **Montagu Hospital in Mexborough**
  Montagu is a small, non-acute hospital with over 50 in-patient beds for people who need further rehabilitation before they can be discharged. There is a nurse-led Urgent Treatment Centre, open 9am to 9pm. It also has a day surgery unit, renal

dialysis, a chronic pain management unit and a wide range of out-patient clinics. Montagu is the site of our Rehabilitation Centre, Clinical Simulation Centre and the base for the Abdominal Aortic Aneurysm screening programme.

Additionally, we are registered to provide out-patient and other health services at **Retford Hospital**, including clinical therapies and medical imaging.

Our site at the **Chequer Road Clinic** (which has moved premises as of 1 April 2020) in Doncaster town centre, offers audiology and breast screening services, however this will move to new premises soon. We also provide some services in community settings across South Yorkshire and Bassetlaw.

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

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

Our headquarters are at Doncaster Royal Infirmary:
Chief Executive's Office
Doncaster Royal Infirmary
Armthorpe Road
Doncaster
DN2 5LT
Tel: 01302 366666

Our strategy, vision, mission, values and objectives

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

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

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

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

Values
Our values show WE CARE:

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

Strategic objectives

- **Patients:** Work with patients to continue to develop accessible, high quality and responsive services.
- **People:** As a Teaching Hospital, we are committed to continuously developing the skills, innovation and leadership of our staff to provide high quality, efficient and effective care.
- **Performance:** We will ensure our services are high performing, developing and enhancing elective care facilities at Bassetlaw Hospital and Montagu Hospital and ensuring the appropriate capacity for increasing specialist and emergency care at Doncaster Royal Infirmary.
- **Partners:** We will increase partnership working to benefit people and communities.
- **Prevention:** Support the development of enhanced community based services, prevention and self-care.
- **Quality Improvement:** Working together using methods, tools, data measurement, curiosity and an open mind set to make improvements in healthcare.

True North objectives

- To provide outstanding care for our patients.
- Everybody knows their role in achieving the vision.
- Feedback from staff and learners is in the top 10% in the UK.
- The Trust is in recurrent surplus to invest in improving patient care.

Breakthrough objectives

- Achieve measurable improvements in our quality standards.
- 5% improvement in our staff having a meaningful appraisal linked to our vision.
- The Trust is within the top 25% for staff and learner feedback.
- Every team achieves their financial plan for the year.

Overview of our activity in 2019/20

Throughout the past 12 months, we have built upon the achievements of the previous years, improving some aspects of care, while upholding high standards in others.

Highlights throughout 2020/21 extend to our new Care Quality Commission (CQC) rating of 'Good', our best ever Staff Survey results as well as good financial performance up until the final month of the year, all within the context of one of our busiest ever periods for patient activity. Initially, we had planned to reflect much of this work within the following pages, however, with the outbreak of Covid-19, our plans were slightly curtailed, attentions diverted elsewhere and, given the severity of the situation, it would have seemed out of sorts to concentrate on these past successes.

As a result, the following report is much more abridged and shorter than in previous years, however in summary you will be able to explore a very successful year for the Trust. In the next few pages you will read about the numerous awards and accolades granted to our team, as well as understand what our CQC report told us, and what lays ahead in the year to come.

Please note, **this report does not contain a Quality Accounts** section as is usual. This will be published separately later in the year as nationally mandated.

Despite the unusual times we find ourselves living in at the time of writing, 2019/20 was a fruitful year for DBTH and we must not lose sight of this.

Summary of awards and accolades

Members of Team DBTH work incredibly hard to continuously improve our services and deliver the best possible care for patients. A number of them received external acknowledgment for their hard work by being shortlisted for awards or noted for recognition in 2019/20 including:

April 2019

The Trust was shortlisted for a Health Service Journal (HSJ) Value Award, in the category of 'Emergency, Urgent and Trauma Care Efficiency Initiative of the Year'. The submission was about how innovative Smart-ER technology had been introduced into the Emergency Department (ED), to keep patients engaged in their care when they would otherwise just be waiting for a clinician to see them.

May 2019

In conjunction with the World Health Organisation's (WHO) 'No Tobacco Day' (31 May), DBTH officially went smokefree across all its sites. This fed into the wider 'Sharing How We Care' (SHWC) initiative, which later went on to win numerous awards (see October 2019 and March 2020).

Mr Muhammad Shahed Quraishi OBE, a Consultant Ear, Nose and Throat (ENT) Surgeon at DBTH, was presented with an 'Excellence in Teaching' honour from the Middle East Academy of Otolaryngology – Head and Neck Surgery. He is the first recipient of this new award.

Richard Parker OBE, Chief Executive for the Trust, received an OBE from the Prince of Wales, in recognition of his ongoing contributions to health and social care.

Dr Kirsty Edmondson-Jones, director of Estates and Facilities, was nominated for an 'Individual Development' award by the Health Estates and Facilities Management Association (HEFMA). This was to acknowledge her pioneering doctoral research in the field of bioengineering.

June 2019

Simon Stevens, Chief Executive of the NHS, visited Doncaster Royal Infirmary - alongside Richard Barker, NHS North East and Yorkshire Regional Director – for a demonstration of the exemplary Qi work that had been undertaken in the antenatal clinic. The pair left suitably impressed by the project, noting that it was an ideal case study of Qi in action.

June also saw the organisation celebrating a staggering 600 days without any hospital-

acquired Methicillin-resistant Staphylococcus Aureus (MRSA) infections. When first introduced by the department of health, this was originally seen as an unrealistic target for any care provider to achieve. However, through diligence and rigorous IPC measures, DBTH was able to maintain the standard for nearly two consecutive years.

The BBC One Show ran a segment on our appeal for neonatal 'traffic light hats'. Exceeding even the wildest expectations, over 10,000 of the garments were knitted and donated by people from the local area, as well as from across the nation and even from countries as far afield as Canada and Australia. The film crew came on-site to interview maternity staff about the appeal and to showcase the incredible response it had. The resulting episode was aired on Wednesday 19 June 2019.

July 2019

This month saw the Trust host its inaugural 'We Care into the Future' event. A conference that was dedicated to highlighting the various career routes that are available within the NHS, including the often overlooked behind the scenes role, this job fayre featured representation from more than 250 professions in the Trust, and had upwards of 8,000 attendees from local schools. A resounding success, ''We Care into the Future'' went on to receive great attention in the press, multiple award nominations and expressions of interest from other education providers.

DBTH picked up two prizes at the first-ever regional AHP awards. The Clinical Therapies Team took home the trophy for AHP Research, whilst the Adult Speech and Language Therapies Team won the 'Quality Improvement Award'.

E-Procurement Manager, Sonia Simpson was named 'Professional of the Year' by the NHS Skills Development Network (Yorkshire and Humber). On a related note, the wider Procurement Team were also named as 'Team of the Year' by the NHS Skills Development Network.

The South Yorkshire and Bassetlaw Nursing Bank Management scheme, which was co-developed by colleagues from Team DBTH, won in the 'Workforce Contribution in Health & Social Care Systems' category at the Healthcare People Management Awards.

August 2019

DBTH announced that it was entering into a new partnership with Sheffield Children's NHS Foundation Trust. The goal behind this initiative was to strengthen recruitment, better support the workforce and provide new opportunities for professional development for staff.

The Trust scored positively in its first quarter Friends and Family Test (FFT) survey, which concentrated specifically on Staff Engagement. In all, over 1,600 members of Team DBTH completed the short survey, 78% of whom recommended the Trust as a place to receive care.

Our preceptorship scheme was shortlisted for a prestigious Nursing Times Workforce Award. This was in recognition of how a revamped approach enabled all professional groups to get the same level of support.

September 2019

We held our annual Star Awards, recognising over 100 members of the team for their hard work and dedication throughout the year.

In the National Cancer Patient Experience survey, which evaluates cancer care in the UK, we ranked above the national average at 8.9 out of 10. This placed DBTH as the best scoring in the locality, over Barnsley, Rotherham, Sheffield, Chesterfield and Mid Yorks.

Our Diabetic Eye Screening Programme (DESP) was commended by external assessors, which found the service to be thorough, friendly, and mindful of the patient's individual needs. The evaluation also noted that the programme was achieving all national performance standards.

October 2019

Our SHWC team were selected as the winners of the 'Shared Learning Award' by a panel at the Patient Safety Learning Awards 2019.

Our annual flu campaign commenced, with notable achievements including one vaccinator giving 40 jabs in as many minutes, in addition to two colleagues administering 100 vaccinations in a single morning and afternoon, respectively.

Building upon June's achievement, the Trust celebrated 700 days without MRSA.

November 2019

The NHS Staff survey closed in late November, with the Trust reporting a 59.4% response rate (a five percent rise over the previous year).

In the space of just one month, we managed to vaccinate over 3,000 colleagues against flu, a remarkable achievement.

December 2019

The Trust was in the running for 3 separate categories at the Doncaster Chamber's Business Awards. The communications and engagement team were nominated for their hugely successful Traffic Light Hat campaign, whilst the Leadership and Organisational Development team was also shortlisted for 'excellence in people development'.

Meanwhile, the Education and Research division ended up winning the 'Business and Education Partnership'' award for their trailblazing collaboration with Hall Cross School.

The Bassetlaw Integrated Care Partnership (ICP) was nominated for the HSJ's 'Best Not for Profit Working in Partnership with the NHS' award.

January 2020

Following an invite from a local MP, Nick Fletcher, Secretary of State for Health and Social Care, Matt Hancock, stopped by at Doncaster Royal Infirmary. The purpose of the visit was to gain a deeper understanding of the challenges that the Trust faces with its aging site, as well as our ambition to build a new hospital within the town.

For the 16th consecutive year, we hosted the Ear Nose and Throat Masterclass, with delegates attending from across the world.

The Trust welcomed a cohort of 10 qualified nurses all the way from the Philippines. Each of them has been assessed against the Nursing and Midwifery Council standards for Registered Nurses.

Experiences of local emergency and out-of-hours services in the local borough were rated mostly positive by patients, in a report published by Healthwatch Doncaster.

February 2020

The result of September's CQC inspection were unveiled, with DBTH being deemed 'Good' across each of its sites. This was a positive step after the previous year's 'Requires Improvement' rating. Reflecting this achievement, many individual areas also moved from 'Requires Improvement' to 'Good'.

On a similarly encouraging note, the Staff Survey results came back in February and showed great progress in several areas. In fact, every single theme saw a significant improvement, or at the very least stayed the same. As such, we were able to announce that we had our best results ever.

Lindsay Blanucha, Clinical Support worker in the DRI Central Delivery Suite (CDS), won the 'Health, Public Service and Care Apprenticeship of the Year' prize at Doncaster College's annual apprenticeship award ceremony.

The Smart-ER initiative was once again nominated for an accolade, this time by the HSJ partnership awards.

March 2020

QiMET, a homegrown scheme which brings first-year emergency medicine students from Nepal to the Trust for a two year period of study, was nominated for a pair of Health Service Journal (HSJ) awards.

We scooped up two accolades at this year's leading healthcare awards, one for excellence in communication and engagement and the other for strides made in patient safety. The former was bestowed to the Trust for its traffic light hat appeal, whilst the latter was for our forward-thinking SHWC scheme.

Our Care Quality Commission (CQC) Report in 2019/20

While this is an abridged report, we wanted to pull focus on to our CQC results which, following an inspection in late 2019, moved from 'Requires Improvement' to 'Good' in February 2020. This capped a journey which began in earnest in 2015, with many improvements and enhancements implemented along the way.

While further detail is offered below, during their unannounced inspection in September 2019, the CQC observed many examples of high quality care and emphasised in their report the improvements made since their last visit. Reflecting this within their report, a number of the inspected areas have moved from 'Requires Improvement' to 'Good' - a rating which has also been applied to all three of our main hospital sites.

The team of inspectors described DBTH colleagues as being caring, supportive of each other and compassionate to both patients, their family and loved ones. As the CQC visited a wide variety of services, they identified areas which we will need to enhance, and we have more work to do in order to realise our vision to become the safest trust in England. With that said, the report is, on the whole, very positive and a testament to the hard work and dedication of our health professionals.

Are services safe?	Requires improvement
Are services effective?	Good
Are services caring?	Good
Are services responsive?	Good
Are services well-led?	Good
Are resources used productively?	Good
Combined quality and resource rating	Good

Commentary from the CQC

Our rating of the Trust improved. We rated it as 'Good' because:

- Overall, we rated effective, caring, responsive and well-led as good, and safe as requires improvement. In rating the Trust, we took into account the current ratings of the services not inspected this time. We rated well-led for the senior leadership of the trust as good.

- Doncaster Royal Infirmary was rated as good overall and had improved one rating since the previous inspection. We rated effective, caring, responsive and well-led as good and safe as requires improvement.

- Bassetlaw Hospital was rated as good overall and had improved one rating since previous inspection. We rated effective, caring, responsive and well-led as good and safe as requires improvement.

- Montagu Hospital was rated as good overall and this was the same rating as the previous inspection. All domains were rated as good.

- Retford Hospital was rated as good overall. We previously inspected diagnostic imaging jointly with outpatients, so we cannot compare our new ratings directly with previous ratings. All domains were rated as good. We do not rate effective in outpatients or diagnostic imaging service.

Is it safe?

During the inspection, the CQC concluded the following about the question of 'Is it Safe?'

As a Trust, we are already progressing or have completed work on some of the points highlighted below and are working towards a similar rating of 'Good'.

Our rating of safe stayed the same. We rated it as **requires improvement** because:

- The safe domain was rated as requires improvement at Doncaster Royal Infirmary and Bassetlaw District General Hospital.
- Not all staff were compliant with mandatory training requirements, especially medical staff, and this was similarly reflected at the last two CQC inspections.
- Although staff understood how to protect patients from abuse and services worked well with other agencies to do so, not all staff were compliant with safeguarding training, especially medical staff.
- Although medical staffing in urgent and emergency care services had improved at Bassetlaw District General Hospital, we had concerns about out of hours cover at this hospital and at Doncaster Royal Infirmary. There were also staffing challenges within maternity and diagnostic imaging services.
- The minor injuries unit at Montagu Hospital did not operate a triage system and all children and adults were required to wait in time order to be seen by a clinician. This was not in line with current guidance.

- Diagnostic imaging services did not have an effective equipment quality assurance programme in all areas and staff did not always complete three-point checks to confirm a patient's identity.
- In maternity services, the midwife to birth ratio was worse than the ratio recommended by the Royal College of Midwives. There were also no audit arrangements in place for surgical safety checklists and there was limited evidence to demonstrate neonatal and maternity early obstetric warning scores were escalated appropriately.
- Although staff kept clear and up-to-date records of patients' care and treatment, some medical staff in outpatients did not always adhere to professional record keeping standards.

However:

- Our rating for urgent and emergency care services improved from inadequate to requires improvement at Doncaster Royal Infirmary. The trust had taken immediate and appropriate action in response to the concerns raised at the last inspection and actions included increasing paediatric staffing levels and allocating a paediatric doctor to the paediatric emergency department every day and night.
- Services controlled infection risk well. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment and the premises visibly clean, although the trust's birth pool cleaning guidance did not reflect current best practice.
- Services managed patient safety incidents well. Staff recognised and reported incidents and near misses. Managers investigated incidents and shared lessons learned with the whole.

Is it effective?

During the inspection, the CQC concluded the following about the question of 'Is it Effective?'

Our rating of effective improved. We rated it as **good** because:

- Our rating of effective improved for urgent and emergency care and maternity services at both Doncaster Royal Infirmary and Bassetlaw District General Hospital (we do not rate effective for outpatients or diagnostic imaging services).
- Improvements in urgent and emergency care services included the transfer and support of patients between the emergency and specialist departments and the provision of specific paediatric training for non-paediatric trained nurses.
- Improvements in maternity were reflected in the consistent planning and delivery of evidence care and treatment inline with current evidence-based guidance, and the majority of trust policies were now within the review date.
- Services provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance. Staff protected the rights of patient's subject to the Mental Health Act 1983.

- Doctors, nurses and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care.
- Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patient's consent.
- Staff gave patients enough food and drink to meet their needs and improve their health.
- Staff assessed and monitored patients regularly to see if they were in pain and gave pain relief in a timely way.

Is it caring?

During the inspection, the CQC concluded the following about the question of 'Is it Caring?'

Our rating of caring stayed the same. We rated it as **good** because:

- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs. We found that patients received compassionate care from staff which supported their privacy and dignity.
- Staff provided emotional support to patients, families and carers to minimise their distress. They understood patients' personal, cultural and religious needs. Most patients we spoke with felt staff were attentive and took time to explain things. Patients had access to chaplaincy services for those with a faith or none.
- Staff supported and involved patients, families and carers to understand their condition and make decisions about their care and treatment. Staff understood the needs of their patients and involved carers. For instance, wards supported flexible visiting times for family and carers.

Is it responsive?

During the inspection, the CQC concluded the following about the question of 'Is it Responsive?'

Our rating of responsive stayed the same. We rated it as good because:

- Services were planned and delivered in a way to meet the individual's needs and the local population, taking into account people with complex needs, and there was access to specialist support and expertise.
- The trust had taken appropriate action to address our previous concerns about patient flow within urgent and emergency care services, and the emergency department also provided an oncology service to improve the patient experience at Doncaster Royal Infirmary.
- People could access the maternity service when they needed it and received the right care promptly. Waiting times from referral to treatment and arrangements to admit, treat and discharge patients were mostly in line with national standards.

Is it well-led?

During the inspection, the CQC concluded the following about the question of 'Is it Well-Led?

Our rating of well-led stayed the same. We rated it as good because:

- Executive leaders had the skills and abilities to run the organisation. They understood and managed the priorities and issues the trust faced. They were visible and approachable and supported staff to develop their skills and take on more senior roles.
- The board of directors had a vision for what they wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders. The vision and strategy were focused on patient safety, sustainability of services and were aligned to local plans within the wider health economy. Leaders and staff understood and knew how to apply them and monitor progress, although further work was required to strengthen the goals and objectives to ensure effective monitoring of progress.
- The board of directors and managers across the trust promoted a positive culture that supported and valued staff, creating a sense of common purpose based on a set of shared values that were embedded across the organisation.
- Governance processes were in place across the trust and with partner organisations. However, due to the changing organisational structure not all staff were clear about their roles and accountabilities. There was a new governance structure in place and the board of directors recognised further work was required to strengthen and embed processes within the newly-created clinical divisions and corporate directorates.
- Leaders and staff actively and openly engaged with patients, staff, equality groups, the public and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients.
- The director of finance and the chief executive demonstrated clear insight and good understanding of the previous financial issues and had acted to ensure the issues would not reoccur. There was also a clear capital financing strategy to support the risks in estates and the trust was pursuing some innovate partnerships in financing to tackle the large backlog of maintenance issues.
- The trust compared well across a range of clinical and support services productivity metrics and was able to provide examples of working with partners to operate more productively whilst also reducing waiting times and improving patient experience. The trust reported a surplus in 2018/19 and was on track to deliver the 2019/20 control total.

Doncaster Royal Infirmary: Good

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Requires Improvement ↑ Feb 2020	Good ↑ Feb 2020	Good ↑ Feb 2020	Good ↑ Feb 2020	Good ↑ Feb 2020	Good ↑ Feb 2020
Medical care (including older people's care)	Good May 2018	Good May 2018	Good May 2018	Good May 2018	Good May 2018	Good May 2018
Surgery	Good Oct 2015	Good Oct 2015	Good Oct 2015	Good Oct 2015	Good Oct 2015	Good Oct 2015
Critical care	Requires Improvement Oct 2015	Good Oct 2015	Good Oct 2015	Good Oct 2015	Good Oct 2015	Good Oct 2015
Maternity	Requires Improvement ↓ Feb 2020	Good ↑ Feb 2020	Good ↑ Feb 2020	Good ↑ Feb 2020	Requires Improvement ↓ Feb 2020	Requires Improvement ↓ Feb 2020
Services for children and young people	Requires Improvement May 2018	Good May 2018	Good May 2018	Good May 2018	Good May 2018	Good May 2018
End of life care	Good Oct 2015	Requires Improvement Oct 2015	Good Oct 2015	Good Oct 2015	Good Oct 2015	Good Oct 2015
Outpatients	Good Mar 2020	Not rated	Good Feb 2020	Good Feb 2020	Good Feb 2020	Good Feb 2020
Diagnostic imaging	Requires Improvement Feb 2020	Not rated	Good Feb 2020	Good Feb 2020	Requires Improvement Feb 2020	Requires Improvement Feb 2020
Overall*	Requires Improvement ↓ Feb 2020	Good ↑ Feb 2020	Good ↑ Feb 2020	Good ↑ Feb 2020	Good ↑ Feb 2020	Good ↑ Feb 2020

As you can see from the above, the site is rated **good** for around 72% of inspected services (click to enlarge).

Bassetlaw Hospital: Good

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Requires Improvement ↓ Feb 2020	Good ↑ Feb 2020	Good ↑ Feb 2020	Good ↑ Feb 2020	Good ↑ Feb 2020	Good ↑ Feb 2020
Medical care (including older people's care)	Good May 2018	Good May 2018	Good May 2018	Good May 2018	Good May 2018	Good May 2018
Surgery	Good Oct 2015	Good Oct 2015	Good Oct 2015	Good Oct 2015	Good Oct 2015	Good Oct 2015
Critical care	Requires Improvement Oct 2015	Good Oct 2015	Good Oct 2015	Good Oct 2015	Good Oct 2015	Good Oct 2015
Maternity	Requires Improvement ↓ Feb 2020	Good ↑ Feb 2020	Good ↑ Feb 2020	Good ↑ Feb 2020	Requires Improvement ↓ Feb 2020	Requires Improvement ↓ Feb 2020
Services for children and young people	Good May 2018	Good May 2018	Good May 2018	Good May 2018	Good May 2018	Good May 2018
End of life care	Good Oct 2015	Requires Improvement Oct 2015	Good Oct 2015	Good Oct 2015	Good Oct 2015	Good Oct 2015
Outpatients	Good Feb 2020	Not rated	Good Feb 2020	Good Feb 2020	Good Feb 2020	Good Feb 2020
Diagnostic imaging	Requires Improvement Feb 2020	Not rated	Good Feb 2020	Good Feb 2020	Requires Improvement Feb 2020	Requires Improvement Feb 2020
Overall*	Requires Improvement ↓ Feb 2020	Good ↑ Feb 2020	Good ↑ Feb 2020	Good ↑ Feb 2020	Good ↑ Feb 2020	Good ↑ Feb 2020

As you can see from the above, the site is rated **good** for 83% inspected services. (click to enlarge).

Montagu Hospital: Good

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Requires Improvement ↓ Feb 2020	Good ↓ Feb 2020	Good ↓ Feb 2020	Good ↓ Feb 2020	Requires Improvement ↓ Feb 2020	Requires Improvement ↓ Feb 2020
Medical care (including older people's care)	Good Oct 2015	Good Oct 2015	Good Oct 2015	Good Oct 2015	Good Oct 2015	Good Oct 2015
Surgery	Good Oct 2015	Good Oct 2015	Good Oct 2015	Good Oct 2015	Good Oct 2015	Good Oct 2015
Outpatients	Good Feb 2020	Not rated	Good Feb 2020	Good Feb 2020	Good Feb 2020	Good Feb 2020
Diagnostic imaging	Requires Improvement Feb 2020	Not rated	Good Feb 2020	Good Feb 2020	Requires Improvement Feb 2020	Requires Improvement Feb 2020
Overall*	Good ↑ Feb 2020	Good ↓ Feb 2020	Good ↓ Feb 2020	Good ↓ Feb 2020	Good ↓ Feb 2020	Good ↓ Feb 2020

As you can see from the above, the site is rated **good** for around 78% of inspected services(click to enlarge).

Retford Hospital: Good

	Safe	Effective	Caring	Responsive	Well-led	Overall
Outpatients	Good Feb 2020	Not rated	Good Feb 2020	Good Feb 2020	Good Feb 2020	Good Feb 2020
Diagnostic imaging	Requires Improvement Feb 2020	Not rated	Good Feb 2020	Good Feb 2020	Requires Improvement Feb 2020	Requires Improvement Feb 2020
Overall*	Good Feb 2020	Not rated	Good Feb 2020	Good Feb 2020	Good Feb 2020	Good Feb 2020

As you can see from the above, the site is rated **good** for around 75% of inspected services (click to enlarge).

A full summary of the report can be found here: https://www.cqc.org.uk/provider/RP5

Key developments since the end of 2019/20

The Trust welcomed Mark Bailey as a Non-Executive Directors to the Board on 1 February 2020. This followed the departure of two valued members of the Non-Executive team, Linn Phipps who departed on 30 April 2019 and Alan Chan who departed on 9 May 2019

The Trust said goodbye to one Board Member on 31 March 2020. Mr Sewa Singh left the organisation as Medical Director 31 March 2020 having joined the NHS as a Consultant Vascular Surgeon in 1996.

Finally, Rebecca Joyce commenced in post on 3 June 2019 as Chief Operating Officer, while David Purdue assumed duties as Director of Nursing, Midwifery and Allied Health Professionals in September 2019.

Outbreak of Covid-19

Covid-19 itself was not an internal control issue however this has significantly altered the way we work in the final weeks of the 2019/20 financial year.

As a Trust, we had expected the Coronavirus to peak during and just after Easter. In order to be ready for this, from mid-March we fundamentally changed the way we work. This included the introduction of firm visiting restrictions, moving services and wards around to make them more sustainable, and even switching the majority of our urgent out-patient appointments over to telephone consultations.

We also took steps to ensure we had in place all of the medical equipment we will need and scaled up our intensive care bed capacity from under 30 to 130.

As a team, every single member of staff has worked with one single purpose in mind, and, at the time of writing, have handled the pressures of this unprecedented time as well as we possibly could. The journey back to 'business as usual' will be a slow, methodical and sensitive project which will take place throughout the next financial year.

Principal risks, opportunities and uncertainties and factors affecting future performance

The principal risks against achievement of the Trust's strategic objectives are as highlighted below:

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

Whilst the Trust has gone through an extensive and detailed budget setting process, the organisation has a number of risks which may affect the delivery of this budget. This includes effectiveness and efficiency savings which equates to around 3% of our total budget.

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

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

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

The Grenfell Tower tragedy increased the emphasis on ensuring public buildings are meeting changed evacuation strategies in-line with fire safety regulations, with additional

requirements put in place over and above the significant investment the Trust was already making in respect of fire safety compliance.

In 2019/20 the Trust Estates Capital Programme was based upon maintaining and improving the safety of the buildings and environments, and in doing so, supporting patient safety. A number of property improvement areas are to be considered in 2020/21. Nevertheless, the availability of capital funds to support improvements remains an ongoing challenge.

- **Availability of workforce and addressing the effects of agency caps**

Like many trusts nation-wide this year we have faced staffing challenges. In order to address these issues, we are looking at new and innovative programmes to fill these workforce gaps, promoting our teaching hospital status to aid our recruitment processes. We continue to strive to improve the use of locums and our bank workforce, ensuring we utilise our temporary workforce in a cost-effective and efficient way.

As highlighted in the report this year saw the Trust embark upon a formal partnership with Hall Cross Academy in becoming the country's first 'Foundation School in Health' supporting students in choosing the health service as their career choice.

A key challenge for 2019/20 was to recruit, retain and develop sufficient nursing and other clinical staff to ensure safe staffing levels. We are using both national and local evidence to define evidence-based staffing levels for an increasingly wide range of staff.

The governance structures are in place to support the active reduction of our agency spending in line with the identified price caps and to minimise our reliance on agency and locums. This active management approach to our workforce has already achieved improvements in the relative use of agency nurses.

- **Opportunities in 2020/21**

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

Going Concern

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

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

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

- Continuing support from local commissioners
- The Trust will end the year with £30.8m cash in the bank
- The Trust has delivered a surplus in 2019/20
- There are no licence conditions in place on the Trust from its regulatory body.
- The Trust has received a Good rating from the CQC for use of resources during 2019/20.

On 2 April 2020, the Department of Health and Social Care (DHSC) and NHS England and NHS Improvement announced reforms to the NHS cash regime for the 2020/21 financial year. During 2020/21 existing DHSC interim revenue and capital loans as at 31 March 2020 will be extinguished and replaced with the issue of Public Dividend Capital (PDC) to allow the repayment. The affected loans totalling £71.1m are classified as current liabilities within these financial statements. As the repayment of these loans will be funded through the issue of PDC, this does not present a going concern risk for the Trust.

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

Richard Parker OBE
Chief Executive
24 June 2020

Accountability Report

Directors Report

Composition of the Board

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

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

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

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

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

Balance of the Board

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

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

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

Chair

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

Non-Executive Directors

Linn Phipps (left the Trust 30 April 2019) has a background in the public sector, originally in public transport and local government director roles and is Chair of the Trust's Quality and Effectiveness Committee. For over 15 years she has held a portfolio of Non-executive Director (NED) and consultancy posts. She has been a Non-executive Director/Chair in NHS primary care and in mental health/learning disability care. Her consultancy and non-executive work focuses on coaching, mediation and facilitation; addressing governance and risk; and reducing

health inequalities. She has national roles representing the patient and public voice, for example serving on two NICE (National Institute for Health & Care Excellence) committees as a Lay Member, and on NHS England's Patient Online Programme Board as Chair of its Stakeholder Forum. Previously the Chair of Healthwatch Leeds, she is now Deputy Chair. Linn is particularly interested in how patient and public views influence what happens in health and care.

Neil Rhodes was born and brought up in Barnsley and now lives in the north of Lincolnshire. His particular areas of interest in the NHS are the quality of patient care and the importance of the patient perspective in designing services that give real value for money. Neil is the Deputy Chair of the Trust; and the Chair of the Finance and Performance Committee for the Trust in which he is responsible for the scrutiny of those areas on behalf of the wider board. His professional background was in policing, where as a chief constable he was responsible for the running of a large public sector organisation, with complex finances and a clear public service ethos. Neil has extensive experience in the delivery of large programmes of work, including the management of organisational change, provision of core computer systems and the outsourcing of services. His interests outside of the Trust include non-executive membership of the national Youth Justice Board since 2013 and both personnel and organisational development work as a consultant.

Alan Chan (left the Trust 9 May 2019) is a lifelong Doncaster resident who acts as General Counsel and Company Secretary for a Yorkshire based group, where he advises the board and senior leadership team on risk, compliance and commercial matters. Since qualifying as a solicitor in 2006, he has worked with the boards of numerous blue-chip companies, both in private practice and as part of in-house legal counsel. Previously, Alan was the Head of Legal for the international brand deployment division of Communisis plc. Prior to this, he worked as a senior associate in the corporate finance team for the international law firm Pinsent Masons LLP, which also included a secondment in Hong Kong**.**

Patricia Drake is a former nurse with a wide-range of experience in both acute and community care. Since retiring from the Health Service, Pat has served a number of organisations and charities as a Non-Executive Director, as well as serving as Deputy Chair of Yorkshire Ambulance Service. She has also worked as a Non-Executive Director at Locala Community Partnerships, Justice of the Peace and as Governor of a large academy. A passionate advocate for the delivery of high-quality patient care, Pat is focused upon ensuring that patients and the public have a significant voice within the NHS. Pat has taken on the role of Clinical Non-Executive, a position the Trust established following the Francis Report into failings at Mid Staffordshire NHS Foundation Trust.

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

Sheena also holds a non-executive role on the board of a leisure trust, encouraging people to be more active more often.

Kath Smart a Doncaster resident, has an extensive background in the public sector, working within the NHS for over a decade as a commissioner in Doncaster, Wakefield and Hull, covering a variety of roles from risk management to governance and external inspections. As a Chartered Institute of Public Finance and Accountancy (CIPFA) qualified accountant, Kath has most recently worked with Rotherham, Doncaster and South Humber NHS Foundation Trust (RDaSH) as a Non-Executive Director, as well as Chair of the organisation's Audit Committee and social enterprise, Flourish Enterprises. Kath also has other Audit Committee-related roles with Doncaster Council and Acis Group (local housing provider), plus undertaking financial work for Foresters Friendly Society and mental health act work for RDaSH.

Mark Bailey commenced as Non-Executive Director in the Trust in February 2020. Mark, a former Group Director for Customers and Services at Rolls-Royce plc, has an extensive background in the private sector having spent over 30 years with the world-renowned engineering company. Initially trained as an engineer, Mark has extensive experience of operating at senior leadership and board level environments while nurturing a specialist interest in strategic development, business growth and customer service transformation. He has also led the introduction of innovative digital solutions throughout his career, something which is a particular focus for the Trust as it looks to further modernise how clinicians use technology to support patient care.

Executive Directors

Richard Parker OBE was appointed Chief Executive in January 2017. Richard's previous role was Director of Nursing, Midwifery & Quality. Richard began his career as a student nurse, qualifying in 1985. Richard was appointed Deputy Chief Nurse at Sheffield Teaching Hospitals in 2005, Deputy Chief Operating Officer in 2010 and then Chief Operating Officer in 2013. He held that position until joining us in October 2013. Richard has a special interest in ways of ensuring that nurse staffing levels are safe, appropriate and provide high-quality patient care. He gained an MBA (Health and Social Services) in 1997 from Leeds University and the Nuffield Institute for Health and his dissertation was on acuity, patient dependency and safe staffing levels. In 2018, Richard was awarded an OBE in the Queen's New Year Honours for services to health and social care.

Karen Barnard joined the Trust from Sheffield Teaching Hospitals where she was Deputy Director of HR and Organisational Development. Before that she worked at Mid Yorkshire Hospitals as Deputy Director of HR and has experience working for various NHS organisations across Northern Lincolnshire.

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

positive patient experience. She gained a BMedSci in Nursing Studies from the University of Sheffield in 2000.

David Purdue qualified as a registered general nurse from Nottingham University in 1990 and specialised in cardiac nursing in Nottingham where he set up a number of cardiac nurse-led services, an innovation that won him an award from the National Modernisation Agency. After four years working on the implementation of the National Service Framework for coronary heart disease and then improving access to heart services in the East Midlands, David returned to hospital life in 2004 as clinical nurse manager for cardiothoracics at City Hospital in Nottingham. He joined the Trust in October 2008 as Divisional Nurse Manager for Medicine. David was Associate Director of Performance from 2010. He was Acting Chief Operator Officer from June 2013 until his substantive appointment to the role in July 2013. In 2018, David was appointed Deputy Chief Executive, and he became Director of Nursing, Midwifery and Allied Health Professionals in September 2019.

Jon Sargeant joined the Trust as Director of Finance in November 2016. Previously Director of Finance at Burton Hospitals NHS Foundation Trust, Jon has over 25 years of experience, working exclusively in the health service. Starting as a Financial Trainee at Heartlands Hospital in 1989, Jon held a number of board level posts, most notably as Director of Finance at Epsom and St Helier University Hospitals, leading a number of reconfiguration projects at the London-based Trust, before moving to Burton Hospitals in 2013.

Mr Sewa Singh (left the Trust on 31 March 2020) graduated from Sheffield University Medical School and trained in Surgery in South Yorkshire and London. He is an enthusiastic trainer and was Director of the Surgical Training Programme in South Yorkshire from 2009 until appointment as Medical Director. He has worked for the Trust as a Consultant Vascular Surgeon since 1996. He was Clinical Director for Surgery in 2004-07, Clinical Director, Division of Surgery 2008-10, and Deputy Medical Director from 2010 until his appointment as Medical Director in April 2012.

Rebecca Joyce joined the Trust on 3 June 2019 as Chief Operating Officer. A graduate from the University of Cambridge, Rebecca joined the Trust from Sheffield where she held the post of Accountable Care Partnership Director since 2017, working across the NHS, Council and Voluntary Sector to develop a more integrated, prevention orientated care system. With almost 20 years' experience within the Health Service, Rebecca's career began in 2000 when she joined the NHS Graduate Management Training Scheme, working in acute and primary care roles across North West London, alongside working for a Not-For-Profit Health Network in Tanzania on the coordination of HIV and AIDs services. Following that she worked within senior hospital operational roles at Imperial NHS Foundation Trust and Ealing Hospital. In 2007, Rebecca moved to Sheffield Teaching Hospitals to take up the role of Operations Director for Specialised Cancer, Medicine and Rehabilitation. Rebecca then transitioned into more transformational and strategic roles, moving into the role of Service Improvement Director for Sheffield Teaching Hospitals in 2014. Rebecca jointed DBTH in June 2019.

Registers of interests

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

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

Cost allocation and charging

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

Donations

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

Payments Practice Code

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

Non NHS	Number	Value '£000
Total bills paid in the year	95,920	£199,857
Total bills paid within target	76,109	£180,278
Percentage of total bills paid within target	**79.3%**	**90.2%**

NHS	Number	Value '£000
Total bills paid in the year	2,972	£18,385
Total bills paid within target	2,091	£14,863
Percentage of total bills paid within target	**70.4%**	**80.8%**

Quality Governance

During 2019/20 the Trust underwent a Use of Resource inspection which informed the overall CQC inspection, the inspection assessed the Trust on 5 principals: effective, caring, responsive, well-led and safe. The Trust received an overall rating of 'Good', improving on the previous years' rating of 'Requires Improvement. 'As part of the Use of Resources

inspection the Trust was complemented in the way all areas were focused on not just patient safety but also value for money.

The Board of Directors monitors a series of quality measures and objectives on a monthly basis, reported as part of the Business Intelligence Report and Nursing Workforce report. Risks to the quality of care are managed and monitored through robust risk management and assurance processes, which are outlined in our Annual Governance Statement. The committees of the Board, particularly the Quality and Effectiveness Committee, play a key role in quality governance, receiving reports and using internal audit to test the processes and quality controls in place. This enables rigorous challenge and action to be taken to develop services to enable improvement.

The Board gives regular consideration to ensuring service quality in all aspects of its work, including changes to services and cost improvement plans. The Board proactively works to identify and mitigate potential risks to quality. More information on the arrangements to govern service quality can be found in the Annual Governance Statement. There are no material inconsistencies to report between the Annual Governance Statement, annual/quarterly board statements, the Board Assurance Framework, Annual Report and CQC reports.

We aim to work with patients and the public to improve our services, including the collection of feedback through the Friends and Family Test comments, patient surveys and involvement in service changes. We also work in partnership with Healthwatch Doncaster and Healthwatch Nottinghamshire and the Trust's public Governors, to promote patient and public engagement. We have actively been supported by Healthwatch and local Learning Disability patients in undertaking the Patient Led Assessment of the Care Environment (PLACE) this year. Their contribution is very helpful and important in our endeavours to make improvements for patients.

Income disclosures

The directors confirm that, as required by the Health and Social Care Act 2012, the income that the Trust has received from the provision of goods and services for the purposes of the health service in England is greater than its income from the provision of goods and services for any other purposes. The Trust has processes in place to ensure that this statutory requirement will be met in future years, and has amended its constitution to reflect the Council of Governors' role in providing oversight of this.

In addition to the above, the directors confirm that the provision of goods and services for any other purposes has not materially impacted on our provision of goods and services for the purposes of the health service in England.

Remunerations Report

Annual Statement on Remuneration

The Appointments and Remuneration Committee (previously known as Nomination and Remuneration Committee) aims to set executive remuneration at an appropriate level to ensure good value for money while enabling the Trust to attract and retain high quality executives.

During 2019/20 the Trust continued to build on the benchmarking work undertaken in previous years, comparing executive's remunerations to that of market trends and neighbouring Trust's. Adjustments have been made to the remunerations packages of all executives, thus ensuring the Trust's objective, attract and retain high quality executives.

The Appointments and Remuneration Committee also took the decision to increase the base salary of the Chief Executive following his decision to leave the NHS pension scheme, this decision sees a percentage of the employers pension contributions paid to him directly as base salary. This decision closes an outstanding action following his appointment and brings the remunerations in line with NHS provider averages.

Suzy Brain England OBE
Chair of the Board
24 June 2020

Remunerations policy– Executive Directors

It is the policy of the Nominations and Remuneration Committee to consider all reviews and proposals regarding executive remuneration on their own merits. This means that the recruitment market will be taken into account when seeking to appoint new directors, and salaries are set so as to ensure that the Trust is able to recruit and retain individuals with the required competencies and skills to support delivery of the Trust's strategy.

Executive directors do not have any performance related components within their remuneration, and do not receive a bonus.

The committee does not routinely apply annual inflationary uplifts or increases, and only applies uplifts of any kind where this is thought to be justified by the context. The primary aim of the committee is to ensure that executive remuneration is set at an appropriate level to ensure good value for money while enabling the Trust to attract and retain high quality executives.

The committee considers the pay and conditions of other employees when setting the remuneration policy, but does not actively consult with employees. The committee also considers the remuneration information published annually by NHS Providers when making decisions regarding appropriate remuneration levels. All work is taken in respect to the Equality Analysis policy which the Trust holds.

Three Executive Directors earn more than £150,000, and the Nominations and Remuneration Committee has given detailed consideration to the context of this salary and the performance of the individuals in order to satisfy itself that this remuneration is reasonable.

Remuneration policy – senior managers

As at 31 March 2020, three senior managers other than the Executive Directors are not remunerated according to Agenda for Change Terms and Conditions of service.

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

The committee considers the pay and conditions of other employees when setting the remuneration policy, but does not actively consult with employees. The committee also considers the remuneration information published annually by NHS Providers when making decisions regarding appropriate remuneration levels. All work is taken in respect to the Equality Analysis policy which the Trust holds.

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

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

The Trust intends to maintain this remuneration policy for 2020/21.

NOTE: This section of the report discusses the wider remuneration policy applied to senior managers not paid in accordance with Agenda for Change terms and conditions, but it should be noted that these employees do not meet the NHS Improvement definition of a 'senior manager', and have therefore not been included in the remuneration tables.

Remuneration policy – Other employees

Other than the senior managers and Executive directors referred to above, all employees are paid according to either the Agenda for Change or Medical and Dental Terms and Conditions of service.

Early Termination Liability

Depending on the circumstances of the early termination the Trust would, if the termination were due to redundancy, apply redundancy terms under Section 16 of the Agenda for Change Terms and Conditions of Services or consider severance settlements in accordance with HSG94 (18) and HSG95 (25).

Future Policy Table

Salary/Fees		**Taxable Benefits**	**Annual Performance Related Bonus**	**Long Term Related Bonus**	**Pension Related Benefits**
Support for the short and long-term strategic objectives of the Foundation Trust	Ensure the recruitment/retention of directors of sufficient calibre to deliver the Trust's objectives	None disclosed	N/A	N/A	Ensure the recruitment/retention of directors of sufficient calibre to deliver the Trust's objectives
How the component Operates	Paid monthly	None disclosed	N/A	N/A	Contributions paid by both employee and employer, except for any employee who has opted out of the

					scheme
Maximum payment	As set out in the Remuneration table. Salaries are determined by the Trust's Remuneration committee	None disclosed	N/A	N/A	Contributions are made in accordance with the NHS Pension Scheme
Framework used to assess performance	Trust appraisal system	None disclosed	N/A	N/A	N/A
Performance Measures	Based on individual objectives agreed with line manager	None disclosed	N/A	N/A	N/A
Performance period	Concurrent with the financial year	None disclosed	N/A	N/A	N/A
Amount paid for minimum level of performance and any further levels of performance	No performance related payment arrangements	None disclosed	N/A	None paid	N/A
Explanation of whether there are any provisions for recovery of sums paid to directors, or provisions for withholding payments	Any sums paid in error may be recovered. In addition there is provision for recovery of payments in relation to Mutually Agreed Resignation Scheme (MARS) payments where individuals are subsequently employed in the NHS	None disclosed	Any sums paid in error may be recovered	None paid	N/A

Annual Report on Remuneration

Nominations and Remuneration Committee of the Board of Directors

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

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

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

Fair pay comparison

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

The banded remuneration of the highest paid director in the financial year 2019/20 was £190k-£195k (2018/19: £165k-£170k). This was 7.21 times (2018/19: 7.17 times) the median remuneration of the workforce, which is £26,553 (2018/19: £23,363). Total remuneration includes salary, non-consolidated performance-related pay, benefits-in-kind, but not severance payments. It does not include employers' pension contributions and the cash equivalent transfer value of pensions.

Expenses

	2019/20			2018/19		
	No. in office	**No. receiving expenses**	**Expenses paid (£)**	No. in office	No. receiving expenses	Expenses Paid (£)
Non-executive directors	6	5	£10,372	8	8	£12,030
Executive directors	6	3	£3,011	6	3	£1,097
Governors	39	8	£3,718	35	8	£3,117

Senior Managers Service Contracts

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

Name	**Position**	**Date of contract (date commenced in post as senior manager)**	**Unexpired term as at 31st March 2020**
Suzy Brain England OBE	Chair of the Board	1.1.2017	Two years nine months
Linn Phipps	Non-executive Director (Left April 2019)	1.1.2017	n/a
Alan Chan	Non-executive Director (Left May 2019)	1.7.2018	n/a
Sheena McDonnell	Non-executive Director	1.7.2018	One year three months
Pat Drake	Non-executive Director (Senior Independent Director)	1.4.2018	One year
Kath Smart	Non-executive Director	1.4.2018	One year
Neil Rhodes	Non-executive Director	1.4.2017	Three years
Mark Bailey	Non-executive Director	1.2.2020	Two years Ten months
Richard Parker OBE	Chief Executive	14.10.2013	n/a
Karen Barnard	Director of People and Organisational Development	2.5.2016	n/a
Moira Hardy	Director of Nursing, Midwifery and Allied Health Professionals (Left July 2019)	3.1.2017	n/a
David Purdue	Director of Nursing, Midwifery and Allied Health Professionals (from 12	10.7.2013	n/a

	September 2019 and Chief Operating Officer 11 September 2019) (and Deputy Chief Executive from 1 January 2018)		
Jon Sargeant	Director of Finance	2.10.2016	n/a
Sewa Singh	Medical Director (Left March 2020)	1.4.2012	n/a
Rebecca Joyce	Chief Operating Officer	3.6.2019	n/a

Name and Title	2019/20							2018/19						
	Salary and fees (bands of £5000)	**Taxable benefits** Rounded to the nearest £100	**Annual Perform-ance related bonus** (bands of £5000)	**Long Term Perform-ance related bonus** (bands of £2500)	**Pension Related benefit** (bands of £2500)	**Other Remuner-ation** (bands of £5000)	**Total** (bands of £5000)	**Salary and fees** (bands of £5000)	**Taxable benefits** Rounded to the nearest £100	**Annual Perform-ance related bonus** (bands of £5000)	**Long Term Perform-ance related bonus** (bands of £2500)	**Pension Related benefit** (bands of £2500)	**Other Remuner-ation** (bands of £5000)	**Total** (bands of £5000)
Suzy Brain England OBE – Chair of the Board	50-55						50-55	45-50						45-50
Mark Bailey (Joined the Trust 1st February 2020)	0-5						0-5	0						0
Linn Phipps Non-executive Director (left the Trust 30th April 2019)	0-5						0-5	10-15						10-15
Neil Rhodes Non-executive Director	10-15						10-15	10-15						10-15

Alan Chan Non-executive Director (left the Trust 9th May 2019)	0-5						0-5	5-10						5-10
Kathryn Smart Non-executive Director	10-15						10-15	5-10						5-10
Sheena McDonnell Non-executive Director	10-15						10-15	10-15						10-15
Patricia Drake Non-executive Director	10-15						10-15	10-15						10-15
Sewa Singh Medical Director (left the Trust 31st March 2020)	160-165						160-165	155-160				0		155-160
David Purdue - Director of Nursing, Midwifery and Allied Health Professionals	130-135				12.5-15		145-150	130-135				0		130-135
Richard Parker OBE - Chief Executive**	190-195						190-195	165-170				0		165-170

Jon Sargeant – Director of Finance	135-140						125-130	135-140				7.5-10		145-150
Karen Barnard – Director of People and Organisational Development	110-115				7.5-10		115-120	105 - 110				0		105-110
Moira Hardy – Director of Nursing, Midwifery and Allied Health Professionals (left the Trust 31st July 2019)	15-20						15-20	105-110				15-17.5		125-130
Rebecca Joyce – Chief Operating Officer (Joined the Trust 3rd June 2019)	100-105				70-72.5		170-175	0						0

** The Appointments and Remuneration Committee took the decision to increase the base salary of the Chief Executive following his decision to leave the NHS pension scheme, this decision sees a percentage of the employers pension contributions paid to him directly as base salary. This decision closes an outstanding action following his appointment and brings the remunerations in line with NHS provider averages.

The remuneration report table above has been prepared in-line with 2019/20 ARM for Foundation Trusts. The basis of calculation for pension related benefits shows the pension accrued in year multiplied by a factor of 20, this has resulted in large pension related benefits being shown in the remuneration report table above.

The basis of calculation for pension related benefits is in line with section 2.69 of the ARM, and follows the 'HMRC method' which is derived from the Finance Act 2004 and modified by Statutory Instrument 2013/1981. The calculation required is: Pension benefit increase = ((20 x PE) + LSE) - ((20 x PB) + LSB)

PE is the annual rate of pension that would be payable to the director if they became entitled to it at the end of the financial year;
PB is the annual rate of pension, adjusted for inflation, that would be payable to the director if they became entitled to it at the beginning of the financial year; LSE is the amount of lump sum that would be payable to the director if they became entitled to it at the end of the financial year; and LSB is the amount of lump sum, adjusted for inflation, that would be payable to the director if they became entitled to it at the beginning of the financial year.

Pension benefits

Salary and pension entitlements of senior managers

	Real increase/ (decrease) in Pension age (Bands of £2500) £000k	**Real increase/(decrease) in pension related lump sum at pension age** (Bands of £2500) £000k	**Total accrued pension at pension age at 31 March 2020** (Bands of £5000) £000k	**Lump sum at pension age related to accrued pension at 31 March 2020** (Bands of £5000) £000k	**Cash Equivalent Transfer Value at 1 April 2019** £000k	**Real increase in Cash Equivalent Transfer Value** £000k	**Cash Equivalent Transfer value at 31 March 2020** £000k	**Employers contribution to stakeholder pension** £000k

Richard Parker OBE Chief Executive	0	0	0	0	0	0	0	0
David Purdue Director of Nursing, Midwifery and Allied Health Professionals	0-2.5	0	45-50	115-120	890	21	947	0
Sewa Singh Medical Director	0	0	0	0	0	0	0	0
Jon Sargeant Director of Finance	0 - 2.5	0	45 – 50	105 - 110	881	0	915	0
Karen Barnard Director of People and Organisational Development	0 - 2.5	0 - 2.5	45 - 50	45 - 50	1,065	48	1,144	0
Moira Hardy Director of Nursing, Midwifery and Allied Health Professionals	0	0	0	0	0	0	0	0
Rebecca Joyce – Chief Operating Officer	2.5-5	5-7.5	30-35	60-65	365	44	445	0

Cash Equivalent Transfer Value (CETV)

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

The CETV figures, and from 2004/05 the other pension details, include the value of any pension benefits in another scheme or arrangement which the individual has transferred to the NHS pension scheme. They also include any additional benefit accrued to the member as a result of their purchasing additional years of pension service in the scheme at their own cost. CETVs are calculated within the guidelines and framework prescribed by the Institute and Faculty of Actuaries.

Real increase in CETV

This reflects the increase in CETV effectively funded by the employer. It takes account of the increase in accrued pension due to inflation, contributions paid by the employee (including the value of any benefits transferred from another pension scheme or arrangement) and uses common market valuation factors for the start and end of the period. On 1 October 2008, there was a change in the factors used to calculate CETVs as a result of the Occupational Pension Scheme (Transfer Value Amendment) regulations. These placed responsibility for the calculation method for CETVs (following actuarial advice) on Scheme Managers or Trustees. Further regulations from the Department for Work and Pensions to determine CETV from Public Sector Pension Schemes came into force on 13 October 2008.

In his budget of 22 June 2010 the Chancellor announced that the uprating (annual increase) of public sector pensions would change from the Retail Prices Index (RPI) to the Consumer Prices Index (CPI) with the change been reflected from April 2011. As a result the Government Actuaries Department undertook a review of all transfers factors. The new CETV factors have been used in the above calculations and are lower than the previous factors we used. As a result the value of the CETVs for some members has fallen since 31 March 2010. .

Richard Parker OBE
Chief Executive
24 June 2020

Our Staff

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

Keeping staff informed and engaged

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

Our monthly Team Brief keeps team members informed about key news and developments, including the Trust's performance and how staff can contribute towards improvement. This follows the monthly Board of Directors' meeting which takes place a few days earlier and ensures information is cascaded quickly throughout the organisation. Members of the Executive Team brief members of staff at each site, encouraging engagement and informal questions. The Staff Brief documents are also cascaded through the organisation by managers and team leaders and are made available on the intranet.

The weekly DBTH Buzz staff newsletter, which communicates key information, celebrates individual and team achievements and draws attention to the various roles within the organisation highlighting how every member of staff has an important role to play in our success as an organisation. The newsletter enjoys a healthy following, with an average of 4,000 readers each week.

In 2017 we introduced a staff Facebook 'group' and since then this has grown to almost 4,700 members by March 2020. This network is administrated by the Communications Team and is only open to members of the Trust. This has been followed up by department, Division and service-specific groups to great success.

Following this success on social media, the Communications Team continues to share daily tweets and Facebook posts on the Trust's public profiles as is now one of the most followed acute providers in the North of England.

Reward and recognition

We have an awards scheme called DBTH Stars (Staff Awards and Recognition Scheme), which enables any employee to nominate colleagues whom they believe deserve recognition for the work they do. A panel of staff and managers review the nominations and select the winning 'Star' employee for each month of the year. The winner receives gift vouchers, a certificate and is nominated for the Trust's annual award ceremony.

In September 2019, we held the annual DBTH Stars event celebration at the Doncaster Dome, with a record-breaking attendance of 400. The event was organised entirely by the Trust's Communications and Engagement team, with support from local sponsors making the ceremony almost entirely cost-neutral. The event was a resounding success for staff and sponsors.

Health and Wellbeing

The Health and Well Being of our people continues to be a strong and consistent focus. We continue to actively develop the staff health and wellbeing services to support our Teams to keep happy and healthy.

Our staff have access to a number of benefits which help them to eat healthy and stay active. The Trust works with initiatives like Cycle to work schemes, doctor bike, Hydrate feel great campaigns, football tournaments and local gyms and individual fitness instructors to provide healthy life style advice, on-site exercises classes, as well as discounted gym memberships.

A staff physiotherapy service is also provided, meaning that staff can get quick appointments for aches and pains, whether they are acute injuries or long-standing problems and get advice on actions they should take to prevent musculoskeletal problems in the future.

As part of the health and wellbeing offer, staff at DBTH also have access to financial support opportunities, through saving schemes such as Transave and car lease schemes and discounts on high street products through membership of Vivup. Staff can also access through our employee assist provision to self-help resources and counselling services 24 hours a day 7 days per week.

Education and training

As part of our promise to staff to '*Develop Belong Thrive Here'* and our formal recognition as a Teaching Hospital, we are committed to the training of our staff to ensure we have a workforce reflective of our local patient need, enabling safe and excellent care for our patients.

Our Training and Education Department supports and governs this by providing a wide range of educational opportunities including Statutory and Essential Training (SET), Role Specific Training (ReST), the wider up-skilling of staff (to complement the introduction of new roles) as well as supporting on-going Professional Development. Educational Leads work with the Division and corporate service leaders to ensure that the Training and Education Department commission and deliver education aligned to the business need. As a Trust we have successfully secured funding from Health Education England (HEE) to support our staff in the areas outlined above. We have also worked closely with the Local Workforce Action Board to help shape and support the key regional priorities: South Yorkshire Region Excellence Centre (SYREC), Advanced Practice Faculty, and the Allied Health Professional, Healthcare Scientist and Primary Care Workforce.

With the new structure of the apprenticeship levy, procurement processes and provider availability adds challenges and opportunities. As more apprenticeships become available, DBTH is enabled to maximise the benefits with both internal partnerships and education providers. The Apprenticeship Operational Group, reporting to the Workforce Education and Research Committee, provides direct oversight, direction and support for all apprenticeships enabling us to work with the Divisions and Corporate areas to maximise the use of apprenticeships. DBTH has been the first Trust to utilise the apprenticeship levy transfer ability to support training in Primary Care as part of our Doncaster Place Plan.

We continue to deliver training for students from a number of Higher and Further Education Institutes (HEI/FEIs). This is an important part of core business for DBTH. A recent pilot to expand pre-registration nursing students from the University of Lincoln for Doncaster and Bassetlaw residents has resulted in 95% of these learners now working with us as registered nurses. We are pleased to have achieved a reputation for providing quality education, which is confirmed by Practice Placement Quality Assurance (PPQA) and General Medical Council (GMC). Ensuring this continues to improve and assuring the Board of appropriate governance is a key priority next year. With national changes to PPQA moving to Practice Assessment Record and Evaluation and the poor delivery of the National Education and Training Survey (NETS) by HEE, local governance becomes more important.

The nationally recognised Montagu Clinical Simulation Centre continues to deliver high quality regional training to Yorkshire and the Humber as well as supporting research activity. It consistently delivers on contract (Health Education England) and the feedback from attendees remains positive.

Health and safety

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

In addition the Director of Estates & Facilities (E&F) provides an E&F management KPI report to the Board which includes the Trust annual declaration of Trust compliance performance against the Department of Health (DOH) NHS Premises Assurance Model (NHS PAM), which ensures that the Trust meets the Care Quality Commission Key Lines of Enquiry (KLOE).

The full annual DBTH NHS PAM is provided within the Board report as an appendix. The NHS PAM has been developed into an interactive electronic assurance dashboard which is reviewed bi-monthly by the Trust H&S Committee, and is included as an 'At a Glance' dashboard within the 6 monthly H&S report to ARC.

Throughout the reporting year there has been a decrease in the number of H&S related incidents reported (-70); Skin integrity issues are now being fully reported on Datix and this will increase the overall reporting figures.

Incident reporting for the period of 2019/20 has been lower than previous years, which is in direct response to the work carried out by the Falls Team and the Enhanced Care Teams at

DBTH, with a reduction in the number of falls reported evidencing the changes introduced are working. 2019/20 has seen a decrease in the number of falls (86), which correlates with the overall reporting for the Trust.

The location of the falls is principally within the Care of Older Persons, Rehabilitation and Emergency areas where patients are acutely unwell. These are recognised as areas of high likelihood of falls and falls risk assessments are completed. All fall areas are notified to the Falls Prevention Committee (FPC) and actions are taken to review and train those areas if any deficiencies are found.

Externally accredited H&S Responsible Persons training for Senior Managers (Band 8 and above), was completed in November and December 2019 to cover Corporate Directorate and Clinical Division Heads of Department as well as a number of new posts at Non-executive Director and members of staff who could not attend the original training dates were also included. Planning for continued training and refresher training is currently being reviewed for 2020/21.

Regular review and update of the Trust's electronic COSHH system Alcumus Sypol following recommendations and actions from the Trust COSHH Task and Finish group are now delivering continual improvements in the Trust COSHH management process and procedures. COSHH guidance folders are now in place at all ward nurse stations and sluice rooms through the Trust with work currently ongoing to introduce a comprehensive COSHH information and guidance area within the Trust Hive. A number of Divisional clinical COSHH management leads have been identified to undertake train the trainer training sessions with the Trust H&S Advisor with further staff training dates arranged for 2020/21.

The new Lone Worker device contract with Reliance is now in place for the Trust; with approximately 160 new devices in place. Before each device is activated the individual staff member has to complete an e-learning training package with access provided by Reliance. Monthly reports for assurance of staff safety will be available for the Trust responsible person to download and audit following upgrade to the reliance reporting software system.

Workforce statistics as at 31 March 2020

	WTE (Perm)	**WTE (Other)**
Total staff employed as at 31 March 2020	5,514	335
Registered nursing, midwifery and health visiting staff	1,554	89
Registered Scientific, therapeutic and technical staff	768	19
Support to clinical staff	970	154
NHS infrastructure support	1,592	11
Medical and dental	629	58
Any other staff	0	4

Sickness

	2019/20 Actual	2019/20 Target	Benchmarking data
Staff Sickness Absence Rate	5.06%	3.50%	2018/19 the rate was 4.51%
			In 2017/18 the regional average was 4.4%

Staff Cost

	Total £000	Permanently employed total £000	Other total £000
Salaries and wages	£211,246	£204,309	£6,937
Social security costs	£21,252	£21,252	-
Apprenticeship Levy	£1,030	£1,030	
Pension cost – defined contribution plans employer's contributions to NHS Pensions	£23,866	£23,866	-
Pension cost - other	£117	£117	-
Other post-employment benefits	-	-	-
Other employment benefits	-	-	-
Termination benefits	-	-	-
Temporary staff – external bank	£8,841	-	£8,841
Temporary staff – agency/contract staff	£12,534	-	£12,534
NHS charitable funds staff		-	-
Total Staff costs	£278,886	£250,574	£28,312

Equality and diversity

We have a richly diverse workforce (see our workforce statistics below), with staff from across the globe working alongside those born in South Yorkshire and Bassetlaw. Respect for each other's unique skills, experience and strengths is an integral element of our commitment to living our We Care values and creating a compassionate and inclusive culture where everyone is valued.

Our systems and processes are applied consistently and fairly in line with our Fair Treatment for All policy and embedded in good recruitment and retention practices. Details of our equality priorities and some of the actions we take can be found on the Equality and Diversity page of the Trust website www.DBTH.nhs.uk, where we also publish information to comply with our obligations under the Equality Act.

Equality Information as at 31 March 2020 – Directors

Gender (Directors Only)	Headcount	Headcount %
Female	2	40%
Male	3	60%

NB: Directors meeting the NHS improvement definition to be considered a 'senior manager'

Senior managers

Gender	Headcount	Headcount %
Female	133	67.86%
Male	63	32.14%

Equality Information as at 31 December 2019

Gender	Headcount	FTE	Headcount %
Female	5,438	4,442.08	82.51%
Male	1,153	1,060.92	17.49%

Age	Headcount	FTE	Headcount %
16 - 20	46	42.49	0.70%
21 - 25	426	402.52	6.46%
26 - 30	753	664.43	11.42%
31 - 35	755	639.68	11.46%
36 - 40	746	623.22	11.32%
41 - 45	665	564.32	10.09%
46 - 50	815	708.6	12.37%
51 - 55	922	781.3	13.99%

56 - 60	838	641.25	12.71%
61 - 65	502	357.42	7.62%
66 - 70	106	68.19	1.61%
71 & above	17	9.69	0.26%

Ethnicity	**Headcount**	**FTE**	**Headcount %**
Any Other	57	53.89	0.86%
Asian	331	311.09	5.02%
Black	135	120.57	2.05%
Chinese	22	20.91	0.33%
Mixed	66	57.45	1.00%
White	5790	4,785.84	87.85%
Not Disclosed	190	153.55	2.88%

Disability	**Headcount**	**FTE**	**Headcount %**
No	5,436	4,549.04	82.5%
Not Declared	175	145.86	2.7%
Prefer Not To Answer	3	2.20	0.0%
Unspecified	795	660.00	12.1%
Yes	182	146.2	2.8%

Sexual Orientation	**Headcount**	**FTE**	**Headcount %**
Bisexual	26	23.33	0.39%
Gay or Lesbian	48	45.48	0.73%
Heterosexual or Straight	3,194	2,711.86	48.46%
Not Disclosed	2,729	2,223.21	41.40%
Other sexual orientation not listed	1	0.53	0.02%
Unspecified	593	498.88	9.00%

Workforce Race Equality Standards (WRES) 2019 - 2020

We have seen an improvement in the quality of ethnicity data we hold, from 4.5% of staff records having ethnicity data missing in (2018) to 3.5% in 2019. The Roll out of electronic manager self-service facility will continue to create improvements in staff equality data. Training for leaders and managers through Unconscious bias training, Soundbites, Leadership programmes and the Masterclass series give a strong focus on the importance of equality, diversity and inclusion within our organisation.

This year we have submitted the data we hold on the disability profile of our workforce as a requirement for the Workforce Disability Equality Standards. Our action plan puts the Equality Diversity and Inclusion group in a lead role to listen and take action to support our disabled colleagues. Work continues to understand the range of disabilities and long term conditions that exist within our workforce and how we meet their needs.

To support this work we have policies and guidelines in place to encourage recruitment of people with disabilities. Our work in the areas of widening participation, recruitment fairs Project choice which is work experience for people with learning disabilities are helping to make positive strides in this area.

Our leaders and managers are supported to creatively seek and make adequate adjustments to enable us to retain staff that become ill, or develop disabilities.

Freedom to Speak Up

The 'Speaking Up to make a difference' campaign launched by our Freedom to Speak up Guardian and promoted with communications and staff side has started to make a positive impact upon the culture within DBTH. There has also been the creation of Freedom to Speak up Forum and development of the role of Fairness Champions within our organisation.

Our Trust values set out in the strategic direction, embeds our desire to eliminate all forms of discrimination, promote equality of opportunity, value diversity and foster good relations. We are firmly committed to fair and equitable treatment for all and by truly valuing the diversity everyone brings, create the best possible services for our patients and working environment for our staff.

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

Gender Pay Gap

Gender Pay Gap legislation requires all employers of 250 or more employees to publish their gender pay gap data annually.

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

It should be noted that gender pay gap reporting is different from equal pay which deals with the pay differences between men and women who carry out the same jobs, similar jobs or work of equal value. Whereas the gender pay gap shows the differences in the average pay

between males and females and the regulations require both median and mean figures to be reported.

It is therefore possible to have genuine pay equality but still have a significant gender pay gap, for more information visit www.DBTH.nhs.uk/about-us/our-publications

The following data table reflects our Gender Pay Gap across all staff.

Mean and Median gender pay gap in hourly rate

Gender	Avg. Hourly Rate	Median Hourly Rate
Male	22.88	17.22
Female	14.59	12.63
Difference	8.29	4.59
Pay Gap %	36.22%	26.67%

Agenda for Change Staff

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

Agenda for Change Average & Median Hourly Rates

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

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

- Our Gender Pay Gap across all staff of 36% which equates to £8.28 per hour based upon average hourly rates of pay. The median hourly rate of pay Gender pay gap is 26.6% which equates to £4.59 per hour.
- Although males make up a lower proportion of the total workforce at DBTH (18%), just under half of them (46.2%) are paid in the top earnings quartile.
- There is a larger % gender pay gap between Medical and Dental staff 15.7% compared to consultants at 8.2%.
- Males make up the vast majority of recipients of Clinical Excellence Awards (96 of 120 awarded). These additional payments are received by 8.3% of all males

employed compared to 0.44% of women. The payments will have the impact of inflating the average salaries. All the figures are based on net salaries and so many are further depressed by salary sacrifice schemes which, particularly in the case of childcare, tend to be absorbed by females.

- There has been a small narrowing of the gender pay gap between male and female average hourly rate of -0.96 when comparing March 18 to March 19.
- There has been little movement in the mean and median rates between the reporting period 2018/19 and 2019/20.
- When comparing 2018/19 to 2019/20 clinical excellence award payments the gender pay gap is 10.45.

Gender Pay Gap Action Plan

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

- Through our approaches to agile/flexible working practices we wish to ensure females are encouraged and supported to apply to become Consultants and senior leaders.
- Through our leadership development programmes, access to coaching and mentoring we want to inspire and encourage females to apply and take up senior leadership roles.
- We are actively participating in the national work reviewing reasons for disparity in the achievement of Clinical Excellence Awards.

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

Our Supply Chains

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

Slavery and Human Trafficking Statement 2019/20

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

Our Policies on Slavery and Human Trafficking

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

Due Diligence Processes for Slavery and Human Trafficking

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

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

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

The Supplier warrants and undertakes that it will:

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

Supplier Adherence to Our Values

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

Training

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

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

Trade Union Facility Time

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

Percentage of time	*Number of employees*
0%	46
1-50%	8
51-99%	2
100%	0

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

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

Staff Survey

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

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

Response rate and overall staff engagement

National Staff Survey in summary

NHS
Doncaster and Bassetlaw Teaching Hospitals
NHS Foundation Trust

Summary

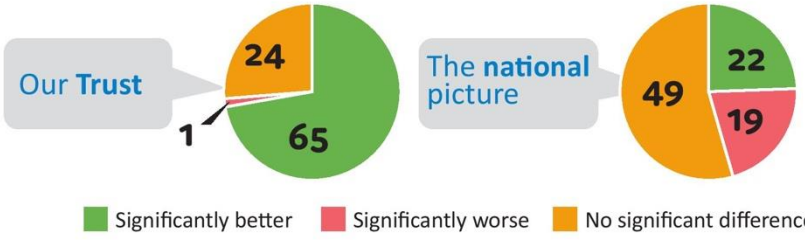
Response rates

- **6,188** Invited to complete the survey.
- **6,171** Eligible at the end of the survey.
- **59%** Completed the survey (3,665).
- **47%** Average response rate for similar organisations.
- **54%** Last year's response rate.

Notable feedback

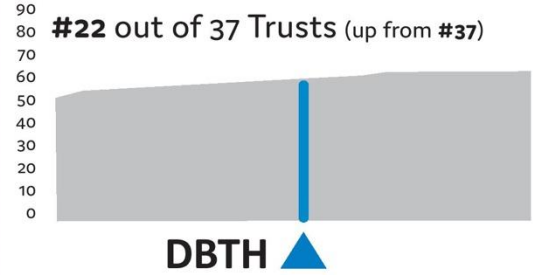
- **7%** increase of colleagues recommending the organisation as place to work.
- **5%** increase of colleagues saying if friend/relative needed treatment would be happy with standard of care provided by organisation.
- **76%** Care of patients/service users is organisation's top priority.

Compared to last year, responses were:



League tables

Overall score



Most improved scores

Above data is benchmarked against Picker data of cohort of 37 trusts across the country.

Top and bottom scores

Top 5 scores (compared to average)

51% Don't work any additional unpaid hours per week for this organisation, over and above contracted hours.

76% In last month, have not seen errors/near misses/incidents that could hurt patients/service users.

90% Organisation acts fairly: career progression.

58% I am unlikely to look for a job at a new organisation in the next 12 months.

85% Not experienced harassment, bullying or abuse from other colleagues

Bottom 5 scores (compared to average)

53% Receive regular updates on patient/ service user feedback in my directorate/ department.

53% Team members often meet to discuss the team's effectiveness.

66% Disability: organisation made adequate adjustment(s) to enable me to carry out work.

54% Feedback from patients/service users is used to make informed decisions within directorate/department.

63% Last experience of physical violence reported.

Most improved and least improved

Most improved from last survey

42% Appraisal/performance review, organisation values definitely discussed.

33% Appraisal/performance review, definitely left feeling work is valued.

61% Would recommend organisation as place to work.

36% Appraisal/performance review, clear work objectives definitely agreed.

63% I am not planning on leaving this organisation.

Least improved from last survey

62% Don't work any additional paid hours per week for this organisation, over and above.

65% Had training, learning or development in the last 12 months.

39% In the last three months, have not come to work when not feeling well enough to perform duties.

52% I have a choice in deciding how to do my work.

100% Last experience of physical violence reported*

*It is important to note that question has not improved however last years' results was 100% so it is not possible to get better on this question.

Your job

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

Your job

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

Your managers

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

Your health, wellbeing and safety

	Historical					This year	
	2015	2016	2017	2018	2019	Average	Organisation
Q10b. Don't work any additional paid hours per week for this organisation, over and above contracted hours	63%	65%	67%	65%	62%	62%	62%
Q10c. Don't work any additional unpaid hours per week for this organisation, over and above contracted hours	42%	46%	48%	50%	51%	45%	51%
Q11a. Organisation definitely takes positive action on health and well-being	27%	26%	29%	25%	27%	28%	27%
Q11b. In last 12 months, have not experienced musculoskeletal (MSK) problems as a result of work activities	72%	73%	70%	68%	71%	71%	71%
Q11c. Not felt unwell due to work related stress in last 12 months	62%	61%	59%	59%	61%	60%	61%
Q11d. In last 3 months, have not come to work when not feeling well enough to perform duties	39%	39%	39%	39%	39%	41%	39%
Q11e. Not felt pressure from manager to come to work when not feeling well enough	64%	66%	68%	69%	74%	75%	74%
Q11f. Not felt pressure from colleagues to come to work when not feeling well enough	76%	78%	79%	78%	80%	78%	80%
Q11g. Not put myself under pressure to come to work when not feeling well enough	7%	7%	6%	6%	7%	9%	7%
Q12a. Not experienced physical violence from patients/service users, their relatives or other members of the public	83%	82%	81%	83%	84%	85%	84%
Q12b. Not experienced physical violence from managers	100%	99%	99%	100%	100%	86%	100%
Q12c. Not experienced physical violence from other colleagues	98%	98%	98%	99%	99%	98%	99%
Q12d. Last experience of physical violence reported	61%	67%	63%	62%	63%	67%	63%
Q13a. Not experienced harassment, bullying or abuse from patients/service users, their relatives or members of the public	74%	73%	74%	73%	74%	71%	74%
Q13b. Not experienced harassment, bullying or abuse from managers	88%	87%	87%	89%	90%	86%	90%
Q13c. Not experienced harassment, bullying or abuse from other colleagues	83%	83%	84%	83%	85%	79%	85%
Q13d. Last experience of harassment/ bullying/abuse reported	42%	42%	42%	42%	47%	46%	47%
Q14. Organisation acts fairly: career progression	87%	84%	82%	85%	90%	83%	90%
Q15a. Not experienced discrimination from patients/service users, their relatives or other members of the public	96%	96%	96%	95%	96%	92%	96%

Your health, wellbeing and safety

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

Your personal development

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

Your personal development

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

Your organisation

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

Future priorities and targets.

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

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

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

Countering fraud, bribery and corruption

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

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

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

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

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

During 2019/20, we have maintained our collaborative counter fraud arrangement with three other local acute NHS trusts. This arrangement allows us to have an LCFS permanently on site, supported by a small team of counter fraud specialists dedicated to dealing with fraud in a secondary care setting. An annual work plan, approved by the Director of Finance with oversight from the Trust's Audit and Risk Committee, has been in place over the last year. The key aims are to proactively create an anti-fraud culture, implement appropriate deterrents and preventative controls and ensure that allegations of fraud are appropriately and professionally investigated to a criminal standard. Progress reports on all aspects of counter fraud work and details of investigations are received at each meeting of the Trust's Audit and Risk Committee.

Expenditure on consultancy

The Trust incurred consultancy expenditure of £0.6 million.

Staff Exit packages for 2019/20

Exit package cost band	Number of compulsory redundancies	Number of other departures agreed	Total value of exit packages
<£10,000			
£10,001 - £25,000			
£25,001 - £50,000			
£50,001 - £100,000			
£100,001+			
Total number of exit packages by type		0	£0.00

	Agreement Number	Total value of Agreement
Voluntary redundancies including early retirement contractual costs		
Mutually agreed resignations (MARS) contractual costs		
Early retirements in the efficiency of the service contractual costs		
Contractual payments in lieu of notice		
Exit payments requiring HMT approval		
Total	0	£0.00

High paid and off pay-roll arrangements

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

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

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

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

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

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

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

Governance Report

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

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

Board of Directors	Council of Governors
• Operational management • Strategic development • Capital development • Business planning • Financial, quality and service performance • Trust-wide policies • Risk assurance and governance • Strategic direction of the Trust (taking account of the views of the Council of Governors).	• Hold the Non-executive Directors to account for the performance of the Board of Directors. • Appoint and determine the remuneration of the chairman and Non-executive Directors • Appoint the auditors • Promote membership, and governorship, of the Trust • Establish links and communicating with members and stakeholders • Seek the views and represent the interests of members and stakeholders • Approve significant transactions, mergers, acquisitions, separations, dissolutions, and increases in non-NHS income of over 5%.

Board of Directors

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

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

Performance evaluation of directors

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

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

Performance evaluation of the Board and its committees

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

Audit and Risk Committee

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

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

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

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

The Trust has a tendered contract for an internal audit function, provided by KPMG, who attend all meetings of the Audit and Risk Committee to report on progress against the annual audit plan and present summary reports of all internal audits conducted. Internal audit's main

functions are to provide independent assurance that an organisation's risk management, governance and internal control processes are operating effectively by:

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

The Trust employs Ernst and Young (EY) as its external auditing firm, who were appointed in 2016 following a competitive tender process, their extended contract runs until September 2021. External auditors review the accuracy of the Annual Accounts and presented significant or material matters to the Audit Committee. For 2019/20, the Trust paid audit fees to the external auditor of £102k and £7k for the Charitable Fund Statutory Audit.

Finance and Performance Committee

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

Name	Role	Meeting attendance
Neil Rhodes – Chair	Non-executive Director	11 of 11
Karen Barnard	Director of People and Organisational Development	10 of 11
David Purdue	Deputy Chief Executive (from 1 January 2018) and Chief Operating Officer (until 12 September 2019)	1 of 5
Rebecca Joyce	Chief Operating Officer (from 3 June 2019)	9 of 10
Jon Sargeant	Director of Finance	11 of 11
Pat Drake	Non-executive Director	11 of 11
Kath Smart	Non-executive Director	10 of 11

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

- Provided assurance on:
  - Current financial, workforce and operational performance,
  - Financial forecasts, budgets and plans in the light of trends and operational expectations,

- Plans and processes for the implementation of Effectiveness and Efficiency Improvement plans,
- Any specific risks in the Board Assurance Framework relevant to the committee.

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

Quality and Effectiveness Committee

The Quality and Effectiveness Committee was established in June 2017 as a committee of the Board of Directors, replacing the Clinical Governance Oversight Committee. The remit of the committee is to provide assurance on the systems of control and governance specifically in relation to clinical quality and governance and organisational effectiveness.

Name	Role	Meeting attendance
Linn Phipps – Chair	Non-executive Director (left on 30 April 2019)	1 of 1
Pat Drake – Chair	Non-executive Director	6 of 6
Sheena McDonnell	Non-executive Director	5 of 6
Karen Barnard	Director of People and Organisational Development	6 of 6
Moira Hardy	Director of Nursing, Midwifery and Allied Health Professionals (left the on 31 July 2019)	1 of 2
David Purdue	Director of Nursing, Midwifery and Allied Health Professionals (from 12 September 2019)	3 of 3
Sewa Singh	Medical Director (until 31.03.20)	3 of 6

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

- Provided assurance on:
  - The effectiveness of clinical governance, clinical risk management and clinical control,
  - Compliance with Care Quality Commission standards,
  - Adverse clinical incidents, complaints and litigation and examples of good practice and learning,
  - Patient experience in terms of care, comments, compliments and complaints,

- Workforce matters including workforce planning, staff engagement, training, education and development, staff wellbeing, equality and diversity, employee relations and HR and OD systems and processes.

- Reviewed and developed strategy in relation to clinical site development, patient experience and person centred care, clinical governance, research and development, quality improvement and innovation, people and workforce development and communications and engagement.
- Undertaken strategic discussions and deep dives into quality, governance and workforce related issues.
- Carried out interrogations of key risks on the Trust's corporate risk register and board assurance framework.
- Ensured that the Trust has reliable, up-to-date information about what it is like being a patient experiencing care administered by the Trust.

Council of Governors

During 2019/20 the Council of Governors met on four occasions. Council of Governors meetings are held in public. The composition of the Council of Governors, including attendance at Council of Governors meetings is shown below

Name	Constituency / Partner Organisation	Meeting attendance
Ann-Louise Bailey	Public – Doncaster (from 01 April 2019)	3 of 4
Beverley Marshall	Public – Doncaster	3 of 4
Dave Harcombe	Public – Doncaster (from 01 April 2019)	3 of 4
David Cuckson	Public – Rest of England & Wales	4 of 4
David Goodhead	Public – Doncaster (from 01 April 2019)	4 of 4
David Northwood	Public – Doncaster	3 of 4
Doug Wright	Public – Doncaster (from 01 April 2019)	2 of 4
Geoffrey Johnson	Public – Doncaster (from 01 April 2019)	4 of 4
Hazel Brand	Public – Bassetlaw (Lead Governor from 06 June 2019)	4 of 4
Linda Espey	Public – Doncaster	4 of 4
Liz Staveley-Churton	Public – Rest of England & Wales (ended 03 January 2020)	4 of 4
Lynne Logan	Public – Doncaster	3 of 4
Mark Bright	Public – Doncaster	4 of 4
Michael Addenbrooke	Public – Doncaster	4 of 4
Peter Abell	Public – Bassetlaw	4 of 4
Philip Beavers	Public – Doncaster	4 of 4
Sheila Walsh	Public – Bassetlaw	4 of 4

Steven Marsh	Public – Bassetlaw (from 01 April 2019)	4 of 4
Steven Wells	Public – Bassetlaw (from 01 April 2019)	0 of 4
Susan McCreadie	Public – Doncaster (from 01 April 2019)	4 of 4
Dr Vivek Panikkar	Staff – Medical and Dental	4 of 4
Duncan Carratt	Staff – Non-Clinical	4 of 4
Karl Bower	Staff – Other Healthcare Professionals	4 of 4
Kay Brown	Staff – Non-Clinical (from 01 April 2019)	4 of 4
Lorraine Robinson	Staff – Nurses and Midwives	3 of 4
Lynn Goy	Staff – Nurses and Midwives (ended 15 October 2019)	1 of 2
Mandy Tyrrell	Staff – Nurses and Midwives (from 01 April 2019)	1 of 4
Ainsley MacDonnell	Partner – Nottinghamshire County Council	2 of 4
Alan Robinson	Partner – Doncaster Deaf Trust (ended 18 November 2019)	0 of 3
Alexis Johnson	Partner – Doncaster Deaf Trust (from 18 November 2019)	1 of 1
Anthony Fitzgerald	Partner – Doncaster CCG	3 of 4
Clive Tattley	Partner – Bassetlaw Community and Voluntary Services	3 of 4
Griff Jones	Partner – Doncaster Council (ended 28 February 2020)	3 of 4
Dr Jackie Hammerton	Partner – Sheffield Hallam University	1 of 4
Kathryn Dixon	Partner – Doncaster College	2 of 4
Prof Robert Coleman	Partner – Sheffield University	2 of 4
Rupert Suckling	Partner – Doncaster Council	2 of 4
Susan Shaw	Partner – Bassetlaw District Council	2 of 4
Victoria McGregor-Riley	Partner – Bassetlaw CCG	2 of 4

Our public and staff governors are elected by the members of their constituencies, while our partner governors are appointed by the partner organisations named in our constitution.

In addition to the Chair of the Board, all directors attend Council of Governors meetings to listen to governors' views and to brief and advise governors on the business of the Trust.

Director	Role	Council of Governors meeting attendance
Suzy Brain England OBE	Chair of the Board	4 of 4
Linn Phipps	Non-executive Director (left on 30 April 2019)	1 of 1
Neil Rhodes	Non-executive Director	4 of 4
Sheena McDonnell	Non-executive Director	3 of 4
Kath Smart	Non-executive Director	3 of 4
Alan Chan	Non-Executive Director (left the Trust 09 May 2019)	0 of 1
Pat Drake	Non-executive Director and Senior Independent Director	4 of 4
Mark Bailey	Non-executive Director (from 01.02.2020)	0 of 0
Richard Parker	Chief Executive	4 of 4
Karen Barnard	Director of People and Organisational Development	4 of 4
Moira Hardy	Director of Nursing, Midwifery and Allied Health Professionals (left the Trust on 31.07.19)	0 of 2
David Purdue	Director of Nursing, Midwifery and Allied Health Professionals (from 12 September 2019 and Chief Operating Officer 11 September 2019 (and Deputy Chief Executive from 1 January 2018)	4 of 4
Jon Sargeant	Director of Finance	2 of 4
Sewa Singh	Medical Director (until 31.03.20)	3 of 4

Nomination and Remuneration Committee of the Council of Governors (previously known as Appointments and Remuneration Committee of the Council of Governors)

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

During 2019/20, the Nomination and Remuneration Committee of the Council of Governors was convened to discuss the recruitment of Non-executive Directors, objective setting and performance evaluation for the Chair and Non-executives and remuneration of Chair and Non-executives. The committee recommended the following appointments, all of which were approved by the Council of Governors:

- Neil Rhodes was re-appointed Non-executive Directors for a term of three years, commencing 1 April 2020.
- Suzy Brain England, re-appointed Non-executive Director for a term of three years commencing 1 January 2020.

The committee was convened on three occasions during the year.

Open advertisement is used for all new appointments. In October 2019 the Committee agreed that one Non-executive Director role would go out for open advertisement.

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

Name	Role	Attendance
Suzy Brain England OBE	Chair of the Board	3 of 3
Phil Beavers	Public Governor, Doncaster	3 of 3
Hazel Brand	Lead Governor / Public Governor, Bassetlaw (co-opted by agreement of Council of Governors, 31 January 2018)	3 of 3
David Cuckson	Public Governor, Rest of England & Wales	3 of 3
Clive Tattley	Partner Governor	2 of 3
Vivek Pannikar	Staff Governor	2 of 3
Kay Brown	Staff Governor	3 of 3
Lynne Logan	Public Governor, Doncaster	3 of 3
Steve Marsh	Public Governor, Bassetlaw	3 of 3
Jackie Hammerton	Partner Governor	2 of 3

On one occasions in the year, the Committee sat as a panel to consider candidates for Non-executive Director roles. On this occasion the membership of the Appointments and Remuneration Committee was as follows:

Name	Role	Attendance
Suzy Brain England OBE	Chair of the Board	1 of 1
Phil Beavers	Public Governor, Doncaster	1 of 1
Hazel Brand	Lead Governor / Public Governor, Bassetlaw	1 of 1
David Cuckson	Public Governor, Rest of England & Wales	1 of 1
Kay Brown	Staff Governor	1 of 1

Governor elections and terms of office

Governors serve for a three year term of office and are eligible to stand for re-election or re-appointment at the end of that period. There is a maximum of three terms.

Membership

The trust has two categories of members:

- Public members - people who live within the areas covered by either of the three public constituencies:
    - Bassetlaw District
    - Doncaster Metropolitan Borough
    - Rest of England and Wales.

- Staff members - Trust staff automatically become members unless they decide to 'opt-out'. There are four staff classes:
    - Medical and Dental
    - Nurses and Midwives
    - Other healthcare professionals
    - Non-clinical.

At 31 March 2020, there were 15,759 members overall. An analysis of our current membership body is provided below:

	Number of members at 31st March 2020
Public Constituency	9,277
Doncaster	5,403
Bassetlaw	2,745
Rest of England and Wales	1,129
Staff Constituency	6,482
Nurses and Midwives	1,806
Non-clinical	1,968
Other healthcare professionals	2,106
Medical and Dental	602
Total	**15,759**

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

The Trust held one member event during 2019/20 on Public Health and Prevention. The Trust also held an Annual Members' Meeting, where our staff put on health-related displays and stalls.

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

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

Members who wish to contact directors or Governors may do so via the Foundation Trust Office on dbth.TrustBoardOffice@nhs.net or 01302 644157, or by post to: Trust Board Secretary, Doncaster Royal Infirmary, Armthorpe Road, Doncaster, DN2 5LT.

Steps that Board members have taken to understand the views of governors and members

Executive and Non-executive Directors attend Council of Governors meetings to offer their knowledge on their areas of expertise and to listen to the views of Governors. Other steps that directors have taken to understand the views of Governors and members are:

- Attendance at governors' quarterly 'time out' sessions and monthly governor briefs
- Attendance at Council of Governors' committee meetings where appropriate
- Giving governors opportunities to raise queries and concerns directly with directors
- Regular meetings and briefings between the Council of Governors, Chief Executive and Chair of the Board
- Accessibility of the Chair of the Board, Trust Board Secretary, Senior Independent Director, and Foundation Trust Office
- Nominated governor observers are invited to observe or sit on committees with directors, including the Finance and Performance Committee, Audit and Risk Committee, Quality and Effectiveness Committee, Charitable Funds Committee and Fred and Ann Green Legacy Advisory Group
- Governor participation in Ward Quality Assurance Toolkit inspections
- Governor sponsorship of wards
- Consultation sessions with governors regarding the development of Trust forward plans and issues
- Governor views are sought as part of the process for appraising the performance of the Chair of the Board and Non-executive Directors

- Sharing information, such as Board minutes, Governors' Brief, reports and briefing papers and Foundations for Health, the members' magazine.

NHS Foundation Trust Code of Governance

Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust has applied the principles of the NHS Foundation Trust Code of Governance on a 'comply or explain basis'. The NHS Foundation Trust Code of Governance, most recently revised in July 2014, is based on the principles of the UK Corporate Governance Code issued in 2012.

For the year ending 31 March 2020, the Board considers that it was fully compliant with the provisions of the NHS Foundation Trust Code of Governance.

The Board of Directors is committed to high standards of corporate governance, understanding the importance of transparency and accountability and the impact of Board effectiveness on organisational performance. The Trust carries out an ongoing programme of work to ensure that its governance procedures are in line with the principles of the Code, including:

- Supporting governors to appoint Non-executive Directors and external auditors with appropriate skills and experience
- Ensuring a tailored and in-depth induction programme for any new Chair, Non-executive Directors and Governors
- Facilitating an external review of the Trust's governance arrangements
- Working with governors in 'time out' sessions, briefings and enabling governors to attend meetings of the committees of the Board, to improve the ways in which governors engage with and hold Non-executive Directors to account for the performance of the Board
- Ongoing review of compliance with the Code of Governance by the Council of Governors and Board of Directors when making decisions which impact on governance arrangements.

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

Ref.	Requirement	Disclosure
A.1.1	This statement should also describe how any disagreements between the council of governors and the board of directors will be resolved. The annual report should include this schedule of matters or a summary statement of how the board of directors and the council of governors operate, including a summary of the types of decisions to be taken by each of the boards and which are delegated to the executive management of the board of directors.	See Governance Report (p. 61).
A.1.2	The annual report should identify the chairperson, the deputy chairperson (where there is one), the chief	See Accountability Report (p.19);

	executive, the senior independent director (see A.4.1) and the chairperson and members of the nominations, audit and remuneration committees. It should also set out the number of meetings of the board and those committees and individual attendance by directors.	Remuneration Report (p.31); and Audit Committee section (p.62).
A.5.3	The annual report should identify the members of the council of governors, including a description of the constituency or organisation that they represent, whether they were elected or appointed, and the duration of their appointments. The annual report should also identify the nominated lead governor.	See Council of Governors section (p. 66).
B.1.1	The board of directors should identify in the annual report each non-executive director it considers to be independent, with reasons where necessary.	See Accountability Report (p.20).
B.1.4	The board of directors should include in its annual report a description of each director's skills, expertise and experience. Alongside this, in the annual report, the board should make a clear statement about its own balance, completeness and appropriateness to the requirements of the NHS foundation trust.	See Accountability Report (p.20).
B.2.10	A separate section of the annual report should describe the work of the nominations committee(s), including the process it has used in relation to board appointments.	See Remuneration Report (p.31); and Council of Governors section (p.67-68).
B.3.1	A chairperson's other significant commitments should be disclosed to the council of governors before appointment and included in the annual report. Changes to such commitments should be reported to the council of governors as they arise, and included in the next annual report.	See Accountability Report (p.20).
B.5.6	Governors should canvass the opinion of the trust's members and the public, and for appointed governors the body they represent, on the NHS foundation trust's forward plan, including its objectives, priorities and strategy, and their views should be communicated to the board of directors. The annual report should contain a statement as to how this requirement has been undertaken and satisfied.	See membership section (p.70).
B.6.1	The board of directors should state in the annual report how performance evaluation of the board, its committees, and its directors, including the chairperson, has been conducted.	See Governance Report (p.63).
B.6.2	Where an external facilitator is used for reviews of governance, they should be identified and a statement made as to whether they have any other connection with the trust.	See Governance Report (p.63).
C.1.1	The directors should explain in the annual report their responsibility for preparing the annual report and accounts,	See Governance Report (p.61);

	and state that they consider the annual report and accounts, taken as a whole, are fair, balanced and understandable and provide the information necessary for patients, regulators and other stakeholders to assess the NHS foundation trust's performance, business model and strategy. There should be a statement by the external auditor about their reporting responsibilities. Directors should also explain their approach to quality governance in the Annual Governance Statement (within the annual report).	And Auditor's report.
C.2.1	The annual report should contain a statement that the board has conducted a review of the effectiveness of its system of internal controls.	See the Annual Governance Statement (p.84).
C.2.2	A trust should disclose in the annual report: (a) if it has an internal audit function, how the function is structured and what role it performs; or (b) if it does not have an internal audit function, that fact and the processes it employs for evaluating and continually improving the effectiveness of its risk management and internal control processes.	See Audit Committee section (p.62).
C.3.5	If the council of governors does not accept the audit committee's recommendation on the appointment, reappointment or removal of an external auditor, the board of directors should include in the annual report a statement from the audit committee explaining the recommendation and should set out reasons why the council of governors has taken a different position.	n/a.
C.3.9	A separate section of the annual report should describe the work of the audit committee in discharging its responsibilities. The report should include: • the significant issues that the committee considered in relation to financial statements, operations and compliance, and how these issues were addressed; • an explanation of how it has assessed the effectiveness of the external audit process and the approach taken to the appointment or re-appointment of the external auditor, the value of external audit services and information on the length of tenure of the current audit firm and when a tender was last conducted; and • if the external auditor provides non-audit services, the value of the non-audit services provided and an explanation of how auditor objectivity and independence are safeguarded.	See Audit Committee section (p.62).
D.1.3	Where an NHS Foundation Trust releases an Executive Director, for example to serve as a Non-executive Director elsewhere, the remuneration disclosures of the annual	n/a.

	report should include a statement of whether or not the director will retain such earnings.	
E.1.5	The board of directors should state in the annual report the steps they have taken to ensure that the members of the board, and in particular the non-executive directors, develop an understanding of the views of governors and members about the NHS foundation trust, for example through attendance at meetings of the council of governors, direct face-to-face contact, surveys of members' opinions and consultations.	See membership section (p.70).
E.1.6	The board of directors should monitor how representative the NHS foundation trust's membership is and the level and effectiveness of member engagement and report on this in the annual report.	See membership section (p. 69).
E.1.4	Contact procedures for members who wish to communicate with Governors and/or Directors should be made clearly available to members on the NHS foundation trust's website and in the annual report.	See membership section (p.70).

NHS Oversight Framework

NHS England and NHS Improvement's NHS Oversight Framework provides the framework for overseeing providers and identifying potential support needs. The framework looks at five themes:

- Quality of care
- Finance and use of resources
- Operational performance
- Strategic change
- Leadership and improvement capability (well-led).

Based on information from these themes, providers are segmented from 1 to 4, where '4' reflects providers receiving the most support, and '1' reflects providers with maximum autonomy. A foundation trust will only be in segments 3 or 4 where it has been found to be in breach or suspected breach of its licence.

Segmentation

The Trust ended the year in segment **2** (Targeted Support). Previously the Trust had been segment 3 (Mandated Support) which reflected the breach of licence notified on 24 February 2016. The undertakings provided were discharged and progress was reported regularly to Board of Directors.

This segmentation information is the Trust's position as at 31 March 2020. Current segmentation information for NHS trusts and foundation trusts is published on the NHS Improvement website.

Finance and use of resources

The finance and use of resources theme is based on the scoring of five measures from '1' to '4', where '1' reflects the strongest performance. These scores are then weighted to give an overall score. Given that finance and use of resources is only one of the five themes feeding into the NHS Oversight Framework, the segmentation of the Trust disclosed above might not be the same as the overall finance score here.

Area	**Metric**	**2019/20**				2018/19			
		Q4	**Q3**	**Q2**	**Q1**	Q4	Q3	Q2	Q1
Financial sustainability	Capital service cover rating	4	4	4	4	2	2	2	2
	Liquidity rating	4	4	4	4	4	4	4	4
Financial efficiency	I&E margin rating	2	4	4	4	1	1	1	1
Financial controls	I&E margin: distance from financial plan	1	1	1	1	1	1	1	1
	Agency rating	2	2	2	2	2	2	2	2
Overall Rating		**3**	**3**	**3**	**3**	3	3	3	3

Statement of Accounting Officer's responsibilities

The NHS Act 2006 states that the Chief Executive is the Accounting Officer of the NHS Foundation Trust. The relevant responsibilities of the Accounting Officer, including their responsibility for the propriety and regularity of public finances for which they are answerable, and for the keeping of proper accounts, are set out in the NHS Foundation Trust Accounting Officer Memorandum issued by NHS Improvement.

Under the NHS Act 2006, NHS Improvement has directed Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust to prepare for each financial year a statement of accounts in the form and on the basis set out in the Accounts Direction. The accounts are prepared on an accruals basis and must give a true and fair view of the state of affairs of Doncaster and Bassetlaw Hospitals NHS Foundation Trust and of its income and expenditure, total recognised gains and losses and cash flows for the financial year.

In preparing the accounts and overseeing the use of public funds, the Accounting Officer is required to comply with the requirements of the NHS Foundation Trust Annual Reporting Manual and in particular to:

- Observe the Accounts Direction issued by NHS Improvement, including the relevant accounting and disclosure requirements, and apply suitable accounting policies on a consistent basis
- Make judgements and estimates on a reasonable basis
- State whether applicable accounting standards as set out in the NHS Foundation Trust Annual Reporting Manual have been followed, and disclose and explain any material departures in the financial statements
- Ensure that the use of public funds complies with the relevant legislation, delegated authorities and guidance
- Confirm that the annual report and accounts, taken as a whole, is fair, balanced and understandable and provides the information necessary for patients, regulators and stakeholders to assess the NHS foundation trust's performance, business model and strategy and
- Prepare the financial statements on a going concern basis and disclose any material uncertainties over going concern.

The Accounting Officer is responsible for keeping proper accounting records which disclose with reasonable accuracy at any time the financial position of the NHS Foundation Trust and to enable them to ensure that the accounts comply with requirements outlined in the above mentioned Act. The Accounting Officer is also responsible for safeguarding the assets of the NHS Foundation Trust and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

As far as I am aware, there is no relevant audit information of which the foundation trust's auditors are unaware, and I have taken all the steps that I ought to have taken to make myself aware of any relevant audit information and to establish that the entity's auditors are aware of that information.

To the best of my knowledge and belief, I have properly discharged the responsibilities set out in the NHS Foundation Trust Accounting Officer Memorandum.

Richard Parker OBE
Chief Executive (acting in his capacity as Accounting Officer)
24 June 2020

Scope of responsibility

As Accounting Officer, I have responsibility for maintaining a sound system of internal control that supports the achievement of the Trust's policies, aims and objectives, whilst safeguarding the public funds and departmental assets for which I am personally responsible, in accordance with the responsibilities assigned to me. I am also responsible for ensuring that the NHS Foundation Trust is administered prudently and economically and that resources are applied efficiently and effectively. I also acknowledge my responsibilities as set out in the NHS Foundation Trust Accounting Officer Memorandum.

The purpose of the system of internal control

The system of internal control is designed to manage risk to a reasonable level rather than to eliminate all risk of failure to achieve policies, aims and objectives; it can therefore only provide reasonable and not absolute assurance of effectiveness. The system of internal control is based on an ongoing process designed to identify and prioritise the risks to the achievement of the policies, aims and objectives of Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust, to evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively and economically. The system of internal control has been in place in Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust for the year ended 31 March 2020 and up to the date of approval of the annual report and accounts.

Capacity to handle risk

The Chief Executive has overall accountability and responsibility for risk management, while the Executive Directors are responsible for those risks which are relevant to their areas of responsibility. In particular, the Medical Director and Director of Nursing, Midwifery and Allied Health Professionals are responsible for risk to the safety and quality of patient care, and the Director of Finance is responsible for financial risk. The allocation of risks to individual directors is outlined in both the Board Assurance Framework and Corporate Risk Register. The Trust Board Secretary, on behalf of the Chief Executive, is responsible for the Board Assurance Framework and Corporate Risk Register.

Risk policies are reviewed annually, in light of current best practice advice, to assess whether changes are required.

Divisional Directors and Directorate Managers are responsible for the risk registers for their departments. In addition, management of risk is a fundamental duty of all employees whatever their grade, role or status. The Trust uses the DatixWeb© integrated risk management system, and an associated training programme has been undertaken with staff at all levels, including Divisional management teams, to ensure that they are aware of current good practice in relation to risk management. Local risk management training needs are discussed with the risk management department and tailored accordingly, and the Trust Board Secretary's office may be contacted to provide guidance to staff on application of the relevant policies.

The risk and control framework

The Board assures itself of the validity of its corporate governance statement through reviews of its governance processes which are routinely undertaken by internal audit. In the financial year 2019/20 a review was undertaken of the risk management and board assurance framework, which resulted in a significant assurance with minor opportunities for improvement rating. Nevertheless, the board is currently reviewing its risk management processes to bring a stronger focus on risk strategic and operational risks in 2020/21.

Other assurance comes from; NHS Improvements well led framework, committee effectiveness reviews, Board and committee inspection of key performance metrics, consideration of the board assurance framework and corporate risk register, reviews of key governance documents such as the constitution, standing financial instructions and standing orders and involvement in a range of processes geared towards maintaining focus on quality such as ward walkabouts and quality impact assessments.

Governor's assurance is given to the Board through; public board meetings, active questioning of Directors and governor observation opinions. All Governors are invited to observe the public Board meetings and to question Directors, there is also opportunity to provide the Board with governor observation opinions.

The Board is responsible for determining the organisation's risk appetite, ensuring that robust systems of internal control and management are in place and that risks to the achievement of organisational objectives are being appropriately managed. During 2019/20 this responsibility has been supported through the assurance committees of the Board:

- Audit and Risk Committee – responsible for non-clinical risk, including financial governance, information governance, health and safety, counter fraud, law and corporate governance
- Quality and Effectiveness Committee – responsible for clinical risk, including clinical and quality governance, patient safety and experience.
- Finance and Performance Committee – responsible for undertaking monthly scrutiny of financial reporting and progress against effectiveness and efficiency plans.
- Charitable Committee – responsible for undertaking scrutiny of the Trust's charitable fundraising efforts.

The primary role of these committees in respect of risk management is to review the assurance framework on a quarterly basis, and to satisfy the Board of Directors that there are satisfactory review arrangements in place for the Trust's internal control and risk management systems. The Board receives a quarterly report highlighting control and assurance as well as any proposed changes to the assurance framework.

In addition to the above, the committees receive assurance regarding compliance with Care Quality Commission (CQC) registration and information governance requirements. Data quality forms part of the internal audit annual work plan. Risks to data security are managed and controlled through application of the Information Governance Policy and assessment of

compliance with the requirements in the Data Security and Protection Toolkit, previously known as the Information Governance Toolkit.

The Management Board is responsible for monitoring and reviewing the Corporate Risk Register, which is linked with the assurance framework, on a monthly basis. Each Division and Department is responsible for maintaining its own risk register, which is a standing agenda item on the Divisional governance team meeting. Any risk identified as 'extreme' is escalated to the Management Board for consideration regarding action required.

To mitigate the risk of Efficiency and Effectiveness savings programmes adversely impacting on quality of care, all plans are reviewed and signed off by the Medical Director and Director of Nursing, Midwifery and Allied Health Professionals before being approved.

The principal risks to compliance with licence condition FT4 are:

- Risks to the provision of accurate, comprehensive, timely and up to date financial information to support board decision-making and oversight
- Risk of failure to maintain sound financial governance and control processes
- Failure to maintain fit for purpose board assurance and governance processes.

The Trust undertakes a variety of work in order to mitigate corporate governance risks, including regular audits and reviews of governance processes each year including reviews of its constitution and standing orders and of the reporting lines between Board, committees and other decision-making bodies. Significant risks to achievement of governance standards are included within the assurance framework and corporate risk register, and therefore reviewed in line with the processes outlined above.

The Trust has ended 2019/20 in full compliance with the code of governance.

The Business Intelligence Report and Finance and Performance report are the key methods through which operational performance data is reported to the Board for oversight and assurance purposes. These reports are kept under continuous review and their formats are amended regularly in order to ensure they meet the needs of the board and support rigorous oversight and decision making.

The most significant risks/challenges currently facing the Trust are:

- Inability to recruit right staff and have staff with right skills
- Uncertainty around the immediate financial regime in a post Covid19 environment
- Failure to achieve effectiveness and efficiency savings to address the Trust's underlying deficit
- Failure to ensure that estates infrastructure is adequately maintained and upgraded in line with current legislation, standards and guidance.
- Inability to meet Trusts needs for capital investment

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

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

- Collaborative working between governors and directors. The Council of Governors reviews updates from executive directors on performance, quality, and finance and associated risks at its quarterly meetings and through monthly briefings
- Consistent engagement with commissioners through contract review meetings and other contacts, and in relation to key shared risks
- Governor observers in attendance at the Finance and Performance Committee, Audit and Risk Committee and Quality and Effectiveness Committee.

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

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

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

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

The Trust is committed to improving its Carbon Reduction Performance and has a range of Low Carbon Initiatives in place to ensure delivery. The National NHS Carbon Reduction Targets, which are linked to the UK Climate Change Act 2008, are in place and require Trusts to reduce C02 emissions by 34% by 2020 and by 80% for 2050. At the end of 2019/20 the Trust had reduced its C02e by 7,426 tonnes and achieved the 34% reduction target.

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

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

- Scheme of Delegation and Reservation of Powers to the Board

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

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

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

The Head of Internal Audit is required to provide an annual opinion in accordance with Public Sector Internal Audit Standards, based upon and limited to the work performed, on the overall adequacy and effectiveness of the Trust's risk management, control and governance processes (i.e. the system of internal control). This is achieved through a risk-based programme of work, agreed with Management and approved by the Audit and Risk Committee, which can provide assurance, subject to the inherent limitations described below. The opinion covers the period 1 April 2018 to 31 March 2019 inclusive, and is based on the 10 audits that were completed in this period, with one deferred to 20/21 due to the impact of Covid 19.

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

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

- CNST maternity incentive scheme
- Delayed Transfers of Care

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

- safeguarding

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

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

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

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

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

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

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

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

Information governance

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

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

CQC Review

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

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

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

Review of effectiveness

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

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

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

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

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

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

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

4-Hour Access

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

Referral to Treatment (RTT)

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

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

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

Diagnostics

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

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

Cancer

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

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

Conclusion

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

Richard Parker OBE
Chief Executive
24 June 2020

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

Opinion

We have audited the financial statements of Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust for the year ended 31 March 2020 which comprise the Statement of Comprehensive Income, the Statement of Financial Position, Statement of Cash Flows, the Statement of changes in equity and the related notes 1 to 45, including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and International Financial Reporting Standards (IFRSs) as adopted by the European Union and HM Treasury's Financial Reporting Manual (FReM) to the extent that they are meaningful and appropriate to NHS foundation trusts.

In our opinion, the financial statements:

- give a true and fair view of the state of Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust and Group's affairs as at 31 March 2020 and of its income and expenditure for the year then ended; and
- have been prepared in accordance with the Department of Health and Social Care's Group Accounting Manual 2019/20 and the directions under paragraphs 24 and 25 of Schedule 7 of the National Health Service Act 2006.

Basis for opinion

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

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

Emphasis of matter – Uncertainties with respect to property valuation

We also draw attention to Note 1.23.2 Sources of estimation uncertainty of the financial statements, which describes the valuation uncertainty the Trust is facing as a result of COVID-19 in relation to property valuations. Our opinion is not modified in respect of this matter.

Conclusions relating to going concern

We have nothing to report in respect of the following matters in relation to which the ISAs (UK) require us to report to you where:

- the Accountable Officer's use of the going concern basis of accounting in the preparation of the financial statements is not appropriate; or

- the Accountable Officer has not disclosed in the financial statements any identified material uncertainties that may cast significant doubt about the company's ability to continue to adopt the going concern basis of accounting for a period of at least twelve months from the date when the financial statements are authorised for issue.

Overview of our audit approach

Key audit matters	• Going Concern • Risk of fraud in revenue recognition • Misstatements due to fraud or error
Materiality	• Overall materiality of £8.6 million which represents 2% of gross expenditure.

Key audit matters

Key audit matters are those matters that, in our professional judgment, were of most significance in our audit of the financial statements of the current period and include the most significant assessed risks of material misstatement (whether or not due to fraud) that we identified. These matters included those which had the greatest effect on: the overall audit strategy, the allocation of resources in the audit; and directing the efforts of the engagement team. These matters were addressed in the context of our audit of the financial statements as a whole, and in our opinion thereon, and we do not provide a separate opinion on these matters.

In addition to the matter described in the emphasis of matter, we have determined the matters described below to be the key audit matters to be communicated in our report.

Risk	**Our response to the risk**	**Key observations communicated to the Audit Committee**

Going concern International Auditing Standard (ISA (UK&I) 570, requires auditors to "obtain sufficient appropriate audit evidence about the appropriateness of management's use of the going concern assumption in the preparation and presentation of the financial statements and to conclude whether there is a material uncertainty about the entity's ability to continue as a going concern. The Foundation Trust Audit Reporting Manual states: 'there is no presumption of going concern status for NHS foundation Trusts. Directors must decide each year whether or not it is appropriate for the NHS foundation Trust to prepare its accounts on the going concern basis, taking into account best estimates of future activity and cash flows.' The 2018-19 audit opinion on the Trust financial statements included reference to a material uncertainty regarding the Trust's ability to continue as a going concern for the foreseeable future. Although 2019-20 has seen an improvement in the cash position of the Trust, at month 9, the Trust has £58 million of DHSC loans repayable within the next 12	In responding to the identified risk, we: • Obtained and reviewed management's written justification supporting why the financial statements of the Trust are prepared on a going concern basis; • Obtained the future financial plans of the Trust, including cash flow forecasts for a period of at least 12 months from the anticipated date of signing the financial statements and agreed underlying assumptions to supporting agreements from commissioners; and • Read disclosures in the financial statements for completeness and accuracy. In additional to those procedures set out in our Audit Planning Report, we have also: • Obtained and read communication from NHSE/I supporting management's assertions regarding future funding; and • Obtained and read communications from 2 April 2020 announcing the conversion of short-term revenue	The Trust requirement on PSF/FRF has fallen by over £10 million in the year and is expected to fall again in 20/21 by over £5 million. The Trust has once again hit its control total. The available bank balance at the reporting date is £30 million which covers a full month of expenditure. In April, commissioners have provided additional advance funding of £60 million, representing two block payments of 20/21 interim arrangement contracts. Also, in April 2020, it was announced that £72 million of DHSC loans will be converted into PDC in September 2020. Although this increases the fixed costs of the Trust through increased dividend payments, it has removed the requirement for the Trust to either repay the short-term loans from short-term liquidity reserves, or to seek DHSC support to defer repayment of these loans on an annual basis. We concur with management's view that the financial statements should be prepared on a going concern basis and the financial statement disclosures reflect this.

months. This means that without additional support from the department, the Trust will be unable to meet its immediate financial commitments. Notes 1.2, 1.26 and 20 of the financial statements describe the Financial and operational consequences the Foundation Trust is facing as a result of COVID-19 which is impacting finances, personnel available for work.	loans from DHSC in to PDC.	
Risk of fraud in revenue recognition Under ISA 240 there is a presumed risk that revenue may be misstated due to improper revenue recognition. In the public sector, this requirement is modified by Practice Note 10 issued by the Financial Reporting Council, which states that auditors should also consider the risk that material misstatements may occur by the manipulation of expenditure recognition. In respect of income and expenditure we consider the risk is most focussed around those items that are non-routine and involve more management estimation and judgement such as, year-end accruals and activity-based/non contract revenue. The risks in these areas relate to improper	In responding to the identified risk, we: • Documented our understanding of the processes and controls in place to mitigate the risks identified and walked through those process and controls to confirm our understanding. • Identified significant accounting estimates, discussing assumptions and calculation methodology with management. • Tested the identified significant accounting estimates to confirm appropriateness and consistency with supporting records considering evidence of bias • Sample tested material revenue and	Our testing has not identified any material misstatements with respect to revenue and expenditure recognition. Overall our audit work did not identify any material issues or unusual transactions which may have indicated that the Trust's financial position had been misreported. Our review of Department of Health agreement of balances data identified a number of mismatches above our reporting threshold requiring further investigation. There are no further matters to report to you. As a significant risk and based on our findings, this area represents a key audit matter for inclusion in the audit report.

application of revenue cut-off, overstatement of debtors/accrued income and potential understatement of liabilities in the balance sheet at the year-end. We consider the significant risk does not apply to payroll.	expenditure streams with a focus on assets and liabilities at the year-end and compliance with accounting policies • Obtained the Department of Health agreement of balances data, sample testing intra-NHS transactions and investigating significant differences • Tested revenue cut-off at the period end date • Conducted testing to identify unrecorded liabilities at the year-end	
Misstatements due to fraud or error The financial statements as a whole are not free of material misstatements whether caused by fraud or error. As identified in ISA (UK) 240, management is in a unique position to perpetrate fraud because of its ability to manipulate accounting records directly or indirectly and prepare fraudulent financial statements by overriding controls that otherwise appear to be operating effectively. We identify and respond to this fraud risk on every audit engagement. The risks will be most focused around those items of income and expenditure	In responding to the identified risk we: • Considered the nature and form of fraud risks as part of our audit planning, including direct inquiry of management about the risks of fraud and the controls put in place to address those risks. We also obtained an understanding of how those charged with governance exercise their oversight of management's controls to prevent fraud. • Tested journal entries and other adjustments made by management in the preparation of	We did not identify any specific fraud risks other than that relating to fraud in revenue recognition that has already been identified as a significant risk. We did not identify any material weaknesses in controls or evidence of material management override. Through our testing of a sample of journals, we have not identified any matters to report to you. We have not identified any instances of inappropriate judgements being applied or bias within significant accounting estimates.

which are non-routine and involve more management estimation and judgment, such as year-end income accruals with commissioners, expenditure accruals that do not arise from the routine purchase orders, provisions, or through omission of expenditure.	the financial statements. • For a sample of manual journals, we obtained supporting documentation to understand their purpose and appropriateness. The sample was risk based. • Tested significant accounting estimates for evidence of management bias, by obtaining supporting information and comparing to other available evidence. This includes accruals, asset valuations, depreciation and provisions. • Considered the existence of significant unusual transactions during the year, identifying the receipt of and eligibility to PSF and FRF income to supporting documentation.	We gained assurance that PSF and FRF income reported in the financial statements has been appropriately accounted for. As a significant risk and based on our findings, this area represents a key audit matter for inclusion in the audit report.

An overview of the scope of our audit

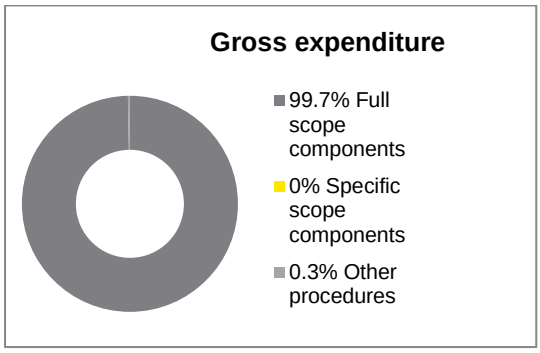
Tailoring the scope

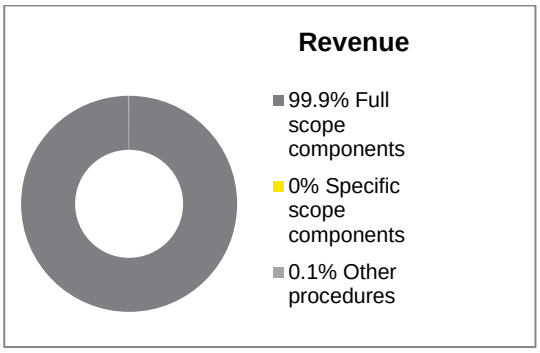
Our assessment of audit risk, our evaluation of materiality and our allocation of performance materiality determine our audit scope for the Foundation Trust. This enables us to form an opinion on the financial statements. We take into account size, risk profile, the organisation of the Foundation Trust and effectiveness of controls, including controls and changes in the business environment when assessing the level of work to be performed. All audit work was performed directly by the audit engagement team.

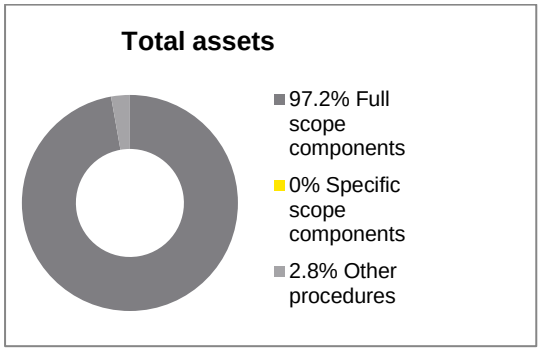
We conducted an audit of the complete financial information of the Foundation Trust. For the consolidated charitable funds and Doncaster and Bassetlaw Healthcare Services Ltd., we performed audit procedures on specific accounts that we considered had the potential for the greatest impact on the significant accounts in the financial statements either because of the size of these accounts or their risk profile.

The reporting components where we performed audit procedures accounted for 99.7% (2018-19: 99.9%) of the Group's gross expenditure, 99.9% (2018-19: 99.9%) of the Group's Revenue and 97.2% (2018-19: 96.6%) of the Group's Total assets. The specific scope charitable funds and Doncaster and Bassetlaw Healthcare Services Ltd. components contributed 0.3% (2018-19: 0.1%) of the Group's gross expenditure, 0.1% (2018-19: 0.1%) of the Group's Revenue and 2.8% (2018-19: 3.4%) of the Group's Total assets. The audit scope of these components may not have included testing of all significant accounts of the component but will have contributed to the coverage of significant accounts tested for the Group.

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







Changes from the prior year

The only notable change from the prior year is that this was the first year of operation for Doncaster and Bassetlaw Healthcare Services Ltd.

Materiality

The magnitude of an omission or misstatement that, individually or in the aggregate, could reasonably be expected to influence the economic decisions of the users of the financial

statements. Materiality provides a basis for determining the nature and extent of our audit procedures.

We determined materiality for the Group to be £8.6 million (2018-19: £8.1 million), which is 2% (2018-19: 2%) of gross expenditure. We believe that gross expenditure provides us with a reasonable basis for determining materiality as this is the key activity and performance measure of the Group. The materiality percentage has consistent with that in 2018-19.

We determined materiality for the Trust to be £8.6 million (2018-19: £8.1 million), which is 2% (2018-19: 2%) of gross expenditure. We believe that gross expenditure provides us with a reasonable basis for determining materiality as this is the key activity and performance measure of the Trust. The materiality percentage has consistent with that in 2018-19.

During the course of our audit, we reassessed initial materiality and updated it to account for the reported group outturn figure.

Performance materiality
The application of materiality at the individual account or balance level. It is set at an amount to reduce to an appropriately low level the probability that the aggregate of uncorrected and undetected misstatements exceeds materiality.

On the basis of our risk assessments, together with our assessment of the Group's overall control environment, our judgement was that performance materiality was 75% (2018-19: 75%) of our planning materiality, namely £6.5million (2018-19: £6.1million). We have set performance materiality at this percentage due to the Trust having a strong control environment with no significant errors identified in the prior year financial statements.

Reporting threshold
An amount below which identified misstatements are considered as being clearly trivial.

We agreed with the Audit Committee that we would report to them all uncorrected audit differences in excess of £0.3m (2018-19: £0.3m), which is set at the Whole of Government Accounts reporting threshold for sampled and non-sampled components, as well as differences below that threshold that, in our view, warranted reporting on qualitative grounds.

We evaluate any uncorrected misstatements against both the quantitative measures of materiality discussed above and in light of other relevant qualitative considerations in forming our opinion.

Other information

The other information comprises the information included in the annual report, other than the financial statements and our auditor's report thereon. The directors are responsible for the other information.

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

We read all the financial and non-financial information in the Annual Report and Accounts to identify material inconsistencies with the audited financial statements and to identify any information that is apparently materially incorrect based on, or materially inconsistent with, the knowledge acquired by us in the course of performing the audit. If we become aware of any apparent material misstatements or inconsistencies, we consider the implications for our report.
We have nothing to report in this regard.

Opinion on other matters prescribe by the Code of Audit Practice issued by the NAO
In our opinion:

- the information given in the performance report and accountability report for the financial year for which the financial statements are prepared is consistent with the financial statements; and
- the parts of the Remuneration and Staff report identified as subject to audit has been properly prepared in accordance with the NHS Foundation Trust Annual Reporting Manual 2019/20.

Matters on which we report by exception
The Code of Audit Practice requires us to report to you if:

- We issue a report in the public interest under schedule 10(3) of the National Health Service Act 2006;
- We refer the matter to the regulator under schedule 10(6) of the National Health Service Act 2006 because we have reason to believe that the Trust, or a director or officer of the Trust, is about to make, or has made, a decision involving unlawful expenditure, or is about to take, or has taken, unlawful action likely to cause a loss or deficiency;
- We are not satisfied that the Trust has put in place proper arrangements to secure economy, efficiency and effectiveness in its use of resources as required by schedule 10(1)(d) of the National Health Service Act 2006;
- we have been unable to satisfy ourselves that the Annual Governance Statement, and other information published with the financial statements meets the disclosure requirements set out in the NHS Foundation Trust Annual Reporting Manual 2019/20 and is not misleading or inconsistent with other information forthcoming from the audit; or
- We have been unable to satisfy ourselves that proper practices have been observed in the compilation of the financial statements.

We have nothing to report in respect of these matters.
The NHS Foundation Trust Annual Reporting Manual 2019/20 requires us to report to you if in our opinion, information in the Annual Report is:

- materially inconsistent with the information in the audited financial statements; or

- apparently materially incorrect based on, or materially inconsistent with, our knowledge of the NHS Foundation Trust acquired in the course of performing our audit.
- otherwise misleading.

We have nothing to report in respect of these matters.

Responsibilities of Accounting Officer
As explained more fully in the Accountable Officer's responsibilities statement set out on page 80, the Accountable Officer is responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view, and for such internal control as the Accountable Officer determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

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

Auditor's responsibilities for the audit of the financial statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

Auditor's responsibilities with respect to value for money arrangements

We are required to consider whether the Foundation Trust has put in place 'proper arrangements' to secure economy, efficiency and effectiveness on its use of resources. This is based on the overall criterion that "in all significant respects, the audited body had proper arrangements to ensure it took properly informed decisions and deployed resources to achieve planned and sustainable outcomes for taxpayers and local people".

Proper arrangements are defined by statutory guidance issued by the National Audit Office and comprise the arrangements to:

- Take informed decisions;
- Deploy resources in a sustainable manner; and
- Work with partners and other third parties.

In considering your proper arrangements, we draw on the requirements of the guidance issued by NHS Improvement to ensure that our assessment is made against a framework

that you are already required to have in place and to report on through documents such as your annual governance statement.

We are only required to determine whether there is any risk that we consider significant within the Code of Audit Practice which defines as:

"A matter is significant if, in the auditor's professional view, it is reasonable to conclude that the matter would be of interest to the audited body or the wider public. Significance has both qualitative and quantitative aspects".

Our risk assessment supports the planning of sufficient work to enable us to deliver a safe conclusion on arrangements to secure value for money and enables us to determine the nature and extent of further work that may be required. If we do not identify any significant risk, there is no requirement to carry out further work. Our risk assessment considers both the potential financial impact of the issues we have identified, and also the likelihood that the issue will be of interest to local taxpayers, the Government and other stakeholders.

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

We have undertaken our review in accordance with the Code of Audit Practice, having regard to the guidance on the specified criterion issued by the Comptroller and Auditor General in April 2020 , as to whether the Foundation Trust had proper arrangements to ensure it took properly informed decisions and deployed resources to achieve planned and sustainable outcomes for taxpayers and local people. The Comptroller and Auditor General determined this criterion as that necessary for us to consider under the Code of Audit Practice in satisfying ourselves whether the Foundation Trust put in place proper arrangements for securing economy, efficiency and effectiveness in its use of resources for the year ended 31 March 2020.

We planned our work in accordance with the Code of Audit Practice. Based on our risk assessment, we undertook such work as we considered necessary to form a view on whether, in all significant respects, the Foundation Trust had put in place proper arrangements to secure economy, efficiency and effectiveness in its use of resources. We are required under schedule 10(1)(d) of the National Health Service Act 2006 to be satisfied that the Foundation Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources. Under the Code of Audit Practice, we are required to report to you if the Trust has not made proper arrangement for securing economy, efficiency and effectiveness in the use of resources. We are not required to consider, nor have we considered, whether all aspects of the Foundation Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources are operating effectively.

Certificate

We certify that we have completed the audit of the financial statements of Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust in accordance with the requirements of Chapter 5 of Part 2 of the National Health Service Act 2006 and the Code of Audit Practice

issued by the National Audit Office on behalf of the Comptroller and Auditor General (C&AG).

Use of our report

This report is made solely to the Council of Governors of Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust in accordance with paragraph 24(5) of Schedule 7 of the National Health Service Act 2006 and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Council of Governors, for our audit work, for this report, or for the opinions we have formed.

Stephen Clark
for and on behalf of Ernst & Young LLP
Birmingham
24 June 2020

Doncaster & Bassetlaw Teaching Hospitals NHS Foundation Trust

Annual accounts for the year ended 31 March 2020

Foreword to the accounts

Doncaster & Bassetlaw Teaching Hospitals NHS Foundation Trust

These accounts, for the year ended 31 March 2020, have been prepared by Doncaster & Bassetlaw Teaching Hospitals NHS Foundation Trust in accordance with paragraphs 24 & 25 of Schedule 7 within the National Health Service Act 2006.

Signed 

Date **24 June 2020**

Statement of Comprehensive Income

		Group		Trust	
		2019/20	2018/19	2019/20	2018/19
	Note	£000	£000	£000	£000
Operating income from patient care activities	3	379,103	350,865	378,852	350,865
Other operating income	4	55,419	62,860	55,464	62,580
Operating expenses	7	(430,268)	(404,254)	(429,149)	(403,793)
Operating surplus/(deficit) from continuing operations		**4,254**	**9,471**	**5,167**	**9,652**
Finance income	12	550	424	272	131
Finance expenses	13	(1,507)	(1,640)	(1,507)	(1,640)
PDC dividends payable		(2,924)	(3,089)	(2,924)	(3,089)
Net finance costs		**(3,881)**	**(4,305)**	**(4,159)**	**(4,598)**
Other gains / (losses)	14	(600)	418	-	115
Surplus / (deficit) for the year		**(227)**	**5,584**	**1,008**	**5,169**
Other comprehensive income					
Will not be reclassified to income and expenditure:					
Impairments	8	(3,116)	(874)	(3,116)	(874)
Revaluations		340	-	340	-
Total comprehensive income / (expense) for the period		**(3,003)**	**4,710**	**(1,768)**	**4,295**
Surplus/ (deficit) for the period attributable to:					
Doncaster & Bassetlaw Teaching Hospitals NHS Foundation Trust		(227)	5,584	1,008	5,169
TOTAL		**(227)**	**5,584**	**1,008**	**5,169**
Total comprehensive income/ (expense) for the period attributable to:					
Doncaster & Bassetlaw Teaching Hospitals NHS Foundation Trust		(3,003)	4,710	(1,768)	4,295
TOTAL		**(3,003)**	**4,710**	**(1,768)**	**4,295**

Statement of Financial Position

	Note	Group 2020 £000	Group 2019 £000	Trust 2020 £000	Trust 2019 £000
Non-current assets					
Intangible assets	17	6,394	6,939	6,394	6,939
Property, plant and equipment	18	204,149	197,054	204,149	197,054
Other investments / financial assets	22	7,303	8,388	550	-
Receivables	25	2,619	1,695	2,619	1,695
Total non-current assets		**220,465**	**214,076**	**213,712**	**205,688**
Current assets					
Inventories	24	6,637	5,510	5,835	5,510
Receivables	25	22,635	36,342	24,993	36,334
Non-current assets held for sale and assets in disposal groups	27	343	343	343	343
Cash and cash equivalents	28	32,079	20,627	30,823	19,740
Total current assets		**61,694**	**62,822**	**61,994**	**61,927**
Current liabilities					
Trade and other payables	29	(51,467)	(40,970)	(53,003)	(40,911)
Borrowings	31	(73,295)	(52,682)	(73,295)	(52,682)
Provisions	34	(603)	(823)	(603)	(823)
Other liabilities	30	(2,503)	(2,178)	(2,503)	(2,178)
Total current liabilities		**(127,868)**	**(96,653)**	**(129,404)**	**(96,594)**
Total assets less current liabilities		**154,291**	**180,245**	**146,302**	**171,021**
Non-Current liabilities					
Borrowings	31	(14,675)	(42,265)	(14,675)	(42,265)
Provisions	34	(1,982)	(2,108)	(1,982)	(2,108)
Other liabilities	30	-	(307)	-	(307)
Total non-current liabilities		**(16,657)**	**(44,680)**	**(16,657)**	**(44,680)**
Total assets employed		**137,634**	**135,565**	**129,645**	**126,341**
Financed by					
Public dividend capital		137,188	132,019	137,188	132,019
Revaluation reserve		42,454	45,327	42,454	45,327
Income and expenditure reserve		(49,997)	(51,005)	(49,997)	(51,005)
Charitable fund reserves	44	7,990	9,224	-	-
Doncaster & Bassetlaw Healthcare Services Ltd	45	(1)	-	-	-
Total taxpayers' equity		**137,634**	**135,565**	**129,645**	**126,341**

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

Signed 

Date **24 June 2020**

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

Group	Public dividend capital	Revaluation reserve	Income and expenditure reserve	Charitable fund reserves	DBHS Limited	Total
	£000	£000	£000	£000	£000	£000
Taxpayers' and others' equity at 1 April 2019	**132,019**	**45,327**	**(51,005)**	**9,224**	**-**	**135,565**
Surplus/(deficit) for the year	-	-	492	(718)	(1)	**(227)**
Net Impairments	-	(3,213)	-	-	-	**(3,213)**
Revaluations - property, plant and equipment	-	340	-	-	-	**340**
Other reserve movements - charitable fund consolidation adjustment	-	-	516	(516)		**-**
Public dividend capital received	5,169	-	-	-	-	**5,169**
Taxpayers' and others' equity at 31 March 2020	**137,188**	**42,454**	**(49,997)**	**7,990**	**(1)**	**137,634**

Statement of Changes in Equity for the year ended 31 March 2019

Group	Public dividend capital	Revaluation reserve	Income and expenditure reserve	Charitable fund reserves	Total
	£000	£000	£000	£000	£000
Taxpayers' and others' equity at 1 April 2018	130,161	46,584	(56,557)	8,809	**128,997**
Surplus/(deficit) for the year	-	-	4,938	646	**5,584**
Impairments	-	(874)	-	-	**(874)**
Transfer to retained earnings on disposal of assets	-	(383)	383	-	**-**
Other reserve movements - charitable fund consolidation adjustment	-	-	231	(231)	**-**
Public dividend capital received	1,858	-	-	-	**1,858**
Taxpayers' and others' equity at 31 March 2019	**132,019**	**45,327**	**(51,005)**	**9,224**	**135,565**

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

Trust	Public dividend capital	Revaluation reserve	Income and expenditure	Total
	£000	£000	£000	£000
Taxpayers' and others' equity at 1 April 2019	**132,019**	**45,327**	**(51,005)**	**126,341**
Surplus/(deficit) for the year	-	-	492	**492**
Other reserve movements - charitable fund consolidation			516	**516**
Net Impairments		(3,213)	-	**(3,213)**
Revaluations - property, plant and equipment	-	340	-	**340**
Public dividend capital received	5,169	-	-	**5,169**
Taxpayers' and others' equity at 31 March 2020	**137,188**	**42,454**	**(49,997)**	**129,645**

Statement of Changes in Equity for the year ended 31 March 2019

Trust	Public dividend capital	Revaluation reserve	Income and expenditure	Total
	£000	£000	£000	£000
Taxpayers' and others' equity at 1 April 2018	**130,161**	**46,584**	**(56,557)**	**120,188**
Surplus/(deficit) for the year	-	-	4,938	**4,938**
Other reserve movements - charitable fund consolidation	-	-	231	**231**
Impairments	-	(874)	-	**(874)**
Transfer to retained earnings on disposal of assets	-	(383)	383	**-**
Public dividend capital received	1,858	-	-	**1,858**
Taxpayers' and others' equity at 31 March 2019	**132,019**	**45,327**	**(51,005)**	**126,341**

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 newly formed wholly owned subsidiary.

Statement of Cash Flows

	Note	Group 2019/20 £000	2018/19 £000
Cash flows from operating activities			
Operating surplus / (deficit)		4,254	9,471
Non-cash income and expense:			
Depreciation and amortisation	7.1	8,490	9,644
Net impairments	8	135	1,133
(Increase) / decrease in receivables and other assets		12,721	(4,449)
(Increase) / decrease in inventories		(1,127)	16
Increase / (decrease) in payables and other liabilities		2,949	(1,462)
Increase / (decrease) in provisions		(352)	194
Movements in charitable fund working capital		21	(134)
Other movements in operating cash flows		150	5
Net cash flows from / (used in) operating activities		**27,241**	**14,418**
Cash flows from investing activities			
Interest received		272	131
Purchase of intangible assets		(297)	(1,294)
Purchase of non-current assets and investment property		(9,445)	(8,471)
Sales of non-current assets and investment property		-	526
		(9,470)	**(9,108)**
Cash flows from financing activities			
Public dividend capital received		5,169	1,858
Movement on loans from DHSC		(6,962)	5,290
Interest on loans		(1,516)	(1,453)
PDC dividend (paid) / refunded		(3,010)	(3,153)
Net cash flows from / (used in) financing activities		**(6,319)**	**2,542**
Increase / (decrease) in cash and cash equivalents		**11,452**	**7,852**
Cash and cash equivalents at 1 April - brought forward		**20,627**	**12,775**
Cash and cash equivalents at 31 March	28	**32,079**	**20,627**

Notes to the Accounts

Note 1 Accounting policies and other information

Note 1.1 Basis of preparation

NHS Improvement, in exercising the statutory functions conferred on Monitor, has directed that the financial statements of the Trust shall meet the accounting requirements of the Department of Health and Social Care Group Accounting Manual (GAM), which shall be agreed with HM Treasury. Consequently, the following financial statements have been prepared in accordance with the GAM 2019/20 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

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

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

- Continuing support from local commissioners
- The Trust has ended the year with £30.8m cash in the bank
- The Trust has delivered a surplus in 2019/20
- There are no licence conditions in place on the Trust from its regulatory body.
- The Trust has received a Good rating from the CQC for use of resources during 2019/20.

On 2 April 2020, the Department of Health and Social Care (DHSC) and NHS England and NHS Improvement announced reforms to the NHS cash regime for the 2020/21 financial year. During 2020/21 existing DHSC interim revenue and capital loans as at 31 March 2020 will be extinguished and replaced with the issue of Public Dividend Capital (PDC) to allow the repayment. The affected loans totalling £71.1m are classified as current liabilities within these financial statements. As the repayment of these loans will be funded through the issue of PDC, this does not present a going concern risk for the Trust.

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

Note 1.3 Consolidation

NHS Charitable Funds

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

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

- recognise and measure them in accordance with the Trust's accounting policies and
- eliminate intra-group transactions, balances, gains and losses.

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

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

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

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

On 28th September 2019, the Foundation Trust invested £550k of Share Capital into a newly formed Wholly Owned Subsidiary, Doncaster & Bassetlaw Healthcare Services Ltd ("DBHS Ltd"). DBHS Ltd operates at an arms length basis, currently providing Outpatient pharmacy dispensary services at the Doncaster Royal Infirmary site. The summarised financial statements can be seen in Note 46.

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. A performance obligation relating to delivery of a spell of health care is generally satisfied over time as healthcare is received and consumed simultaneously by the customer as the Trust performs it. The customer in such a contract is the commissioner, but the customer benefits as services are provided to their patient. Even where a contract could be broken down into separate performance obligations, healthcare generally aligns with paragraph 22(b) of the Standard entailing a delivery of a series of goods or services that are substantially the same and have a similar pattern of transfer. At the year end, the Trust accrues income relating to activity delivered in that year, where a patient care spell is incomplete. This accrual is disclosed as a contract receivable as entitlement to payment for work completed is usually only dependent on the passage of time.

Revenue is recognised to the extent that the collection of consideration is probable. Where contract challenges are expected to be upheld, the Trust reflects this in the transaction price and derecognised the relevant portion of income. The level of challenge is not generally material.

Where the Trust is aware of a penalty based on contractual performance, the Trust reflects this in the transaction price for its recognition of revenue. Revenue is reduced by the value of the penalty. The level of penalties is generally not material.

The Trust does not receive income where a patient is readmitted within 30 days of discharge from a previous planned stay. This is considered an additional performance obligation to be satisfied under the original transaction price. An estimate of readmissions is made at the year end this portion of revenue is deferred as a contract liability, but is generally not material.

The Trust receives income from commissioners under Commissioning for Quality and Innovation (CQUIN) schemes. The Trust agrees schemes with its commissioner but they affect how care is provided to patients. That is, the CQUIN payments are not considered distinct performance obligations in their own right; instead they form part of the transaction price for performance obligations under the contract.

Note 1.4.1 Revenue from contracts with customers (cont)

Revenue from research contracts

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

NHS injury cost recovery scheme

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

Note 1.4.2 Revenue grants and other contributions to expenditure

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

The value of the benefit received when accessing funds from the the Government's apprenticeship service is recognised as income at the point of receipt of the training service. Where these funds are paid directly to an accredited training provider, the corresponding notional expense is also recognised at the point of recognition for the benefit.

Note 1.4.3 Other income

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

Note 1.5 Expenditure on employee benefits

Short-term employee benefits

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

Pension costs

NHS Pension Scheme

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

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

Note 1.6 Expenditure on other goods and services

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

Note 1.7 Property, plant and equipment

Note 1.7.1 Recognition

Property, plant and equipment is capitalised where:

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

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

Note 1.7.2 Measurement

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

Revaluations of property, plant and equipment are performed with sufficient regularity to ensure that carrying values are not materially different from those that would be determined at the end of the reporting period. Current values in existing use are determined as follows:

- Land and non-specialised buildings – market value for existing use
- Specialised buildings – depreciated replacement cost on a modern equivalent asset basis.

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

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

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

Note 1.7.4 Expenditure on other goods and services (cont.)

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 1.7.5 De-recognition
Assets intended for disposal are reclassified as 'held for sale' once all of the following criteria are met:

- the asset is available for immediate sale in its present condition subject only to terms which are usual and customary for such sales;
- the sale must be highly probable ie:
  - management are committed to a plan to sell the asset
  - an active programme has begun to find a buyer and complete the sale
  - the asset is being actively marketed at a reasonable price
  - the sale is expected to be completed within 12 months of the date of classification as 'held for sale' and
  - the actions needed to complete the plan indicate it is unlikely that the plan will be abandoned or significant changes made to it.

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. 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 1.7.6 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 1.7.7 Useful lives of property, plant and equipment

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

	Min life Years	**Max life Years**
Land	Not depreciated	
Buildings, excluding dwellings	9	57
Dwellings	21	41
Plant & machinery	7	18
Transport equipment	7	10
Information technology	5	14
Furniture & fittings	8	18

In 2019/20, the Trust extended the useful lives of all assets, excluding land, buildings and dwellings by 2 years.

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

Note 1.8 Intangible assets

Note 1.8.1 Recognition

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

Internally generated intangible assets

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

Expenditure on research is not capitalised.

Expenditure on development is capitalised only where all of the following can be demonstrated:

• the project is technically feasible to the point of completion and will result in an intangible asset for sale or use
• the Trust intends to complete the asset and sell or use it
• the Trust has the ability to sell or use the asset
• how the intangible asset will generate probable future economic or service delivery benefits, eg, the presence of a market for it or its output, or where it is to be used for internal use, the usefulness of the asset;
• adequate financial, technical and other resources are available to the Trust to complete the development and sell or use the asset and
• the Trust can measure reliably the expenses attributable to the asset during development.

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 under IFRS 13, if it does not meet the requirements of IAS 40 of IFRS 5.

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

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

Note 1.8.3 Useful economic life of intangible assets
Useful lives reflect the total life of an asset and not the remaining life of an asset. The range of useful lives are shown in the table below:

	Min life Years	Max life Years
All intangible assets	1	7

Note 1.9 Inventories

Inventories are valued at the lower of cost and net realisable value, using the first-in first-out cost formula.

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 Carbon Reduction Commitment scheme (CRC)

The CRC scheme is a mandatory cap and trade scheme for non-transport CO2 emissions. The Trust is registered with the CRC scheme, and is therefore required to surrender to the Government an allowance for every tonne of CO2 it emits during the financial year. A liability and related expense is recognised in respect of this obligation as CO2 emissions are made.

The carrying amount of the liability at the financial year end will therefore reflect the CO2 emissions that have been made during that financial year, less the allowances (if any) surrendered voluntarily during the financial year in respect of that financial year.

The liability will be measured at the amount expected to be incurred in settling the obligation. This will be the cost of the number of allowances required to settle the obligation.

Allowances acquired under the scheme are recognised as intangible assets.

Note 1.12 Financial assets and financial liabilities

Note 1.12.1 Recognition

Financial assets/liabilities are recognised when the Trust becomes party to the contractual provision of the financial instrument or, in the case of trade receivables, when the goods or services have been delivered. Financial assetsliabilities are derecognised when the contractual rights have expired or when the asset has been transferred and the Trust has transferred substantially all of the risks and rewards of ownership or has not retained control of the asset.

Note 1.12.2 Classification and measurement

Financial assets/liabilities are initially recognised at fair value plus or minus directly attributable transaction costs for financial assets/liabilities not measured at fair value through profit or loss. Fair value is taken as the transaction price, or otherwise determined by reference to quoted market prices, where possible, or by 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/liabilities are measured at amortised cost using the effective interest method, less any impairment. The effective interest rate is the rate that exactly discounts estimated future cash receipts through the life of the financial asset/liabilities to the gross carrying amount of the financial asset.

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

Financial assets/liabilities measured at fair value through other comprehensive income are those held within a business model whose objective is achieved by both collecting contractual cash flows and selling financial assets/liabilities and where the cash flows are solely payments of principal and interest.

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

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

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

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

Note 1.12.2 Classification and measurement (cont.)

Impairment of financial assets

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

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

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

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

Note 1.12.3 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 1.12.4 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 1.13 Leases
Leases are classified as finance leases when substantially all the risks and rewards of ownership are transferred to the lessee. All other leases are classified as operating leases.

Note 1.13.1 The Trust as lessee

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

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

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

Operating leases
Operating lease payments are recognised as an expense on a straight-line basis over the lease term. Lease incentives are recognised initially as a liability and subsequently as a reduction of rentals on a straight-line basis over the lease term.

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

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

Note 1.13.2 The Trust as lessor
Finance leases
Amounts due from lessees under finance leases are recorded as receivables at the amount of the Trust's net investment in the leases. Finance lease income is allocated to accounting periods to reflect a constant periodic rate of return on the Trust's net investment outstanding in respect of the leases.

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

Note 1.14 Provisions

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

Early retirement provisions and injury benefit provisions both use the HM Treasury's pension discount rate of minus 0.5% in real terms.

Where the effect of the time value of money is significant, the estimated risk-adjusted cash flows are

		Nominal rate
Short-term	Up to 5 years	0.51%
Medium-term	After 5 years up to 10 years	0.55%
Long-term	Exceeding 10 years	1.99%

HM Treasury provides discount rates for general provisions on a nominal rate basis. Expected

	Inflation rate
Year 1	1.90%
Year 2	2.00%
Into perpetuity	2.00%

Clinical negligence costs

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

Non-clinical risk pooling

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

Note 1.15 Contingencies

A contingent liability is:
• a possible obligation that arises from past events and whose existence will be confirmed only by the occurrence or non-occurrence of one or more uncertain future events not wholly within the control of the Trust, or
• a present obligation that is not recognised because it is not probable that a payment will be required to settle the obligation or the amount of the obligation cannot be measured sufficiently reliably.

A contingent liability is disclosed unless the possibility of a payment is remote.

A contingent asset is a possible asset that arises from past events and whose existence will be confirmed by the occurrence or non-occurrence of one or more uncertain future events not wholly within the control of the Trust. A contingent asset is disclosed where an inflow of economic benefits is probable.

Where the time value of money is material, contingent liabilities and contingent assets are disclosed at their present value.

Note 1.16 Public dividend capital (PDC) and PDC Dividend

Public dividend capital is a type of public sector equity finance, which represents the Department of Health and Social Care's investment in the trust. HM Treasury has determined that, being issued under statutory authority rather than under contract, PDC is not a financial instrument within the meaning of IAS 32.

At any time, the Secretary of State can issue new PDC to, and require repayments of PDC from, the trust. PDC is recorded at the value received.

An annual charge, reflecting the cost of capital utilised by the Trust, is payable to the Department of Health and Social Care as PDC dividend. The charge is calculated at the real rate set by the Secretary of State with the consent of HM Treasury (currently 3.5%) on the average relevant net assets of the Trust. Relevant net assets are calculated as the value of all assets less all liabilities, except for:

• donated assets (including lottery funded assets)
• average daily cash balances held with the Government Banking Service (GBS) and National Loans Fund (NLF) deposits (excluding cash balances held in GBS accounts that relate to a short term working capital facility)
• any PDC dividend balance receivable or payable.

The average relevant net assets is calculated as a simple average of opening and closing relevant net assets.
In accordance with the requirements laid down by the Department of Health and Social Care, 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 thus calculated is not revised should any adjustment to net assets occur as a result the audit of the annual accounts. The PDC dividend calculation is based upon the Trust's group accounts (i.e. including subsidiaries), but excluding consolidated charitable funds.

Note 1.17 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 1.18 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.

Note 1.19 Corporation tax

As the Trust operated a Wholly Owned Subsidiary in 2019/20, this entity is liable to Corporation Tax regulations. At present, the subsidiary does not have significant assets, and as such, deferred tax is not applicable. As such, the subsidiary is liable to Corporation Tax in line with existing rates.

Note 1.20 Third party assets

Assets belonging to third parties (such as money held on behalf of patients) are not recognised in the accounts since the Trust has no beneficial interest in them. Details of third party assets are given in Note 29 to the accounts.

Note 1.21 Losses and special payments

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

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

Note 1.22 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.

Note 1.23 Critical judgements in applying accounting policies

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

Income estimates

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

Included in the income figure is an estimate for open spells, patients undergoing treatment that is only partially complete at midnight on 31st March. The number of open spells for each specialty is taken and multiplied by the average specialty price and adjusted for the proportion of the spell which belongs to the current year.

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

Expense accruals

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

Impairment of trade receivables

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

Provisions

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

Valuation of property, plant and equipment

Specialised property has been valued at depreciated replacement cost on a modern equivalent asset basis in line with Royal Institute of Chartered Surveyors standards. Land has been valued having regard to the cost of purchasing notional replacement sites in the same locality as the existing sites. The application of valuation methodologies and external indices are covered in the accounting policies at note 1.5.

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

Note 1.23.1 Sources of estimation uncertainty

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

The main area of estimation uncertainty within the Trust is the carrying value of the property portfolio and the assumptions used in the determination of fair value at the Statement of Financial Position date. However, the Trust commissioned a property revaluation exercise as at 31 December 2019, which significantly reduces the risk of material misstatement. In Note 20, we have highlighted that our profession valuer has declared a material valuation uncertainty in the valuation report. This is on the basis of the uncertainties in the market caused by COVID-19. The values in the report have been used to inform the measurement of property assets at valuation in these financial statements. With the valuer having declared this material valuations uncertainty, the valuer has continued to exercise professional judgement in providing the valuation and this remains the best information available to the Trust.

Note 1.24 Early adoption of standards, amendments and interpretations

No new accounting standards or revisions to existing standards have been early adopted in 2019/20.

Note 1.25 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 2018-19. These Standards are still subject to HM Treasury FReM adoption, with IFRS 16 being for implementation in 2019-20, and the government implementation date for IFRS 17 still subject to HM Treasury consideration.

IFRS 16 Leases

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

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

On transition to IFRS 16 on 1 April 2021, the trust will apply the standard retrospectively with the cumulative effect of initially applying the standard recognised in the income and expenditure reserve at that date. For existing operating leases with a remaining lease term of more than 12 months and an underlying asset value of at least £5,000, a lease liability will be recognised equal to the value of remaining lease payments discounted on transition at the trust's incremental borrowing rate. The trust's incremental borrowing rate will be a rate defined by HM Treasury. Currently this rate is 1.27% but this may change between now and adoption of the standard. The related right of use asset will be measured equal to the lease liability adjusted for any prepaid or accrued lease payments. No adjustments will be made on 1 April 2021 for existing finance leases.

For leases commencing in 2021/22, the trust will not recognise a right of use asset or lease liability for short term leases (less than or equal to 12 months) or for leases of low value assets (less than £5,000). Right of use assets will be subsequently measured on a basis consistent with owned assets and depreciated over the length of the lease term.

Note 1.26 Impact of Covid-19

During the final quarter of 2019/20, the Trust started preparing for, and treating, patients with Covid-19. This has resulted in increased expenditure, which has been offset by increased income, but also increased accruals, particularly around an increased annual leave accrual, as staff were allowed to defer annual leave into 2020/21.

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)	2019/20 £000	2018/19 £000
Acute services		
Elective income	55,975	57,273
Non elective income	106,173	97,326
First outpatient income	23,434	22,975
Follow up outpatient income	24,847	25,390
A & E income	25,681	21,487
High cost drugs income from commissioners (excluding pass-through costs)	20,995	20,674
Other NHS clinical income	105,440	94,601
Community services		
Income from other sources (e.g. local authorities)	3,483	3,488
All services		
Private patient income	2,393	848
Additional pension contribution central funding	10,431	-
Agenda for Change pay award central funding (from DHSC)	-	4,348
Other clinical income	251	2,455
Total income from activities	**379,103**	**350,865**

Other NHS clinical income includes clinical activity such as: Obstetrics (£22,460k), Clinical Therapies (£8,379k), Critical Care (£8,060k), Rehabilitation (£6,312k) and Nephrology (£5,882k).

Note 3.2 Income from patient care activities (by source)

Income from patient care activities received from:	2019/20 £000	2018/19 £000
NHS England	40,655	29,735
Clinical commissioning groups	329,573	310,002
NHS Foundation Trusts	1	-
Department of Health and Social Care	-	4,348
NHS other	41	34
Local authorities	3,483	3,488
Non-NHS: private patients	2,393	848
Non-NHS: overseas patients (chargeable to patient)	559	471
Injury cost recovery scheme	1,778	1,662
Non NHS: other	620	277
Total income from activities	**379,103**	**350,865**
Of which:		
Related to continuing operations	379,103	350,865
Related to discontinued operations	-	-

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

Income by Clinical Commissioning Group	2019/20	2018/19
South Yorkshire and Bassetlaw Integrated Care System (ICS)	**£000**	**£000**
Doncaster CCG	219,045	205,856
Bassetlaw CCG	74,775	68,246
Rotherham CCG	9,965	9,279
Barnsley CCG	5,114	5,031
Sheffield CCG	1,934	3,218
Non South Yorkshire and Bassetlaw ICS CCGs	18,740	18,372
	329,573	**310,002**

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

	2019/20	2018/19
	£000	**£000**
Income recognised this year	559	471
Cash payments received in-year	82	56
Amounts added to provision for impairment of receivables	315	181
Amounts written off in-year	141	-

Note 4 Other operating income (Group)

	2019/20	2018/19
	£000	**£000**
Other operating income from contracts with customers:		
Research and development (contract)	661	758
Education and training (including notional apprenticeship levy income)	11,901	11,382
Non-patient care services to other bodies	23,218	20,940
Provider sustainability / sustainability and transformation fund income (PSF / STF)	16,466	26,957
Other contract income	2,008	1,622
Other non-contract operating income:		
Rental revenue from operating leases	694	690
Charitable fund incoming resources	471	511
Total other operating income	**55,419**	**62,860**
Of which:		
Related to continuing operations	55,419	62,860
Related to discontinued operations	-	-

Non-patient care services to other bodies includes activities such as Lead Unit staff recharges to other NHS organisations (£6,642k) and Pharmacy recharges to other organisations (£6,162k).

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

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

Note 5.2 Transaction price allocated to remaining performance obligations

Revenue from existing contracts allocated to remaining performance obligations is expected to be recognised:	31 March 2020 £000
within one year	-
after one year, not later than five years	-
after five years	-
Total revenue allocated to remaining performance obligations	**-**

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.

Note 5.3 Income from activities arising from commissioner requested services

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

	2019/20 £000	2018/19 £000
Income from services designated as commissioner requested services	379,103	350,865
Income from services not designated as commissioner requested services	55,419	62,860
Total	**434,522**	**413,725**

For the Trust, commissioner requested services are patient care activities, as set out in Note 3, including Elective, Non Elective and Outpatient activity.

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

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

Note 6 Fees and charges (Group)

The Group does not have any material fees or charges in either 2019/20 or 2018/19.

Note 7.1 Operating expenses (Group)

	2019/20	2018/19
	£000	£000
Purchase of healthcare from NHS and DHSC bodies	5,378	4,940
Purchase of healthcare from non-NHS and non-DHSC bodies	10,407	8,258
Staff and executive directors costs	286,551	262,411
Remuneration of non-executive directors	118	132
Supplies and services - clinical (excluding drugs costs)	31,895	31,661
Supplies and services - general	6,073	6,232
Drug costs (drugs inventory consumed and purchase of non-inventory drugs)	37,796	36,469
Consultancy costs	614	1,329
Establishment	2,520	2,259
Premises	16,032	15,828
Transport (including patient travel)	1,516	1,509
Depreciation on property, plant and equipment	7,648	8,497
Amortisation on intangible assets	842	1,147
Net impairments	135	1,133
Movement in credit loss allowance: contract receivables / contract assets	779	(119)
Increase/(decrease) in other provisions	(97)	480
Change in provisions discount rate(s)	101	24
Audit fees payable to the external auditor		
audit services- statutory audit	98	72
other auditor remuneration (external auditor only)	11	19
Internal audit costs	92	92
Clinical negligence	14,672	16,628
Legal fees	357	322
Insurance	282	284
Research and development	356	358
Education and training	3,333	2,866
Rentals under operating leases	1,169	498
Car parking & security	720	459
Losses, ex gratia & special payments	3	5
Other NHS charitable fund resources expended	867	461
Total	**430,268**	**404,254**
Of which:		
Related to continuing operations	430,268	404,254
Related to discontinued operations	-	-

Staff and executive directors costs - increase in year is as a result of employers pension uplift, to 20.6%, as disclosed in note 10. This has been funded in full (£10,431k) by NHS England.

Consultancy - includes support with regards to Information Services (£152k) and Estates Projects (£108k).

Note 7.2 Other auditor remuneration (Group)

	2019/20 £000	2018/19 £000
Other auditor remuneration paid to the external auditor:		
1. Audit of accounts of any associate of the Trust	11	-
2. Audit-related assurance services	-	19
3. Taxation compliance services	-	-
4. All taxation advisory services not falling within item 3 above	-	-
5. Internal audit services	-	-
6. All assurance services not falling within items 1 to 5	-	-
7. Corporate finance transaction services not falling within items 1 to 6 above	-	-
8. Other non-audit services not falling within items 2 to 7 above	-	-
Total	**11**	**19**

Note 7.3 Limitation on auditor's liability (Group)

The limitation on auditor's liability for external audit work is £2,000k (2018/19: £2,000k).

Note 8 Impairment of assets (Group)

	2019/20 £000	2018/19 £000
Net impairments charged to operating surplus / deficit resulting from:		
Changes in market price	135	1,133
Total net impairments charged to operating surplus / deficit	**135**	**1,133**
Impairments (and reversals) of property, plant and equipment charged to the revaluation reserve	3,116	874
Total net impairments	**3,251**	**2,007**

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

Note 9 Employee benefits (Group)

	2019/20 Total £000	2018/19 Total £000
Salaries and wages	211,246	200,768
Social security costs	21,252	20,182
Apprenticeship levy	1,030	995
Employer's contributions to NHS pensions	23,866	23,038
Pension cost - employer contributions paid by NHSE on provider's behalf (6.3%)	10,431	-
Pension cost - other	117	69
Temporary staff (including agency)	21,375	20,046
Total gross staff costs	**289,317**	**265,098**
Recoveries in respect of seconded staff	-	-
Total staff costs	**289,317**	**265,098**
Of which		
Costs capitalised as part of assets	354	205
Disclosed within:		
Staff and executive directors costs	286,551	262,411
Research and development	356	358
Education and training	2,056	2,124
	288,963	**264,893**

Note 9.1 Retirements due to ill-health (Group)

During 2019/20 there were 3 early retirements from the Trust agreed on the grounds of ill-health (0 in the year ended 31 March 2019). The estimated additional pension liabilities of these ill-health retirements is £156k (£0k in 2018/19). The cost of these ill-health retirements will be borne by the NHS Business Services Authority - Pensions Division.

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

Note 10 Pension costs

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

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

a) Accounting valuation

A valuation of scheme liability is carried out annually by the scheme actuary (currently the Government Actuary’s Department) as at the end of the reporting period. This utilises an actuarial assessment for the previous accounting period in conjunction with updated membership and financial data for the current reporting period, and is accepted as providing suitably robust figures for financial reporting purposes. The valuation of the scheme liability as at 31 March 2020, is based on valuation data as at 31 March 2019, updated to 31 March 2020 with summary global member and accounting data. In undertaking this actuarial assessment, the methodology prescribed in IAS 19, relevant FReM interpretations, and the discount rate prescribed by HM Treasury have also been used.

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

b) Full actuarial (funding) valuation

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

The latest actuarial valuation undertaken for the NHS Pension Scheme was completed as at 31 March 2016. The results of this valuation set the employer contribution rate payable from April 2019 to 20.6%, and the Scheme Regulations were amended accordingly.

The 2016 funding valuation was also expected to test the cost of the Scheme relative to the employer cost cap set following the 2012 valuation. Following a judgment from the Court of Appeal in December 2018 Government announced a pause to that part of the valuation process pending conclusion of the continuing legal process.

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.

	2019/20	2018/19
	£000	£000
Operating lease revenue		
Minimum lease receipts	694	690
Contingent rent	-	-
Other	-	-
Total	**694**	**690**

	31 March 2020	31 March 2019
	£000	£000
Future minimum lease receipts due:		
- not later than one year;	312	344
- later than one year and not later than five years;	886	72
- later than five years.	-	-
Total	**1,198**	**416**

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

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

	2019/20	2018/19
	£000	£000
Operating lease expense		
Minimum lease payments	1,169	498
Total	**1,169**	**498**

	31 March 2020	31 March 2019
	£000	£000
Future minimum lease payments due:		
- not later than one year;	1,151	513
- later than one year and not later than five years;	240	292
- later than five years.	-	-
Total	**1,391**	**805**
Future minimum sublease payments to be received	-	-

Note 12 Finance income (Group)

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

	2019/20	2018/19
	£000	£000
Interest on bank accounts	272	131
NHS charitable fund investment income	278	293
Total finance income	**550**	**424**

Note 13.1 Finance expenditure (Group)

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

	2019/20	2018/19
	£000	£000
Interest expense:		
Loans from the Department of Health and Social Care	1,501	1,479
Total interest expense	**1,501**	**1,479**
Unwinding of discount on provisions	6	161
Total finance costs	**1,507**	**1,640**

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

	2019/20	2018/19
	£000	£000
Total liability accruing in year under this legislation as a result of late payments	-	-
Amounts included within interest payable arising from claims made under this legislation	-	-
	-	**-**

Note 14 Other gains / (losses) (Group)

	2019/20	2018/19
	£000	£000
Gains on disposal of assets	-	115
Losses on disposal of assets	-	-
Gains / losses on disposal of charitable fund assets	-	142
Gains / losses on charitable fund investment revaluations	(600)	161
Total gains / (losses) on disposal of assets	**(600)**	418
Total other gains / (losses)	**(600)**	418

Note 15 Trust income statement and statement of comprehensive income

In accordance with Section 408 of the Companies Act 2006, the Trust is exempt from the requirement to present its own income statement and statement of comprehensive income. The Trust's surplus/(defict) for the period was £1,008k (2018/19: (£5,169k)). The Trust's total comprehensive income/(expense) for the period was (£1,768k) (2018/19: £4,295k).

Note 16 Discontinued operations (Group)

The Trust does not have any operations that are classified as discontinued in the year ended 31st March 2020.

Note 17.1 Intangible assets - 2019/20

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

Note 17.2 Intangible assets - 2018/19

Group and Trust	Software licences £000	Other (purchased) £000	Total £000
Valuation / gross cost at 1 April 2018	**13,501**	**27**	**13,528**
Additions	1,294	-	**1,294**
Valuation / gross cost at 31 March 2019	**14,795**	**27**	**14,822**
Amortisation at 1 April 2018	**6,736**	**-**	**6,736**
Provided during the year	1,147	-	**1,147**
Amortisation at 31 March 2019	**7,883**	**-**	**7,883**
Net book value at 31 March 2019	**6,912**	**27**	**6,939**
Net book value at 1 April 2018	**6,765**	**27**	**6,792**

Note 18.1 Property, plant and equipment - 2019/20

Group and Trust	Land	Buildings excluding dwellings	Dwellings	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000
Valuation/gross cost at 1 April 2019 - brought forward	**8,170**	**174,031**	**3,240**	**55,201**	**415**	**24,676**	**6,507**	**272,240**
Additions	-	11,668	-	3,718	25	2,152	91	**17,654**
Impairments credited to the revaluation reserve	-	(3,324)	208	-	-	-	-	**(3,116)**
Impairments charged to operating expenses	-	(135)	-	-	-	-	-	**(135)**
Revaluations	340	-	-	-	-	-	-	**340**
Valuation/gross cost at 31 March 2020	**8,510**	**182,240**	**3,448**	**58,919**	**440**	**26,828**	**6,598**	**286,983**
Accumulated depreciation at 1 April 2019 - brought forward	**-**	**980**	**276**	**44,784**	**332**	**23,138**	**5,676**	**75,186**
Provided during the year	-	4,893	108	1,619	-	791	237	**7,648**
Accumulated depreciation at 31 March 2020	**-**	**5,873**	**384**	**46,403**	**332**	**23,929**	**5,913**	**82,834**
Net book value at 31 March 2020	**8,510**	**176,367**	**3,064**	**12,516**	**108**	**2,899**	**685**	**204,149**
Net book value at 1 April 2019	**8,170**	**173,051**	**2,964**	**10,417**	**83**	**1,538**	**831**	**197,054**

Note 18.2 Property, plant and equipment - 2018/19

Group and Trust	Land	Buildings excluding dwellings	Dwellings	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000
Valuation / gross cost at 1 April 2018	**8,425**	**172,394**	**3,490**	**52,855**	**415**	**23,621**	**6,510**	**267,710**
Additions	-	6,430	-	2,346	-	1,055	57	**9,888**
Transfers to / from assets held for sale	(105)	(245)	-	-	-	-	-	**(350)**
Impairments charged to operating expenses	-	(1,133)	-	-	-	-	-	**(1,133)**
Impairments charged to revaluation reserve	-	(874)	-	-	-	-	-	**(874)**
Reclassifications	-	(2,541)	-	-	-	-	-	**(2,541)**
Disposals / derecognition	(150)	-	(250)	-	-	-	(60)	**(460)**
Valuation/gross cost at 31 March 2019	**8,170**	**174,031**	**3,240**	**55,201**	**415**	**24,676**	**6,507**	**272,240**
Accumulated depreciation at 1 April 2018	**-**	**-**	**182**	**42,285**	**332**	**21,288**	**5,199**	**69,286**
Provided during the year	-	3,528	95	2,499	-	1,850	525	**8,497**
Transfers to / from assets held for sale	-	(7)	-	-	-	-	-	**(7)**
Other revaluations	-	(2,541)	-	-	-	-	-	**(2,541)**
Disposals / derecognition	-	-	(1)	-	-	-	(48)	**(49)**
Accumulated depreciation at 31 March 2019	**-**	**980**	**276**	**44,784**	**332**	**23,138**	**5,676**	**75,186**
Net book value at 31 March 2019	**8,170**	**173,051**	**2,964**	**10,417**	**83**	**1,538**	**831**	**197,054**
Net book value at 1 April 2018	**8,425**	**172,394**	**3,308**	**10,570**	**83**	**2,333**	**1,311**	**198,424**

Note 18.3 Property, plant and equipment financing - 2019/20

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

The increase in donated assets is as a generous donation from the Cancer Detection Trust.

Note 18.4 Property, plant and equipment financing - 2018/19

Group and Trust	Land	Buildings excluding dwellings	Dwellings	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000
Net book value at 31 March 2019								
Owned - purchased	8,170	172,480	2,964	9,636	83	1,510	831	**195,674**
Owned - government granted	-	-	-	-	-	-	-	**-**
Owned - donated	-	571	-	781	-	28	-	**1,380**
NBV total at 31 March 2019	**8,170**	**173,051**	**2,964**	**10,417**	**83**	**1,538**	**831**	**197,054**

Note 19 Donations of property, plant and equipment

Doncaster & Bassetlaw Teaching Hospitals Foundation Trust has received donated assets totalling £534k from its charitable subsiduary, Doncaster & Bassetlaw Teaching Hospitals Foundation Trust Charitable Fund.

These donated assets relate to medical equipment, as well as building work and relates to items which are over and above usual NHS provision.

Note 20 Revaluations of property, plant and equipment

All land and buildings are revalued using professional valuations in accordance with IAS 16 to ensure that property is stated at fair value. The default frequency of these valuations is currently every five years, in accordance with the FT ARM. However, interim valuations are also carried out as deemed appropriate by the Trust. Valuations are performed by professionally qualified valuers in accordance with the Royal Institute of Chartered Surveyors (RICS) Appraisals and Valuation Manual. The Trust commissioned a full valuation of its land and buildings as at 31 March 2015, which was undertaken by Cushman & Wakefield.

In both 2018/19 and 2019/20, the Trust undertook a revaluation based on a Modern Equivalent Asset basis on its land and buildings. This has had a slight downward impact on the residual value of the assets.

The desktop valuation exercise was carried out in February 2020 with a valuation date of 31 December 2019, with a review as at 31 March 2020. In applying the Royal Institute of Chartered Surveyors (RICS) Valuation Global Standards 2020 ('Red Book'), the valuer has declared a 'material valuation uncertainty' in the valuation report. This is on the basis of uncertainties in markets caused by COVID-19. The values in the report have been used to inform the measurement of property assets at valuation in these financial statements. With the valuer having declared this material valuation uncertainty, the valuer has continued to exercise professional judgement in providing the valuation and this remains the best information available to the Trust.

Note 21 Investment Property

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

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

	Group		Trust	
	2019/20	2018/19	2019/20	2018/19
	£000	£000	£000	£000
Carrying value at 1 April	**8,388**	**8,025**	**-**	**-**
Acquisitions in year	6,608	607	550	-
Movement in fair value through income and expenditure	(600)	161	-	-
Disposals	(7,093)	(405)	-	
Carrying value at 31 March	**7,303**	**8,388**	**550**	**-**

Note 22.1 Other investments / financial assets (current)

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

Note 23 Disclosure of interests in other entities

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

Note 24 Inventories

	Group		Trust	
	31 March 2020 £000	31 March 2019 £000	31 March 2020 £000	31 March 2019 £000
Drugs	3,049	2,136	2,247	2,136
Consumables	3,565	3,351	3,565	3,351
Energy	23	23	23	23
Total inventories	**6,637**	**5,510**	**5,835**	**5,510**
of which:				
Held at fair value less costs to sell	-	-		

Inventories recognised in expenses for the year were £52,123k (2018/19: £46,643k). Write-down of inventories recognised as expenses for the year were £0k (2018/19: £0k).

The increase in drugs held by the Group is as a result of the formation of Doncaster & Bassetlaw Healthcare Services Limited ("DBHS Ltd") during the year. This, newly formed, wholly owned subsidiary, provides outpatient pharmacy dispensing services, and as such, has an amount of pharmacy drugs within its stock.

Note 25.1 Receivables

	Group		Trust	
	31 March 2020	31 March 2019	31 March 2020	31 March 2019
	£000	£000	£000	£000
Current				
Contract receivables	20,965	34,264	23,325	34,324
Allowance for impaired contract receivables / assets	(1,620)	(1,367)	(1,620)	(1,367)
Prepayments (non-PFI)	2,054	2,085	2,054	2,085
PDC dividend receivable	4	-	4	-
VAT receivable	1,230	1,292	1,230	1,292
Other receivables	-	-	-	-
NHS charitable funds: trade and other receivables	2	68	-	-
Total current receivables	**22,635**	**36,342**	**24,993**	**36,334**
Non-current				
Contract receivables	3,349	2,170	3,349	2,170
Allowance for impaired contract receivables / assets	(730)	(475)	(730)	(475)
Total non-current receivables	**2,619**	**1,695**	**2,619**	**1,695**
Of which receivable from NHS and DHSC group bodies:				
Current	15,613	30,337	15,613	30,337
Non-current	-	-	-	-

The decrease in contract receivables is as a result of a significant Provider and Sustainability receivable at 31st March 2019, as a result of financial performance during 2018/19. As a result of the performance of other organisations, the corresponding receivable as at 31st March 2020 is significantly lower.

Note 25.2 Allowances for credit losses - 2019/20

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

	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 2018 - brought forward	**-**	**2,240**	**-**	**2,240**
Impact of implementing IFRS 9 (and IFRS 15) on 1 April 2018	2,240	(2,240)	2,240	(2,240)
Reversals of allowances	(119)	-	(119)	-
Utilisation of allowances (write offs)	(279)	-	(279)	
Allowances as at 31 Mar 2019	**1,842**	**-**	**1,842**	**-**

Note 26 Other assets

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

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

	Group		Trust	
	2019/20	2018/19	2019/20	2018/19
	£000	£000	£000	£000
NBV of non-current assets for sale and assets in disposal groups at 1 April	**343**	**-**	**343**	**-**
Assets classified as available for sale in the year	-	343	-	343
NBV of non-current assets for sale and assets in disposal groups at 31 March	**343**	**343**	**343**	**343**

The Trust is expected to sell a building (Chequer Road) soon into 2020/21, subject to restrictions and pressures surrounding Covid-19 being eased.

Note 27.1 Liabilities in disposal groups

The Trust does not have any liabilities in disposal groups.

Note 28 Cash and cash equivalents movements

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

	Group		Trust	
	2019/20	2018/19	2019/20	2018/19
	£000	£000	£000	£000
At 1 April	**20,627**	**12,775**	**19,740**	**11,866**
Net change in year	11,452	7,852	11,083	7,874
At 31 March	**32,079**	**20,627**	**30,823**	**19,740**
Broken down into:				
Cash at commercial banks and in hand	1,442	977	541	90
Cash with the Government Banking Service	30,637	19,650	30,282	19,650
Total cash and cash equivalents as in SoFP and SOCF	**32,079**	**20,627**	**30,823**	**19,740**

As a result of contingency planning with reference to Covid-19, the cash balance held within commercial banks is higher as at 31 March 2020, than it was in the previous year.

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

	Group and Trust	
	31 March 2020	31 March 2019
	£000	£000
Bank balances	-	-
Monies on deposit	-	2
Total third party assets	**-**	**2**

Note 29 Trade and other payables

	Group		Trust	
	31 March 2020	31 March 2019	31 March 2020	31 March 2019
	£000	£000	£000	£000
Current				
Trade payables	6,067	7,976	5,928	7,976
Capital payables	10,374	2,681	10,374	2,681
Accruals	24,723	20,582	26,412	20,582
Social security costs	5,237	5,235	5,237	5,235
PDC dividend payable	-	82	-	82
Other payables	5,052	4,355	5,052	4,355
NHS charitable funds: trade and other payables	14	59	-	-
Total current trade and other payables	**51,467**	**40,970**	**53,003**	**40,911**
Of which payables from NHS and DHSC group bodies:				
Current	6,427	5,747	6,427	5,747
Non-current	-	-	-	-

Note 29.1 Early retirements in NHS payables above

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

	31 March 2020	31 March 2020	31 March 2019	31 March 2019
	£000	Number	£000	Number
- to buy out the liability for early retirements over 5 years	-		-	
- number of cases involved		-		-

Note 30 Other liabilities

	Group		Trust	
	31 March 2020	31 March 2019	31 March 2020	31 March 2019
	£000	£000	£000	£000
Current				
Deferred income: contract liabilities	2,503	2,178	2,503	2,178
Total other current liabilities	**2,503**	**2,178**	**2,503**	**2,178**
Deferred income: contract liabilities	-	307	-	307
Total other non-current liabilities	**-**	**307**	**-**	**307**

Note 31 Borrowings

	Group		Trust	
	31 March 2020	31 March 2019	31 March 2020	31 March 2019
	£000	£000	£000	£000
Current				
Loans from DHSC	73,295	52,682	73,295	52,682
Total current borrowings	**73,295**	**52,682**	**73,295**	**52,682**
Non-current				
Loans from DHSC	14,675	42,265	14,675	42,265
Total non-current borrowings	**14,675**	**42,265**	**14,675**	**42,265**

On 2 April 2020, the Department of Health and Social Care (DHSC) and NHS England and NHS Improvement announced reforms to the NHS cash regime for the 2020/21 financial year. During 2020/21 existing DHSC interim revenue and capital loans as at 31 March 2020 will be extinguished and replaced with the issue of Public Dividend Capital (PDC) to allow the repayment. The affected loans totalling £71.1m are classified as current liabilities within these financial statements. As the repayment of these loans will be funded through the issue of PDC, this does not present a going concern risk for the Trust.

Note 31.1 Reconciliation of liabilities arising from financing activities

Group and Trust	Loans from DHSC	Other loans	Finance leases	Total
	£000	£000	£000	£000
Carrying value at 1 April 2019	**94,947**	**-**	**-**	**94,947**
Cash movements:				
Financing cash flows - payments and receipts of principal	(6,962)	-	-	**(6,962)**
Financing cash flows - payments of interest	(1,516)	-	-	**(1,516)**
Non-cash movements:				**-**
Application of effective interest rate	1,501	-	-	**1,501**
Carrying value at 31 March 2020	**87,970**	**-**	**-**	**87,970**

Note 32 Other financial liabilities

Neither the Group or Trust has any other financial liabilities.

Note 33 Finance leases

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

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

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

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

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

Group & Trust	Pensions: early departure costs	Pensions: injury benefits*	Legal claims	Redundancy	Other	Total
	£000	£000	£000	£000	£000	£000
At 1 April 2019	**1,155**	**1,230**	**474**	**72**	**-**	**2,931**
Change in the discount rate	70	31	-	-	-	**101**
Arising during the year	45	66	107	79	-	**297**
Utilised during the year	(102)	(175)	(358)	-	-	**(635)**
Reversed unused	-	(69)	(1)	(45)	-	**(115)**
Unwinding of discount	3	3	-	-	-	**6**
At 31 March 2020	**1,171**	**1,086**	**222**	**106**	**-**	**2,585**
Expected timing of cash flows:						
- not later than one year;	103	172	222	106	-	**603**
- later than one year and not later than five years;	333	533	-	-	-	**866**
- later than five years.	735	381	-	-	-	**1,116**
Total	**1,171**	**1,086**	**222**	**106**	**-**	**2,585**

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

Pensions: early departure costs (2019/20: £1,171k, 2018/19: £1,155k) and Pensions: injury benefits (2019/20: £1,088k, 2018/19: £1,230K) 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.

Note 34.2 Clinical negligence liabilities

At 31 March 2020, £226,992k was included in provisions of NHS Resolution in respect of clinical negligence liabilities of Doncaster & Bassetlaw Teaching Hospitals NHS Foundation Trust (31 March 2019: £225,091k).

Note 35 Contingent assets and liabilities

	Group		Trust	
	31 March 2020	31 March 2019	31 March 2020	31 March 2019
	£000	£000	£000	£000
Value of contingent liabilities				
Employment Tribunal and other employee based litigation	22	71	22	71
NHS Resolution legal claims	107	139	107	139
Gross value of contingent liabilities	**129**	**210**	**129**	**210**
Amounts recoverable against liabilities	-	-	-	-
Net value of contingent liabilities	**129**	**210**	**129**	**210**
Net value of contingent assets	**-**	**-**	**-**	**-**

The contingent liabilities relate to personal litigation claims above the amount included in provisions up to the maximum excess amount for which the Trust is liable.

Note 36 Contractual capital commitments

	Group		Trust	
	31 March 2020	31 March 2019	31 March 2020	31 March 2019
	£000	£000	£000	£000
Property, plant and equipment	2,163	2,782	2,163	2,782
Intangible assets	554	1,304	554	1,304
Total	**2,717**	**4,086**	**2,717**	**4,086**

Note 37 Other financial commitments

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

Note 38 Defined benefit pension schemes

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

Note 39 Financial instruments

Note 39.1 Financial risk management

International Financial Reporting Standard 7 ("IFRS 7") requires disclosure of the role that financial instruments have had during the period in creating and changing the risks a body faces in undertaking its activities. Because of the continuing service provider relationship that the Trust has with Clinical Commissioning Groups (CCG's) and the way those CCG's are financed, the Trust is not exposed to the degree of financial risk faced by business entities. Also, financial instruments play a much more limited role in creating and changing risk than would be typical of listed companies, to which the financial reporting standards mainly apply. The Trust has limited powers to borrow or invest surplus funds and financial assets and liabilities are generated by day-to-day operational activities rather than being held to change risks facing the Trust in undertaking its activities.

The Trust's treasury management operations are carried out by the finance department, within parameters defined formally within the Standing Financial Instructions and policies agreed by the Board of Directors. Trust treasury activity is subject to review by the Trust's internal auditors.

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Currency risk

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

Credit risk

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

The carrying amount of financial assets represents the maximum credit exposure. Therefore the maximum exposure to credit risk at the reporting date for the Group was £58,640k (2018/19: £63,675k), being the total of the carrying amount of financial assets.

With regard to the credit quality of financial assets and impairment losses, the movement in the allowance for impairment in respect of trade receivables during the year is disclosed in note 25.2.

Interest rate risk

All of the Trust's financial liabilities carry nil or fixed rates of interest. In addition, the only element of the Trust's financial assets that is currently subject to a variable rate is cash held in the Foundation Trust's main bank accounts and in a short term deposit account. The Trust is therefore not exposed to significant risk of fluctuations in interest rates.

The Trust's operating costs are incurred under contracts with Clinical Commissioning Groups and other NHS or Government bodies, which are financed from resources voted annually by Parliament. The Trust funds its capital expenditure from cash reserves or loans. All major capital expenditure is supported by detailed financial assessment including the assessment of cash flow requirements and impact on liquidity and any funding is within the Trust's prudential borrowing limit, as set by NHS Improvement. The Trust is not, therefore, exposed to significant liquidity risks.

Note 39.2 Carrying values of financial assets

IFRS 9 Financial Instruments is applied restrospectively from 1 April 2018 without restatement of comparatives. As such, comparative disclosures have been prepared under IAS 39 and the measurement categories differ to those in the current year analyses.

Group	Held at amortised cost	Held at fair value through I&E	Held at fair value through OCI	Total book value
Carrying values of financial assets as at 31 March 2020 under IFRS 9	**£000**	**£000**	**£000**	**£000**
Trade and other receivables excluding non financial assets	21,964	-	-	**21,964**
Cash and cash equivalents	31,178	-	-	**31,178**
Consolidated NHS Charitable fund financial assets	-	8,206	-	**8,206**
Total at 31 March 2020	**53,142**	**8,206**	**-**	**61,348**

The only Group financial assets held at fair value through the I&E are the Investments held within the NHS Charitable Fund. These have been valued in a consistent manner throughout.

Trust	Held at amortised cost	Held at fair value through I&E	Held at fair value through OCI	Total book value
Carrying values of financial assets as at 31 March 2020 under IFRS 9	**£000**	**£000**	**£000**	**£000**
Trade and other receivables excluding non financial assets	21,964	-	-	**21,964**
Cash and cash equivalents	31,178	-	-	**31,178**
Total at 31 March 2020	**53,142**	**-**	**-**	**53,142**

Note 39.2 Carrying values of financial liabilities

IFRS 9 Financial Instruments is applied restrospectively from 1 April 2018 without restatement of comparatives. As such, comparative disclosures have been prepared under IAS 39 and the measurement categories differ to those in the current year analyses.

Group	Held at amortised cost	Held at fair value through I&E	Total book value
	£000	£000	£000
Carrying values of financial liabilities as at 31 March 2020 under IFRS 9			
Loans from the Department of Health and Social Care	87,970	-	**87,970**
Trade and other payables excluding non financial liabilities	48,801	-	**48,801**
Consolidated NHS charitable fund financial liabilities	14	-	**14**
Total at 31 March 2020	**136,785**	**-**	**136,785**

Group	Held at amortised cost	Held at fair value through I&E	Total book value
	£000	£000	£000
Carrying values of financial liabilities as at 31 March 2019 under IFRS 9			
Loans from the Department of Health and Social Care	94,947	-	**94,947**
Trade and other payables excluding non financial liabilities	38,525	-	**38,525**
Consolidated NHS charitable fund financial liabilities	-	-	**-**
Total at 31 March 2019	**133,472**	**-**	**133,472**

Note 39.3 Fair values of financial assets and liabilities

The book value (carrying value) of receivables is a reasonable approximation of the fair value of the asset.

The book value (carrying value) of payables is a reasonable approximation of the fair value of the asset.

Note 39.4 Maturity of financial liabilities

	Group		Trust	
	31 March 2020 £000	31 March 2019 £000	31 March 2020 £000	31 March 2019 £000
In one year or less	120,129	89,100	120,129	89,100
In more than one year but not more than two years	222	15,062	222	15,062
In more than two years but not more than five years	645	17,883	645	17,883
In more than five years	15,789	11,427	15,789	11,427
Total	**136,785**	**133,472**	**136,785**	**133,472**

Note 40 Losses and special payments

	2019/20		2018/19	
Group and Trust	number of cases Number	value of cases £000	number of cases Number	value of cases £000
Total losses - bad debts	**253**	**157**	**-**	**-**
Special payments				
Compensation under court order or legally binding arbitration award	19	81	35	119
Ex-gratia payments	7	3	22	5
Total special payments	**26**	**84**	**57**	**124**
Total losses and special payments	**279**	**241**	**57**	**124**

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

Note 41 Gifts

Neither the Trust or Group made gifts during the year.

Note 42 Related parties

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

	2020 Receivables £000	2019 Receivables £000
Department of Health	-	17
Other NHS bodies	15,610	30,321
Other bodies (including WGA bodies)	1,230	1,597
	16,840	31,935

	31 March 2020 Payables £000	31 March 2019 Payables £000
Other NHS bodies	6,406	5,510
Other bodies (including WGA bodies)	5,270	8,541
	11,676	**14,051**

The Department of Health ("the Department") is regarded as a related party. During the year, the Trust has had a significant number of material transactions with the Department, and with other entities for which the Department is regarded as the parent Department. These entities include NHS England, Clinical Commissioning Groups, NHS Foundation Trusts, NHS Trusts, the NHS Litigation Authority, the NHS Business Services Authority and the NHS Purchasing and Supply Agency.

"Other bodies (including WGA bodies)" includes local authories, HM Revenue & Customs and NHS Pension Scheme.

In addition, the Trust has had a number of material transactions with other Government Departments and other central and local Government bodies. Most of these transactions have been with HM Revenue and Customs (including National Insurance Fund), NHS Pension Scheme and Doncaster Metropolitan Borough Council.

Note 43 Events after Balance Sheet Date

On 2 April 2020, the Department of Health and Social Care (DHSC) and NHS England and NHS Improvement announced reforms to the NHS cash regime for the 2020/21 financial year. During 2020/21 existing DHSC interim revenue and capital loans as at 31 March 2020 will be extinguished and replaced with the issue of Public Dividend Capital (PDC) to allow the repayment. The affected loans totalling £71.1m are classified as current liabilities within these financial statements. As the repayment of these loans will be funded through the issue of PDC, this does not present a going concern risk for the Trust.

Note 44 NHS Charitable Fund

The Foundation Trust is the Corporate Trustee of the Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust Charitable Fund (registered charity number 1057917). The object is for funds to be used “for any purpose or purposes relating to the National Health Service wholly or mainly for the service provided by Doncaster and Bassetlaw Hospitals NHS Foundation Trust”.

Summary statement of financial activities

	2019/20	2018/19
	Total Funds	
	£000	£000
Incoming resources	471	511
Resources expended	(1,383)	(692)
Net outgoing resources	**(912)**	**(181)**
Investment Income	278	293
Gains on revaluation and disposal of investment assets	(600)	303
Net movement in funds	**(1,234)**	**415**
Fund balances at 1 April	9,224	8,809
Fund balances at 31 March	**7,990**	**9,224**

	2019/20	2018/19
	Total Funds	
	£000	£000
Investment assets	7,303	8,388
Current assets	2	68
Cash	901	887
Current liabilities	(216)	(119)
Total net assets	**7,990**	**9,224**

	2020	2019
	£000	£000
Unrestricted income funds	2,210	2,237
Other restricted income funds	5,780	6,987
	7,990	**9,224**

Unrestricted income funds are accumulated income funds that are expendable at the discretion of the Trustees in furtherance of the charity's objects. Unrestricted funds may be earmarked or designated for specific future purposes which reduces the amount that is readily available to the charity.

Restricted funds may be accumulated income funds which are expendable at the Trustee's discretion only in furtherance of the specified conditions of the donor and the objects of the charity. They may also be capital funds (e.g. endowments) where the assets are required to be invested, or retained for use rather than expended.

Note 45 Doncaster & Bassetlaw Healthcare Services Ltd

On 28th September 2019, the Foundation Trust invested £550k of Share Capital into a newly formed Wholly Owned Subsidiary, Doncaster & Bassetlaw Healthcare Services Ltd ("DBHS Ltd"). DBHS Ltd operates at an arms length basis, currently providing Outpatient pharmacy dispensary services at the Doncaster Royal Infirmary site. The summarised financial statements can be seen below:

Summary statement of financial activities

	2019/20 £000
Incoming resources	3,677
Resources expended	(3,678)
Net outgoing resources	**(1)**

	2019/20 £000
Current assets	2,494
Cash	355
Current liabilities	(2,300)
Total net assets	**549**
Share Capital	550
Income & Expenditure reserve	(1)
Total net assets	**549**

Doncaster and Bassetlaw Teaching Hospitals

NHS Foundation Trust