Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust

Meeting of the Council of Governors held in Public
on Thursday 26 September 2024 at 15:00
Via Microsoft Teams
AGENDA

		LEAD	ACTION	ENC	TIME
A	**COUNCIL BUSINESS**				**15:00**
A1	Welcome and Apologies for absence	SBE	Note	Verbal	10
A2	Declaration of Governors' Interests *Members of the Council of Governors and others present are reminded that they are required to declare any pecuniary or other interests which they have in relation to any business under consideration at the meeting and to withdraw at the appropriate time. Such a declaration may be made under this item or at such time when the interest becomes known.*	SBE	Note	A2	
A3	Actions from previous meetings *Suzy Brain England OBE, Chair of the Board* ***There were no outstanding actions from the meeting held on 11 July 2024***	SBE	Note	-	
A4	Introduction from the new Lead Governor *Jackie Hammerton*	SBE	Note	Verbal	5
B	**GOVERNOR APPROVALS**				**15:15**
B1	Auditors Annual Report 2023/24 to the Council of Governors *Hayley Clark, Partner - Ernst & Young*	EY	Receive	B1	20
C	**ITEMS TO NOTE** These will be taken as read and noted, unless queries are raised with the Chair prior to the meeting				**15:35**
C1	Chairs Assurance logs • Audit and Risk Committee • Charitable Funds • Finance and Performance • Quality & Effectiveness Committee *Suzy Brain England OBE, Chair of the Board*	SBE	Note	C1	10
C2	Outcome of decision at Board of Directors *Suzy Brain England OBE, Chair of the Board*	SBE	Note	Verbal	5

C3	Minutes of the Council of Governors meeting held on 11 July 2024 *Suzy Brain England OBE, Chair of the Board*	SBE	Approve	C3	5
D	**QUESTIONS FROM MEMBERS OF THE PUBLIC**				**15:55**
D1	Questions from members of the public previously submitted prior to meeting. *NB. If questions are not answered at the meeting about the business discussed, then a coordinated response will be circulated to all governor's post meeting.*	SBE	Q&A	Verbal	10
E	**INFORMATION ITEMS**				**16:05**
E1	Any Other Business (to be agreed with the Chair before the meeting) *Suzy Brain England OBE, Chair of the Board*	SBE	Note	Verbal	10
E2	Items for escalation to the Board of Directors *Suzy Brain England OBE, Chair of the Board*	SBE	Approve	Verbal	-
E3	Governor Board/Meeting Questions Database *Suzy Brain England OBE, Chair of the Board*	RA	Note	E3	-
****COUNCIL OF GOVERNORS MEETING CLOSE****					
****ANNUAL MEMEBERS MEETING BEGINS****					
F	**ANNUAL MEMBERS MEETING - Virtual**				**16:15**
F1	Annual Members Meeting *Suzy Brain England OBE, Chair of the Board* *Richard Parker OBE, Chief Executive* - Annual Report and Accounts 2023/24 - Quality Accounts 2023/24 - Question and Answer Session regarding the Annual Report and Accounts 2023/24 *The Annual Members Meeting will be available to view on the Trust's website from 26 September 2024 at 18:00 via the link: https://www.dbth.nhs.uk/news/youre-invited-dbth-annual-members-meeting-2024/* Minutes from last year's Annual Members' meeting, approved at the Council of Governors meeting on 28 September 2023, can be found on the Trust's website The AMM will cover: ▪ *Our overall operational activity* ▪ *Our highlights and challenges throughout the year* ▪ *Our financial performance* ▪ *An update on local, regional and national developments in health and social care* Speakers will include: ▪ *Suzy Brain England OBE, Chair of the Board* ▪ *Richard Parker OBE, Chief Executive* ▪ *Jon Sargeant, Chief Financial Officer*	SBE	Receive	F1	20

	▪ *Along with other senior colleagues throughout the Trust.*				
F2	Any further questions relating to the Annual Members Meeting presentation recording can be submitted up to Friday 4 October 2024 by email and responses will be provided at the Council of Governors meeting in November 2024. Questions to be submitted to: dbth.trustboardoffice@nhs.net				
F3	Date and time of next meeting: **Date: 07 November 2024** **Time: 15:00** **Venue: Via Microsoft Teams Video Conferencing**	SBE	Note	Verbal	
G	**MEETING CLOSE**				**16:35**

Suzy Brain England, OBE
Chair of the Board

Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust

Register of Governors' Interests as 20 September 2024

The current details of Governors' Interests held by the Trust are as set out below.

Governors are requested to note the contents of the register – for confirmation at each Council Meeting, and to declare any amendments as appropriate in order to keep the register up to date.

Eileen Harrington – Public Governor – Doncaster
Founder of DonMentia
Run the DonMentia Forum

Lynne Schuller – Public Governor – Bassetlaw
District Councillor, Bassetlaw District Council; Harworth Ward & rep for HWB on Nott County Council
Town Councillor, Harworth Town Council
Member of Labour Party

Sheila Walsh - Public Governor – Bassetlaw
Parish Councillor, Carlton in Lindrick

Professor Lynda Wyld, Partner Governor University of Sheffield
Trustee of the Association of Breast Surgeons
Co-Owner Franks & Wyld Commercial Properties

Gavin Portier – Staff Governor - Nursing & Midwifery
Joint Director of Portier Coaching & Workshops Ltd

Rob Allen – Public Governor – Doncaster
Employed by Doncaster City Council
Member of Labour party. Branch officer & Steward Doncaster Unison Branch

The following Governors have stated that they have no relevant interests to declare:

Irfan Ahmed – Public Governor - Doncaster
Dr Mark Bright – Public Governor – Doncaster
Kay Brown - Staff Governor – Non-Clinical
Denise Carr – Public Governor - Bassetlaw
Natasha Graves – Public Governor – Doncaster
David Gregory – Public Governor - Doncaster
Jackie Hammerton – Public Governor – Rest of England
Phil Holmes – Partner Governor- Doncaster Metropolitan Borough Council
Maria Jackson-James – Public Governor – Rest of England
Alexis Johnson- Partner Governor – Doncaster Deaf Trust
George Kirk – Public Governor - Doncaster
Lynne Logan – Public Governor – Doncaster
Ainsley McDonnell, Partner Governor

Joseph Money – Staff Governor – Non-Clinical
David Northwood, Public Governor - Doncaster
Vivek Panikkar, Staff Governor
Jo Posnett – Partner Governor – Sheffield Hallam University
Mandy Tyrell – Staff Governor - Nursing & Midwifery
Andria Birch, Partner Governor - BCVS
Anita Plant, Partner Governor – The Partial Sighted Society

Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust

Auditor's Annual Report

Year ended 31 March 2024

19 August 2024

Audit and Risk Committee
Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust
Doncaster Royal Infirmary
Armthorpe Road
Doncaster
DN2 5LT

19 August 2024

Dear Committee Members

2023/24 Auditor's Annual Report

We are pleased to attach our Auditor's Annual Report including the commentary on the Value for Money (VFM) arrangements for Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust. This report and commentary explains the work we have undertaken during the year and highlights any significant weaknesses identified along with recommendations for improvement. The commentary covers our findings for audit year 2023/24.

This report is intended to draw to the attention of the Trust any relevant issues arising from our work. It is not intended for, and should not be used for, any other purpose.

We welcome the opportunity to discuss the contents of this report with you at the Audit and Risk Committee meeting on 05 September 2024.

Yours faithfully

Hayley Clark

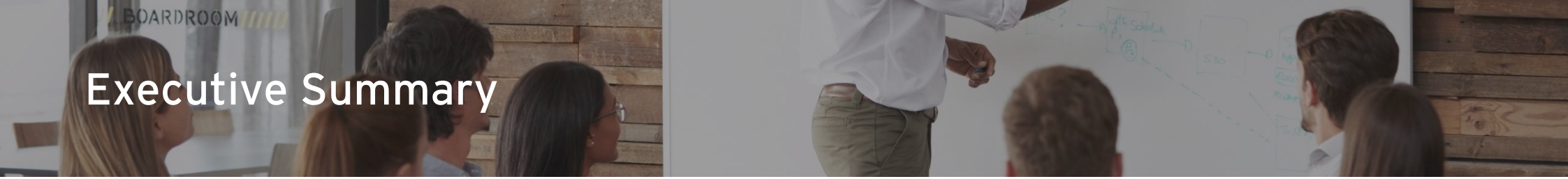
Partner

For and on behalf of Ernst & Young LLP

Encl

Contents

01 Executive Summary



Executive Summary

Purpose

The purpose of the auditor's annual report is to bring together all of the auditor's work over the year and the value for money commentary, including confirmation of the opinion given on the financial statements; and, by exception, reference to any reporting by the auditor as required by AGN07. In doing so, we comply with the requirements of the 2020 Code of Audit Practice (the Code) and Auditor Guidance Note 3 (AGN 03). This commentary aims to draw to the attention of the Trust and the wider public relevant issues from our work including recommendations arising in the current year and follow-up of recommendations issued previously, along with the auditor's view as to whether they have been implemented satisfactorily.

Responsibilities of the appointed auditor

We have undertaken our 2023/24 audit work in accordance with the Audit Plan that we issued on 9 April 2024. We have complied with the National Audit Office's (NAO) 2020 Code of Audit Practice, other guidance issued by the NAO and International Standards on Auditing (UK).

As auditors we are responsible for:

Expressing an opinion on:

- The 2023/24 financial statements;
- The parts of the remuneration and staff report to be audited;
- The consistency of other information published with the financial statements, including the annual report and
- Whether the consolidation schedules are consistent with the Trust's financial statements for the relevant reporting period.

Reporting by exception:

- If the governance statement does not comply with relevant guidance or is not consistent with our understanding of the Trust;
- To NHS England if we have concerns about the legality of transactions of decisions taken by the Trust;
- Any significant matters or written recommendations that are in the public interest; and
- If we identify a significant weakness in the Trust's arrangements in place to secure economy, efficiency and effectiveness in its use of resources.

Responsibilities of the Trust

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

Executive Summary (continued)

2023/24 Conclusions

Financial statements	Unqualified – the financial statements give a true and fair view of the financial position of the Trust as at 31 March 2024 and of its expenditure and income for the year then ended. We issued our auditor's report on 28 June 2024.
Parts of the remuneration report and staff report subject to audit	We had no matters to report. Management made a number of amendments to the remuneration report, in particular in relation to the table disclosing senior officers' remuneration and the disclosure of pay multiples
Consistency of the other information published with the financial statement	Financial information in the Annual report and published with the financial statements was consistent with the audited accounts.
Value for money (VFM)	We had no matters to report by exception on the Trust's VFM arrangements. We have included our VFM commentary in Section 03.
Consistency of the annual governance statement	We were satisfied that the annual governance statement was consistent with our understanding of the Trust.
Referrals to the Secretary of State	We made no such referrals.
Public interest report and other auditor powers	We had no reason to use our auditor powers.
Reporting to the Trust on its consolidation schedules	We concluded that the Trust's consolidation schedules agreed, within a £300,000 tolerance, to the audited financial statements.
Reporting to the National Audit Office (NAO) in line with group instructions	We had no matters to report to the NAO.
Certificate	We issued our certificate as part of our opinion on 28 June 2024.

Executive Summary (continued)

Value for Money

Scope

Auditors are required to be satisfied that Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources. We do not issue a 'conclusion' or 'opinion', but where significant weaknesses are identified we will report by exception in the auditor's opinion on the financial statements. In addition, auditors provide an annual commentary on arrangements published as part of the Auditor's Annual Report.

In undertaking our procedures to understand the body's arrangements against the specified reporting criteria, we identify whether there are risks of significant weakness which require us to complete additional risk-based procedures. AGN 03 sets out considerations for auditors in completing and documenting their work and includes consideration of:

- our cumulative audit knowledge and experience as your auditor;
- reports from internal audit which may provide an indication of arrangements that are not operating effectively;
- our review of Trust committee reports;
- meetings with the Executive Director of Recovery, Innovation and Transformation and Chief Financial Officer and Director of Corporate Affairs / Company Secretary;
- information from external sources; and
- evaluation of associated documentation through our regular engagement with Trust management and the finance team.

Executive Summary (continued)

Value for Money (continued)

Reporting

Our commentary for 2023/24 is set out in section 3. The commentary on these pages summarises our understanding of the arrangements at the Trust based on our evaluation of the evidence obtained in relation to the three reporting criteria (see table below) throughout 2023/24. We include within the VFM commentary below the associated recommendations we have agreed with the Trust.

Appendix A includes the detailed arrangements and processes underpinning the reporting criteria. These were reported in our 2022/23 Auditor's Annual Report and have been updated for 2023/24.

In accordance with the NAO's 2020 Code, we are required to report a commentary against the three specified reporting criteria. The table below sets out the three reporting criteria, whether we identified a risk of significant weakness as part of our planning procedures, and whether, at the time of this interim report, we have concluded that there is a significant weakness in the body's arrangements.

Reporting Criteria	Risks of significant weaknesses in arrangements identified?	Actual significant weaknesses in arrangements identified?
Financial sustainability: How the Trust plans and manages its resources to ensure it can continue to deliver its services	Uncertainty around contractual arrangements and challenges in respect of the recurring deficit and associated liquidity issues	No significant weakness identified
Governance: How the Trust ensures that it makes informed decisions and properly manages its risks	No significant risks identified	No significant weakness identified
Improving economy, efficiency and effectiveness: How the Trust uses information about its costs and performance to improve the way it manages and delivers its services	No significant risks identified	No significant weakness identified

Executive Summary (continued)

Independence

The FRC Ethical Standard requires that we provide details of all relationships between Ernst & Young (EY) and the Trust, and its members and senior management and its affiliates, including all services provided by us and our network to the Trust, its members and senior management and its affiliates, and other services provided to other known connected parties that we consider may reasonably be thought to bear on the our integrity or objectivity, including those that could compromise independence and the related safeguards that are in place and why they address the threats.

There are no relationships from 1 April 2023 to the date of this report, which we consider may reasonably be thought to bear on our independence and objectivity..

EY Transparency Report 2023

Ernst & Young (EY) has policies and procedures that instil professional values as part of firm culture and ensure that the highest standards of objectivity, independence and integrity are maintained.

Details of the key policies and processes in place within EY for maintaining objectivity and independence can be found in our annual Transparency Report which the firm is required to publish by law. The most recent version of this Report is for the year end 30 June 2023:

EY UK 2023 Transparency Report | EY UK

02 Audit of the financial statements

Audit of the financial statements

Key findings

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

On 28 June 2024, we issued an unqualified opinion on the financial statements. We reported our audit scope, risks identified and detailed findings to the 26 June 2024 Audit and Risk Committee meeting in our Audit Results Report, which we updated on signing our opinion. We outline below the key issues identified as part of our audit. We reported 8 internal control recommendations in the Audit Results Report. We would include any recommendations of the highest level in this report; however, we did not have any significant deficiencies to report.

Significant risk	Conclusion
Misstatements due to fraud or error	We did not identify any instances of inappropriate judgements or estimates being applied. Our work did not identify any transactions during our audit which appeared unusual or outside the Trust's normal course of business.
Manipulation of financial position through fraud in revenue recognition - overstatement of income and contract receivables (accrued income)	Our work did not identify any material issues in respect to this risk.
Manipulation of financial position through fraud in expenditure recognition – understatement of expenditure and liabilities	Our work did not identify any material issues in respect to this risk.
Valuation of land and buildings, including impairment	Our work did not identify any material issues in respect to this risk. However, we discussed with management whether the draft financial statements made sufficient reference to the increased uncertainty arising from the significant obsolescence and increased depreciation associated with the aging and poor condition of a portion of the Trust's estate and management agreed to enhance disclosures to this effect.

03 Value for Money Commentary

Value for Money Commentary

Financial Sustainability: How the Trust plans and manages its resources to ensure it can continue to deliver its services

No significant weakness identified

The Trust has had a challenging year in terms of liquidity where it has been reliant on external support to ensure sufficient liquidity is available to ensure the delivery of services. The Trust's financial plan for the year was to deliver a deficit of £26.8m; the Trust managed to achieve an improved position of £23.7m.

For 2025/25, the Trust submitted their plan to South Yorkshire ICB with a projected deficit of £26.2m. The budget for financial year 24/25 has been through a number of adjustments with the latest being a notification of an additional £23.8m as a non-recurring adjustment reducing the forecasted deficit to £2.4m. To achieve this planned deficit, it requires delivery of £21.2m of CIPs. There is therefore some degree of risk attached, as with any other year, for the Trust to reach this target as in the prior year they missed their target of £22.1m by £4.5m achieving £17.5m of CIPs in year.

Analysis of the CIPs include £4.8m of as yet unidentified schemes. This in itself is not unusual, particularly so early into the financial year, however, this represents 23% of total CIPs, which at this stage is a reduction of £2.6m on the previously planning cycle and a reduction of 10% of the overall portion unidentified at this stage. The Trust has clearly taken on a degree of risk to sign up to a challenging budget and will potentially need to deliver unfamiliar levels of savings to achieve it.

The Trust has been extremely proactive, evidenced through our work on Value for Money and Going Concern, in ensuring it is utilising all the available support.

The acuteness of the risks facing the trust are well recognised throughout the organisation, however, that doesn't diminish the severity of the situation currently facing the Trust.

Conclusion: Based on the work performed, the Trust had proper arrangements in place in 2023/24 to enable it to plan and manage its resources to ensure that it can continue to deliver its services

Value for Money Commentary (continued)

Governance: How the Trust ensures that it makes informed decisions and properly manages its risks

No significant weakness identified

The Trust has an appropriate governance framework in place to make informed decisions and manage risks.

The Board scrutinises the Trust's performance against regulatory requirements and national standards on a monthly basis through its review of the Integrated Quality and Performance Report and emphasises the importance of patient all papers presented are considered for their impact on patient and staff experience.

The Board has a strong working relationship with the Governors aiming to work collaboratively in an open and transparent way. The Trust's arrangements are underpinned by the foundations laid out within the Corporate Governance Manual, which sets the tone throughout the organs of governance in operation across the Trust. The manual also provides, in one place, a reference point for the full framework of governance documentation.

The Trust Board receives assurance from each Board Committee and the Board Assurance Framework (BAF) is regularly reviewed and refreshed for key and emerging risks.

The Board and its committees conducted regular self-assessments of their performance. In the year Internal Audit have reviewed governance, checking whether there is a documented governance structure which shows how the Board defines and communicates its assurance requirements to committees and a clear escalation process from committees to Board. The scope of the internal audit review also included consideration of whether Board committees have clearly defined the information they require to provide assurance to the Board and operate within their Terms of Reference and work plan and reviewed the Trust's strategic-level governance structure links to system and place-based partnerships. Although recommendations were raised, the overall assurance rating was moderate and there were no significant issues identified warranting further reporting by us or suggesting that there was a significant weakness in relation to governance at the Trust.

The CQC finalised their report of the Trust in March 2024 which identified an experienced and able leadership team. Within finance, the deputy director recently left the Trust, and the Chief Finance Officer has recently announced he is to retire in January 2025. The Trust secretary also recently left the Trust. The Trust will need to plan appropriately to ensure that the leadership team is able to continue to possess the suitable expertise and also ensure that the loss of corporate memory at Board level is not lost as departures occur.

Conclusion: Based on the work performed, the Trust had proper arrangements in place in 2023/24 to make informed decisions and properly manage its risks.

Value for Money Commentary (continued)

Improving economy, efficiency and effectiveness: How the Trust uses information about its costs and performance to improve the way it manages and delivers its services

No significant weakness identified

Whilst there has been more certainty in respect of funding streams for 2023/24, delivering effective and efficient services, whilst maintaining standards of care, has been a challenge against a background of greater healthcare needs and achieving adjusted elective treatment targets to reduce the Covid-19 legacy backlog of increased patient waiting times.

The Trust plays an active role across two integrated care systems - South Yorkshire and Nottingham and Nottinghamshire; and the Trust has developed significant partnerships to ensure that patient care is optimised.

Performance is managed at monthly operational oversight meetings, and under-delivery is escalated, and achievement is monitored throughout the financial reporting cycle, including the Finance and Performance Committee and Trust Board.

The Trust's 2024/25 financial plan, is based on a thorough understanding of the Trust's internal costings that allows for informed budget preparation and a good baseline to identify realistic CIPs.

The Doncaster Royal Infirmary has well-documented risks in relation to its age and condition. We note that the Trust has been able to secure increased funding since the relaxation of Capital expenditure limits following covid and the Capital Plan (£57.6m) was the largest the Trust has ever seen. The 24/25 Capital Plan is again projected to be both significant and therefore challenging with at least £11m expected to be spent on critical infrastructure programmes. The Trust is seeking more long-term solutions to develop specific parts of the site to ensure it can be sustainably maintained without the continued need for urgent and backlog projects following the disappointment of the Trust not being earmarked for a new-build hospital.

Internal audit gave an overall opinion of Significant assurance on the Trust's maintenance programme, particularly highlighting governance, risk management and the design and application of controls.

As noted in the previous section, the Trust was subject to a CQC inspection in the year, with Leadership receiving a good report. Overall, the rating had fallen since the last CQC inspection the Trust has and is facing numerous challenges including staff turnover and lack of resources. However, given the strengths of the Trust, the report stated that the highly skilled leadership team is aware of the challenges and are putting in place plans and processes to ensure the Trust delivers the highest quality of care to its patients and is governed in a responsible manner.

Conclusion: Based on the work performed, the Trust had proper arrangements in place in 2023/24 to enable it to use information about its costs and performance to improve the way it manages and delivers its services.

04 Appendices

Appendix A - Summary of arrangements

Financial Sustainability

We set out below the arrangements for the financial sustainability criteria covering the year 2023/24.

Reporting criteria considerations	Arrangements in place
How the body ensures that it identifies all the significant financial pressures that are relevant to its short and medium-term plans and builds these into them	The Trust recognise financial sustainability and the pressures it is facing as a risk within the risk register. The risk register includes actions to mitigate the risk to manage the short and medium-term impact on the Trust's service delivery. These are managed through formal monthly internal reporting on financial pressures, performance against plans and the Trust's liquidity position as well as external reporting to NHSE on the Trusts progress against plans. The risk register is considered frequently by the executive team and is a regular item for Board consideration and that it is subject to review by the Audit and Risk Committee.
How the body plans to bridge its funding gaps and identifies achievable savings	In recent years the Trust has a track record of achieving sufficient savings and agreed control totals. The Trust has submitted a plan for 2024/25 that has been agreed within the South Yorkshire Integrated Care System. The plan is challenging representative of the Trust's significant underlying deficit. To achieve the plan, the Trust has the support of commissioners locally within the system and for 2024/25 will receive additional income as part of a further allocation to SYICB. This reduces the deficit for the coming year to £2.4m but has been provided on a non-recurrent basis. To make in-roads into the structural deficit position, working closely with commissioners will be paramount to increase the funding available to match the level of activity the Trust is being expected to deliver; and continually is delivering. During the financial year 2023/24 the Trust were reliant on external funding on a monthly basis to ensure the Trust had sufficient liquidity. However, the Trust has secured approximately £25m of additional one-off funding for 2024/25 securing security around the Trusts liquidity position. However, if required they can still access the support they received during 2023/24.
How the body plans finances to support the sustainable delivery of services in accordance with strategic and statutory priorities	The Trust has a vision and a long-term strategic plan which articulates how it will deliver its statutory responsibilities. The Trust translates this into an annual operating plan including the financial plans for enabling sustainable delivery of services. This forms the basis of monthly Trust Board reporting. The Trust has prepared and submitted financial plans and savings targets to meet its agreed share of the system control total. While we have not identified any risks to continuing service delivery, detailed medium term financial planning necessarily includes a number of assumptions.

Appendix A - Summary of arrangements

Financial Sustainability (continued)

We set out below the arrangements for the financial sustainability criteria covering the year 2023/24.

Reporting criteria considerations	Arrangements in place
How the body ensures that its financial plan is consistent with other plans such as workforce, capital, investment, and other operational planning which may include working with other local public bodies as part of a wider system	The Trust reports to each Board meeting on key performance areas including Quality and Effectiveness; People and Organisational Development; and Finance and Performance. The Trust's financial plans include reporting on these "True North" strategic areas as part of its mechanisms for monitoring the achievement of targets for each of the key performance areas. Monthly reporting on the financial position to the Finance and Performance Committee links financial risks to strategic risks.
How the body identifies and manages risks to financial resilience, e.g. unplanned changes in demand, including challenge of the assumptions underlying its plans	The Trust management have maintained risk management and governance processes throughout the year. The Finance and Performance Committee review a monthly performance report which is then presented to the Board. The report includes actual year to date financial outturn performance as well as the expected/projected outturn position for the financial year. The report also highlights risks to achieving the planned outturn position, any changes to the original plan and how the Trust plans to address new risks. The Trust recognises Failure to achieve compliance with financial performance and achieve financial plan within its risk register demonstrating how the Trust identifies significant financial pressures and builds them into their short term and medium-term plans.

Appendix A - Summary of arrangements

Governance

We set out below the arrangements for the governance criteria covering the year 2023/24.

Reporting criteria considerations	Arrangements in place
How the body monitors and assesses risk and how the body gains assurance over the effective operation of internal controls, including arrangements to prevent and detect fraud	The Trust's Board Assurance Framework (BAF) is refreshed annually to match its strategic aims and align to strategic priorities and risks. The BAF outlines the actions being undertaken by the Trust to provide assurance that risks are being mitigated to an acceptable level and is reviewed and updated by the senior management team. The Board of Directors have responsibility for oversight of the BAF. The Board committee calendar ensures up-to-date information is provided to meetings for scrutiny and assurance. The Trust has a Risk Identification and Management Policy in place and the Board Assurance Framework and Corporate Risk Register provide the framework through which high-level risks are considered. The Board and committees receive and review the BAF and Risk Register on a frequent basis. The Board of Directors monitors a series of quality measures and objectives on a monthly basis. Risks to the quality of care are managed and monitored through robust risk management and assurance processes. The committees of the Board, particularly the Quality and Effectiveness Committee and the People Committee, play a key role in quality governance, receiving reports and using internal audit to test the processes and quality controls in place. This enables rigorous challenge and action to be taken to develop services to enable improvement. The Board gives regular consideration to ensuring service quality in all aspects of its work, including changes to services and cost improvement plans. The Board proactively works to identify and mitigate potential risks to quality. The Trust has an embedded control environment in place. Relevant policies and procedures are in place and used in practice. We identified no issues of concern from the work we have completed. The Trust has appropriate fraud prevention policies in place. The annual programme of counter fraud work agreed by the Audit and Risk Committee includes fraud prevention. and the committee received reports from the counter fraud specialist throughout the year.
How the body approaches and carries out its annual budget setting process	The Trust has a track record of submitting planning, key data and final financial information to regulators and commissioners in line with agreed timetables. The Trust develops its financial plan and budget using dual processes: Top down: where the Trust quantifies the core financial gap to assess its affordability envelope and inform the scale of the efficiency expectation for forthcoming year. This is developed through the application of national and local planning assumptions, as well as known commitments. Bottom up: where the Trust develops a granular level of activity, income, expenditure, workforce, capacity and efficiency planning.

Appendix A - Summary of arrangements

Governance (continued)

We set out below the arrangements for the governance criteria covering the year 2023/24.

Reporting criteria considerations	Arrangements in place
How the body ensures effective processes and systems are in place to ensure budgetary control; to communicate relevant, accurate and timely management information (including non-financial information where appropriate); supports its statutory financial reporting requirements; and ensures corrective action is taken where needed	The Trust has the appropriate arrangements in place to set, approve and monitor budgets. The Trust's internal budgeting and budget monitoring process has continued throughout the year, reviewed by management and subsequently reported through the Finance and Performance Committee monthly. Reporting to the Board also includes the full range of non-financial management information on all the Trust's key performance areas. Budget meetings with budget holders were maintained throughout the year and formed the basis for reviewing variances from the base. Throughout the year, monthly reporting on pay and non-pay cost variance analysis, as well as reporting against capital programme progress, has been the source of executive oversight to enable budget monitoring and therefore assess the sustainability of future financial plans. Furthermore, the members of the various boards have been provided increased training throughout the year which has yielded increased engagement and scrutiny from the various boards

Appendix A - Summary of arrangements

Governance (continued)

We set out below the arrangements for the governance criteria covering the year 2023/24.

Reporting criteria considerations	Arrangements in place
How the body ensures it makes properly informed decisions, supported by appropriate evidence and allowing for challenge and transparency. This includes arrangements for effective challenge from those charged with governance/audit committee	The effective operation of the Board, supported with regular, clear and relevant information, is the Trust's key tool for ensuring that it makes properly informed decisions. Published Board papers are presented with header sheets that provide consideration of the key elements of the Trust strategic aims the report relates to, demonstrating the Board is informed of the relevant areas in making decisions. These executive summaries also draw out the implications in terms of legislation, regulation and resources. The minutes evidence the challenge made by non-executive members and the transparency in decision making. The Audit and Risk Committee is comprised of appropriately skilled and experienced members, it has clear terms of reference which emphasises the Committee's role in providing effective challenge and has an annual work plan to help ensure that it focuses on the relevant aspects of governance, internal control and financial reporting. Furthermore, the members of the various boards have been provided increased training throughout the year which has yielded increased engagement and scrutiny from the various boards. Alongside this succession planning is also ongoing. A Board Delegate Program has been introduced with the first cohort securing board positions in other NHS organisations. The role of the programme is to educate senior managers on the expectations of the board and provide them with the key skills to become competent board members themselves.
How the body monitors and ensures appropriate standards, such as meeting legislative/regulatory requirements and standards in terms of officer or member behaviour (such as gifts and hospitality or declarations/conflicts of interests)	The Trust has appropriate Governance structures in place to assure itself that appropriate standards and regulations are met. Declarations of interest are a standing item in all board and Audit and Risk Committee meetings. The Audit and Risk Committee, oversee an annual programme of work that is part of a suite of actions the Trust has in place to monitor adherence to clinical and care related standards and requirements. The Trust has policies and procedures in place to ensure that staff operate in accordance with relevant legislative and regulatory requirements. These policies and procedures are reviewed and revised regularly. Safety and quality is monitored by the Quality and Effectiveness Committee, which holds quarterly learning sessions on patient safety.

Appendix A - Summary of arrangements

Improving economy, efficiency and effectiveness

We set out below the arrangements for improving economy, efficiency and effectiveness criteria covering the year 2023/24.

Reporting criteria considerations	Arrangements in place
How financial and performance information has been used to assess performance to identify areas for improvement	The Trust report and monitor financial and non-financial performance information through internal governance frameworks. The Board and Audit and Risk Committee oversee financial performance with formal monthly reporting on outturns and financial performance at Finance and Performance Committee monthly meetings. The Board receives reports on performance in its key areas, which include Quality and Effectiveness; People and Organisational Development; and Finance and Performance. The reports clearly outline performance against planned targets and outcomes. Depending on the performance area, a Board committee will have oversight of the actions being identified and taken to address areas where performance is below plan. Each committee has a process in place for monitoring agreed actions and these are then included in subsequent Board reports.
How the body evaluates the services it provides to assess performance and identify areas for improvement	The integrated performance report identifies the key performance indicators for key service areas. These are monitored on a regular basis by the Board and Finance and Performance committee and where appropriate for areas performing below target requirements action is taken to address. Safety and quality is monitored by the Quality and Effectiveness Committee, which holds quarterly learning sessions on patient safety. Trust has an array of ways of measuring its own performance across all aspects of its operations. It brings these together in the form of monthly reporting to the Board against national and local indicators. Where performance is below plan these reports highlight the action being taken to seek the required improvement. The Trust is also subject to inspection by the Care Quality Commission and is rated 'Requires Improvement' overall and in all areas in the latest published report bar "Are services caring?". The latest full CQC inspection was published in March 2024. The Trust publishes an annual Quality Report outlining its performance against a wide range of quality measures. Prior to the pandemic the Quality Report was published as part of the Annual Report and elements were subject to audit. This requirement has been removed and the report is published separately.

Appendix A - Summary of arrangements

Improving economy, efficiency and effectiveness (continued)

We set out below the arrangements for improving economy, efficiency and effectiveness criteria covering the year 2023/24.

Reporting criteria considerations	Arrangements in place
How the body ensures it delivers its role within significant partnerships, engages with stakeholders it has identified, monitors performance against expectations, and ensures action is taken where necessary to improve	The Trust reports internally on system working and working with commissioners. The Trust reports it has maintained good and supportive relationships with lead commissioners and on the strengthened collaboration and mutual aid between providers and commissioners as part of reporting to Audit and Risk Committee the preparation for production of the annual report. The Trust has an established Finance and Performance Committee which provides oversight of its active partnership role within the local Integrated Care System. The same Committee also receives regular reports from Service Leads on other partnership working and engagement with stakeholders including local commissioning bodies and local authorities. The Committee has a remit to request that Service Leads take action where significant partnerships are not delivering the performance or outcomes that the Trust expects. The Board has a duty to work in partnership with service users, carers, local health organisations, local government authorities and others to provide safe, effective, accessible, and well governed services for patients. The CQC report although rated as requires improvement within the well led aspect, it highlighted the trust leadership team showed adequate experience, knowledge, skills, and abilities to lead the trust.
How the body ensures that commissioning and procuring services is done in accordance with relevant legislation, professional standards and internal policies, and how the body assesses whether it is realising the expected benefits	Doncaster & Bassetlaw Teaching Hospitals NHS Foundation Trust is an acute provider, and the majority of its services are commissioned by local CCGs and some specialist services by NHS England. The Trust monitors outcomes through its governance framework, reporting internally to board and committees and externally via the Annual Governance Report. For procurement, the Trust uses national contracts or agreements wherever possible, primarily through NHS Supply Chain, the Crown Commercial Service and NHS Commercial Alliance. Where it is not possible to use a national agreement, contracts are advertised in the public domain via the government portal Contracts Finder. The Audit and Risk Committee review cases where single tender waivers have been performed and assess the conditions around such incidences.

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ED None

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Kath Smart

Non-executive Director

Audit & Risk Committee (ARC): September 2024

Positive Assurance

a) **Cash & Treasury Management** – Significant Assurance
b) **Data Security and Protection Toolkit** – Substantial Assurance Both reports presented a positive view of the areas under scrutiny and were welcomed by ARC
c) **External Audit Results Report 23/24 - Annual Audit Report & finalised ISA 260 from EY** – The external audit conclusion was the same as reported in June, with a summary. The only change was the finalised 8 control issues reported ARC & will be followed up on. EY to report to Council of Governors in Sept.
d) **23/24 De-brief held between Finance Team and EY** – Key points have been agreed for 2024/25 process
e) **Risk Management Annual Report** – This gave assurance on the progress made during 23/24, with key areas of focus for 24/25. 360 Assurance will review progress in Q4.
f) **Single Tender Waivers** – Significant assurance for compliance with the Trust process
g) **Losses & Compensations** – Significant Assurance for compliance with the Trust financial process. However, concern remains of the number and volume of hearing aids/dental /patient property losses which impact patient experience & trust Finances. See work commissioned.
h) **Register of Interests, Corporate Hospitality & Sponsorship** – Significant Assurance was given to the process for ensuring a robust approach and the Committee acknowledged the positive steps resulting in a 81% compliance rate for declarations of interest for decision makers during Q1
i) **Health, Safety & Fire prevention** - The report demonstrated that overall system is in place and working to mitigate health & safety risks with significant assurance. The report covered detail on improvements to H&S assurances with the RoSPA accreditation, and arrangements in place to manage risk relating to Electrical Safety, Water Safety, Lifts, Ventilation, Asbestos management and Fire Safety. There are significant risks being pro-actively managed and monitored in these areas.

Matters of Concern or Key Issues

a) Limited Assurance Audit Report - Mortality Data Quality Assurance Audit – This demonstrated there are areas for improvement in the process and 6 medium risk recommendations agreed by management covering improvement relating to the TOR & membership for the Mortality Governance Committee, oversight of the improvement plan, and establishing appropriate performance measures. The report is referred into QEC and an update on the progress with delivery of the Audit Recommendations is due back to Feb 2025 ARC.

Audit & Risk Committee (ARC): September 2024

Major Actions / Work in Progress

a) All the internal audit reports have agreed deadlines for implementation of actions. ARC will continue to monitor delivery
b) ARC requested oversight of the progress being made for Trust-wide Data Quality assurance/kitemarking to be reported back to F&P or ARC (dependent on timing)
c) ARC requested that management/ TLT review where assurance sits in light of Mortuary & Pathology assurance, the Sir Jonathan Michael Report/ Pathology in light of discussions held at QEC and some cross over with other Committees (eg:Security Management).
d) ARC TOR & Workplan – This has been reviewed and updated. In line with guidance and best practice, it has been agreed that Health, Safety, Fire & Security will no longer be the responsibility of ARC. As part of the due diligence during handover, ARC has asked for management to consider where these key areas report into in the Trusts management structure, and notes that future reporting will be to Finance & Performance Committee, with a significant element to People Committee. Management/ TLT were asked to review reporting lines to ensure this can be achieved.
e) ARC Chair to meet with CIO to discuss CyberSecurity Assurances provided to ARC
f) Post-Accounts de-brief held between Finance and EY with clear agreed actions, including the earlier production of the trusts Annual report for 2025 to facilitate smoother year end processes
g) Risk Management – ARC has requested clear timeline of risk management training plans and rollout be brought to the committee. Progress has been made, but this action is still underway.
h) Losses & Compensations – In light of repeated claims made in respect of patient property, ARC requested management to review whether a Qi / CIP project may be appropriate

Decisions Made

a) Standing Financial Instructions, Standing Orders, Reservation of Powers to the Board – These were reviewed and recommended for approval by the Board
b) Requested a change of ARC date to October, so that this is ahead of the next BOD in November 24.
c) ARC TOR & Workplan – The bulk was approved, with some final minor changes to be made before coming back to October ARC before being recommended to November 24 Board of Directors

Assurance Levels

Internal - Second Line of Defence

Full Assurance	The system design and existing controls are working well. Potential innovations being considered all relate to achieving recognised best practice
Significant Assurance - with minor improvement opportunities	The system design and existing controls are working well. Some minor improvements have been identified. Identified manangement actions are not considered vital to achievemnet of strategic aims & objectives - although if unaddressed may increase likelihood of risk
Partial Assurance - with improvements required	The system design and existing controls require strengthening in areas. A few operational weaknesses have been recognised. Existing performance presents some areas of concern regarding exposure to reputational or other strategic risks. Weaknesses identified present an unacceptable level of risk to achieving strategic aims & objectives. A small number of priority actions havae been accepted as urgently required.
No Assurance	The system design & existing controls are ineffective. Several fundamental operqational weaknesses have been recognise. Existing performance presents an unaccpetable exposure to reputational or other strategic risks. Weaknesses identified are directly impacting upon the prevention to achieving strategic aims & objectives. Several priority management actions have been accpeted as urgently required.

External - Third Line of Defence

Substantial	IA - That the framework of governance, risk management and control has been effectively designed to meet the organisation's objectives, and that controls are consistently applied in all areas reviewed.
Significant	IA - That there is generally sound framework of governance, risk management and control designed to meet the organisation's objectives, and that controls are generally being applied consistently.
Moderate	IA - That there is generally sound framework of governance, risk management and control, however, inconsistent application of controls puts the achievement of the organisation's objectives at risk.
Limited	IA - That there are weaknesses in the design and/or inconsistent application of the framework of governance, risk management and control that could result in failure to achieve the organisation's objectives.
Weak	IA - That there are weaknesses in the design and/or inconsistent application of the framework of governance, risk management and control that will result in failure to achieve the organisation's objectives.

#hello my name is…

Hazel Brand

Non-executive Director

Charitable Funds Committee September 2024 (CFC)

Matters of Concern or Key Issues

The Fred & Ann Green Legacy provided the DBTH Charity with an income stream that no longer exists as the Legacy is almost spent. This means that charity expenditure is limited during 2024/25 as it is a transition year between the charitable functions being provided by DBTH and transfer to Doncaster & Bassetlaw Healthcare Services on 1 April 2024. Moderate assurance

There are ambitious but reportedly realistic targets for fund-raising during the year. Moderate assurance

Major Actions / Work in Progress

Fund-raising/Grant-making draft strategy to be prepared for the September meeting by the incoming Head of Charity, with opportunity for trustees' input

Decisions Made

To approve the paper presented by Mark Olliver, MD, Doncaster & Bassetlaw Healthcare Services, on Charity Operations Update, adopting the KPIs outlined therein.

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Mark Day

Non-executive Director

Finance & Performance Committee (F&P): July 2024

Positive Assurance

Recovery, Innovation & Transformation Update– significant assurance overall but there are still concerns about the performance of the Mexborough Elective Orthopaedic Centre (MEOC) with more work required to ensure a sustainable operating model.

Matters of Concern or Key Issues

Access Standards - The Committee is assured by the standard of reporting, the identification of key performance concerns, and the work being planned and/or undertaken to address those concerns. Overall, an assessment of partial assurance is still relevant given the number of issues that need to be addressed. The Committee noted increased ED demand and ambulance conveyances which are being considered at Place level. The Committee asked that the transfer of stroke patients be reviewed and whether conveyance directly to DRI is preferable to initial assessment at BGH. Partial Assurance

Elective Activity – Activity is behind plan in a number of areas with workforce continuing to present the greatest challenge. Positive partial assurance can be reported given the explanations provided and identified actions. However, the Committee wishes to see urgent action taken to manage CT scanning volumes. Partial Assurance

Urgent and Emergency Care Improvement Plan – It was noted that although virtual ward activity has increased it has not impacted bed occupancy or length of stay. The increased number of ambulance conveyances and the number of patients with 'no right to reside' remain areas of concern and material change will require commitment and effective delivery across local partnerships. Partial Assurance

Getting it Right First Time (GIRFT) partial assurance was received in relation to senior management focus on GIRFT but considering the wider financial and performance challenge it is necessary to devote great organisational effort in achieving standards. The Committee asked for a full report for its next meeting and will escalate specific areas of concern or opportunity to the Board. Partial Assurance

2024/25 Financial Performance– The adverse forecast and slippage on CIP represents a significant risk to the financial position and it is recommended that the Board consider corrective action at the earliest opportunity – extraordinary Board of Directors Meeting planned for w/c 04 August 2024. Partial Assurance

Finance & Performance Committee (F&P) cont'd

Major Actions / Work in Progress

Getting it Right First Time (GIRFT) – Detailed reporting and challenge.

Diagnostics – a focus needs to be maintained on demand management and effective utilisation of capacity in this area given the concerns identified previously and the critical part played in treatment pathways. Specifically work needs to be undertaken to ensure that DBTH CT scan high demand is reduced, to match clinical guidelines and the practice in other acute providers which are showing significantly lower demand.

Decisions Made

Treasury Management Policy – Approved.

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Jo Gander

Non-executive Director

Quality & Effectiveness Committee (QEC): August 2024

Positive Assurance

PSIRF Progress and Outcomes report
CQUINS Update report Quarter 4
CQC Action Plan & Update
Committee Substructure Plan
HAPU4 exception report
Never Event Exception report
Still Birth report
Progress report on Year 1 of the NMAHPS Quality Strategy
Mortality report
Audit & Effectiveness Update report
Audit & Effectiveness Annual Report

Matters of Concern or Key Issues

None to report

Quality & Effectiveness Committee (QEC) cont'd

Major Actions / Work in Progress

Although the Never Event Exception report received Full Assurance a further paper was requested at October's QEC to provide assurance and information around the broader Trust strategic plans to learn from and avoid a repeat of never events.

A request was made that Sub Committee minutes and reports clearly demonstrate that the agreed TORs are being implemented specific areas to be included around Clinical Audit progress and exception reporting.

It was recognised in the committee that there are wider governance-based actions that will look at Committee Terms of Reference, work plans and structures, and which will further help to clarify and improve transparency around the assurance processes across the Trust.

Decisions Made

Minutes of the QEC Meeting held on 4th June 2024 were approved.

DRAFT

COG24/07/A1 - COG24/07/F

Doncaster and Bassetlaw Teaching Hospitals
NHS Foundation Trust

COUNCIL OF GOVERNORS

Minutes of the meeting of the Council of Governors held in public
on Thursday 11 July 2024 at 15:00
via Microsoft Teams

Chair	Suzy Brain England OBE, Chair of the Board	
Public Governors	Mark Bright Denise Carr David Gregory Jackie Hammerton Lynne Logan Andrew Middleton Dave Northwood Lynne Schuller Clive Smith Sheila Walsh	
Staff Governors	Kay Brown Gavin Portier Mandy Tyrrell	
Partner Governors	Phil Holmes Lynd Wyld	
In attendance	Rebecca Allen - Associate Director of Strategy, Partnerships & Governance Mark Bailey - Non-executive Director Hazel Brand - Non-executive Director Mark Day - Non-executive Director Zara Jones - Deputy Chief Executive Rodney Muskett – Interim Deputy Director of Finance (agenda item B1) Lucy Nickson - Non-executive Director Angela O'Mara - Deputy Company Secretary (minutes) Richard Parker OBE - Chief Executive Emma Shaheen - Director of Communications and Engagement Kath Smart - Non-executive Director	
Governor Apologies:	George Kirk - Public Governor	
Board Member Apologies	Jo Gander - Non-executive Director Jon Sargeant - Chief Financial Officer Denise Smith - Chief Operating Officer	
		ACTION

COG24/07/A1	**Welcome, apologies for absence (Verbal)**	
	The Chair welcomed the Council of Governors and those in attendance to the meeting. The above apologies for absence were noted.	
COG43/07/A2	**Declaration of Governors' Interests (Enclosure A2)**	
	No new declarations of interests were presented to the meeting.	
	The Council: - ***Noted governors' current declarations of interests.***	
COG24/07/A3	**Actions from previous meetings**	
	There were no outstanding actions.	
COG24/07/B1	**Re-appointment of the Trust's External Auditors**	
	The Chair welcomed the Interim Deputy Director of Finance and Non-executive Director, Kath Smart to present the Audit & Risk Committee's recommendation to reappoint the Trusts external auditors. In her capacity as Chair of the Audit & Risk Committee, Kath Smart confirmed that in 2021 following a procurement exercise involving governor colleagues, a contract was awarded to Ernst & Young for an initial three year period, with an option to extend for up to two years. The three year contract ends on 30 September 2024 and in view of the current limited audit market it was recommended that the contract be extended and work commence on a tender process to secure an external auditor at the end of the two year extension. In response to a question from Public Governor, Dave Northwood, the Interim Deputy Director of Finance confirmed the cost would be in line with the original contract rates, any change to the contract would be subject to negotiation. Public Governor, David Gregory enquired of the possibility of a system solution to secure efficiencies. Whilst back office functions were being explored by the Acute Federation, the market for external audit provision was small and the need for impartiality and independence was noted. The Chair supported the exploration of options, subject to procurement rules.	
	The Council of Governors: - ***Approved the recommendation for the re-appointment of the Trust's External Auditors for a further two years***	
COG24/07/C1	**Presentation**	
COG24/02/C1.1	**Chair's Report** The Chair of the Board provided an overview of her activities since the previous Council of Governor's meeting, which included:	

	• Involvement in a Board development session to assess the current risk appetite and consider the strategic direction of the Trust, to inform a refresh of the Trust strategy. • Attendance at a virtual South Yorkshire & Bassetlaw Acute Federation governor event which showcased collaborative programmes of work and provided an update from South Yorkshire ICB's Chief Medical Officer on the core ICB aims. • Attendance at NHS Confederation's annual conference (ConfedExpo 2024). • Attendance at Yorkshire & Humber Chairs Meeting. • Attendance at NHS Providers Chair & Chief Executive Network. • Welcomed Sir Kier Starmer and Wes Streeting as part of their pre-election visit to Bassetlaw Hospital. • Attendance at NHS Providers' Governor Focus Conference where 300 governors were welcomed to the annual conference and facilitation of a discussion group. • Attended the Royal Garden Party at Buckingham Palace at the invitation on NHSE's Regional Director.	
COG24/07/C1.2	**Rebecca Allen – Governor Activities** The Chair of the Board welcomed the Associate Director of Strategy, Partnerships & Governance to her first Council of Governors meeting. In the absence of a lead governor an update was provided on governor activities during May and June 2024. A summary of the response to the governor engagement survey was provided and key themes identified. A workshop would be arranged to seek governor input to refresh the lead governor role description ahead of expressions of interest being sought. The use of NHS mail accounts for governors would be explored and volunteers were sought to be part of the initial trial.	
COG24/07/C1.3	**Kath Smart - Audit & Risk Committee** The Chair of the Audit and Risk Committee provided an insight into June's year-end Committee meeting. The Chair's assurance log provided positive assurance in respect of the Head of Internal Audit Opinion, which provided a significant assurance outcome and the external auditors' ISA 260 which provided a clean opinion on the accounts. Work continued to address the actions arising from the corporate governance audit, which provided a good platform on which to build following the appointment of the Associate Director of Strategy, Partnerships & Governance. Following scrutiny of the year-end report and accounts and supporting documentation any minor amendments to the accounts would be delegated for final sign off by the Chief Executive, following completion of the external auditors work. The Annual Governance Statement was approved and the Annual Report recommended to the Board of Directors. A review of the year end process would be carried out by the external auditors and finance colleagues and a debrief would take place at September's Committee meeting.	

COG24/07/C1.4	**Jo Gander - Quality and Effectiveness Committee** In the absence of Jo Gander, the Deputy Chair, Emyr Jones highlighted the key areas of work to address the findings of the paediatric audiology review and the ongoing work to address the patient tracking inaccuracies, which would be reported to August's Committee meeting.	
COG24/07/C1.5	**Finance and Performance Committee** The Chair of the Finance & Performance Committee highlighted the broad range of business considered by the Committee each month and the improved level of reporting during the last twelve months. The Committee was assured by the processes and practice in place, the need for collaborative working was noted. Delivery of 2023/24's financial plan was noted. 2024/25 was expected to be challenging and the importance of exploring Place and System opportunities and holding partners to account for delivery of their actions was emphasised.	
COG24/07/C1.6	**Hazel Brand - Charitable Funds Committee** Due to a change in arrangements, the meeting of the Charitable Funds Committee had been rearranged, with the next meeting due to take place on 16 July. This would be restricted to a single item agenda which focused on the transition of the management of the hospital charity to Doncaster & Bassetlaw Healthcare Services Ltd. This change had been overseen by a Task and Finish Group and was underpinned by a formal contract and service level agreement. The Head of Charity had been appointed an would commence in post in September 2024. The Trust's Communication and Finance Teams would continue to support the work of the Charity. The Chair of the Committee recognised the generosity of colleagues and the wider public, including local businesses and shared her appreciation of their contribution to the fundraising campaigns.	
COG24/07/C1.7	**Mark Bailey – People Committee** The Chair of the People Committee highlighted discussions at June's People Committee, which included areas of assurance, ongoing work, areas of focus and decisions made. He reflected on the achievements during year one of the People Strategy and noted the areas of challenge relating to alignment of the workforce and financial plans, an increase in the volume of casework and the impact on timescales for resolution and the need for further assurance on the measures to ensure the effectiveness of violence and prevention standards.	
COG24/07/C1.8	**Governor Questions** In response to a question from Public Governor, David Gregory regarding the possibility of an interim lead governor whilst the review of the role description and expression of interest took place, the Associate Director of Strategy, Partnerships & Governance confirmed there was no agreed process within the Trust's Constitution to make such	

	arrangements. The Deputy Chief Executive confirmed the Trust would make every effort to ensure effective communication with the Council of Governors was not impacted by the vacancy and was keen to move at pace to secure a resolution, whilst allowing governors the opportunity to be engaged in the process and for their voices to be heard. As an employee at a local University, Public Governor, Jackie Hammerton enquired of the impact on the Trust of recruitment freezes seen in the NHS. The Chief Executive acknowledged the financial and operational challenges in 2024/25 and recognised the need for enhanced reporting due to the Trust's deficit financial plan, requiring cash support but confirmed there was not a blanket freeze in place. All vacancies were subject to a weekly review by the executive team, consideration was given to the impact on any existing reliance on temporary workforce. In the case of newly qualified midwives, where expressions of interest exceeded the required staffing levels, the Board had agreed to over recruit, recognising the potential for drop off and the requirement to work towards achievement of national workforce standards. Public Governor, Dave Northwood sought assurance on the current Emergency Preparedness, Resilience and Resilience compliance rate, reported at 31%. The Chair of the Audit & Risk Committee noted an improving performance arising from enhanced monthly governance and oversight arrangements. The increased level of evidence and reporting was highlighted and as in previous years there would be a peer review process adopted. Whilst it was not expected that full compliance would be declared, there was an expectation that compliance levels would increase as iterative improvements were made. The Trust had experience of responding to major incidents involving evacuation in the case of incidents impacting South Block and the Women & Childrens' Hospital In relation to the ongoing work in paediatric audiology, the Deputy Chief Executive acknowledged that whilst addressing the quality recommendations identified as part of the review, the implementation of an IT solution had created further challenges which needed to be worked through. Along with executive oversight, the improvement programme involved the Integrated Care Board, NHSE and the support of subject matter experts to address areas of improvement and learning.	
COG24/07/C1.9	**<u>Richard Parker OBE, Chief Executive's Report</u>** The Chief Executive provided an overview of the Trust's activity and performance standards. In March 2024, 76.1% of patients were seen, treated and either discharged or admitted within four hours of arrival in the Emergency Department. This achievement saw the Trust recognised as one of the most improved organisations regionally and nationally. The Trust continued to experience significant bed pressures and currently had 136 medically fit patients occupying beds, awaiting discharge. The need for a system solution to support timely discharge and flow through the hospital was crtitical. In terms of financial performance, the Chief Executive reported a slight deterioration of the Trust's position at month three. The Integrated Care Board's financial plan remained challenging with c£48m of unidentified savings to be found. Following its opening earlier this year, the Mexborough Elective Orthopaedic Centre completed its 100th hip replacement surgery last month. The Centre was an excellent	

	example of partnership working between Doncaster, Rotherham and Barnsley hospitals and the organisations would continue to work collaboratively to further increase the volume of elective activity. Construction of the Community Diagnostic Centre at Montagu Hospital was progressing well, the "topping off" ceremony had recently taken place and completion of the project was expected in Spring 2025. Bassetlaw Emergency Village work also continued at pace and was due for completion in late Summer/early Autumn. As part of the pre-election visits, the Trust welcomed Sir Kier Starmer and West Streeting to Bassetlaw Hospital where they were welcomed by the Chair, Chief Executive, and DBTH colleagues. It was an excellent opportunity to discuss some of the challenges facing the Trust, the opportunities that the Emergency Village would create and the ongoing impact of industrial action. Junior medical staff had been able to share their views on contracts and career opportunities as part of the visit. In addition to the above, the Council of Governors were informed of the following initiatives and developments: • the purchase of state of the art robotic equipment, supported by the Fred & Ann Green Legacy. • the development of the Trust's strategy, following a refreshed vision and strategic priorities. • working with Place partners to explore the provision of care closer to home • development of a visitor's charter. The Chief Executive highlighted the search for a suitable donor for colleague Becky Hudson, who required an urgent stem cell transplant. Whilst Becky's story had been shared on social media, the support of governors and the wider public was sought in raising awareness.	
COG24/02/C1.10	**<u>Governor Questions</u>** On behalf of the Council of Governors, Public Governor, Dave Northwood asked that congratulations be shared with Professor Lynda Wyld and Mr Tony Wilkinson on their Royal College appointments. In respect of the current underutilisation and resultant reduced income related to the Mexborough Orthopaedic Centre (MEOC), the Chief Executive confirmed oversight of the facility would transfer to the Chief Operating Officers of each hospital with effect from September 2024. During year one this had sat with the MEOC Programme Board. There was a need to ensure delivery of an optimal and consistent number of procedures, eliminating variation by establishing the current challenges in bringing surgeons of three different hospitals together and supporting appropriate solutions. The Chair of the Board recognised the benefit to patients of a less invasive, more precise procedure through the use of robotic equipment. From an employer's perspective, technological enhancements assisted the recruitment and retention of colleagues, although the need for appropriate training was acknowledged. The support of the Charity in securing the equipment was recognised, with the potential for future developments to require charitable donations.	**AO**

COG24/07/D1	**Minutes of the Council of Governors held on 25 April 2024**		
	The Council of Governors: - ***Received the Minutes of the Council of Governors held on 25 April 2024, approval was sought outside of the meeting (email of 22/7/2024 @ 8:45).***		
COG24/07/E1	**Questions from members of the public previously submitted prior to the meeting.**		
	No questions had been received from the public.		
COG24/07/F1	**Any other Business**		
	No items of other business were raised.		
COG24/07/F2	**Items for escalation to the Board of Directors**		
	No items for escalation were reported.		
COG24/02/F3	**Governor Board/Meeting Question Database**		
	The Council of Governors: - ***Received and noted the question database.***		
COG24/02/F4	**Date and time of next meeting (Verbal)**		
	Date: Time: Venue:	**26 September 2024** **17:00** **Microsoft Teams**	
	Meeting Close:	**17:00**	

Governor Questions and Answers - Updated as at 4 July 2024

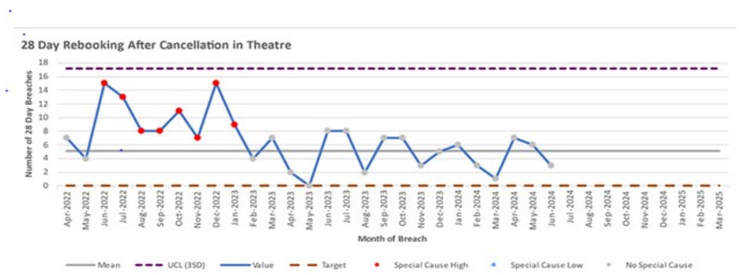
NHS
Doncaster and Bassetlaw Teaching Hospitals
NHS Foundation Trust

Reference	Meeting Source	Date	Question	Answer	Who Answered?	Date sent to CoG
P24/01/I3	**Board of Directors**	**30/01/2024**	**Can the board give assurance that goals and targets which appear to be falling short remain attainable. If this is not the case will the goals be reassessed. Could you please outline how we measure against our peers i.e. neighbouring trusts.**	Assurance had been offered throughout the meeting, the Chief Operating Officer had provided a comprehensive update which highlighted specific areas where standards were challenged and improvement trajectories were in place. In terms of peer comparisons there was a wealth of available data across the Acute Federation and at a regional level, national benchmarking was available and relative performance could be determined by the tier system operated by NHSE where the Trust was currently receiving tier two support related to its elective care performance. When considering comparator data, the Chief Executive recognised the impact of other factors, such as bed capacity, which was not necessarily the same across organisations. The Trust's intention was always to meet the national standard, ensuring the highest possible standard was achieved.	Denise Smith, Chief Operating Officer & Richard Parker OBE. Chief Executive	In the meeting
P24/01/I3	**Board of Directors**	**30/01/2024**	**On page 33, the section on interaction with bereaved families, are NEDs assured that that the figures and percentages quoted are usual for a Trust such as ours how would they benchmark against similar trusts. In addition do ALL staff interacting with bereaved families have suitable training, skills and knowledge?**	The Chief Nurse highlighted the End-of-Life Team provided a specialist service, with specific professional training, there was no evidence from complaints/concerns of any themes related to communication with bereaved families. The information referenced was within the Medical Examiners element of the Executive Medical Director's report and related to a specific group of colleagues, outside of the ward environment. Throughout a patient's journey there would be ongoing conversations and communication was an integral part of colleagues training and education.	Karen Jessop, Chief Nurse	In the meeting
P24/01/I3	**Board of Directors**	**30/01/2024**	**On page 212, given the risk of fire score of 20, are the NEDs assured that the Trust is urgently doing all that is possible to address this matter?**	The score referenced was from the summary page of the Board Assurance Framework and related to strategic risk BAF4, if DBTH's estate is not fit for purpose DBTH cannot deliver services and this impacts on outcomes and experience for patients and colleagues. A significant amount of work had been undertaken on fire safety with the Trust's authorised person working closely with South Yorkshire Fire & Rescue (SYFR). Non-executive Director and Chair of the Audit & Risk Committee, Kath Smart, confirmed regular reports provided assurance that a programme of works had been delivered to time, with agreed plans for 2024/25 jointly agreed with SYFR, with independent assurance and risk assessments undertaken by fire safety consultant. The Chief Financial Officer confirmed the rolling programme of work to ensure patient services remained operational, recognising the risk to patients was greater if service provision was halted.	Kath Smart, Non-executive Director & Jon Sargeant, Chief Financial Officer	In the meeting
COG24/02/C1.10	**Council of Governors**	**01/02/2024**	**Public Governor, Denise Carr, asked where 'I Want Great Care' originated, if the information could be viewed by patients and how this information would be used.**	The Chair explained the Family and Friends Test had been refreshed and a new approach enabled patients to provide feedback via text message which made feedback more accessible.	Suzy Brain England OBE, Chair of the Board	In the meeting
COG24/02/C1.10	**Council of Governors**	**01/02/2024**	**Public Governor, Andrew Middleton, asked how confident the Trust was in using all resources towards cost savings.**	The Chief Executive explained the Quality Improvement Team had continued to progress developments in cost savings, however there had been limitations. •The Lack of efficiency due to quality of estate drove a third of the Trusts' deficit position. •As a Place Doncaster had been underfunded. The Chief Executive informed the Trust had made efforts to reduce costs by working with partnerships such as the South Yorkshire Pathology Board, which involved five other Trusts. The Chair added the Trust had a proactive team for continuous improvement.	Richard Parker OBE, Chief Executive OBE	In the meeting
COG24/02/C1.10	**Council of Governors**	**01/02/2024**	**Public Governor, Clive Smith, had raised if other resources could be encouraged in aid of easing up clinics such as physio recovery in swimming session, etc.**	The Chief Executive explained conversations with the Executive Doncaster Place Director would confirm resources available. Non-Executive Director, Joanne Gander, informed local resources could be found on the local council website, in which the public could self-refer.	Richard Parker OBE, Chief Executive OBE & Jo Gander, Non-executive Director	In the meeting

Reference	Meeting Source	Date	Question	Answer	Who Answered?	Date sent to CoG
Email	**Partner Governor**	**18/03/2024**	**I would like to provide the following question to the Trust via the Trustboard Office as partner Governor; Bassetlaw District Council.** **Councillor colleagues have recently been made aware of issues relating to the Audiology Department who provide treatment and support for residents with hearing loss.** **Residents within the Bassetlaw area have increasing frustration regarding the waiting times for initial hearing screening for hearing loss, repairs to equipment and ongoing treatment.** **Loss of hearing is as we are all aware a difficult situation to deal and come to terms with.** **Many of the residents share the fact that their world is reducing and that the hearing loss impacts on every part of their lives. There is also the potential for any reversible hearing impairment to become long term or irreversible whilst waiting for treatment.** **The current waiting list for treatment is reported to us as being 2 years. Whilst we are aware of the potential to access treatment from other areas, shared to us by our partners in the Place Based Partnership, we would respectfully ask what actions the Trust is taking to resolve the issue of extended waits and how people may be supported whilst they are awaiting treatment.**	Over the past year we have successfully recruited five Audiologists, with the last candidate taking up post in January this year. We have implemented a triage system to ensure patients are offered the most appropriate appointment to meet their needs. Although the waiting list for triage appointment is currently 16-18 weeks, we usually offer a repair appointment within 3 weeks of this telephone consultation. We have also made some amendments to our clinic templates to increase capacity for repair appointments and diagnostics. We are seeking mutual aid from other providers across South Yorkshire and Nottinghamshire and are also exploring options to further increase capacity at Doncaster and Bassetlaw through insourcing and outsourcing. We have submitted a bid to develop an Audiology Care Pathway at Montagu Community Diagnostic Centre and this is being considered, if approved this will support a reduction in waiting times. For the longer term, we are working with colleagues across the ICS to review the service model for audiology services, to ensure we have a sustainable service in place that can meet the needs of our local population.	Lucy Hammond, Divisional General Manager & Denise Smith, Chief Operating Officer	Outside of the meeting
P24/03/G2	**Board of Directors**	**26/03/2024**	**Do we use Physician's Assistants? If not, will we use them and how will they be supervised?**	The Acting Executive Medical Director highlighted there were no Physician Assistants working within the Trust. There were two Anaesthetic Associates working that were currently training within the Anaesthetic department, fully supervised by consultant colleagues. The Acting Executive Medical Director assured the Board that as an organisation, the approach would not be to never employ Physician Associates or have taken a negative view against the roles but rather ensure that where there are changes to traditional roles the changes are managed effectively to ensure appropriate cover and support.	Dr Nick Mallaband, Acting Executive Medical Director	In the meeting
P24/03/G2	**Board of Directors**	**26/03/2024**	**What is the procedure to move patients through the night and whether there is any way to mitigate that?**	The Chief Operating Officer explained the procedure for transferring patients from assessment units to a bed on a base may be required during the night to maintain flow from the Emergency Department. The Chief Operating Officer reassured the Board that any moves were made early evening and not after 10pm wherever possible.	Denise Smith, Chief Operating Officer	In the meeting
Email	**Public Governor -Lynne Schuller**	**18/04/2024**	**This is a follow-on update from a question in June23 above. Lynne Schuller asks if there a masterplan for parking, if so does this cover the needs of blue badge users and take into consideration this group and the topography which is currently causing an amount of hardship (the hill from the parking and the drop off point).**	Initial response from above was that several "walkthrough" of the site have addressed the initial signage and temporary clinical therapies entrance works. Since then plans have been updated and updates to the site access is updated on the Trust website. (https://www.dbth.nhs.uk/access-routes-to-bassetlaw-hospital-during-building-works/) attached also is a plan of the BDGH site parking kindly sent from the estates department.	Kirsty Edmondson-Jones, Director of Innovation & Infrastructure Sean Tyler, Head of Compliance from estates	PDF HG0049-PHS-ZZ--A-9120 - BECV Pr

Reference	Meeting Source	Date	Question	Answer	Who Answered?	Date sent to CoG
Email	**Public Governor - Andrew Middleton**	**22/04/2024**	**Follow up to 11/1/2024** **The new facilities at Mexborough (CDC and MEOC) are to serve three borough populations - Doncaster (50%), Rotherham (25%) and Barnsley (25%. In view of the proximity of neighbourhood populations to Mexborough, which span three local government areas:-** **1. Have the IT systems at the Mexborough facilities been designed to communicate with GPs and other providers/partners in the three boroughs?** **2. What marketing has been undertaken on the new services with GPs and others in the three boroughs?** **3. How will demand be managed should it exceed capacity?** **With the facility now open, the matter is now more pressing as demonstrated in a meeting today of Barnsley Healthcare Federation, the GP collaborative for all Barnsley's 31 practices, where I am the Independent NED for Finance and Governance. I was asked at today's meeting by GPs, particularly those close by in the Dearne Valley, a host of questions about how MEOC will operate in conjunction with the primary care community in Barnsley. I was somewhat embarrassed at not being able to offer any answers to their questions, or to indicate where they might go for answers.** **I am asking of you whether the F&P Committee has examined the operational plan for MEOC, through which committee NEDs can seek assurance on questions such as those I asked several weeks ago.** **The current situation for Barnsley GPs, who are 25% "stakeholders" in the new centre, is that none of them knows anything about the MEOC operational arrangements, including referral protocols.** **Is this matter within scope of the F&P Committee? It is certainly of interest to the 250,000 population of Barnsley and its 31 GP practices.**	1. The digital and IT infrastructure focuses on providing clinicians in the facility with access to data from their host trusts and communicating and reporting clinical information back to the host trusts post operatively. The individual trust systems/clinicians then communicate clinical information for any patients treated at MEOC, this is done in exactly the same was as they did prior to MEOC opening. Digital improvement work is ongoing, as all three provider Trust operate differing IT systems, however, a temporary solution is in place and working well. The permanent solution is planned for completion by June/July 2024. 2. MEOC is set up to receive consultant referrals only, with no direct referrals from GPs, hence why no referral protocols have been developed/shared. It is the responsibility of teams within provider trusts to decide whether patients on their current waiting list, and new referrals, meet the agreed clinical criteria for treatment at MEOC. Some marketing has been undertaken with GPs in order to make them aware of the service that is being provided to their patients via onward referral from consultant orthopaedic surgeons in the three partner trusts. 3. The capacity in MEOC was planned to manage a reduction in high-volume, low complexity orthopaedic surgery waiting times, whilst freeing up capacity in host trusts for more complex work, and assisting with a reduction in overall waiting times for the longest waiting patients. Whilst it is not anticipated that further capacity will be required to achieve the waiting list targets aimed for in the business case, the design of the building included consideration of an extension at a later point should this be necessary. The operational policy has been circulated several times for comment to provider trusts' Chief Operating Officers and their teams responsible for delivery of the MEOC plan. There are numerous meetings and structures now in place to discuss operational, clinical and performance matters which are attended by representatives from all three provider trusts. The strategic and operational effectiveness is something the Finance & Performance Committee is concerned with, alongside a wide range of service development and operational delivery issue across the range of the Trust's activities. Given the responsibility (and desire) to collaborate with partners to deliver service solutions to populations wider than Trust's traditional operating footprint we are interested to receive feedback from all stakeholders on any issue impacting the effectiveness of MEOC.	Karen McAlpine, MEOC Operational Lead, Jon Sargeant, Chief Financial Officer and Mark Day, Non-executive Director	Outside of the meeting
COG24/04/B3	**Council of Governors**	**25/04/2024**	**Public Governor, Dave Northwood enquired how governors would be involved in the refresh of the Trust Strategy.**	The Deputy Chief Executive confirmed that work would progress through Spring and into Summer, building upon existing knowledge to develop and form clear objectives for the future. The Trust would consult as part of this work, with governors and the wider public, the support of governors as ambassadors of the Trust would be welcomed within their local communities. The Chief Executive recognised the importance of partnership working, with the need to consider alternative ways to deliver historical healthcare which may see the potential for services to be provided away from a traditional hospital setting into the community. The Glass Works Diagnostic Centre in Barnsley was an example of this, which had not only improved patient and colleague experience but had resulted in increased attendance rates, supporting ease of access and reducing health inequalities.	Zara Jones, Deputy Chief Executive & Richard Parker, Chief Executive	In the meeting
COG24/04/B3	**Council of Governors**	**25/04/2024**	**Public Governor, Clive Smith enquired if there were any plans to refurbish the basement of the East Ward block as part of the developed schemes.**	Should funding be approved the Chief Executive recognised the benefits of condensing the site and improving the co-location of services.	Richard Parker, Chief Executive	In the meeting
COG24/04/B3	**Council of Governors**	**25/04/2024**	**Public Governor, Sheila Walsh enquired if there were any plans for the replacement of the current lift system within the East Ward block as part of the schemes developed for refurbishment of the DRI site.**	Should funding be approved the Chief Executive acknowledged that through the relocation of services and use of a decant facility, the volume of lift traffic could provide improved opportunities to refurbish the lifts to comply with current standards. The Trust would continue to actively pursue funding opportunities and actively campaign at a local and national level for support to address the estate challenges.	Richard Parker, Chief Executive	In the meeting
COG24/04/B3	**Council of Governors**	**25/04/2024**	**Public Governor, Rob Allen enquired what opportunities there may be for the expansion of on-site parking,**	The Chief Executive noted the issues related to car parking, in terms of availability and difficulties arising from DRI's location in a residential area. The East Ward block proposal would require the reprovision of the underground car park and Lister Court, to the rear of the Old Ambulance Station, had recently been demolished which offered the potential for future hard surface parking. As part of its Green Plan, the Trust was also mindful of its role in managing the impact on the environment through carbon emissions.	Richard Parker, Chief Executive	In the meeting
COG24/04/D2	**Council of Governors**	**25/04/2024**	**In respect of April's Audit & Risk Committee Chair's assurance log, Public Governor, Dave Northwood requested clarity that the 75% closure rate for audit recommendations related to timely closure and that as the current rate was 77% that a future target would look to secure an improvement.**	The Chair of the Audit & Risk Committee confirmed that the rate did relate to timely closure, the actual closure rate stood at 90% which signalled a clear commitment from the organisation to close high and medium risks. Work to further improve the timely closure rate was required and a target was yet to be agreed for 2024/25, an update would be provided on the next assurance log. The Chief Executive reiterated the importance of the timely closure of audit recommendations and was supportive of a target above 2023/24's closing position.	Kath Smart, Non-executive Director & Richard Parker, Chief Executive	In the meeting

Reference	Meeting Source	Date	Question	Answer	Who Answered?	Date sent to CoG
Email	**Public Governor - Lynne Schuller**	**06/05/2024**	**A friend contacted me yesterday; she has Lupus, and her treatment requires an annual scan and examination of her eyes. She was concerned to be told when attending Ophthalmology this week that:** **A. She will receive a letter from D.R.I. in about 6 months' time explaining changes to the service. Could I ask why will there be an outline of service in 6 months? Is the service subject to a review? If so, will there be a public consultation or consultation with service users?** **B These proposed changes include visiting an optician, not the consultant at D.R.I. What is the access to said opticians - including how many are available and where they may be situated, and indeed how this may affect Bassetlaw Residents - i.e. is this a South Yorkshire ICB / ICS decision and if so is this mirrored by Nottingham & Nottinghamshire ICB / ICS.**	Without further patient information, particularly regarding the treatment received, the service is unable to provide a response and have requested direct contact is made with the Business Manager, Kerry Allen on 01302 642173. Alternatively, should they wish to email Kerry @ kerry.allen3@nhs.net and provide their contact details she will arrange a mutually convenient time to speak.	Kerry Allen, Business Manager	Outside of the meeting
Email (post BoD)	**Public Governor - Dave Northwood**	**07/05/2024**	**The need for a Lead Governor to be in place to liaise between the Trust and NHS(E), when communication between the latter and the Chair is inappropriate, was outlined by Monitor. It was confirmed at the recent Board meeting that this is an important coordination role. No Lead Governor has been identified for over 2 months. Why should there be any further delay in appointing a Lead Governor?**	Following our Board of Directors meeting earlier this week and some subsequent queries from governors about the Lead Governor appointment process, I thought it would be helpful to drop you a line to update on the timelines. Today is Fiona Dunn's last working day at DBTH as our Company Secretary and Director of Corporate Affairs. I am sure you will join me in wishing Fiona all the best in her retirement and we will miss her support to both the Board and Council of Governors. We have been successful in recruiting to a new role of Associate Director of Strategy, Partnerships and Governance, a key appointment in providing ongoing senior leadership in Company Secretary related duties as well as a broader strategic portfolio, working closely with Zara Jones, our Deputy CEO. Formal announcements about our new colleague will follow imminently. Given the changes above and the variety of activities our small Trust Board Office team are undertaking in coming weeks, we intend to start an Expressions of Interest process for the role of Lead Governor in June 2024. The exact date is yet to be finalised, but I hope you will find it helpful to know that this process will start in the near future. Should you have any further queries, please do not hesitate to get in touch via the Trust Board Office. The current interim arrangements in lieu of having a Lead Governor in post will remain until a new appointment is made.	Suzy Brain England OBE, Chair of the Board	Outside of the meeting
Email	**Cllr Harrier Digby - Partner Governor & Lynne Schuller - Public Governor**	**05/06/2024**	**Clarity on the issue of patients attending services and booked procedures to find that there is insufficiently trained staff. This leads to the procedure being cancelled and re-booked, sometimes moving venue.** **The concern here is threefold. The impact on individual patients, having to have undergone cancelled procedures, potential impact on the mental health of patients following cancellations and the impact on waiting lists which remain high.** **I would request that the number of cancelled procedures is investigated and that this is report alongside an indication as to the reason for cancellation. The Lillie hood of this happening three times to one person and not being a wider issue we believe would be slim and therefore some clarity in regards the numbers would be beneficial.**	Dear Councillors Digby and Schuller, Thank you for your email correspondence of 4 June 2024, in relation to the cancellation of elective procedures at the Trust, which I have received for comment via the Trust Board Office. I understand that the specific patient concerns were to be addressed separately by the Patient Advice and Liaison Service, and as such my response below will focus on the overall Trust position. The Trust is required to report against the following national standards relating to cancelled elective procedures: •Urgent operations cancelled more than once (no patient should have an urgent operation cancelled on more than one occasion) •Breaches of the 28-day guarantee (where any patient cancelled should be re-booked within 28 days) Performance against these standards is reported to the Board's Finance & Performance Committee, where it is subject to scrutiny and challenge, in order that assurance may be provided to the Board of Directors. Performance against all national access standards, along with patient safety and workforce data is presented as part of the Integrated Quality and Performance Report to every meeting of the Board; as this is a meeting held in public all papers are available via the Trust's website. During Quarter 1 2024/25 no urgent operations were cancelled more than once. In addition, I can confirm that a monthly operational report provides the total number of cancellations and a breakdown of the reasons for cancellation; in the latest reporting period (June 2024) cancellations equated to 1.1% of all procedures.	Denise Smith, Chief Operating Officer	Outside of the meeting

Reference	Meeting Source	Date	Question	Answer	Who Answered?	Date sent to CoG
				With regards to the 28-day guarantee standard, the graph to the left shows the Trust's performance over time and the supporting narrative provides an insight into the specialty and reasons for the breach occurring. Breaches of the 28-day guarantee June 2024 2 x Trauma and Orthopaedics 1 x General Surgery All three patients were cancelled due to a lack of theatre time due to anaesthetist sickness, the addition of an urgent trauma patient to the list and a change of theatre list order. Two patients were reappointed in June and one in July May 2024: Trauma and Orthopaedics x 5 General Surgery x 1 One cancellation related to surgeon sickness, two due to a technical issue related to laminar air flow, one due to a lack of available equipment, one due to a lack of time, and one due to no available elective bed. Two patients were reappointed in May, three in June and one in July. A Theatre Improvement Programme is in place to increase oversight, strengthen practice and drive improvements, the five workstreams within the programme are detailed below: •Optimising theatre lists through planning •Maximising utilisation on the day •Rightsizing the workforce •Applying national productivity metrics •Managing equipment and the environment		
Email (CoG)	**Professor Lynda Wyld Partner Governor**	**11/07/2024**	**Is there an opportunity for the Trust to make cost savings and reduce its deficit position by urgently reviewing and improving the management of long term or reoccurring sickness absence for medics, relating to a loss of productivity and increased spend on associated cover costs for locums, alongside colleague sick pay?**	A number of changes have been made in relation to our management of sickness absence over the last year, and Sickness Absence is a pillar within the Trust's Workforce (Agency) Workstream with actions monitored through a steering group chaired by the Chief People Officer and on Monday.com. This workstream reports to the Transformation Board, chaired by the Chief Executive. The Trust's sickness absence policy was refreshed and relaunched last year, supported by briefing sessions and an ongoing review of template letters. The policy and supporting documentation provide a process to manage sickness absence robustly whilst supporting our people and their health & wellbeing. Other improvements in the process of managing sickness absence include focused stretch targets being set at a divisional/directorate level and within individual depts, rather than all areas working towards the Trust-wide target, and triangulating data on sickness and agency/locum usage. Sickness absence rates and trends are monitored at divisional Performance Review Meetings and the People Business Partnering team continue to support managers and there is oversight of all cases within a sickness absence process. It would, of course, not be appropriate to comment on individual cases and sometimes conversations can be happening which may not be visible to the rest of the team. Further actions are underway and planned. These include ongoing work with the Occupational Health team together with recently introduced specialist mental health nurse provision, a task and finish group to improve the process for reporting and managing absence of doctors in training (as it is recognised that this is less clear than for other groups currently) and deep dives where there are particular 'hot spots' or trends.	Zoe Lintin, Chief People Officer	Outside of the meeting
Email (CoG)	**Professor Lynda Wyld Partner Governor**	**11/07/2024**	What plans are there to increase breast screening attedance rates, which seem to be well below pre pandemic levels and not shifting.			

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NHS Foundation Trust

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Annual Report and Accounts for 2023/24

Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust

Annual Report and Accounts 2023/24

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

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Performance Report

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

Richard Parker OBE
Chief Executive
27 June 2024

Chair and Chief Executive's statement

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Suzy Brain England OBE
Chair of the Board
27 June 2024

Richard Parker OBE
Chief Executive
27 June 2024

Who we are and what we do

As well as being an acute NHS Foundation Trust, hosting one of the busiest emergency services in the county, we are also a teaching hospital operating within the Yorkshire region, working closely with the University of Sheffield and Sheffield Hallam University.

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

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

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

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

We provide the full-range of local hospital services, some community services (including family planning and audiology) and some specialist tertiary services including vascular surgery.

We serve a population of more than 440,000 across South Yorkshire, North Nottinghamshire and the surrounding areas and run three hospitals and a smaller site at Retford:

- **Doncaster Royal Infirmary (DRI)**

  DRI is a large acute hospital with over 450 beds, a 24-hour Emergency Department (ED) and trauma unit status. In addition to the full range of district general hospital care, it also provides some specialist services. It has inpatient, day case and out-patient facilities.

- **Bassetlaw Hospital in Worksop (BH)**

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

- **Montagu Hospital in Mexborough (MH)**

  Montagu is a non-acute hospital with over 50 inpatient beds for people who need further rehabilitation before they can be discharged. There is a nurse-led Urgent Treatment Centre, open 9am to 9pm. It also has a day surgery unit, renal dialysis, a chronic pain management unit and a wide range of out-patient clinics. Montagu is the site of our Rehabilitation Centre, Clinical Simulation Centre and the base for the Abdominal Aortic Aneurysm screening programme.

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

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

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

Our headquarters are at Doncaster Royal Infirmary:

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

Our strategy, vision, mission, values and objectives

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

Refreshed vision and priority statements

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

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

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

This is underpinned by four strategic priorities, which are:

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

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

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

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

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

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

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

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

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

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

The DBTH Way

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

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

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

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

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

- We are Kind, Inclusive, Person-centred, Empowering, Accountable, and Collaborative.

- We show Attentive listening, Integrity and Honesty, Courage, and Positivity.

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

NHS
Doncaster and Bassetlaw Teaching Hospitals
NHS Foundation Trust

Our vision is:

Healthier together – delivering exceptional care for all.

Our four strategic priorities are:

NHS
Doncaster and Bassetlaw Teaching Hospitals
NHS Foundation Trust

The DBTH Way

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

We are

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

We show

- Attentive listening
- Integrity and honesty
- Courage and positivity

We Care values

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

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

We Care values

- **W**e always put the patient first
- **E**veryone counts – we treat each other with courtesy, honest, respect and dignity
- **C**ommitted to quality and continuously improving patient experience
- **A**lways caring and compassionate
- **R**esponsible and accountable for our actions – taking pride in our work
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The DBTH Way

We are

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

We show

- Attentive listening
- Integrity and honesty
- Courage and positivity

We always put the patient first

What we expect from people

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

What is unacceptable from people

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

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

What we expect from people

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

What is unacceptable from people

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

NHS
Doncaster and Bassetlaw Teaching Hospitals
NHS Foundation Trust

Committed to quality and continuously improving patient experience

What we expect from people

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

What is unacceptable from people

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

Always caring and compassionate

What we expect from people

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

What is unacceptable from people

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

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

What we expect from people

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

What is unacceptable from people

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

Encouraging and valuing our diverse colleagues and rewarding ability and innovation

What we expect from people

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

What is unacceptable from people

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

Achievements in 2023/24

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

April 2023

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

May 2023

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

June 2023

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

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

July 2023

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

August 2023

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

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

September 2023

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

October 2023

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

November 2023

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

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

December 2023

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

January 2024

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

February 2024

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

March 2024

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

Additional highlights aligned with our overall priority statements:

Patients

“We deliver safe, exceptional, person-centred care.”

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

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

Operational achievements

- **Emergency care improvements:** Following an intensive piece of work which began in January 2024, in March 2024, we achieved a performance rate of 76.1% against the four hour access care standard for March 2024 of 76%. Additionally, we saw increased use of the discharge lounge, virtual ward and improvements in ambulance handover times - improvement we hope to maintain in the long-term.

- **Cancer care advancements:** We made significant strides in reducing the 62-day cancer backlog and successfully delivered the Cancer Faster Diagnosis Standard.

- **Diagnostic and elective care:** There were notable improvements in the six-week diagnostic standard for Endoscopy and Medical Imaging. By the end of March, we virtually eliminated long waits for elective care, with zero 104-week waits, two 78-week waits, and only 16 patients waiting over 65 weeks.

- **Winter period management:** We maintained safe services over the winter period with minimal elective cancellations, ensuring continuity of care despite seasonal pressures.

- **Response to industrial action:** Throughout periods of industrial action, we successfully maintained essential safe services, demonstrating our resilience and commitment to patient safety.

- **Leadership recruitment**: We completed the recruitment of our leadership team within Corporate Nursing, as well as recruitment to vacant posts within our Divisional teams, reinforcing our strategic vision and enhancing our operational capacity.

- **Sexual Safety Charter:** As signatories to this charter, we have committed to a zero-tolerance approach to any unwanted, inappropriate, and harmful sexual behaviours towards our workforce. By signing up to this document, we pledge to uphold the principles and actions outlined in the charter to ensure a safe and respectful environment for all staff members, demonstrating our dedication to fostering a secure and supportive workplace.

Nursing and Midwifery

- **Strategic initiatives:** The launch of the Nursing, Midwifery, and Allied Health Professionals Strategy, along with the drafting of the Visitor's Charter, marked significant steps forward in patient care and engagement.

- **Safe Staffing processes:** We recruited to a number of vacant posts, embedding evidence-based safe-staffing processes throughout the Trust.

- **Safeguarding and support:** Our safeguarding team has expanded, and we have introduced Domestic Abuse Advisors, strengthening our support for vulnerable patients.

- **Patient safety framework:** We have implemented the Patient Safety Incident Response Framework (PSIRF), as well as supported the development of the Professional Nurse/Midwife Advocate role within the Trust, both of which have been key to enhancing patient safety.

- **Maternity and midwifery achievements**: We have achieved Clinical Negligence Scheme for Trusts (CNST) Year 5 in the Maternity Incentive Scheme and had our most successful year for Registered Midwifery recruitment. The healthcare and support worker transition project was also successfully completed.

- **Professional development:** Our first cohort of Chief Nurse Fellows have completed their training. Additionally, we achieved the National Preceptorship Quality Mark for

nursing.

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

Quality and Safety

- **Maintained safety during industrial action:** Ensuring patient safety during this time was our top priority, and we successfully maintained it throughout periods of industrial action.

- **Mortality rate reductions**: We have achieved reductions in hospital mortality rates, with improvements in both the Hospital Standardised Mortality Ratio (HSMR) which has dropped from 107.95 to 105.44 in a 12-month period, with improvement in the Summary Hospital-level Mortality Indicator (SHMI) .

- **Job planning and medical appraisal:** We have seen improvements in job planning, with over 92% of medical appraisals completed, enhancing our workforce's effectiveness and satisfaction.

- **Health inequalities strategy:** We published a new Health Inequalities Strategy, which is now available in the usual locations, emphasising our commitment to addressing disparities in health outcomes.

People

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

- **Record-breaking Staff Survey:** We achieved unprecedented participation in the Staff Survey (67% participation) with positive results indicating significant improvements in various areas. More details are available further in the report.

- **DBTH Way and Just Culture:** The development and launch of the DBTH Way alongside a renewed focus on Just Culture has fostered a more supportive and transparent workplace environment.

- **Strategic developments:** This year saw the development and publication of crucial strategies including the People Strategy, Research and Innovation Strategy, Speaking

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

- **Awards and recognitions:** Our Trust has received numerous award nominations and wins, notably achieving Menopause accreditation and being named Employer of the Year at the Doncaster Business Awards.

- **Succession Planning and growth:** We have introduced the Scope for Growth framework, ensuring effective succession planning and opportunities for professional growth within our Trust.

- **Flexible Working Policy:** The launch of our new Flexible Working policy and related toolkit has provided colleagues with more opportunity to achieve better working arrangements, enhancing work-life balance and supporting retention.

- **Equality, Diversity and Inclusion (EDI):** A refresh of our EDI plan and the introduction of the Board Development Delegate Programme (now in its third cohort) underline our commitment to fostering an inclusive workplace.

- **Long Service Programme**: We successfully relaunched our Long Service Programme, celebrating the dedication and contributions of our long-serving team members.

Education and Research

- **Strategy Implementation:** The first year of our Research and Innovation Strategy has been delivered successfully, meeting all key performance indicators including the development and launch of the NMAHP Research and Innovation framework.

- **HTA Licence:** We have been granted a Human Tissue Authority (HTA) licence, enabling us to conduct Advanced Therapy Investigational Medicinal Product (ATIMP) trials on-site.

- **Born and Bred in Doncaster Study:** The BaBi-D study continues to thrive, with over 2,400 participants (1,432 women and 975 babies) recruited to date, fostering community engagement in research and enhancing connectivity with partners.

- **Learner expansion:** There has been a notable increase in learner numbers across all specialisms and groups within DBTH, driven by our pioneering efforts in widening participation activities, including 'We Care into the Future' and extensive work experience programs. We have fully utilised the apprenticeship levy to support these

initiatives.

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

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

Our Staff Survey results

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

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

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

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

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

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

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

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

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

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

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

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

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

Just Culture

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

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

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

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

1. **Fair accountability:** We recognise the importance of accountability without unjust blame. Just Culture recognises that errors are often the result of system failures rather than individual negligence. We will encourage open dialogue and learning from these to implement preventative measures and avoid similar incidents in the future.

2. **Learning and improvement:** We will not only identify and report errors but analyse reported incidents, near misses and other raised concerns to identify trends, patterns and underlying causes. Through this analysis, we can implement effective measures, continuously evolving and enhancing our practices for the safety of our patients.

3. **Communication and feedback:** Open and transparent communication is at the heart of Just Culture. We encourage everyone to speak up, ask questions and share suggestions, concerns or ideas for improvement. Additionally, we will provide timely feedback on reported incidents and the subsequent actions taken.

4. **Education and training:** Just Culture is supported at DBTH by the national Patient Safety Incident Response Framework (PSIRF) and we will provide comprehensive education and training for all colleagues who respond to such incidents.

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

Investment and strengthening our leadership

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

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

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

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

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

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

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

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

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

Partnerships

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

- **Virtual Ward launch and expansion:** We launched, and have subsequently increased the number of patients benefiting from our Virtual Ward, allowing for more efficient and flexible patient management - this was achieved in tandem with partners at Rotherham, Doncaster and South Humber NHS Foundation Trust.

- **Mexborough Elective Orthopaedic Centre (MEOC):** The MEOC was built on time and within budget, opening to patients in January. Remarkably, the unit broke-even within the financial year 2023/24, showcasing our efficient project management and financial planning. This project was a first-of-its-kind collaboration between the Trust and partners at The Rotherham Hospital NHS Foundation Trust and Barnsley Hospital NHS Foundation Trust.

- **Pathology transition:** Following a significant programme of work led by our CEO Richard Parker, OBE on April 1, 2024, pathology services at Barnsley Hospital NHS Foundation Trust, The Rotherham NHS Foundation Trust, DBTH, Sheffield Children's NHS Foundation Trust, and Sheffield Teaching Hospitals NHS Foundation Trust formed the South Yorkshire and Bassetlaw Pathology (SYBP) Partnership. This collaboration unifies laboratory services across these trusts into a single service, developed with input from staff, to ensure a sustainable, innovative approach to pathology management.

Corporate governance and strategy

- **Corporate Governance review:** We undertook a comprehensive review of our corporate governance processes using a "fresh eyes" approach. This initiative aimed to identify areas for improvement and ensure our governance structures are robust and effective.

- **Risk Management training:** We introduced a structured risk management training process, equipping our staff with the necessary skills and knowledge to identify, assess, and manage risks effectively.

- **CIVICA Declare implementation:** The successful implementation of the CIVICA Declare system has streamlined the management of declarations of interests, enhancing transparency and accountability across the Trust.

- **Committee effectiveness reviews:** We standardised the process for committee effectiveness reviews, aligning them with year-end reporting to ensure timely and accurate assessments of committee performance.

- **Assurance logs for Board oversight:** The introduction of committee chairs' assurance logs has improved Board oversight, providing a clear and structured way to monitor and review committee activities and outcomes.

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

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

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

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

You can find out more about the SYAF by visiting: https://syics.co.uk/acutefederation and the SYBICS by visiting: https://syics.co.uk/

- The single South Yorkshire and Bassetlaw Pathology Network went live on 1 April and is now set to deliver quality and efficiency benefits for patients and staff.

- The federation published its Clinical Strategy - a five-year framework for clinical collaboration across the Acute Federation.

- The Sheffield Elective Orthopaedic Centre (SEOC) opened on 3 April 2023 with a phased introduction of the Enhanced Care Unit. This has increased day case rates for primary arthroplasty and significantly reduced the number of long waiters. The

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

- The Mexborough Elective Orthopaedic Centre, a collaboration between Barnsley Hospital NHS Foundation Trust, Doncaster & Bassetlaw Teaching Hospitals NHS Foundation Trust and The Rotherham Foundation Trust, opened on 15 January 2024 and was delivered to time and to budget.

- Patient Initiated Follow Up in elective care increased from 2.45% in April 2023 to 3.67% in February 2024 which is above the national average and use of specialist advice at a rate of 56.1 per 100 referrals in February 2024.

- Three Community Diagnostic Centres are currently open, delivering additional capacity for Imaging, Endoscopy and Physiological Sciences, exceeding the original target number of additional tests of 84,317 with actual activity numbers of 89,742.

- The Yorkshire Endoscopy Training Academy (YETA) formed in June 2023, hosted by Sheffield Teaching Hospitals. The first trainee to complete immersion training was able to perform independent lists 20 weeks earlier than would have been feasible with standard training.

- The Acute Paediatrics Innovator Programme was launched in 2023 and has secured funding for Paediatric Virtual Ward remote monitoring technology, established clinical networks to improve access to Paediatric Dental elective and Ear, Nose & Throat elective services.

- Sheffield Children's NHS Foundation Trust's has pioneered a High Intensity Theatres Operating List enabling the clinical team to increase Ear, Nose and Throat surgery for children from 10 to 20 procedures a day.

- The SYB Stroke Health Inequalities Report was published in July 2023 to support service development and identify areas of high impact.

- The SYB Integrated Stroke Delivery Network (ISDN) successfully implemented multiple projects with third sector partners responding to gaps in access to services supporting life After Stroke through the Stroke Quality Improvement for Rehabilitation scheme including dedicated Social Prescribing Link workers to support people post-stroke and piloting a new six-week clinic in Sheffield for stroke patients who are able to be discharged promptly from Hyper Acute Stroke Units. The ISDN also delivered a pre-hospital video triage pilot which is now business as usual within Sheffield and Doncaster Hyper Acute Stroke Units.

- We have used our insight to inform Barnsley Metropolitan Borough Council's Stroke Prevention Campaign to address higher stroke mortality rates in Barnsley.

- 16,000 tobacco specialist assessments have been completed with inpatients across Acute, Mental Health and Children's Trusts.

- There have been 2,237 four-week quits achieved as a result of the QUIT programme which, following national statistics, equates to over 1,000 smoking-related deaths avoided.

- SYB successfully met the 62-day backlog trajectory at the end of March 2024.

Pounds

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

- **Financial Performance:** We delivered a £23.7 million deficit against a planned deficit of £26.8 million for the financial year 2023/24, representing an 11.5% improvement on our financial plan. Additionally and with agreed support from NHS England, we successfully managed our cash flows, ending the year with £36 million cash in hand.

- **Capital Plan Delivery:** We executed a substantial £57.8 million capital plan, ensuring the continued enhancement and expansion of our facilities and services.

- **Substantial developments:** The Trust has undergone significant capital development, including the £14.9m Mexborough Elective Orthopaedic Centre, which aims to reduce orthopaedic waiting times. The Community Diagnostic Centre at Montagu Hospital has received over £25m, adding a new Endoscopy Suite and planned Imaging Suite. Bassetlaw Hospital has eliminated reinforced autoclaved aerated concrete panels, paving the way for the £17.6m Bassetlaw Emergency Village, enhancing urgent and emergency care services. (figures relate to the overall capital projects)

- **Bassetlaw Emergency Village (ED/CAU/ATC):** The Bassetlaw Emergency Village project is progressing on schedule and within budget, with the build handover anticipated in September 2025.

- **Quality Improvement and Innovation Strategy:** Our forthcoming Quality Improvement and Innovation Strategy is set to be published shortly, outlining our plans for continuous improvement and innovative practices across the Trust.

- **New hospital and refurbishment plan:** The Trust's application for funding for a new hospital in Doncaster has been unsuccessful. Consequently, a refurbishment plan has been developed and is being refined to reduce infrastructure-related risks and ensure the continued provision of high-quality services for the local community.

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

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

Significant changes and developments since 1 April 2024:

- Lesley Barnett was appointed Head of Cancer Services.
- With the support of charitable funds and the Fred and Ann Green Legacy, the Trust has procured a robotic surgery platform to enhance cancer procedures.
- We successfully hosted our first DBTH Leadership Conference, attended by over 100 senior managers.
- Our Corporate Nursing team has drafted the DBTH Visitor's Charter, outlining clear expectations for both colleagues and visitors.
- Our Stroke team has implemented advanced CT perfusion software within their services to improve stroke care. This cutting-edge technology allows specialists at the Trust to extend the thrombolysis treatment window from the current standard of four and a half hours to nine hours, and the thrombectomy treatment window from six hours to 24 hours, following a partnership agreement with the Neuro Intervention team at Sheffield Teaching Hospitals (STH).
- Mr. Tony Wilkinson, Lead Consultant Podiatric Surgeon, has been elected to the Council of the Royal College of Podiatry for a three-year term.
- Professor Lynda Wyld, Consultant Breast Surgeon, has been appointed to the Royal College of Surgeons Council, recognising her dedication to advancing surgical training, education, and examination, particularly in the fields of general and breast surgery.
- DBTH achieved a 76.1% compliance rate in the Four Hour Emergency Care Standard for March 2024, up from 67.27% in the previous month and in March 2023. Consequently, in May 2024, NHS England recognised the Trust as one of the most improved both regionally and nationally. As a result, we will receive an additional £2 million in funding to invest in our services for the benefit of patients.
- Jon Sargeant, Executive Director of Recovery, Innovation and Transformation and Chief Financial Officer, will be retiring in January 2025.
- Publication of our DBTH Operational Plan for 2024/25. Annual Plans were drafted throughout January to February with an extended Trust Executive Group meeting held on 7 February 2024 which gave an output of 20 priority areas of focus for the trust, which were prioritised to the following Transformation Programme by the Executive Team and aligned to the NHS Operational Planning Guidance which was published at the end of March 2024 and also with the South Yorkshire and Nottingham and Nottinghamshire ICBs Joint Forward Plans and Place Plans. Via a thorough Triangulation and Confirm and Challenge process the Trust has ensured all plans are robust to deliver quality care to patients.

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

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

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

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

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

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

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

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

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

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

Rating for acute services/acute trust

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

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

Performance overview and analysis in 2023/24

As an organisation, we have built upon the achievements and performance of the previous years, improving in some aspects of care, whilst upholding standards in others. We have also maintained a focus upon good financial performance, with an eye on capital developments and sustainability. In this section, you can find a brief summary of our activity, and related performance, in a number of areas, highlighting some of our achievements and developments throughout the past 12 months.

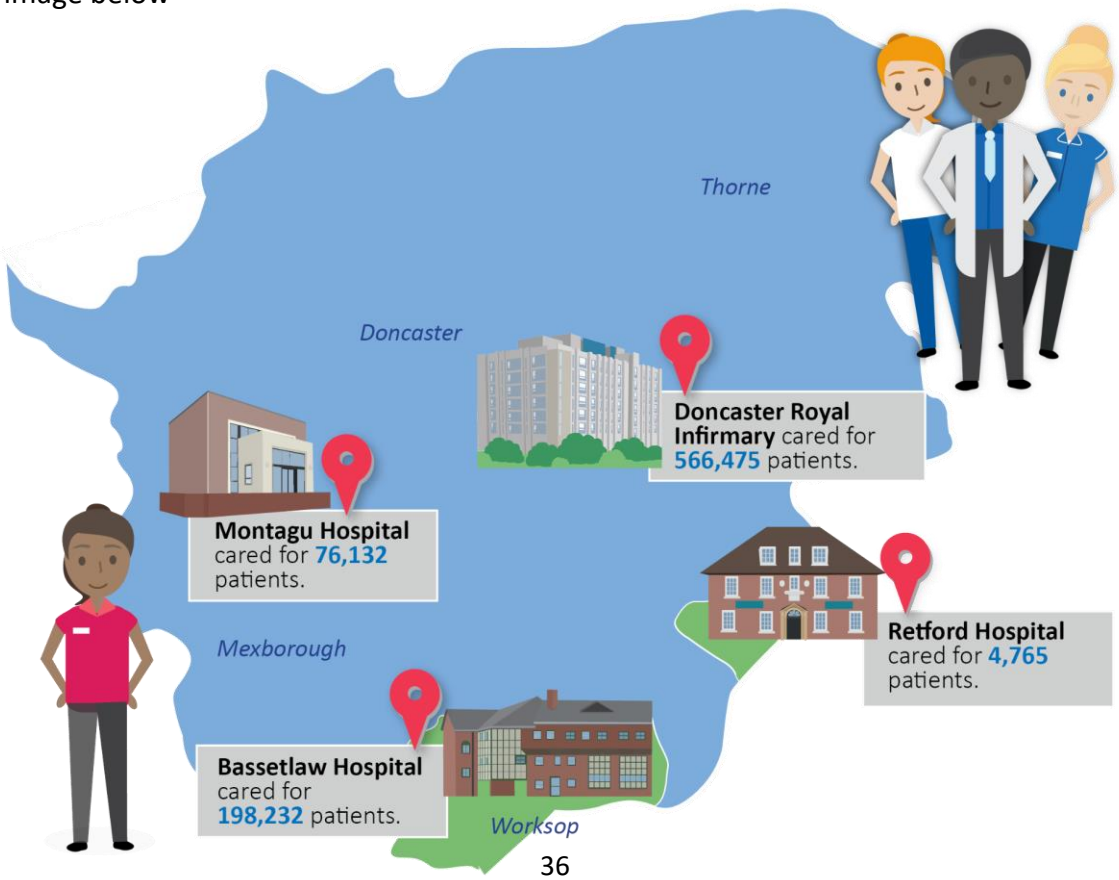
Our activity in 2023/24:

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

In comparison with 2022/23:

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

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



Performance analysis 2023/24

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

Urgent and Emergency Care

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

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

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

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

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

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

Elective Care

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

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

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

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

Diagnostics

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

Cancer

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

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

Investment and infrastructure

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

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

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

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

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

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

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

Furthermore, we continue to prioritise the development of services to address emerging healthcare challenges. By investing in innovative technologies, research, and staff training, we are well-equipped to provide cutting-edge treatments and care pathways. This proactive approach ensures that patients receive the most effective and advanced medical interventions available in suitable care environments. Notable advancements include the provision of a new state-of-the-art Da Vinci robot for minimally invasive surgical procedures and a Tyromotion Robotic Therapy suite for stroke rehabilitation.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Another benefit of its location in Mexborough is that Montagu Hospital is defined as a 'cold site' and does not provide emergency services. This means that, despite peaks in activity within the wider acute hospitals, the MEOC will be ring fenced and protected against the

cancellations and postponements which can, unfortunately, be common as staff are moved elsewhere to help manage emergency pressures, particularly in winter.

A note on the future of Doncaster Royal Infirmary

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

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

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

In summary, the proposed improvements include:

- **Relocation of the Department of Critical Care to the ground floor:** This move will provide modern facilities for the patients receiving critical care and facilitate the development of the East Ward Block.

- **Creation of a new ward block building in front of the East Ward Block:** Another priority to modernise the hospital infrastructure.

- **Integration of two new modular theatres:** These will support the existing theatre suite during refurbishment.

Once the enabling scheme are completed they will facilitate:

- **Full refurbishment of the East Ward Block:** Priority refurbishment of the main tower block at DRI.

- **Full refurbishment of the Women's and Children's Hospital.**

- **Creation of additional car parking capacity and on-site accommodation.**

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

Sustainability and the Trust's Green Plan

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

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

In recognition of this, and in support of the NHS' net zero ambitions, the Trust has outlined its strategy for improved sustainability and reduced carbon emissions in its Green Plan, which can be viewed here:
https://www.dbth.nhs.uk/about-us/how-we-are-run/trust-strategy/

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

- A transition to the procurement of electricity from clean renewable sources, leading to a significant reduction in the Trust's carbon footprint.

- A significant reduction in the use of volatile anaesthetic gases that have a harmful impact on the environment.

- The attainment of a Green Flag Award for the memorial gardens at Doncaster Royal Infirmary and Bassetlaw District General Hospital, recognition of the benefit that these green spaces provide and their positive impact on biodiversity.

- A transition to a 'zero waste to landfill' approach to waste disposal.

- An increased focus on sustainability when procuring goods and services, and work with partners to help minimise the environmental impact of our supply chain.

- The successful training of Trust employees in carbon literacy and future plans for more widespread training and education throughout the organisation.

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

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

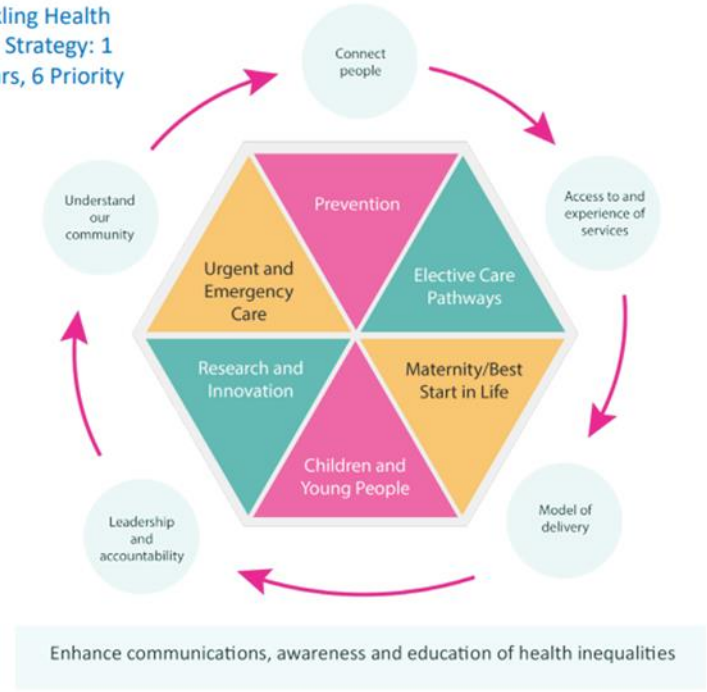
Health inequalities

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

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

DBTH's Tackling Health Inequalities Strategy: 1 Base, 5 Pillars, 6 Priority Areas

Aim:
To embed tackling health inequalities (HI) into everything we do



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

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

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

1. **Prevention:** We are working with the Healthy Hospital Programme Team, reviewing their data through a health inequalities lens. We are also contributing to the development of an alcohol care team for DBTH, coordinated by our ICB colleagues.

2. **Elective care pathways / recovery:** We have provided feedback on the Access Policy review to ensure health inequalities are thoroughly considered. We are planning targeted work with colleagues across the Trust to examine why patients did not attend their appoitment (DNAs) and health inequalities. Additionally, we are assessing the new MEOC site for its potential impact on health inequalities, both positive and negative, in collaboration with colleagues across the three Trusts.

3. **Urgent and Emergency Care Pathways:** We are planning a project to examine high-intensity users in Urgent and Emergency Care (UEC) and the impact of initiatives such as Making Every Contact Count.

4. **Maternity and Best Start in Life:** Our focus is on building strong relationships with maternity colleagues and identifying how we can best support existing efforts to address health inequalities.

5. **Children and Young People:** We are concentrating on strengthening relationships with paediatric colleagues and determining the best ways to support ongoing work to tackle health inequalities.

6. **Research and Innovation:** As of 1 February 2024, Dr Kelly Mackenzie has begun a new joint role as Clinical Senior Lecturer (University of Sheffield) and Honorary Consultant in Public Health (DBTH). Plans are underway to develop research projects specifically aimed at addressing health inequalities.

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

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

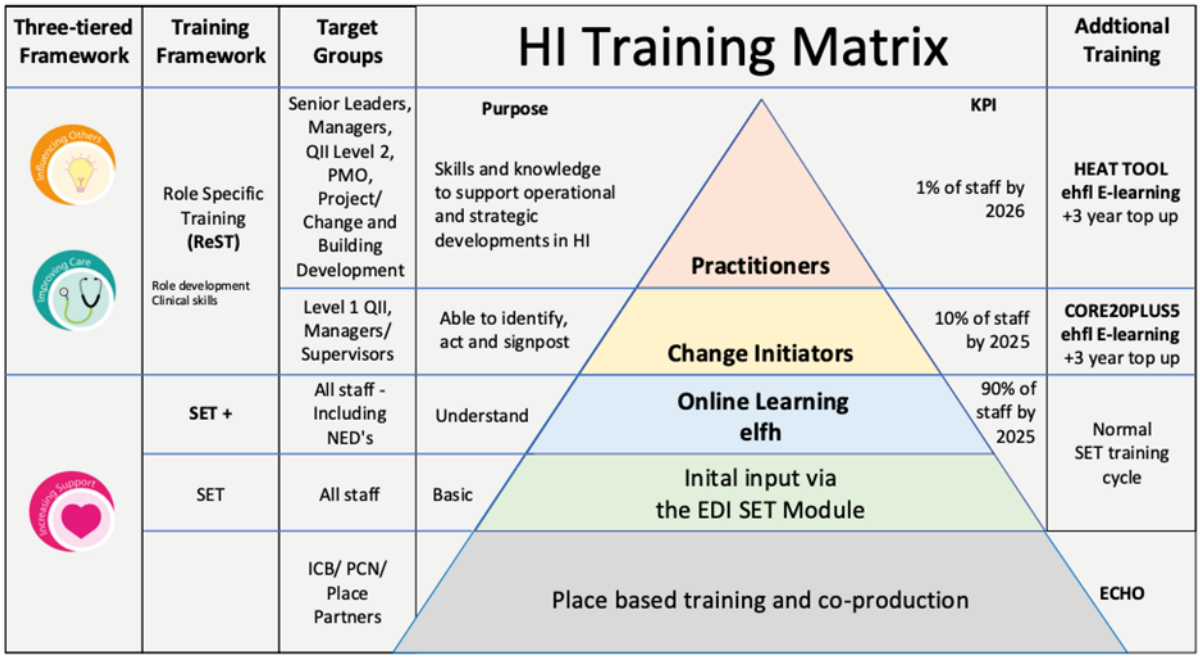
- **Baseline Training:** Includes the completion of Statutory and Essential to role (SET) Training, which incorporates initial health inequalities input via the Equality, Diversity and Inclusion (EDI) SET module.

- **Level 1:** Provides an in-depth understanding of health inequalities and incorporates an e-learning for health online training module onto the Electronic Staff Record (ESR)

system for all colleagues to access (SET+).

- **Level 2:** A training package developed by the DBTH Health Inequalities Teams to help participants identify health inequalities relevant to their service/team/ward/division. This training has been piloted with two teams in the Trust, and plans are in place to roll it out more widely across the Trust, with discussions on sharing this training across South Yorkshire.

- **Level 3:** Currently under development, this training will provide a step-by-step guide on how to address identified health inequalities, closely linked to the Quality Improvement (QI) approach.



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

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

2. **Connecting People:** To work closely with partners, building on existing relationships, networks, and trust. This approach ensures work is aligned and supported, prevents silo-working, and allows health inequalities to be addressed using a whole-system approach.

3. **Model of Delivery:** To move towards a more needs-led, compassionate social model of care and to use co-production to improve existing services and/or develop new services based on the needs of our communities.

4. **Access to and Experience of Services:** To focus on the NHS England approach to inform and reduce health inequalities, Core20PLUS5, ensuring targeted support is provided for the Core20, the most deprived 20% of the national population and PLUS 5, the five clinical areas of focus; maternity, severe mental illness, chronic respiratory disease, early cancer diagnosis and hypertension.

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

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

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

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

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

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

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

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

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

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

Financial performance

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

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

This marks the fourth year that the accounts of the Trust's charitable funds and the Wholly Owned Subsidiary have been consolidated with the accounts of the Foundation Trust to produce 'group' accounts, in line with the guidance above. The comments below refer to the financial performance of the Foundation Trust, with separate annual reports for both the Charity and Wholly Owned Subsidiary to be published at a later date.

2023/24 in Review

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

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

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

Summary of Financial Performance: Detailed in the annual accounts, the key financial metrics are as follows:

- **Working Capital:** Cash balances held by the Trust as of 31 March 2024 were £36.3 million (31 March 2023: £32.5 million).

- **Loan Repayments:** The Trust made loan repayments of £1.8 million during the year (2022/23: £1.8 million).

- **Public Dividend Capital (PDC) Dividend:** A charge of 3.5% of average relevant net assets is payable to the Department of Health as a PDC dividend. The dividend payable in 2023/24 was £7.6 million (2022/23: £6.8 million).

- **Income:** The Trust received a total income of £568 million in 2023/24, an increase of £13 million from the previous year. The 2023/24 contracting arrangements introduced Aligned Payment Incentives, strengthening the link between activity and income.

- **Revenue Expenditure:** Operating expenses for the year totalled £630 million, a £64 million increase from the previous year. This includes £44.4 million related to impairments. The majority of expenditure was on pay budgets (staffing) at £379.6 million, with nursing and medical staffing being the largest areas of expenditure.

- **Capital Expenditure:** Expenditure on larger items with a lifespan of more than one year, such as buildings and equipment, was £57.6 million, of which £43 million was funded by the Department of Health and Social Care, primarily for estate improvements. Major areas of capital expenditure included:

    - Community Diagnostic Centre – Montagu: £14.3 million
    - Bassetlaw Emergency Village: £21.1 million
    - Mexborough Elective Orthopaedic Centre: £12.3 million
    - Digital Transformation: £3.7 million.

Joint Forward Plans and Capital Resource Plans

At the start of the 2023/24 financial year, the Trust agreed on its capital plan with the South Yorkshire Integrated Care Board (ICB) and partners. Throughout the year, the Trust engaged with the ICB and its partners to deliver the jointly agreed capital plans.

Additionally, the Trust's business planning process was conducted in conjunction with Place and ICB-based partners to ensure alignment. This planning included setting out how the system would meet national planning guidance expectations and defining each organisation's role. The Trust actively participated in developing the One Doncaster Plan, which outlines key priorities at Place for the next five years.

As an organisation, we are also an active partner in developing the Joint Forward View Five Year ICB plan, ensuring all our corporate strategic plans and strategies align with the ICB and Place initiatives.

Principal risks, opportunities and uncertainties and factors affecting future performance

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

- **Focussing on our patients waiting for treatment**

Like all providers across the country, the legacy of COVID-19 continues to impact the Trust, and work is ongoing to bring performance and activity back to pre-pandemic levels. Our focus in the coming financial year is to recover our position as much as possible, collaborating closely with our Place and system partners to achieve this goal.

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

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

Whilst there are plans across the health community aimed at reducing demand for acute services, demand predictions for demographic growth not included in contracts may result in an adverse variance in the financial performance of the Trust.

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

A very large proportion of the Trust's estate dates back to the 1960s and requires significant investment to ensure that we are able to meet our legal requirements and maintain a safe environment in which to care for our patients.

In 2023/24 the Trust Estate Capital Programme was based upon maintaining and improving the safety of the buildings and environments, and in doing so, supporting patient safety. A number of property improvement areas are to be considered in 2024/25. Nevertheless, the availability of capital funds to support improvements remains an ongoing challenge and as such we will continue to make the case for further additions and developments to our sites, particularly Doncaster Royal Infirmary.

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

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

Similar to last year, a key challenge for 2023/24 was to recruit, retain and develop sufficient nursing and other clinical staff to ensure safe staffing levels. We are working with partners to increase our international recruitment to help in this regard.

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

- **Ageing Infrastructure at Doncaster Royal Infirmary**

The ageing infrastructure at Doncaster Royal Infirmary presents significant risks, including the potential for major incidents that could affect patient care and safety. The Estates and Facilities team diligently manages these risks, responding promptly to issues as they arise.

While we continue to advocate for additional funding to address these challenges comprehensively, we are committed to using our available capital to maintain a robust schedule of repairs and maintenance, ensuring the facility remains safe and operational.

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

Opportunities in 2024/25

I. We will further implement digital and artificial intelligence solutions to support innovative and effective ways of working, not only in patient settings but also in support functions and will include the provision of an Electronic Patient Record system.
II. We will make best use of our multiple sites to provide access and flexibility within our services and look for opportunities to provide services where they will best serve our communities
III. We will continue strong partnership-working with our established Integrated Care System (ICS), and Place partners in order to support improvements to services for regional populations.

Going Concern

These accounts have been prepared on a going concern basis. The financial reporting framework applicable to NHS bodies, derived from the HM Treasury Financial Reporting Manual, defines that the anticipated continued provision of the entity's services in the public sector is normally sufficient evidence of going concern.

The directors have a reasonable expectation that this will continue to be the case.

The Directors of the Trust have considered whether there are any local or national policy decisions that are likely to affect the continued funding and provision of services by the Trust. The Trust is a member of the South Yorkshire Integrated Care System (ICS).

The ICS has stated its immediate strategic plans, focusing on delivering the objectives set out in NHS England's 2024/25 priorities and operational planning guidance, and its response to the NHS long-term plan. The ICS plans assume the continued provision of services by the Trust. No circumstances were identified causing the directors to doubt the continued provision of NHS services.

This year, with an adjusted performance deficit of £23.7m, the Trust performed favourably against its planned deficit of £26.8million. This position recognised strong performance against the national Elective Recovery Fund (ERF) target, and a considerable contribution from the Trust's 2023/24 cost improvement programme.

All pressures associated with industrial action were fully funded by commissioners. As the NHS financial regime moves away from mechanisms introduced during the COVID-19 period, income from commissioners was largely based on two funding mechanisms:

- A simplified block payments system which mainly covered the Trust's emergency activity and associated income
- A smaller proportion of income aligned to elective and other activity reimbursed on a cost and volume basis or aligned to ERF payment principles

The Trust's original 2024/25 financial plan was for a deficit of £26.7m. However, national changes in funding has led to increased non-recurrent funding from South Yorkshire Integrated Care Board, which has reduced this planned deficit to £2.4m. This revised planned deficit is based on the assumption that a delivery of savings of 4% of expenditure is needed. The Trust is reasonably assured that appropriate mechanisms are in place to support delivery of this target.

The Trust reported a cash position at 31 March 2024 of £36.3m, which mainly supported capital creditors of £24m. The underlying cash challenge is expected to continue into 2024/25 and for the remainder of the going concern period to 30 June 2025.

In order to assess the extent of this challenge, the Trust has prepared a Group cash forecast which covers the going concern period up to 30 June 2025.

This Group cash forecast shows the Trust requiring continued revenue cash support estimated at £24.2m (£5.3m already received from central cash support in April to June 2024 and £18.9m being redirected in the latter part of the financial year as income through local commissioners) with an estimated cash balance of approximately £1.9m (Group: £4.9m) at the end of the forecast period. This cashflow assessment has been made using the £2.4m deficit plan agreed for 2024/25. Interim support can be accessed nationally if it were required, subject to scrutiny of the drivers of the cash position.

For reference, during 2023/24 the Trust received central cash support totalling £26.7m from NHS England in line with its due process and challenge.

This was received from October 2023 to March 2024. Revenue cash support is not a loan but is accounted for as public dividend capital which attracts a cost of capital charge at 3.5%.

The Trust expects this additional funding to only cover 2024/25 and as such, assumes the need for further central cash support in 2025/26.

However, this has not been included in the going concern assessment to June 2025 and cash flow forecasts predict that current balances will be sufficient requiring locally managed interventions amounting to £3.7m. Should these interventions not crystallise or there is a greater cash need than planned then the Trust will access central cash support consistent with 2023/24.

However, the Trust expects that either centrally, or locally, 2025/26 planning will identify sufficient funding for our operations given the expectation of continuation of services.

NHS operating and financial guidance is not yet issued for 2025/26, and so the Trust has based its assessment for the first quarter of 2025/26 on the same assumptions used to build the 2024/25 financial plan. Key assumptions include:

- A continuation of income and expenditure flows and performance in line with 2024/25 plans
- A continued need to deliver financial efficiencies

In conclusion, these factors, and the anticipated future provision of services in the public sector, support the Trust's adoption of the going concern basis for the preparation of the accounts.

Richard Parker OBE
Chief Executive
27 June 2024

Accountability Report

Welcome to the Accountability Report section of DBTH's Annual Report. This section outlines the composition of our Board, details on remuneration, and an overview of our staffing and oversight committees amongst much else.

We aim to provide transparency and insight into the governance and workforce that drive our Trust forward. Thank you for your interest in our commitment to accountability and excellence.

Richard Parker OBE
Chief Executive
28 June 2024

Director's Report

The Board of Directors is responsible for setting and driving forward the strategic direction of DBTH.

The Board is made up of Executive Directors and Non-Executive Directors who develop and monitor the Trust strategic aims and performance against key objectives and other indicators.

Together, their role is to receive, accept and challenge reports to fulfil all of their responsibilities and to be able to assure the Council of Governors.

The Board composition aims to ensure that the skills and experience provided by the Non-Executive and Executive Directors throughout the year provided a good, well balanced Board.

The balance is reviewed throughout the year as well as whenever any Director level vacancies, Executive or Non-Executive, arise. The Trust has retained a constitutional option to vary the numbers slightly as and when the need arises, provided always that the Board retains a majority of Non-Executive Directors.

A strong unitary Board is fundamental to the success of the Trust. The effectiveness of the Board is aligned to the delivery of our operational plan year-on-year and is closely monitored by the Governors throughout the year, as part of their role of holding the Non-Executive Directors and, through them, the Board, to account.

The Board continues to evaluate its performance throughout the year through appraisals (individually and collectively) and is ultimately held to account by the Council of Governors on behalf of the Trust's members.

Composition of the Board

During 2023/24, the following persons were members of the Board of Directors:

Name	Position	Length of service at 31 March 2024	Term of office from	Attendance at Board meetings
Suzy Brain England OBE	Chair of the Board	8 years	1.1 2017	10 of 11
Mark Day	Non-Executive Director (Senior Independent Director)	23 months	1.5.2022	10 of 10
Kath Smart	Non-Executive Director	6 Years	1.4.2018	11 of 11
Mark Bailey	Non-Executive Director	4 Years	1.2.2020	10 of 11

Hazel Brand	Non-Executive Director	20 months	1.7.2022	10 of 11
Jo Gander	Non-Executive Director	20 months	25.7.2022	9 of 11
Dr Emyr Jones	Non-Executive Director	13 months	20.2.2023	10 of 11
Lucy Nickson	Non-Executive Director	13 months	1.3.2023	10 of 11
Richard Parker OBE	Chief Executive			11 of 11
Zara Jones	Deputy Chief Executive			6 of 6
Zoe Lintin	Chief People Officer			11 of 11
Karen Jessop	Chief Nurse			9 of 11
Jon Sargeant	Executive Director of Recovery, Innovation and Transformation and Chief Financial Officer			10 of 11
Denise Smith	Chief Operating Officer			11 of 11
Dr Tim Noble	Executive Medical Director			4 of 4
Dr Nick Mallaband	Acting Executive Medical Director (from September 2023)			7 of 7

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

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

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

In 2023/24, the Trust introduced the Scope for Growth succession planning tool, as well as the Board Delegate Programme to encourage candidates from a range of diverse backgrounds to aspire to senior and board-level roles.

Balance of the Board

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

The Board of Directors considers the balance and breadth of skills and experience of its members to be appropriate to the requirements of the Trust.

Brief details of all Directors who served during 2023/24 are as follows:

Chair

Suzy Brain England OBE C.Dir is an experienced board chair, non-executive director, consultant, mentor, and counsellor. She currently serves as the Chair and Trustee of Keep Britain Tidy, is a member of the Institute of Directors' Accreditation and Standards Committee, and is the founder of Cloud Talking mentoring services. Suzy has extensive experience in chairing and serving on boards across various sectors, including health, housing, enterprise, and finance.

Suzy was awarded an OBE for public service, particularly for her work as Chair of the Department of Work and Pensions Decision Making Standards Committee. Suzy began her career as a journalist and was the CEO of the Earth Centre in South Yorkshire.

Non-Executive Directors (as of 31 March 2024)

Joanne Gander is a retired, highly skilled registered nurse with a broad experience of working across the health and care system at all levels latterly as Director of Clinical and Product Assurance at NHS Supply Chain as well as previous senior roles within NHS England in the Accelerated Access Collaborative, Nursing and Digital Technology teams as well as serving as a Commissioning Group Director within North East Lincolnshire Care Trust Plus.

As a Clinical Non-Executive Director, Jo chairs the Quality and Effectiveness Committee and she acts as one of two NED Maternity & Neonatal Safety Champions. Her passion lies in patient safety and regulation to ensure patients and their families have the best care experience possible.

Kath Smart became Deputy Chair in February 2023 and is a Doncaster resident with extensive public sector experience. She has worked within the NHS for over a decade as a commissioner in Doncaster, Wakefield, and Hull, covering roles from risk management to governance and external inspections.

A Chartered Institute of Public Finance and Accountancy (CIPFA) qualified accountant, Kath has served as a Non-Executive Director and Chair of the Audit Committee at Rotherham, Doncaster and South Humber NHS Foundation Trust (RDaSH) until 2018 when she joined DBTH. Kath has also held audit-related roles with Doncaster Council and currently chairs Acis Group, a social housing provider, while undertaking financial work for Foresters Friendly Society and mental health act work for RDaSH.

Mark Bailey joined the Trust as a Non-Executive Director in February 2020. A former Group Director for Customers and Services at Rolls-Royce plc, Mark has over 30 years of experience in the private sector, specialising in strategic development, business growth, and customer service transformation.

Mark acts as the chair of Doncaster and Bassetlaw Health Care Services and chairs the Trust's People Committee. Outside of DBTH, he also serves as a Non-Executive Director at the Derbyshire Community Health Services NHS Foundation Trust and is a Visiting Fellow at Cranfield University School of Management.

Throughout his career, Mark has introduced innovative digital solutions, which align with the Trust's focus on modernising technology to support patient care.

Mark Day is a Chartered Director with executive experience in NHS finance and as Chief Operating Officer for a £2.5 billion national property company. Currently living in North Yorkshire, Mark is familiar with the local area, having worked for the former Doncaster Health Authority for five years. He serves as a healthcare business consultant and is an independent lay member of Cornwall Council's Audit Committee.

Mark serves as Senior Independent Director at the Trust.

Hazel Brand was formerly DBTH's Lead Governor and Head of Communications. Trained as an Occupational Therapist, Hazel transitioned into health journalism with roles at the Health Service Journal (HSJ) and British Journal of Healthcare Computing. She joined Doncaster and Montagu Hospitals as Communications Manager and supported major organisational changes for nearly 20 years.

Retiring in 2012, Hazel served a maximum term as Governor, including three years as Lead Governor. She is also a member of Bassetlaw District Council and serves as the Non-Executive Director for Freedom to Speak Up.

Dr Emyr Wyn Jones qualified in Medicine in 1973 and joined Doncaster Royal and Mexborough Hospital NHS Trust in 1986, serving 24 years as a Consultant General Physician specialising in Diabetes and Endocrinology. He authored 'An Illustrated Guide to the Diabetic Clinic', published by Blackwell Science in 1998. Dr Jones held roles as Clinical Director of Medicine, Medical Director, and Deputy Chief Executive before retiring in 2010.

Emyr has since held national leadership roles, including Medical Advisor to the National Audit Office and Clinical Leader for the Summary Care Records Programme at NHS Digital. He was also Secondary Care Doctor Member for NHS Doncaster Clinical Commissioning Group until its dissolution in 2022.

As a Clinical Non-Executive Director, Emyr acts as Deputy Chair of the Quality and Effectiveness Committee and he also acts as one of two NED Maternity & Neonatal Safety Champions.

Lucy Nickson began her nursing career over 30 years ago, training in Sheffield and working at Weston Park Hospital. She later practised Health Visiting in Chesterfield and North Derbyshire. Lucy held NHS management roles, including leading Community Nursing within Derbyshire and serving as Head of Performance at the East Midlands Strategic Health Authority.

Twelve years ago, she transitioned to the charity sector, serving as CEO of a hospice, a home-based end-of-life care charity, The Foundation at Club Doncaster, and leading South Yorkshire-based commercial healthcare organisations. She is currently Chief Executive of Day One Trauma Support, a national charity that works alongside the health service to support individuals impacted by major trauma and serious injury.

Executive Directors (as of 31 March 2024)

Richard Parker OBE was appointed Chief Executive in January 2017. Before this role, Richard served as Director of Nursing, Midwifery & Quality. His career began as a student nurse, qualifying in 1985. Richard's extensive experience includes roles such as Deputy Chief Nurse at Sheffield Teaching Hospitals in 2005, Deputy Chief Operating Officer in 2010, and Chief Operating Officer in 2013. He joined DBTH in October 2013.

Richard earned an MBA in Health and Social Services from Leeds University and the Nuffield Institute for Health in 1997, focusing his dissertation on acuity, patient dependency, and safe staffing levels. In 2018, Richard was awarded an OBE in the Queen’s New Year Honours for his service in health and social care.

Jon Sargeant joined Doncaster and Bassetlaw Teaching Hospitals in November 2016 as Director of Finance. He led this service for five years before being named Deputy Chief Executive and Executive Director for Recovery, Innovation, and Transformation in a secondment capacity, which finished in early 2023.

This directorate includes Strategy and Improvement, Digital Transformation, Information and Informatics, and the Performance Management Office. Together, the team focuses on enhancing and developing services and systems across the organisation to improve patient care and treatment as the Trust emerges from the challenges of COVID-19.

Dr Tim Noble qualified from St Bartholomew’s Hospital Medical School in London in 1989. Born and raised in York, he trained in various hospitals in the south of England before returning to the North in 1995. He completed a research project at Sheffield Teaching Hospitals and qualified as a specialist in respiratory medicine in 2002.

Following a stint at Barnsley Hospital, Dr Noble joined DBTH in 2006 as a Consultant Respiratory Physician. From 2010 to 2017, he led the hospitals' respiratory medicine service and held two Clinical Director posts before becoming Deputy Medical Director in 2017. Dr Tim Noble was appointed Medical Director in March 2020 and took a period of leave in late 2023, with Dr Nick Mallaband acting as Executive Medical Director in his absence.

Zoe Lintin was appointed Chief People Officer in June 2022. A Fellow of the Chartered Institute of Personnel and Development (CIPD), Zoe brings a wealth of experience from her previous role as Director of Human Resources and Organisational Development at Chesterfield Royal Hospital NHS Foundation Trust, a position she held since 2016. Zoe is passionate about creating the best possible workplace environment for colleagues, understanding the direct impact this has on delivering high-quality healthcare. She serves as the Deputy Vice President of the Yorkshire and Humber branch of the Healthcare People Management Association (HPMA) and is a member of the South Yorkshire branch of the CIPD.

Zoe is a qualified coach, accredited mediator, and trained in psychometric testing and 360-degree feedback. Her earlier career spans HR, OD, and learning and development roles in the private and legal sectors. She began her NHS career at Sheffield Children's NHS Foundation Trust in 2006 and has been a Trustee on the Board of a South Yorkshire schools academy trust since 2019.

Denise Smith was appointed Chief Operating Officer in January 2023. Originally from York, Denise has over 25 years of NHS experience, beginning in operational management in Women & Children services. She has worked across primary and secondary care in both commissioner and provider organisations.

Since 2009, Denise has held operational leadership positions in several Acute Trusts across the country. Most recently, she served as the Chief Operating Officer at The Queen Elizabeth Hospital, King's Lynn, from May 2019 to 2023.

Karen Jessop was appointed Chief Nurse in January 2023. Previously, she was the Deputy Chief Nurse at Sheffield Teaching Hospitals (STH), a role she held from October 2017 to January 2023. Qualifying as a Registered Nurse over 25 years ago, Karen started her career at Hull University Hospitals in 1995, where she held various roles within critical care and surgery.

Karen advanced to Matron and Divisional Nurse Manager, also qualifying as a Registered Midwife and completing a Master's Degree in Health Care Leadership from the University of Birmingham.

Zara Jones was appointed Deputy Chief Executive in October 2023. Before joining DBTH, Zara was the Executive Director of Strategy and Planning at Derbyshire Integrated Care Board (ICB).

In this role, she oversaw a diverse portfolio encompassing acute care, mental health, primary and community care, and included responsibilities for commissioning, performance, and strategy development, working closely with partners in the region.

Registers of interests

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

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

Cost allocation and charging

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

Donations

The Trust made no donations to political parties or other political organisations in 2023/24 and no charitable donations in 2023/24.

Payments Practice Code

The Trust has adopted the Public Sector Payment Policy, which requires the payment of non-NHS trade creditors in accordance with the CBI prompt payment code and government accounting rules. The target is to pay these creditors within 30 days of receipt of goods or a valid invoice (whichever is the later), unless other payment terms have been agreed with the supplier.

Non NHS	Number	Value '£000
Total bills paid in the year	96,628	£339,503
Total bills paid within target	54,946	£270,022

Percentage of total bills paid within target	**56.9%**	**79.5%**

NHS	Number	Value '£000
Total bills paid in the year	3,045	£22,906
Total bills paid within target	2,669	£20,025
Percentage of total bills paid within target	**92%**	**87.4%**

Invoices are not paid within 30 days, usually due to being held in query and invoice validation.

Quality Governance

The last formal inspection for Use of Resources concluded "Good" in 2019/20, however the latest overall CQC inspection has been downgraded to “Requires Improvement” - with the latest report received in late 2023/24.

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

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

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

Income disclosures

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

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

Remuneration Report

Annual Statement on Remuneration

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

During 2023/24 the Trust continued to build on the benchmarking work undertaken in previous years, comparing executives' remuneration to that of market trends and neighbouring Trusts.

Remuneration policy – Executive Directors

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

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

The committee does not routinely apply annual inflationary uplifts or increases, and only applies uplifts of any kind where it is advised by NHSE or where this is thought to be justified by the context.

The primary aim of the Remuneration Committee is to ensure that executive remuneration is set at an appropriate level to ensure good value for money while enabling the Trust to attract and retain high quality executives.

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

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

Remuneration policy – senior managers

As at 31 March 2024, two senior managers other than the Executive Directors are not remunerated according to Agenda for Change Terms and Conditions of service.

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

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

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

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

The Trust intends to maintain this remuneration policy for 2024/25.

Remuneration policy – Other employees

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

Early Termination Liability

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

Future Policy Table

Salary/Fees		**Taxable Benefits**	**Annual Performance Related Bonus**	**Long Term Related Bonus**	**Pension Related Benefits**
Support for the short and long-term strategic objectives of the Foundation Trust	Ensure the recruitment/retention of directors of sufficient calibre to deliver the Trust's objectives	None disclosed	N/A	N/A	Ensure the recruitment/retention of directors of sufficient calibre to deliver the Trust's objectives
How the component Operates	Paid monthly	None disclosed	N/A	N/A	Contributions paid by both employee and employer, except for any employee who has opted out of the scheme
Maximum payment	As set out in the Remuneration table. Salaries are determined by the Trust's Remuneration committee	None disclosed	N/A	N/A	Contributions are made in accordance with the NHS Pension Scheme
Framework used to assess performance	Trust appraisal system	None disclosed	N/A	N/A	N/A
Performance Measures	Based on individual objectives agreed with line manager	None disclosed	N/A	N/A	N/A
Performance period	Concurrent with the financial year	None disclosed	N/A	N/A	N/A
Amount paid for minimum level of performance and any further levels	No performance related payment arrangements	None disclosed	N/A	None paid	N/A

of performance					
Explanation of whether there are any provisions for recovery of sums paid to directors, or provisions for withholding payments	Any sums paid in error may be recovered. In addition there is provision for recovery of payments in relation to Mutually Agreed Resignation Scheme (MARS) payments where individuals are subsequently employed in the NHS	None disclosed	Any sums paid in error may be recovered	None paid	N/A

Annual Report on Remuneration

Nominations and Remuneration Committee of the Board of Directors

The membership of the committee in 2023/24 consisted of the Chair and Non-executive Directors. The Chief Executive, and Chief People Officer (both of whom withdraw if their remuneration or appointment is considered). The committee was convened on three occasions during the year to discuss appointments and the remuneration of Executive Directors.

Name	Role	Attendance
Suzy Brain England OBE	Chair of the Board	3 of 3
Kath Smart	Non-Executive Director (Deputy Chair of the Board)	2 of 3
Jo Gander	Non-Executive Director	3 of 3
Mark Bailey	Non-Executive Director	2 of 3
Hazel Brand	Non-Executive Director	3 of 3
Mark Day	Non-Executive Director	2 of 3
Dr Emyr Jones	Non-Executive Director	2 of 3
Lucy Nickson	Non-Executive Director	3 of 3

Fair pay comparison

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

2023/24	25th percentile	Median	75th percentile
Salary component of pay	£247,500	£247,500	£247,500
Total pay and benefits excluding pension benefits	£25,806	£31,970	£44,780
Pay and benefits excluding pension: Pay ratio for highest paid director	9.59:1	7.74:1	5.53:1

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

The banded remuneration of the highest paid director in the financial year 2023/24 was £245k-£250k (2022/23: £210k-£215k), and the increase between 2022/23 and 2023/24 was 16.5%, based on the mid-points of the pay bandings (as per DHSC GAM guidance). This is 4.9 times higher than the salary and allowances of all employees on an annualised basis, divided by the FTE number of employees. (2022/23: 4.5 times). This was 7.74 times (2022/23: 6.96 times) the median remuneration of the workforce, which is £31,970 (2022/23: £30,515). This has increased as the highest paid director pay reflected an adjustment for a previously deferred remuneration review that was partially implemented in 2022/23 and completed in 2023/24.

For employees of the Trust as a whole, the range of remuneration in 2023/24 was from £95 to £434k (2022/23: £25 to £390k).

23 employees received remuneration in excess of the highest-paid director in 2023/24 (2022/23: 27 employees).

Total remuneration includes salary, non-consolidated performance-related pay, benefits-in-kind, but not severance payments. It does not include employers' pension contributions and the cash equivalent transfer value of pensions.

Multiples have altered in year as a result of an adjustment for a previously deferred remuneration review that was partially implemented in 2022/23 and completed in 2023/24.

Expenses

	2022/23			**2023/24**		
	No. in office	**No. receiving expenses**	**Expenses paid (£)**	No. in office	No. receiving expenses	Expenses Paid (£)
Non-executive directors	10	4	£4,122.69	8	4	£3,434.35
Executive directors	9	4	£1,216.29	8	4	£912.72
Governors	36	0	£0.00	39	0	£0.00

Senior Managers Service Contracts

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

Name	**Position**	**Date of contract (date commenced in post as senior manager)**	**Unexpired term as at 31 March 2024**
Suzy Brain England OBE	Chair of the Board	1.1.2017	one year and nine months
Kath Smart	Non-Executive Director	1.4.2018	Three years

Mark Bailey	Non-Executive Director	1.2.2020	One year ten months
Hazel Brand	Non-Executive Director	1.7.2022	Two years four months
Jo Gander	Non-Executive Director	25.7.2022	One year four months
Mark Day	Non-Executive Director	1.5.2022	One year one month
Dr Emyr Jones	Non-executive Director	20.2.2023	One year 11 months
Lucy Nickson	Non-executive Director	1.3.2023	One year 11 months
Richard Parker OBE	Chief Executive	14.10.2013	N/A
Zoe Lintin	Chief People Officer	1.6.2022	N/A
Karen Jessop	Chief Nurse	10.1.2023	N/A
Jon Sargeant	Executive Director of Recovery, Innovation and Transformation and Chief Financial Officer	2.10.2016	N/A
Dr Tim Noble	Executive Medical Director	1.4.2020	N/A

Denise Smith	Chief Operating Officer	3.1.2023	N/A
Zara Jones	Deputy Chief Executive	25.09.23	N/A
Dr Nick Mallaband	Acting Executing Medical Director	26.9.2023	N/A

Directors Remuneration

Name and Title	2022/23							2023/24						
	Salary and fees (bands of £5000)	**Taxable benefits** Rounded to the nearest £100	**Annual Performance related bonus** (bands of £5000)	**Long Term Performance related bonus** (bands of £2500)	**Pension Related benefit** (bands of £2500)	**Other Remuneration** (bands of £5000)	**Total** (bands of £5000)	**Salary and fees** (bands of £5000)	**Taxable benefits** Rounded to the nearest £100	**Annual Performance related bonus** (bands of £5000)	**Long Term Performance related bonus** (bands of £2500)	**Pension Related benefit** (bands of £2500)	**Other Remuneration** (bands of £5000)	**Total** (bands of £5000)
Suzy Brain England OBE – Chair of the Board	55-60						55-60	55-60						55-60
Mark Bailey Non-executive Director	10-15						10-15	10-15	500					15-20
Kathryn Smart Non-executive Director	15-20						15-20	15-20						15-20
Mark Day Non-executive director	0 - 5						0 - 5	15-20	100					15-20
Hazel Brand Non-executive Director	5-10						5-10	10-15						10-15
Joanne Gander Non-Executive Director	5 - 10						5-10	10-15						10-15
Emyr Jones Non-Executive Director	0 - 5						0-5	10-15						10-15
Lucy Nickson Non-Executive Director	0 - 5						0-5	10-15	100					10-15

Dr Tim Noble Executive Medical Director	210-215				52.5-55		260-265	210-215						210-215
Richard Parker OBE Chief Executive (1)	205-210						205-210	245-250						245-250
Jon Sargeant Chief Financial Officer	155-160				32.5-35		185-190	155-160						155-160
Zoe Lintin Chief People Officer	110-115				55-57.5		165-175	145-150						145-150
Denise Smith Chief Operating Officer	30-35				7.5-10		40-45	145-150						145-150
Karen Jessop Chief Nurse	30-35				12.5-15		40-45	140-145					62.5-65	200-205
Zara Jones Deputy Chief Executive	-						-	75-80						75-80
Dr Nick Mallaband Acting Executive Medical Director								100-105					2.5-5	105-110

(1) £10k - £15k of this reflects an adjustment for a previously deferred remuneration review that was partially implemented in 2022/23 and completed in 2023/34. Note, individual has opted out of pension scheme in 2023/24.

Downward valuations of pension related benefits are shown as nil movements in the relevant column.

All Executive Directors who are currently within the NHS Pension Scheme are affected by the Public Service Pensions Remedy and their membership between 1 April 2015 and 31 March 2022 was moved back into the 1995/2008 Scheme on 1 October 2023.

The basis of calculation for pension related benefits is in line with section 7.69 of the Annual Report Manual (ARM), and follows the 'HMRC method' which is derived from the Finance Act 2004 and modified by Statutory Instrument 2013/1981. The calculation required is:

Pension benefit increase = ((20 x PE) + LSE) - ((20 x PB) + LSB))

PE is the annual rate of pension that would be payable to the director, if they became entitled to it at the end of the financial year.

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

Pension benefits

	Real increase/ (decrease) in Pension age			Real increase/(decrease) in pension related lump sum at pension age			Total accrued pension at pension age at 31 March 2024			Lump sum at pension age related to accrued pension at 31 March 2024			Cash Equivalent Transfer Value at 1 April 2023	Real increase in Cash Equivalent Transfer Value	Cash Equivalent Transfer value at 31 March 2024	Employers contribution to stakeholder pension
	(Bands of £2500)			(Bands of £2500)			(Bands of £5000)			(Bands of £5000)						
	£000k			£000k			£000k			£000k			£000k	£000k	£000k	£000k
Richard Parker (1)	0	-	0	0	-	0	0	-	0	0	-	0	-	-	-	-
Jon Sargeant	0	-	0	37.5	-	40	55	-	60	160	-	165	1,144	197	1,476	-
Tim Noble	0	-	0	32.5	-	35	70	-	75	200	-	205	1,450	157	1,781	-
Nicolas Mallaband	0	-	2.5	0	-	0	20	-	25	65	-	70	400	-	469	-
Zoe Lintin	0	-	0	35	-	37.5	30	-	35	85	-	90	489	140	699	-
Denise Smith	0	-	0	30	-	32.5	45	-	50	120	-	125	822	144	1,068	-
Karen Jessop	0	-	2.5	42.5	-	45	50	-	55	140	-	145	749	270	1,114	-
Zara Jones	0	-	0	17.5	-	20	35	-	40	100	-	105	477	93	726	-

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

Cash Equivalent Transfer Value (CETV)

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

Real increase in CETV

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

Richard Parker OBE
Chief Executive
27 June 2024

Governance Report

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

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

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

Board of Directors

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

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

Performance evaluation of directors

The Chair conducts the performance appraisals of the Chief Executive and Non-Executive Directors. The Senior Independent Director conducted the performance appraisal of the Chair in 2023/24. The Council of Governors receives the objectives of the Chair and Non-

executive Directors, and governors and directors feed into the appraisal process by providing commentary regarding the performance of the Chair and Non-executive Directors.

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

Performance evaluation of the Board and its committees

The Board and its committees conducted regular self-assessments of their performance. In Q4 2023/24, the Board committed to a review of whether there was a robust and effective risk management approach at divisional level, which operated in line with the Trust's Risk Identification, Assessment, and Management Policy. The audit opinion was split; with a significant assurance for risk management activities operating at divisional level, and a limited assurance rating on the design of the divisional risk management framework. This limited assurance was linked to the frequency of the reviews of the framework, as well as some additional details required within them and work is ongoing to improve the framework.

Audit and Risk Committee (ARC)

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

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

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

Name	Role	Meeting attendance

Kath Smart – Chair	Non-Executive Director	5 of 5
Emyr Jones	Non-executive Director	5 of 5
Mark Bailey	Non-Executive Director	5 of 5
Mark Day	Non-Executive Director (From May 2022)	5 of 5
Joanne Gander	Non-Executive Director (From July 2022)	5 of 5

As internal auditors, 360 Assurance attend all meetings of the Audit and Risk Committee, in order to report on progress against the annual audit plan and present summary reports of all internal audits conducted. Internal audit's main functions are to provide independent assurance that an organisation's risk management, governance and internal control processes are operating effectively by:

- Reviewing the Trust's internal control system
- Delivery of a risk based audit plan to provide assurances to management and ARC
- Examining relevant financial and operating information
- Reviewing compliance by the Trust with applicable laws or regulations
- Identifying, assessing and recommending controls to mitigate significant risks to the Trust.

The Trust employs Ernst and Young (EY) as its external auditing firm. EY was reappointed in 2021 following a competitive tender process. Their extended contract runs until 30 September 2024. External auditors provide an opinion of the accuracy of the Annual Accounts and present significant or material matters to the Audit and Risk Committee.

ARC undertakes an annual effectiveness review of both the Internal and External Audit provision, this was carried out in October 2023.

For 2023/24, the Trust paid audit fees to the external auditor of £25,000 for the Wholly Owned Subsidiary audit and £15,000 for the Charitable Funds Statutory Audit. Value for non-audit work payments stand at zero.

Staff Report

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

Note all staff policies and procedures can be viewed here: https://www.dbth.nhs.uk/about-us/our-publications/publication-scheme/our-policies-and-procedures/

Keeping our colleagues informed and engaged

We engage with our colleagues in various ways, utilising multiple communication channels, formal consultations with Staff Side union representatives, collective agreements, and open feedback forums.

Here are some of our main communication platforms:

- **The Buzz:** Sent every Tuesday to all colleagues, with a readership of about 3,500 each week (out of around 6,800).
- **The Hive:** Our Extranet features all Trust information, including news and developments, with around 125,000 page views a month.
- **Friday All-User Round-Up:** An email sent to all colleagues, averaging about 3,000 readers.
- **DBTH Staff Facebook Group:** With 7,200 members, it is our most active channel, encompassing around 90% of all colleagues.
- **DBTH Staff App:** Available on Android and iOS, with 5,000 active users.
- **Public Social Media:** We have 51,000 followers on Facebook and about 7,000 on Twitter, making us one of the most followed acute providers in the country.
- **Team Brief:** Presented by the Executive team every two months and recorded to be shared with colleagues.
- **Managers' Brief:** Sent to around 250 senior managers, usually reserved for operational developments and significant changes within the Trust.

Reward and Recognition

- **Star Awards:** Our DBTH Stars awards scheme allows any employee to nominate colleagues who deserve recognition for their work. A panel reviews all nominations and selects a monthly 'Star.' Winners receive gift vouchers, a certificate, and a nomination for the Trust's annual Stars award ceremony. The scheme culminates in the Annual Star Awards hosted in the latter half of the year.

- **Christmas Advent Calendar:** Starting in 2021, from December 1 to 25, every employee is entered into a prize draw to mark Advent and as a 'thank you' for their efforts throughout the year. Last year's prizes included tickets to West End shows, a smartwatch, a spa day, and much more.

- **Reward and Recognition Events:** We have a schedule of events linked to specific celebration days and professional events. This ranges from a free cup of tea and slice of cake delivered by the Executive Team, a £25 gift voucher for all staff at Christmas, to a free trip to the Yorkshire Wildlife Park. We also relaunched our Long Service Award, recognizing continuous service across the NHS for 10, 20, 30, 40, and 50 years.

- **NHS Fleet and Tusker Lease Cars:** The Trust offers two lease car suppliers, providing team members with exclusive discounts and offers via generous salary sacrifice schemes, including significant savings on a range of vehicles, including electric cars.

- **Staff Lottery:** For a small fee, team members can participate in our monthly lottery draw, with 11 winners each month and prizes ranging from £1,000 to £50. Every six months, we hold a special one-off prize draw for £6,000.

Health and Wellbeing

As a Trust, we strive to attract and retain skilled staff while ensuring their physical and mental well-being. By providing a comprehensive well-being package, we ensure our colleagues feel valued and supported, knowing the organisation cares about their health and well-being.

In July 2023, employees of DBTH were invited to participate in our first Health & Wellbeing (HWB) survey. The HWB team aimed to understand:

- How DBTH employees rate their physical and mental well-being.
- What type of HWB support they would like from the Trust.
- Whether they have used any of our support offers and their feedback on them.

On average, respondents rated the Trust's support for their physical and mental well-being at 7 out of 10. Those who accessed the health and well-being support rated it highly. Additionally, 52% of respondents were aware of the available HWB activities, and 47% knew how to access them.

Given the cost-of-living crisis and its impact on colleagues, financial well-being has become increasingly important. To address this, we have implemented various financial well-being support initiatives to help colleagues manage their finances better.

We organised a series of webinars facilitated by support organisations such as The Money Helper, which offered advice on making money go further and pension planning. Our popular weekly Wellbeing Wednesday sessions covered numerous financial well-being topics, including budgeting, getting on the property ladder, and saving on energy bills, with contributions from Doncaster Energy Team, Yorkshire Water, Nottinghamshire County Council, and Citizens Advice Bureau.

HSBC also hosted several helpful webinars and on-site 'Financial Health Check Clinics,' open to all colleagues regardless of their bank affiliation. Additionally, Blue Light Discounts visited our sites to offer savings opportunities.

Accolades

- Awarded Gold in the South Yorkshire Be Well @ Work awards.
- Shortlisted for the Healthcare People Management Association's (HPMA) Award in the NHS Employers Wellbeing category for outstanding efforts and innovative approaches to enhancing colleague well-being.
- Awarded the NHS Employers Wellbeing award at the HPMA Awards for 'Mission Menopause' in collaboration with South Yorkshire Integrated Care Board (ICB).
- Shortlisted in the Supporting Team category at the DBTH Star Awards.
- Accredited as a Menopause Friendly Employer.

Women's Health

From pregnancy to menopause, female employees can face significant challenges while at work. Our support includes:

- FREE emergency period products.
- Staff smear clinics with evening and weekend appointments.
- Menopause support, including our first Menopause Policy launched in 2023, drop-in menopause clinics, a menopause peer support group on WhatsApp, 20 trained menopause advocates, and a menopause library.

Staff Survey 2023

Our Staff Survey results reflect the positive actions we are taking to improve colleagues' health and well-being, with 67% agreeing that 'the Trust takes positive action on health and well-being' and 69.5% stating 'my immediate manager takes a positive interest in my health and well-being'.

Vivup

Our Employee Assistance provider, Vivup, offers 24/7, 365-day support, giving colleagues access to confidential, impartial assistance, including counselling for issues such as anxiety and depression. Vivup also provides a Listening Line and a Bereavement Support Line for assistance with matters like domestic abuse and financial well-being support. Additionally, payroll pay schemes and lifestyle discount vouchers are available.

Wellbeing Champions

At DBTH, we have around 30 Wellbeing Champions who support the Health and Wellbeing team by promoting available support and encouraging colleagues to participate in activities. In 2023, bi-monthly Wellbeing Champion Sessions were implemented to provide training and support for the champions in their roles.

Additional Support

Our comprehensive health and well-being package is continually evolving and includes:

- Complementary Therapies
- Reiki
- Dr. Bike
- Yoga
- Know Your Numbers
- Therapy Dog
- Wellbeing Trolleys
- Wellbeing Calendar

Education

In our continued commitment to providing and securing the highest quality training and education for all members of Team DBTH, including all our learners, we have introduced the DBTH Education Quality Framework in Autumn 2023. This framework complements our overarching People Strategy and reflects the NHSE Quality and Outcomes Framework, providing a mechanism to triangulate educational data across programmes and professional and clinical groupings.

Our multidisciplinary and inclusive Training and Education Department leads and supports all training areas, including Statutory and Essential Training (SET), Role Specific Training (ReST), the wider upskilling of colleagues to complement new roles, and ongoing professional development. We also provide high-quality clinical placements for a breadth of pre-registration learners, postgraduate doctors in training, and those seeking wider work experience. Education Leads, aligned with clinical and corporate directorates, and specific programmes of work, liaise with senior leaders to ensure that our education provision reflects our current and future workforce needs. We have embedded the Learning Needs

Analysis (LNA) tool into the annual business planning process, thereby aligning our education provision and commission directly with our business needs.

As a Trust, we have maximised available education funding, both internally and externally, to support our people in the areas outlined above while meeting the quality standards in our education contract. The apprenticeship levy has further enabled us to expand our educational offerings across all workforce areas, from entry-level to postgraduate study. DBTH remains a leading employer for apprenticeships, with 2.15% of our workforce enrolled in an apprenticeship during 2023/24. This commitment to growing our own and investing in our people is further complemented by significantly low attrition rates for individuals undertaking apprenticeships.

Building on our partnerships with local education providers, including schools and Further Education Institutes (FEIs), and recognising our anchor status within local communities, we have continued to offer a breadth of work experience placements. These range from T Level students, clinical attachments, virtual workshops, career events, and bespoke opportunities such as poster designing and supporting local events, ensuring learners and citizens in Bassetlaw and Doncaster are 'work ready'. Building on the successes of our 'Foundation School in Health' partnerships with Hall Cross Academy (Doncaster) and Retford Oaks Academy (Bassetlaw), we hosted two further 'We Care Into the Future' events, with over 1,500 Year 8 students attending and exploring the myriad of employment and educational opportunities available at DBTH. These initiatives have gained national interest, with other NHS providers beginning to replicate the model.

Recognised for our forward modelling of health and wider care careers, our Head of Education (Widening Participation) remains a key member supporting the implementation of Doncaster's Education and Skills Strategy 2030. Additionally, our Director of Education and Research is a member of the Education and Skills Strategy Board. DBTH co-chairs and hosts the Project Manager of the Doncaster Health and Care Centre of Excellence, delivering on the Education and Skills Strategy 2030's commitment to establish Centres of Excellence ecosystems.

DBTH remains committed to providing clinical placements to over 1,350 pre-registration students from various Higher Education Institutes (HEIs) across South Yorkshire and beyond, a significant increase of 30% from 2022/23. These include a wide range of pre-registration programmes such as Medicine, Nursing, Midwifery, Allied Health Professionals, Healthcare Scientists, and Pharmacists, extending to elective placements and returning to practice. We also continue to support postgraduate doctors in training in collaboration with NHSE, aligning with our clinical service provision.

Providing clinical placements for both pre-registration and postgraduate trainees is a core aspect of our education mission. We are proud of our reputation for high-quality clinical education, reflected in student and learner feedback and confirmed by annual external assessments, including the Senior Leaders Engagement (SLE) meeting (NHSE) and The University of Sheffield's Medical School annual assessment. In our 2023 SLE, we were highly commended by the Associate Dean of YH NHSE, recognising our inclusive policies, people, and positivity towards education. Additionally, DBTH was shortlisted for the Nursing Times Placement of the Year (Hospital) category, highlighting the excellence of our pre-registration student nurse programme.

Our intention for 2024/25 is to introduce the National Safe Learning Environment Charter, with DBTH already recognised by the National Team as a trailblazer. This recognition reflects our ongoing commitment to maintaining and growing educational excellence across DBTH and into our communities.

Research

Progressing our commitment to making DBTH a leading centre of research excellence for the benefit of our patients and our Trust, we have successfully delivered the introductory year of the new Research and Innovation Strategy (2023-2028). Complementing this overarching strategy, we developed and launched a Nursing, Midwifery, and Allied Health Professionals Research and Innovation Framework, recognising the need for tailored support for our wider healthcare professionals alongside medical and dental colleagues.

We have aligned and cross-referenced this strategy with the new Clinical Quality Strategy, People Strategy, and Health Inequalities Strategy to ensure our key objectives are reinforced and supported. This integrated approach has fostered growth in research talent, innovation expertise, and leadership in research and innovation among DBTH colleagues, underpinned by a sustainable financial model.

Significant research developments have been made, particularly in maternal and child health. The Born and Bred in Doncaster (BaBiD) research study has reached over 2,250 recruits by the end of March 2023.

Comparable to our external education quality scrutiny, DBTH has again met its annual contract requirements with the National Institute for Health and Care Research (NIHR) Clinical Research Network (CRN), receiving overwhelmingly positive feedback on patient recruitment and the breadth of studies offered. Our notable studies include the 'IGLOo' (Sickness absence and sustainable return to work pilot study) and the 'BaBiD' (Born and Bred in Doncaster) study, addressing seldom-heard groups and specialist clinical areas.

Building on our portfolio research activity successes, DBTH continues to develop partnerships with local academic and innovation institutions, as reflected in our new Research and Innovation Strategy.

As part of our ambition to develop Doncaster as a University City and recognising the value of a collaborative network, DBTH continues to work closely with the City of Doncaster Council and Rotherham, Doncaster and South Humber NHS Trust. This year, we have focused on developing our People and Public Involvement (PPI) approach, progressing with the Doncaster Voices community to help inform, shape, and prioritise our research and innovation activities. Complementing our place-based activities across Doncaster, DBTH is a key partner within the South Yorkshire Integrated Care Board, supporting the development of research and innovation activities at the ICB level, including a new Research and Innovation Strategy.

We remain a key partner for education and research across the South Yorkshire Integrated Care Board (SY ICB). While committed to supporting all communities we serve, we are financially aligned with the SY ICB for commissioning and reporting purposes. Additionally, we have started engaging with the North Nottinghamshire ICB, particularly in developing their new Research Strategy. As this work progresses, we look forward to sharing updates through our usual channels and in next year's annual report.

DBTH continues to lead regionally and nationally with our multi-professional and inclusive approach, often sharing our experiences with other provider organisations. We are recognised for the integration of education and research within our organisation, supported by individual leadership, engagement, and embedding these elements within work profiles and the organisation’s strategic priorities.

Health and safety

Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust (DBTH) is dedicated to providing a safe and secure environment for patients, staff, and visitors.

We achieve this through the development and implementation of robust systems and processes to effectively manage health and safety (H&S) issues. Our approach includes proactively identifying risks, implementing effective mitigation measures following a hierarchy of controls, and encouraging staff to report H&S incidents via the Trust’s electronic reporting system, Datix. We foster a no-blame culture to promote transparency and reflection, reducing the likelihood of future incidents.

This report covers all aspects of Health and Safety (H&S) Management at DBTH for the reporting period 2023/2024.

The Trust Health and Safety (H&S) Committee meets quarterly and delivers a formal bi-annual report to the Audit and Risk Committee (ARC). This process allows the Chair of ARC to escalate any areas of concern to the Board through the Chair's assurance report.

Additionally, the Acting Operational Director of Estates & Facilities provides an annual declaration of performance compliance against the Department of Health and Social Care's NHS Premises Assurance Model (NHS PAM) to the Trust Board. This report specifically addresses the patient experience and safety elements of the annual assurance return to NHS England, which aligns with the Care Quality Commission (CQC) Key Lines of Enquiry (KLOE).

During the reporting period, 408 accidents/incidents were reported on DATIX that either caused or had the potential to cause personal injury to staff, visitors, and contractors. Of these, 9 incidents were reportable to the Health and Safety Executive (HSE) under The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR). Table 1 provides a full breakdown of incidents by subcategory and site for the reporting period of April 2023 – March 2024.

Table 1: Breakdown of incidents into Subcategory and Site April 2023 – March 2024

	Doncaster Royal Infirmary	Bassetlaw Hospital	Montagu Hospital	External to DBH	Total
Accident caused by some other means	50	7	6	2	65
Collisions	15	4	1	2	22
Exposure to electricity, hazardous substance, infection etc	16	5	2	0	23
Injury caused by physical or mental strain	24	3	2	0	29
Moving and Handling Incidents	24	6	4	0	34
Sharps related incident, including knives	96	19	5	2	123

Slips/trips/falls (includes faints)	79	17	7	3	107
Transport related incident	4	1	0	0	5
Total	308	62	27	4	408

After successfully introducing e-learning packages for health and safety (H&S) risk assessment and manual handling risk assessment onto ESR, the H&S Advisor and Senior Moving and Handling Advisor proposed to the Role and Specific Training (ReST) panel that these e-learning packages become mandatory as part of the Trust's SET+ training package. This proposal was approved, and compliance mapping is currently underway.

In a further enhancement to H&S training, the Trust has introduced a comprehensive National Health, Safety and Welfare standalone training package, which all staff are required to complete every three years. This 30-minute training module covers all hazards and risks pertinent to a healthcare environment.

The introduction of a separate mandatory H&S training package outside of the standard SET requirements provides a deeper level of training and improves the ability to monitor compliance. As this is a National Training package, the content, level of training, and aims and objectives are aligned with other NHS organisations.

As part of the improved risk assessment training programme, new clinical and non-clinical risk assessment templates have been developed and approved by the Trust H&S Committee. These templates are available for download on a new dedicated H&S page on Trust Hive, along with a suite of H&S factsheets and associated H&S management toolbox talks. These risk assessments are now part of a comprehensive set of Ward/Departmental Operational Risk Management folders covering sharps, moving and handling, violence and aggression, and COSHH risk assessments. The folders are complete in all clinical areas, with continued distribution throughout the remaining non-clinical areas into the new financial year (FY) 2024/25.

As part of an ongoing Quality Improvement (QI) project to enhance H&S management within the Trust, a new internal safety alert procedure has been introduced. This initiative promotes a proactive approach to incident investigation, sharing lessons learned to reduce risks, and fostering a positive H&S culture throughout the organisation.

Internal Safety Alerts serve as notifications or announcements to warn colleagues of potential hazards, dangers, or risks associated with specific products, activities, or situations, significantly reducing incidents by increasing awareness and providing clear guidance to prevent accidents and injuries. These alerts will follow the same process as the current external Medicine and Health Care Products Regulatory Association (MHRA)/Estates

and Facilities Alert (EFA) system, distributed to all identified clinical and non-clinical teams throughout the organisation.

The Trust H&S Communication Working Group continues to meet monthly, comprising representatives from the Communication team and the H&S Management team, including fire and security. Positive progress is being made via this group to communicate current H&S, Fire Safety, and Security Management themes through various channels, including a dedicated H&S page in Buzz, a Health and Safety section on the Hive, Facebook posts, and a DBTH H&S App.

A new H&S Strategy, incorporating outputs from the ongoing H&S management QI project, is currently in development. The draft strategy was approved by the Trust Health and Safety Committee and circulated to several clinical and non-clinical colleagues for review.

The draft strategy links patient safety, patient experiences, and the quality of care with the safety, health, and wellbeing of the organisation's workforce. It is currently under further review following the introduction of the Trust's new vision and strategic objectives.

In June 2023, the Trust H&S Advisor and Head of Compliance undertook a positive site visit to Bradford District Care NHS Foundation Trust (BDC) to discuss their successful attainment of ISO 45001 accreditation and the Royal Society for the Prevention of Accidents (RoSPA) gold accreditation award.

Following this visit and a subsequent comparison of H&S management processes and procedures at both BDC and DBTH, it was determined that DBTH was in a position to submit its own application to RoSPA. This will help the Trust understand its current position and the further steps required to achieve ISO 45001 accreditation. The Trust completed its RoSPA application on 31 January 2024 and is currently awaiting feedback, expected in June or July 2024.

A comprehensive feedback report will outline areas for improvement to enhance the level of accreditation in future applications.

A 'sharps' deep dive was undertaken in 2023 to investigate incidents of sharps injuries within the Trust. As a result, a 'Sharps' working group has been established, including various clinical and non-clinical stakeholders. The group reports directly to the Infection Control Committee bi-monthly and provides a quarterly exception summary report to the Trust H&S Committee.

The group's main tasks include monitoring trends and incidents related to sharps injuries, overseeing processes for the safe use and disposal of sharps, providing education, support, advice, and networks, coordinating trials of devices designed to reduce sharps injuries, and promoting a culture of sharps injury prevention within the Trust.

The Health and Safety Executive Safety Climate Tool (SCT) survey results are currently being reviewed and analysed from the inaugural Safety Climate Survey, with 807 colleagues responding. These results and the action plan will be presented to the Trust H&S Committee in August 2024. The SCT measures the workforce's attitudes and perceptions about health and safety, providing insights into the safety culture and enabling targeted improvements. Regular reviews and updates of the electronic Control of Substances Hazardous to Health (COSHH) system, Alcumus Sypol, continue to be undertaken by the H&S Advisor.

This includes substance updates and new information additions to ensure continual improvement. The H&S Advisor is also reviewing current Trust guidance and documentation available to staff on the Hive to ensure the continual improvement of information availability.

As part of a national programme of planned HSE inspections to hospitals assessing the management arrangements for controlling risks associated with Asbestos Containing Materials (ACMs) and compliance with the Control of Asbestos Regulations (CAR) 2012, the Mexborough Montagu Hospital (MMH) site was chosen for inspection. The inspection took place on 21 March 2024, focusing on the Trust's arrangements to ensure that ACMs are maintained in sound condition and not damaged by foreseeable activities within the premises.

Documentation relevant to the Trust's management of ACMs, including asbestos surveys, risk assessments, the asbestos register, and the asbestos management plan, was reviewed. The HSE inspectors provided positive feedback, stating that the Trust was carrying out its duty to manage and control asbestos in line with CAR 2012 and Regulation 4. They appreciated the comprehensive policies and procedures in place and advised simplifying the asbestos management plan for easier reading and updating. The level of investment from the Trust in removing and abating asbestos and the continued plan of works linked to the annual Capital programme were also commended.

The Fire Improvement programme for Financial Year (FY) 23/24 at the Women's and Children's (W&C's) Doncaster Royal Infirmary site (DRI) will continue into FY 24/25 to complete all fire precaution work elements required within ward M1, as illustrated in Table 2. The Fire Improvement works for the East Ward Block (EWB) at the DRI site are complete up to Phase 5 of the basement level, with the final Phases 5-8 to be agreed subject to the confirmation of Capital Resource Expenditure Limits (CDEL) for FY 24/25. These works are subject to a jointly agreed action plan between the Trust and South Yorkshire Fire & Rescue Service (SYFRS), with progress monitored by the Fire Task and Finish Group (FTFG) and regular reporting/discussions with SYFRS.

Table 2: Fire Improvement Project 2023/2024 Programme Summary

Fire Improvement Programme Schedule			
Key Milestones (2022/23)	**Start Date**	**Completion Date**	**Comments**
DRI EWB Level 1 Phases 1 & 2		02/06/23	Complete
DRI EWB Level 1 Phase 3	21/08/23	10/11/23	Complete
DRI EWB Level 1 Phases 4 & 5	13/11/23	09/02/23	Complete
DRI W&C's Completion of Ward M1	04/09/23	07/06/24	Completion planned within FY24/25
DRI EWB Level 1 Phase 6			Currently waiting for Funding allocation to be confirmation prior to agreement for programme start/completion date.
DRI EWB East & West Fire Escapes Contract Award			Currently waiting for Funding allocation to be confirmation prior to agreement for programme start/completion date.
DRI W&C's Ward G5			Currently waiting for Funding allocation to be confirmation prior to agreement for programme start/completion date.
DRI W&C's Remaining Central Cores Contract Award			Currently waiting for Funding allocation to be confirmation prior to agreement for programme start/completion date.

DRI W&C's Level 5 Theatres Contract Award			Currently waiting for Funding allocation to be confirmation prior to agreement for programme start/completion date.

Workforce statistics as at 31 March 2024 (subject to Audit)

In 2023/24, the Trust's staff turnover figure stood at 13.39% - this figure is higher than usual as it includes the Pathology service which was transferred to Sheffield Teaching Hospitals following work by the South Yorkshire Acute Federation. Please note, staff turnover information can be viewed here: https://digital.nhs.uk/data-and-information/publications/statistical/nhs-workforce-statistics (not subject to audit)

	FTE (Perm)	FTE (Other)	FTE (Total)
Total staff employed as at 31 March 2024	6,204	524	6,728
Medical and dental	699	58	757
Administration and estates	1,591	38	1,629
Nursing, midwifery and health visiting staff	2,941	389	3,330
Scientific, therapeutic and technical staff	700	38	738
Healthcare science staff	153	1	154
Other	120	0	120

	2023/24 Actual	2023/24 Target	Benchmarking data
Staff Sickness Absence Rate	5.77%	5%	2022/23 the rate was 6.28% In 2022/23 the regional average was 4.35%

Task force on climate-related financial disclosures (TCFD)

NHS England's NHS foundation trust annual reporting manual has adopted a phased approach to incorporating the TCFD recommended disclosures as part of sustainability annual reporting requirements for NHS bodies, stemming from HM Treasury's TCFD aligned disclosure guidance for public sector annual reports.

TCFD recommended disclosures as interpreted and adapted for the public sector by the HM Treasury TCFD aligned disclosure application guidance, will be implemented in sustainability reporting requirements on a phased basis up to the 2025/26 financial year. Local NHS bodies are not required to disclose scope 1, 2 and 3 greenhouse gas emissions under TCFD requirements as these are computed nationally by NHS England.

The phased approach incorporates the disclosure requirements of the governance pillar for 2023/24.

As part of our work around climate and sustainability, the Trust has undertaken risk assessments on the effects of climate change and severe weather and as such, has developed a Green Plan following the guidance of the Greener NHS programme. The Trust ensures that its obligations under the Climate Change Act and the Adaptation Reporting requirements are complied with.

The Trust's Green Plan is a Board approved strategic document, which sets out the Trust's commitment and approach to achieving net zero and to improving the sustainability of the Healthcare Services we provide.

We are currently prioritising enabling actions that include the development and training of our workforce, providing system leadership, developing sustainable models of care, improving access to preventative health advice and access to fresh and healthy food options on our Estate. Alongside these interventions we will prioritise interventions that reduce carbon emissions and improve sustainability performance.

The strategy outlines our intention to implement direct interventions within estates and facilities, travel and transport, supply chain and medicines to reduce carbon emissions and to improve sustainability performance and to adapt to a changing climate, and these efforts specifically focus upon:

- Estates and facilities
- Adaptation
- Travel and transport
- Supply chain and procurement
- Medicines
- Workforce and system leadership
- Sustainable models of care
- Food and nutrition

- Digital transformation

Governance pillars

To demonstrate our commitment to the Green Plan, this document has been approved by the Trust's Board of Directors.

This is in recognition the Board of Directors must support the development and delivery of the Green Plan, ensuring that sustainability is embedded at the core of the Trust's strategies, policies, and operations.

A Board Lead has been appointed, the Lead supports the proposal and approval of any new targets, strategies, and business cases that relate to the delivery of the Green Plan, and regularly updates the Board of Directors on any developments, progress, and matters of assurance.

The Trust has also appointed a Sustainability Lead, who has broad responsibility for progressing the implementation of the Green Plan and the associated projects. The Sustainability Lead chairs our Sustainability Group, which will support the coordination, delivery, management and monitoring of the Green Plan.

The Groups membership is comprised of a multi-disciplinary team of colleagues from key departments, who provide the knowledge and understanding of the operation of the hospitals, which is required to create organisational level change.

The Sustainability Group meets regularly, with the priority aim to support the development of projects and 'Green' Action Plans, which deliver the objectives of the Green Plan.

The Sustainability Group also works to develop, further, key governance requirements, for example the monitoring of progress and the annual reviews of the Green Plan.

To further enable managers, and colleagues across the Trust to implement our climate related targets, we have specifically focused on the following:

- Developing the Leadership and Governance structures required to deliver the Green Plan.

- Engaged, developing and training staff, ensuring they understand the Trust's impact on climate change and how this impact relates to their role and how they can positively impact.

- Updating and maintaining our internal communication plans to include engagement that promotes the Green Plan.

- Delivering Carbon Literacy Training to ensure staff are aware of the impacts of climate change and its relationship with carbon.

- Developing the Annual Sustainability Report to review our progress towards reducing carbon emissions and progress at achieving the objectives of the Green Plan.

Furthermore, we have folded this approach into our procurement processes, specifically:

- Promotion of the Green Plan to our suppliers, communicating its commitments and our intention to work with the supply chain to reduce impact.

- Establishing a system that enables the assessment and selection of more sustainable goods, products, and services.

- Assessing what products and services in the supply chain pose a higher ethical, labour, and environmental risk and mitigating that risk.

- Establishment of a set of standards that suppliers must adhere to for example to achieve social value outcomes, and on ethics, labour, and the environment, aligned with the Government Buying standards.

- Reviewing our existing supplies of goods and services to confirm they meet those standards.

- Ensuring that environmental, social, and economic impacts and opportunities are appropriately considered and evaluated in the assessment of value for money; before purchasing, when purchasing new products, when developing and scoring tenders and when setting up contracts or framework agreements.

- Managing tendering and procurement strategies that ensure fair access to contracting opportunities for businesses of all sizes and types and invite local companies to tender.

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

- A transition to the procurement of electricity from clean renewable sources, leading to a significant reduction in the Trust's carbon footprint.

- A significant reduction in the use of volatile anaesthetic gases that have a harmful impact on the environment.

- The attainment of a Green Flag Award for the memorial gardens at Doncaster Royal Infirmary and Bassetlaw District General Hospital, recognition of the benefit that these green spaces provide and their positive impact on biodiversity.

- A transition to a ‘zero waste to landfill’ approach to waste disposal.

- An increased focus on sustainability when procuring goods and services, and work with partners to help minimise the environmental impact of our supply chain.

- The successful training of Trust employees in carbon literacy and future plans for more widespread training and education throughout the organisation.

Staff Costs

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

	Total £000	Permanently employed total £000	Other total £000
Salaries and wages	275,927	262,134	13,793
Social security costs	29,943	29,943	-
Apprenticeship Levy	1,404	1,404	
Pension cost – defined contribution plans	30,826	30,826	-

employer's contributions to NHS Pensions			
Pension cost – defined contribution plans employer's contributions to NHS Pensions paid by NHS England on provider's behalf	13,428	13,428	-
Pension cost - other	111	111	-
Temporary staff – external bank	20,007	-	20,007
Temporary staff – agency/contract staff	14,859	-	14,859
Total Staff costs	386,505	337,846	48,659

Equality, diversity and inclusion (EDI) - (not subject to audit)

At Doncaster and Bassetlaw Teaching Hospitals (DBTH), our mission is to cultivate an inclusive culture where every colleague feels a sense of belonging and is valued.

We celebrate diversity and expect all colleagues to show kindness and respect towards each other, adhering to the DBTH Way. Our goal is to mirror the diversity of the communities we serve and recruit from, aiming to enhance diversity in our leadership by nurturing our talented colleagues. We uphold that all protected characteristics are equally important, including age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, and sexual orientation.

For details on our equality priorities and actions, please visit the Equality and Diversity page on the Trust website www.DBTH.nhs.uk. Here, we also publish information to comply with the Equality Act.

On June 8, 2023, NHS England launched its first equality, diversity, and inclusion (EDI) improvement plan, acknowledging the benefits of a diverse workforce for better patient care. In response, we developed the DBTH EDI Improvement Plan, reviewing all EDI workstreams. This plan aligns with the six high impact actions and success metrics. As of March 2024, the Trust has completed 24 actions, with others on track.

The DBTH Health Inequalities strategy, approved by the Board in March 2024 and published shortly after, complements our ambition to promote equality, diversity, and inclusion within DBTH.

Our internal communications highlight cultural events and awareness days, providing opportunities for colleagues to engage through learning sessions and lectures.

Engaging with our community, the Trust actively participates in the local PRIDE event in Doncaster. In 2023, Doncaster Council's Ethnic Culture Fusion Network (EFCN) became a core member of the Trust EDI Committee.

The Trust's 2023 NHS staff survey results highlight the positive impact of our EDI initiatives since 2021, showing improvements in culture and working experiences at DBTH. We consistently exceed the national average for acute NHS trusts. While this progress is encouraging, we remain committed to further improvements for all colleagues.

Equality Information as at 31 March 2024 – Executive and Senior Directors

Gender (Directors Only)	Headcount	Headcount %
Female	12	67%

Male	6	33%

Senior managers

Gender	Headcount	Headcount %
Female	63	64%
Male	36	36%

Equality information

Gender	Headcount	FTE	Headcount %
Female	6,103	4991.03	81.34%
Male	1,400	1270.03	18.66%

Age	Headcount	FTE	Headcount %

16 - 20	118	106.98	1.57%
21 - 25	527	492.14	7.02%
26 - 30	813	723.72	10.84%
31 - 35	976	827.87	13.01%
36 - 40	916	778.87	12.21%
41 - 45	823	700.93	10.97%
46 - 50	766	668.57	10.21%
51 - 55	882	748.53	11.76%
56 - 60	873	680.27	11.64%
61 - 65	609	411.37	8.12%
66 - 70	157	97.95	2.09%

71 & above	43	23.85	0.57%

Ethnicity	**Headcount**	**FTE**	**Headcount %**
Any Other	111	107.31	1.48%
Asian	659	616.25	8.78%
Black	273	250.15	3.64%
Chinese	30	27.97	0.40%
Mixed	97	82.31	1.29%
White	6,173	5,045.44	82.27%
Not Disclosed	150	129.83	2%

Disability	**Headcount**	**FTE**	**Headcount %**

No	6,590	5,522.13	87.83%
Not Declared	235	185.80	3.13%
Prefer Not To Answer	24	20.61	0.32%
Unspecified	288	235.51	3.84%
Yes	356	295.20	4.74%

Sexual Orientation	**Headcount**	**FTE**	**Headcount %**
Bisexual	71	61.85	0.95%
Gay or Lesbian	96	88.66	1.28%
Heterosexual or straight	5,600	4717.33	74.64%
Other sexual orientation not listed	13	11.71	0.17%

Undecided	9	6.35	0.12%
Unspecified	251	209.62	3.35%
Not Disclosed	1,453	1,163.73	19.37%

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

In September 2021 Doncaster and Bassetlaw Teaching Hospitals (DBTH) became the first NHS organisation to qualify to use the RACE (Reporting Action Composition Education) Equality Code Quality Mark, following assessment. The code was developed to help organisations take action to improve race equality within the workplace, drawing learning and recommendations outlined in reports, charters, and pledges, with the aim of supporting organisations who are actively tackling diversity and inclusion challenges.

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

Gender Pay Gap

As of 31 March 2024, the gender pay gap at DBTH stands at 33.3% in favour of men. This marks an improvement from the previous year, where the mean gender pay gap was 34.8%

in favour of men. The breakdown of pay distribution is detailed in the Quartile Pay section of this report.

Upper Hourly Pay Quartile: In 2023/24, men accounted for 35% and women for 65% of this quartile, primarily due to the high percentage of male consultants who feature prominently in this pay range. In 2022/23, men constituted 33.8%, and women represented 66.2% in the upper hourly pay quartile.

Upper Middle Pay Quartile: The distribution in 2023/24 favours women, with 14.3% men and 85.7% women. The Trust employs more women than men, especially in roles traditionally seen as female professions, such as Nursing, Administration, and Allied Health Professionals. In 2022/23, the distribution was 13.4% men and 86.6% women.

Lower Middle Pay Quartile: In 2023/24, the distribution was 13.5% men and 86.5% women, showing a similar pattern to 2022/23, which had 13.7% men and 86.3% women.

Lower Hourly Pay Quartile: In 2023/24, men comprised 11.4% and women 88.6% of the lower hourly pay quartile. This is compared to 12.4% men and 87.6% women in 2022/23.

Bonus Distribution: As of 31 March 2024, 12.4% of men and 1% of women received bonuses. Bonus payments are derived from Clinical Excellence Awards (CEAs), which aim to reward consultants contributing to the delivery of safe, high-quality care and the improvement of NHS services. For the past three years, DBTH has awarded CEAs equally to eligible male and female consultants.

DBTH Approach to Reducing the Gender Pay Gap

The Trust is committed to reducing the gender pay gap through various initiatives:

- **Flexible Working:** Flexible working arrangements provide women with opportunities to develop their careers while balancing motherhood and home responsibilities.

- **Menopause Support:** In 2023/24, the Trust achieved accreditation as a Menopause Friendly Employer. The Health & Wellbeing team and committee ensure this accreditation, and the work of Menopause Champions, improve working conditions for women in the Trust.

- **Gender Diversity and Inclusion Initiatives:** The Trust has a comprehensive improvement plan to promote gender diversity, including leadership programmes aimed at increasing diversity in leadership roles. The Board Development Delegate programme offers opportunities for individuals with protected characteristics to develop into executive or non-executive directors, with all participants in both cohorts being women.

  One participant has progressed to a governor role on a school board. The Reciprocal Mentoring Programme (RMP) has had two cohorts, with the third cohort starting at the time of reporting. In 2023/24, eight out of ten aspiring leaders in the RMP were women, and in 2024/25, seven women are participating.

- **Implementing 'Mend the Gap' Recommendations:** The Trust promotes a flexible working culture when advertising senior roles. Job adverts highlight flexible working arrangements, reduced hours, and job-share opportunities, ensuring they meet the needs of both the service and employees.

- **Training and Awareness Programs:** The Trust provides training to promote understanding and awareness of gender-related issues among staff. The Trust has an active LGBTQ+ Staff Network and is exploring a network to support women returning to work after maternity leave.

- **Clear Goals and Benchmarks:** The Trust has established clear goals and benchmarks to track progress and hold the organisation accountable for addressing the gender pay gap, as detailed in the DBTH EDI Improvement Plan.

Through the outlined approaches, the Trust has made progress in reducing the gender pay gap. However, continued efforts are essential to address gender disparities, focusing on equitable pay structures and opportunities for all employees.

Regular monitoring and targeted interventions are crucial to ensure progress towards gender equality in the workplace.

Organisation's Structure and Principal Activities

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

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

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

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

Our Supply Chains

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

Slavery and Human Trafficking Statement 2023/24

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

Our Policies on Slavery and Human Trafficking

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

Due Diligence Processes for Slavery and Human Trafficking

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

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

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

The Supplier warrants and undertakes that it will:

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

Supplier Adherence to Our Values

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

Training

Senior members of staff within our Procurement Team are duly qualified as Fellows of the Chartered Institute of Procurement and Supply and have passed the Ethical Procurement and Supply Final Test. This statement is made pursuant to section 54 (1) of the Modern Slavery Act 2015 and constitutes the Trust's slavery and human trafficking statement for the current financial year.

Trade Union Facility Time

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

Number of employees who were relevant union officials during the relevant period	***Full-time equivalent employee number (Trust Total)***
14	12.3

Percentage of time	***Number of employees***
0%	0
1-50%	13
51-99%	0
100%	1

Provide the total cost of facility time	£77,845.64
Provide the total pay bill	£386,505,000

Provide the percentage of the total pay bill spent on facility time calculated as: (total cost of facility time / total pay bill x100)	0.02%

Time spent on paid union activities as a percentage of total facility time hours calculated as: (total hours spent on paid trade union activities by relevant union officials during the relevant period / total paid facility time hours x100)	68.88

NHS Staff Survey

The NHS staff survey is conducted annually. As of 2021/22, the survey questions align to the seven elements of the NHS 'People Promise', and retains the two previous themes of engagement and morale.

These replaced the ten indicator themes used in previous years. All indicators are based on a score out of 10 for specific questions with the indicator score being the average of those.

The response rate to the 2023/24 survey among trust staff was 67% (2022/23: 65%).

Indicators	2023/24 Trust score	2023/24 benchmarking group score	2022/23 Trust score	2022/23 benchmarking group score
We are compassionate and inclusive	7.41	7.24	7.3	7.2
We are recognised and rewarded	6.05	5.94	5.8	5.7
We each have a voice that counts	6.82	6.70	6.7	6.6
We are safe and healthy	6.24	6.06	6.0	5.9
We are always learning	5.90	5.61	5.6	5.4
We work flexibly	6.24	6.20	6.0	6.0
We are a team	6.81	6.75	6.6	6.6
Staff engagement	6.94	6.91	6.8	6.8
Morale	6.11	5.91	5.8	5.7

Below are the rest details of related to the Staff Survey:

National Staff Survey 2023

in summary

NHS
Doncaster and Bassetlaw Teaching Hospitals
NHS Foundation Trust

Response rates

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

67% Completed the survey (4,704).

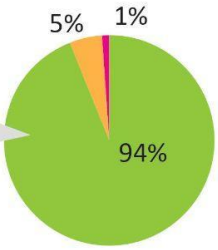
45% Average response rate for similar organisations.

Notable feedback

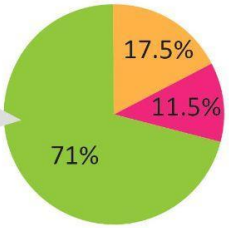
- **67%** feel the Trust takes positive action on Health and Wellbeing.
- **90%** of you had an appraisal in the last 12 months.
- **58%** of you feel that our teams at DBTH work well together to achieve our objectives
- **75%** of you feel that the Trust respects differences (cultures, backgrounds and so on)
- **64%** of you think the Trust acts fairly with regard to career progression / promotion
- **61%** of you are confident that the organisation would address your concerns if you raised them

How our responses compare:

With our **2022** results



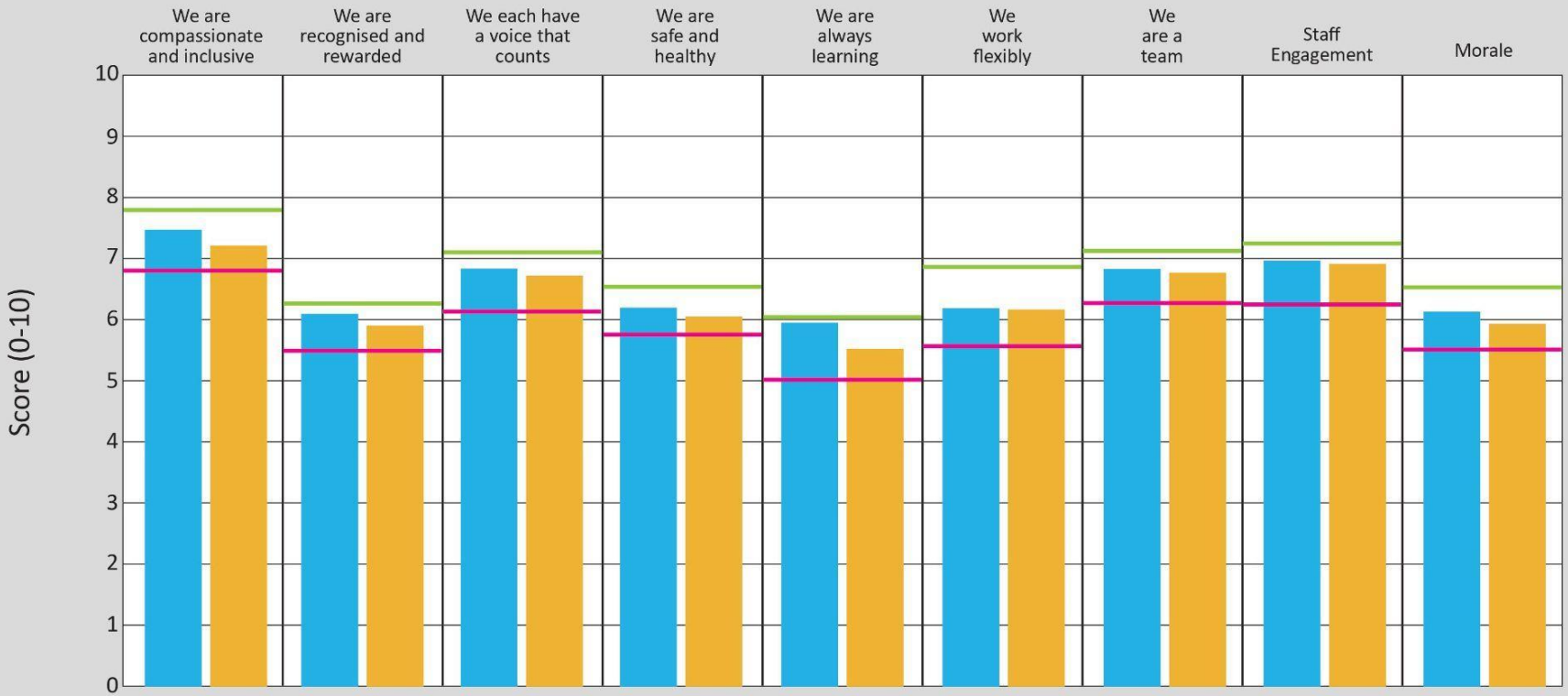
With the **national** picture for acute trusts



Better Worse Similar

The 7 People promise themes and how we compare nationally

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



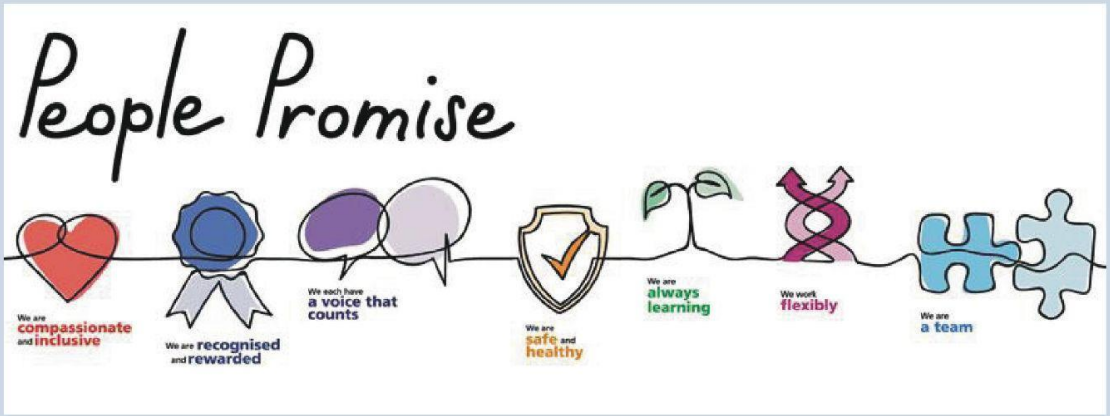
Our data is benchmarked against national data from similar organisations (acute trusts)

Best	7.71	6.37	7.16	6.55	6.07	6.87	7.19	7.32	6.52
DBTH	7.41	6.05	6.82	6.24	5.90	6.24	6.81	6.94	6.11
National	7.24	5.94	6.70	6.06	5.61	6.20	6.75	6.91	5.91
Worst	6.85	5.50	6.21	5.75	5.05	5.60	6.35	6.34	5.54

How does this compare with last year?

Theme	2022 score	2023 score	Change
We are compassionate and inclusive	7.3	7.4	
We are recognised and rewarded	5.8	6.0	
We each have a voice that counts	6.7	6.8	
We are safe and healthy	6.0	6.2	
We are always learning	5.6	5.9	
We work flexibly	6.0	6.2	
We are a team	6.6	6.8	
Staff Engagement	6.8	6.9	
Morale	5.8	6.1	

Better Worse Similar to last year



Your job

	2022	This year	
		National	DBTH
Q2a. Often/always look forward to going to work	51.6%	54.2%	55.4%
Q2b. Often/always enthusiastic about my job	65.8%	68%	71.7%
Q2c. Time often/always passes quickly when I am working.	70%	71.3%	70.7%
Q3a. Always know what work responsibilities are.	87.2%	86.5%	88.1%
Q3b. Feel trusted to do my job.	90.6%	90.4%	90.9%
Q3c. Opportunities to show initiative frequently in my role.	71.4%	73.3%	73.6%
Q3d. Able to make suggestions to improve the work of my team/dept.	67.1%	70.8%	69.8%
Q3e. Involved in deciding changes that affect work.	46.7%	51.2%	49.5%
Q3f. Able to make improvements happen in my area of work.	50.2%	55.9%	54.9%
Q3g. Able to meet conflicting demands on my time at work	45.5%	47%	49.6%
Q3h. Have adequate materials, supplies and equipment to do my work	53.2%	56.5%	56.3%
Q3i. Enough staff at organisation to do my job properly	24.4%	31.6%	32.1%
Q4a. Satisfied with recognition for good work	52.3%	53.3%	54.5%
Q4b. Satisfied with extent organisation values my work	42.8%	43.7%	46.3%
Q4c. Satisfied with level of pay	24.7%	29.8%	31.5%
Q4d. Satisfied with opportunities for flexible working patterns	49%	55.2%	53.1%
Q5a. I have realistic time pressures	25.7%	25.2%	29.3%
Q5b. Have a choice in deciding how to do my work	51.2%	52.4%	51.9%
Q5c. Relationships at work are unstrained	42.7%	46.1%	45.2%
Q6a. Feel my role makes a difference to patients/service users	86.8%	87.8%	88.8%
Q6b. Feel my organisation is committed to helping me balance my work and home life	45%	48%	50.7%

Your job continued

	2022	This year	
		National	DBTH
6c. I achieve a good balance between my work life and my home life	54.2%	55%	58.7%
6d. I can approach my immediate manager to talk openly about flexible working.	66.6%	68.6%	69.1%

Your Team

	2022	This year	
		National	DBTH
7a. The team I work in has a set of shared objectives.	71.6%	73.5%	73%
7b. The team I work in often meets to discuss the team's effectiveness.	47.2%	61.2%	54.5%
7c. I receive the respect I deserve from my colleagues at work.	69.1%	71.3%	70.3%
7d. Team members understand each other's roles.	73.1%	71.5%	74.1%
7e. I enjoy working with the colleagues in my team.	82.1%	80.9%	82.3%
7f. My team has enough freedom in how to do its work.	57.2%	60.1%	60%
7g. In my team disagreements are dealt with constructively.	55.7%	56.7%	55%
7h. I feel valued by my team.	68.9%	69.7%	69.5%
7i. I feel a strong personal attachment to my team.	64.9%	63.8%	65.3%

People in your organisation

	2022	This year	
		National	DBTH
8a. Teams within this organisation work well together to achieve their objectives.	52.8%	54.9%	57.8%
8b. The people I work with are understanding and kind to one another.	69.7%	69.8%	69.6%
8c. The people I work with are polite and treat each other with respect.	70.7%	70.8%	70.2%
8d. The people I work with show appreciation to one another.	67.1%	66.7%	67.8%

Your managers

	2022	This year	
		National	DBTH
9a. My immediate manager encourages me at work.	69.5%	71.3%	72.1%
9b. My immediate manager gives me clear feedback on my work.	64.5%	63.9%	65.5%
9c. My immediate manager asks for my opinion before making decisions that affect my work.	55.3%	58.6%	56.9%
9d. My immediate manager takes a positive interest in my health and well-being.	67.4%	69%	69.5%
9e. My immediate manager values my work.	70%	71.4%	72%
9f. My immediate manager works together with me to come to an understanding of problems.	67.4%	68.1%	68.2%
9g. My immediate manager is interested in listening to me when I describe challenges I face.	69.3%	70.7%	71.1%
9h. My immediate manager cares about my concerns.	68.2%	69.4%	69.9%
9i. My immediate manager takes effective action to help me with any problems I face.	65.3%	66.3%	67.7%

Your health, wellbeing and safety

	2022	This year	
		National	DBTH
10b. I work zero additional PAID hours per week for DBTH, over and above my contracted hours.	43.7%	61.4%	60.2%
10c. I work zero additional UNPAID hours per week for DBTH, over and above my contracted hours.	52.7%	48.3%	55.6%
11a. My organisation takes positive action on health and well-being.	62.5%	57.1%	66.7%
11b. In the last 12 months, I have not experienced musculoskeletal problems (MSK) as a result of work activities.	68.6%	69.5%	70.7%
11c. During the last 12 months, I have not felt unwell as a result of work related stress.	56.6%	57.5%	60.6%
11d. In the last three months I have not come to work despite not feeling well enough to perform my duties.	41.8%	44.7%	43.8%
11e. I have not felt pressure from my line manager to come to work.	76.2%	78.2%	78.3%

Your health, wellbeing and safety continued

	2022	This year	
		National	DBTH
12a. I never/rarely find my work emotionally exhausting.	21.9%	22.6%	25.3%
12b. I never/rarely feel burnt out because of your work.	27.6%	30%	33.1%
12c. My work never/rarely frustrates me.	20.7%	22.3%	24.3%
12d. I am never/rarely exhausted at the thought of another day / shift at work.	34.4%	36.5%	38%
12e. I never/rarely feel worn out at the end of my working day / shift.	16.9%	18.9%	20.4%
12f. I never/rarely feel that every working hour is tiring for me.	49%	49.9%	53.1%
12g. I never/rarely feel like I don't have enough energy for family and friends during leisure time?	34.4%	33.4%	37.6%
13a. In the last 12 months, I have not personally experienced physical violence at work from patients / service users, their relatives or other members of the public.	82.6%	85.9%	84.1%
13b. In the last 12 months, I have not personally experienced physical violence at work from managers.	99.5%	99.2%	99.6%
13c. In the last 12 months, I have not personally experienced physical violence at work from other colleagues.	98.6%	98%	98.8%
13d. The last time you experienced physical violence at work, did you or a colleague report it?	66.9%	68.7%	68.3%
14a. In the last 12 months, I have not personally experienced harassment, bullying or abuse at work from patients / service users, their relatives or other members of the public	71.8%	74.3%	76.1%
14b. In the last 12 months, I have not personally experienced harassment, bullying or abuse at work from managers.	90.9%	89.9%	93.4%
14c. In the last 12 months, I have not personally experienced harassment, bullying or abuse at work from other colleagues.	82.8%	81.2%	84.7%
14d. The last time you experienced harassment, bullying or abuse at work, did you or a colleague report it?	48.5%	49.6%	48.2%
15. Does your organisation act fairly with regard to career progression / promotion, regardless of ethnic background, gender, religion, sexual orientation, disability or age?	63.5%	55%	63.7%

Your health, wellbeing and safety continued

	2022	This year	
		National	DBTH
16a. In the last 12 months, I have not personally experienced discrimination at work from patients / service users, their relatives or other members of the public.	94.9%	90.9%	94.8%
16b. In the last 12 months, I have not personally experienced discrimination at work from a manager / team leader or other colleagues.	94.3%	90.4%	94.1%
16c. On what grounds have you experienced discrimination? **(% of those who answered yes to 16b)** 1. Ethnic background 2. Gender 3. Religion 4. Sexual Orientation 5. Disability 6. Age 7. Other	1. 31.5% 2. 21.1% 3. 2.1% 4. 5.5% 5. 10.7% 6. 22.4% 7. 24.7%	1. 54.8% 2. 18.8% 3. 5.4% 4. 4.2% 5. 8.1% 6. 16.3% 7. 23.1%	1. 34.4% 2. 20.2% 3. 3.5% 4. 4.5% 5. 10.1% 6. 20.2% 7. 31.1%
17a. In the last 12 months, I have not been the target of unwanted behaviour of a sexual nature in the workplace from patients/service users, their relatives or members of the public	-	92%	91.4%
17b. In the last 12 months, I have not been the target of unwanted behaviour of a sexual nature in the workplace from staff/colleagues.	-	96.1%	97.3%
18. In the last month, I have not seen any errors, near misses or incidents that could have hurt staff and/or patients/service users	71.6%	65.1%	70.2%
19a. My organisation treats staff who are involved in an error, near miss or incident fairly.	57.5%	59.9%	58.8%
19b. My organisation encourages us to report errors, near misses or incidents.	84.5%	85.4%	84.7%
19c. When errors, near misses or incidents are reported, my organisation takes action to ensure that they do not happen again.	66.9%	68.5%	68.9%
19d. We are given feedback about changes made in response to reported errors, near misses and incidents.	55.7%	61%	58.7%

Your health, wellbeing and safety continued

	2022	This year	
		National	DBTH
20a. I would feel secure raising concerns about unsafe clinical practice.	72.3%	70.4%	72.7%
20b. I am confident that my organisation would address my concern.	58.4%	56%	60.9%
21. I think that my organisation respects individual differences (e.g. cultures, working styles, backgrounds, ideas, etc).	72.2%	69.6%	74.6%
22. I can eat nutritious and affordable food while I am working.	-	51.7%	48%

Your Personal Development

	2022	National	DBTH
23a. In the last 12 months, have you had an appraisal, annual review, development review, or Knowledge and Skills Framework (KSF) development review?	89.9%	83.6%	90.5%
23b. It helped me to improve how I do my job.	21.8%	26.6%	25.7%
23c. It helped me agree clear objectives for my work.	35.2%	36.1%	37.2%
23d. It left me feeling that my work is valued by my organisation.	32.8%	33.5%	36%
24a. This organisation offers me challenging work.	66.3%	68.4%	66.5%
24b. There are opportunities for me to develop my career in this organisation.	57%	56.5%	59.7%
24c. I have opportunities to improve my knowledge and skills.	69%	70.2%	71.3%
24d. I feel supported to develop my potential.	55.7%	56.3%	59%
24e. I am able to access the right learning and development opportunities when I need to.	59.3%	59.3%	62%

Above data is benchmarked against IQVIA data of a cohort of 62 trusts across the country.

Countering fraud, bribery and corruption

The NHS is estimated to be vulnerable to over £1.2 billion pounds a year. Fraud against the NHS takes taxpayers' money away from patient care and puts into the hands of criminals.

We have an in-house collaborative counter fraud arrangement with five other local NHS Trusts, which allows us to have a Local Counter Fraud Specialist (LCFS) permanently on site, supported by a small team of counter fraud specialists dedicated to combatting fraud.

The Director of Finance is nominated to lead counter fraud work and was supported by the Trust's LCFS. We also have an appointed Counter Fraud Champion who assists in raising the profile of counter fraud work and has a detailed understanding of the risks that fraud poses to the Trust. The Director of Finance, Fraud Champion and the LCFS worked closely to ensure that our efforts to prevent, deter and detect fraud were fully coordinated and effective. During 2023/24 significant work has been carried out to identify and mitigate fraud risks and our fraud risk assessment is now firmly embedded within our risk management processes.

The NHS Counter Fraud Authority (NHSCFA) provides the national framework through which NHS Trusts seek to minimise losses through fraud. The Trust is required to comply with the Government Functional Standard GovS 013: Counter Fraud initiated by the Cabinet Office and in this reporting year, the Trust achieved a full green rating, and we continue to maintain our contractual obligations regarding counter fraud compliance with our ICBs.

The Trust has a robust Counter Fraud, Bribery and Corruption Policy and Response Plan which provides a framework for responding to suspicions of fraud and provides advice and information on various aspects of fraud investigations. The Trust also has a Standards of Business Conduct Policy which sets out the expectations we have of all our staff where probity is concerned, and we provide an online declaration system for all staff. The Trust website contains a statement from the Chief Executive in relation to ensuring that our organisation is free from bribery and corruption.

To ensure we have the right culture and that our staff can recognise and report fraud, we require all employees to receive fraud awareness training as part of our Statutory and Essential Training (SET) program; the compliance rate for 2023/24 was over 96%.

In addition to continuing to raise awareness of fraud against the NHS throughout the year, in November 2023 we also held a Fraud Awareness Month, and the Trust was an official

supporter of International Fraud Awareness Week in the same month. In the past year it was evident that criminals have used the cost-of-living crisis to create new fraud risks and as such information has been made available to staff via our communications network to provide advice and guidance.

As part of our proactive approach to spotting and disrupting fraud, we have a well-publicised system in place for staff to raise any concerns of suspected fraud. They can do this via our LCFS, or the Director of Finance or via the NHS Fraud and Corruption reporting line (**0800 028 40 60** or online at https://cfa.nhs.uk/reportfraud). Patients and visitors can also refer suspicions of NHS fraud to the Trust via the same channels.

Expenditure on consultancy

The Trust incurred consultancy expenditure of £370,000 (2022/23: £377,000).

Staff Exit packages for 2023/24

There were no staff exit packages agreed, and none in 2022/23.

High paid and off pay-roll arrangements

For all off-payroll engagements as of 31 March 2024, for more than £245 per day and that last for longer than six months:

No. of existing engagements as of 31 March 2024	0
Of which:	
Number that have existed for less than one year at the time of reporting	0
Number that have existed for between one and two years at the time of reporting	0
Number that have existed for between two and three years at the time of reporting	0
Number that have existed for between three and four years at the time of reporting	0
Number that have existed for fou	0

r or more years at the time of reporting	

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

For all new off-payroll engagements, or those that reached six months in duration, between 1 April 2023 and 31 March 2024, for more than £245 per day and that last for longer than six months:

Number of new engagements, or those that reached six months in duration, between 1 April 2023 and 31 March 2024	0
Of which:	
Number assessed as within the scope of IR35	0
Number assessed as not within the scope of IR35	0
The number that were engaged directly (via PSC contracted to trust) and are on the trust's payroll	0
The number that were reassessed for consistency/ assurance purposes during the year	0
The number that saw a change to IR35 status following the consistency review	0

For any off-payroll engagements of board members, and/or, senior officials with significant financial responsibility, between 1 April 2023 and 31 March 2024

Number of off-payroll engagements of board members, and/or, senior officials with significant financial responsibility, during the financial year.	0
Number of individuals that have been deemed 'board members and/or senior officials with significant financial responsibility' during the financial year. This figure must include both off-payroll and on-payroll engagements.	16

Finance and Performance Committee

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

Name	Role	Meeting attendance
Mark Day (Chair)	Non-executive Director	9 of 10
Denise Smith	Chief Operating Officer	9 of 10
Jon Sargeant	Chief Financial Officer and Director of Recovery, Innovation & Transformation	9 of 10
Kath Smart	Non-executive Director	8 of 10
Mark Bailey	Non-executive Director	9 of 10
Dr Emyr Jones	Non-executive Director	8 of 10

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

Provided assurance on:

- Current financial and operational performance
- Financial forecasts, budgets and plans in the light of trends and operational expectations
- Plans and processes for the implementation of Effectiveness and Efficiency Improvement plans
- Any specific risks in the Board Assurance Framework relevant to the committee.
- Reviewed and developed strategy in relation to clinical site development, estates and facilities, IT and information and finance
- Undertaken deep dives into key service areas, effectiveness and efficiency plans and areas of performance.

Quality and Effectiveness Committee

The remit of the committee is to provide assurance on the systems of control and governance, specifically in relation to clinical quality and governance and organisational effectiveness.

Name	Role	Meeting attendance
Jo Gander – Chair	Non-executive Director	6 of 6
Dr Emyr Jones	Non-executive Director	6 of 6
Hazel Brand	Hazel Brand	6 of 6
Lucy Nickson	Non-executive Director	4 of 6
Dr Tim Noble	Executive Medical Director	2 of 3
Dr Nick Mallaband	Acting Executive Medical Director (from 25 September 2023)	3 of 3
Karen Jessop	Chief Nurse	6 of 6
Zara Jones	Deputy Chief Executive (from December 2023)	2 of 2

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

- The effectiveness of clinical governance, clinical risk management and clinical control

- Compliance with Care Quality Commission standards
- Adverse clinical incidents, complaints and litigation and examples of good practice and learning
- Patient experience in terms of care, comments, compliments and complaints
- Workforce matters include workforce planning, staff engagement, training, education and development, staff wellbeing, equality and diversity, employee relations and HR and OD systems and processes.
- Reviewed and developed strategy in relation to clinical site development, patient experience and person-centred-care, clinical governance, research and development, quality improvement and innovation, people and workforce development and communications and engagement.
- Undertaken strategic discussions and deep dives into quality, governance and workforce related issues.
- Carried out interrogations of key risks on the Trust's corporate risk register and board assurance framework
- Ensured that the Trust has reliable, up-to-date information about what it is like being a patient experiencing care administered by the Trust

People Committee

Name	**Role**	**Meeting Attendance**
Mark Bailey – Chair	Non-executive Director	5 of 5
Mark Day	Non-executive Director	3 of 5

Hazel Brand	Non-executive Director	4 of 5
Lucy Nickson	Non-executive Director	4 of 5
Zoe Lintin	Chief People Officer	5 of 5
Karen Jessop	Chief Nurse	4 of 5
Dr Tim Noble	Executive Medical Director	3 of 3
Dr Nick Mallaband	Acting Executive Medical Director (from 25 September 2023)	2 of 2

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

- Reviewed workforce matters including workforce planning, colleague engagement, training, education and development, health and wellbeing, equality, diversity and inclusion, just culture, recruitment and HR and OD systems and processes
- Had oversight of the delivery of year 1 of the DBTH People Strategy 2023 to 27
- Reviewed the staff survey results and learner survey results and had oversight of improvement action plans
- Reviewed the implementation of the DBTH Way and plans for embedding this
- Reviewed Freedom to Speak Up information.

Charitable Funds Committee

Name	Role	Meeting Attendance
Mark Bailey	Non-executive Director	2 of 4
Suzy Brain England	Chair of the Board	3 of 4
Hazel Brand	Non-executive Director (Chair)	4 of 4
Mark Day	Non-executive Director	3 of 4
Jo Gander	Non-executive Director	3 of 4
Karen Jessop	Chief Nurse	3 of 4
Emyr Jones	Non-executive Director	3 of 4
Zara Jones	Deputy Chief Executive	2 of 2
Zoe Lintin	Chief People Officer	2 of 4
Nick Mallaband	Acting Medical Director	2 of 2
Lucy Nickson	Non-executive Director	4 of 4

Tim Noble	Medical Director	1 of 2
Richard Parker	Chief Executive	2 of 4
Jon Sargeant	Chief Financial Officer	4 of 4
Kath Smart	Non-executive Director	3 of 4
Denise Smith	Chief Operating Officer	0 of 4

The Committee oversees and provides assurance on all charitable activities within the Trust. Doncaster and Bassetlaw Teaching Hospitals Charity publishes its own annual report and accounts, which will be available on https://dbthcharity.co.uk/.

Council of Governors

During 2023/24 the Council of Governors met on five occasions. Council of Governors meetings are held in public. The composition of the Council of Governors, including attendance at Council of Governors meetings is shown below. Note, the Lead Governor post is temporarily vacant.

Name	Constituency / Partner Organisation	Meeting attendance
Andrew Middleton	Public - Bassetlaw	5 of 5

Annette Johnson	Public - Doncaster (from 21/9/2023-16/4/2024)	3 of 3
David Gregory	Public - Doncaster (from 21/9/2023)	2 of 3
David Northwood	Public - Doncaster	5 of 5
Denise Carr	Public - Bassetlaw (from 21/9/2023)	2 of 3
Dennis Atkin	Public - Doncaster (end of term 20/9/2023)	1 of 2
Eileen Harrington	Public - Doncaster	0 of 5
George Kirk	Public – Doncaster	1 of 5
Irfan Ahmed	Public - Doncaster	2 of 5
Jackie Hammerton	Public - Rest of England & Wales	1 of 5
Lynne Logan	Public - Doncaster	5 of 5
Marc Bratcher	Public - Doncaster	0 of 5
Lynne Schuller	Public - Bassetlaw	3 of 5
Maria Jackson-James	Public - Rest of England & Wales	0 of 5

Mark Bright	Public - Doncaster	5 of 5
Natasha Graves	Public - Doncaster	1 of 5
Mick Muddiman	Public - Doncaster	0 of 5
Pauline Riley	Public - Doncaster (end of term 20/9/2023)	2 of 2
Peter Abell	Public - Bassetlaw (end of term 20/9/2023)	2 of 2
Peter Hewkin	Public - Bassetlaw (from 23/9/2023)	3 of 3
Rob Allen	Public - Doncaster (from 21/9/2023)	2 of 3
Sheila Walsh	Public - Bassetlaw	5 of 5
Dr Vivek Panikkar	Staff - Medical and Dental	4 of 5
Gavin Portier	Staff - Nursing & Midwifery (from 21/9/2023)	0 of 3
Duncan Carratt	Staff - Non-clinical (end of term 20/9/2023)	2 of 2
Kay Brown	Staff - Non-clinical	5 of 5
Joseph Money	Staff - Non-Clinical (from 21/9/2023	1 of 3

Sally Munro	Staff - Nurses and Midwives (end of term 20/9/2023)	0 of 2
Sophie Gilhooly	Staff - Other Healthcare (end of term 20/9/2023)	1 of 2
Mandy Tyrrell	Staff - Nursing & Midwifery	1 of 5
Andria Birch	Partner Governor - Bassetlaw Community and Voluntary Service (BCVS)	0 of 5
Anita Plant	Partner Governor - Partially Sighted Society	1 of 5
Ainsley MacDonnell	Partner - Nottinghamshire County Council	0 of 5
Alexis Johnson	Partner - Doncaster Deaf Trust	1 of 5
Harriett Digby	Partner - Bassetlaw District Council (from 7/11/2023)	2 of 2
Jo Posnett	Partner - Sheffield Hallam University	0 of 0
Phil Holmes	Partner - Doncaster Council	3 of 5
Tina Harrison	Partner - Doncaster College and University Centre (end of term 20/9/2023)	0 of 2

These meetings are held virtually with the focus and format of meeting reflecting the Council responsibilities. Presentations are received from all NEDs, the Lead Governor, Chair and Chief Executive with an interactive question and answer session in addition to statutory COG business. The executive directors have not been required to attend all meetings but do attend where the nature of the business conducted required their attendance. This allows Directors to prioritise service delivery.

Director	Role	Council of Governors meeting attendance
Suzy Brain England OBE	Chair of the Board	4 of 5
Kath Smart	Non-executive Director	5 of 5
Mark Bailey	Non-executive Director	5 of 5
Mark Day	Non-executive Director	3 of 5
Hazel Brand	Non-executive Director	5 of 5
Jo Gander	Non-executive Director	2 of 5
Lucy Nickson	Non-executive Director	5 of 5
Dr Emyr Jones	Non-executive Director	3 of 5

Richard Parker OBE	Chief Executive	4 of 5
Zara Jones	Deputy Chief Executive	2 of 2
Jon Sargeant	Chief Financial Officer	1 of 1
Karen Jessop	Chief Nurse	1 of 1
Dr Tim Noble	Executive Medical Director	1 of 1

Governor elections and terms of office

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

Membership

The trust has two categories of members:

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

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

As of 31 March 2024, there were 13,295 members overall. An analysis of our current membership body is provided below:

	Number of members at 31st March 2024
Public Constituency	5,798
Doncaster	3,243
Bassetlaw	1,823
Rest of England and Wales	732
Staff Constituency	7,497

Nurses and Midwives	2,155
Non-clinical	2,460
Other healthcare professionals	2,271
Medical and Dental	611
Total	13,295

The Trust held its virtual Annual Members' Meeting in September.

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

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

Members who wish to contact directors or Governors may do so via the Foundation Trust Office on dbth.TrustBoardOffice@nhs.net or 01302 644158, or by post to: Trust Company Secretary, Doncaster Royal Infirmary, Armthorpe Road, Doncaster, DN2 5LT.

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

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

- Attendance at governors' regular briefing sessions.
- Giving governors opportunities to raise queries and concerns via the Trust Board office.
- Regular meetings and briefings between the Council of Governors, Chief Executive and Chair of the Board.
- Accessibility of the Chair of the Board, Trust Company Secretary, Senior Independent Director, and Trust Board Office.
- Offer of Non-Executive Directors 'buddying' arrangements for Governors.
- Consultation sessions with governors regarding the development of Trust forward plans and issues.
- Governor views are sought as part of the process for appraising the performance of the Chair of the Board and Non-executive Directors.
- Sharing information, such as Board meeting minutes, reports and briefing papers and Foundations for Health, the members' magazine.
- Regular Governor updates by email.

NHS Foundation Trust Code of Governance

Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust has applied the principles of the NHS Foundation Trust Code of Governance on a 'comply or explain basis'. The Code of governance for NHS provider trusts (the Code of governance) was published in October 2022 and has been applicable since 1 April 2023. It replaces the previous NHS foundation trust code of governance issued by Monitor.

For the year ending 31 March 2024, the Board considered that it was fully compliant with the provisions of the NHS Foundation Trust Code of Governance.

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

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

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

Ref.	Requirement	Disclosure
A.2.1	The board of directors should assess the basis on which the trust ensures its effectiveness, efficiency and economy, as well as the quality of its healthcare delivery over the long term, and contribution to the objectives of the ICP and ICB, and place-based partnerships. The board of directors should ensure the trust actively addresses opportunities to work with other providers to tackle shared challenges through entering into partnership arrangements such as provider collaboratives. The trust should describe in its annual report how opportunities and risks to future sustainability have been considered and addressed, and how its governance is contributing to the delivery of its strategy.	See page 59 and page 80 and 81.

A.2.3	The board of directors should assess and monitor culture. Where it is not satisfied that policy, practices or behaviour throughout the business are aligned with the trust's vision, values and strategy, it should seek assurance that management has taken corrective action. The annual report should explain the board's activities and any action taken, and the trust's approach to investing in, rewarding and promoting the wellbeing of its workforce.	See page 83 onwards.
A.2.8	The board of directors should describe in the annual report how the interests of stakeholders, including system and place-based partners, have been considered in their discussions and decision-making, and set out the key partnerships for collaboration with other providers into which the trust has entered. The board of directors should keep engagement mechanisms under review so that they remain effective. The board should set out how the organisation's governance processes oversee its collaboration with other organisations and any associated risk management arrangements.	See page 80.
B.2.6	The board of directors should identify in the annual report each non-executive director it considers to be independent. Circumstances which are likely to impair,or could appear to impair, a non-executive director's independence include, but are not limited to, whether a director: ● has been an employee of the trust within the last two years ● has, or has had within the last two years, a material business relationship with the trust either directly or as a partner, shareholder, director or senior employee of a body that has such a relationship with the trust ● has received or receives remuneration from the trust apart from a director's fee, participates in the trust's performance-related pay scheme or is a member of the trust's pension scheme	See page 59.

	● has close family ties with any of the trust's advisers, directors or senior employees ● holds cross-directorships or has significant links with other directors through involvement with other companies or bodies ● has served on the trust board for more than six years from the date of their first appointment ● is an appointed representative of the trust's university medical or dental school. Where any of these or other relevant circumstances apply, and the board of directors nonetheless considers that the non-executive director is independent, it needs to be clearly explained why.	
B.2.13	The annual report should give the number of times the board and its committees met, and individual director attendance.	See page 59 and page 122 onwards.
B.2.17	For foundation trusts, this schedule should include a clear statement detailing the roles and responsibilities of the council of governors. This statement should also describe how any disagreements between the council of governors and the board of directors will be resolved. The annual report should include this schedule of matters or a summary statement of how the board of directors and the council of governors operate, including a summary of the types of decisions to be taken by the board, the council of governors, board committees and the types of decisions which are delegated to the executive management of the board of directors.	See Council of Governors section, page 128.
C 2.5	If an external consultancy is engaged, it should be identified in the annual report alongside a statement about any other connection it has with the trust or individual directors.	See page 121.

C2.8	The annual report should describe the process followed by the council of governors to appoint the chair and non-executive directors. The main role and responsibilities of the nominations committee should be set out in publicly available written terms of reference.	See Council of Governors section, page 128.
C 4.2	The board of directors should include in the annual report a description of each director's skills, expertise and experience.	See page 59.
C 4.7	All trusts are strongly encouraged to carry out externally facilitated developmental reviews of their leadership and governance using the Well-led framework every three to five years, according to their circumstances. The external reviewer should be identified in the annual report and a statement made about any connection it has with the trust or individual directors.	See page 147.
C.4.13	The annual report should describe the work of the nominations committee(s), including: ● the process used in relation to appointments, its approach to succession planning and how both support the development of a diverse pipeline ● how the board has been evaluated, the nature and extent of an external evaluator's contact with the board of directors and individual directors, the outcomes and actions taken, and how these have or will influence board composition ● the policy on diversity and inclusion including in relation to disability, its objectives and linkage to trust vision, how it has been implemented and progress on achieving the objectives ● the ethnic diversity of the board and senior managers, with reference to indicator nine of the NHS Workforce Race Equality Standard and how far the board reflects the ethnic diversity of the trust's workforce and communities served	See page 59 and page 99.

	● the gender balance of senior management and their direct reports.	
C5.15	Foundation trust governors should canvass the opinion of the trust's members and the public, and for appointed governors the body they represent, on the NHS foundation trust's forward plan, including its objectives, priorities and strategy, and their views should be communicated to the board of directors. The annual report should contain a statement as to how this requirement has been undertaken and satisfied.	See page 133.
D2.4	The annual report should include: ● the significant issues relating to the financial statements that the audit committee considered, and how these issues were addressed ● an explanation of how the audit committee (and/or auditor panel for an NHS trust) has assessed the independence and effectiveness of the external audit ● process and its approach to the appointment or reappointment of the external ● auditor; length of tenure of the current audit firm, when a tender was last conducted and advance notice of any retendering plans ● where there is no internal audit function, an explanation for the absence, how internal assurance is achieved and how this affects the external audit ● an explanation of how auditor independence and objectivity are safeguarded if the external auditor provides non-audit services.	See page 122 and 147.
D2.6	The directors should explain in the annual report their responsibility for preparing the annual report and accounts, and state that they consider the annual report	See page 8.

	and accounts, taken as a whole, is fair, balanced and understandable, and provides the information necessary for stakeholders to assess the trust's performance, business model and strategy.	
D.2.7	The board of directors should carry out a robust assessment of the trust's emerging and principal risks. The relevant reporting manuals will prescribe associated disclosure requirements for the annual report.	See page 54.
D2.8	The board of directors should monitor the trust's risk management and internal control systems and, at least annually, review their effectiveness and report on that review in the annual report. The monitoring and review should cover all material controls, including financial, operational and compliance controls. The board should report on internal control through the annual governance statement in the annual report.	See page 54.
D2.9	In the annual accounts, the board of directors should state whether it considered it appropriate to adopt the going concern basis of accounting when preparing them and identify any material uncertainties regarding going concern. Trusts should refer to the DHSC group accounting manual and NHS foundation trust annual reporting manual which explain that this assessment should be based on whether a trust anticipates it will continue to provide its services in the public sector. As a result, material uncertainties over going concern are expected to be rare.	See page 54 and 56.
E.2.3	Where a trust releases an executive director, eg to serve as a non-executive director elsewhere, the remuneration disclosures in the annual report should include a statement as to whether or not the director will retain such earnings.	See page 59.

Appendix B, para 2.3 (not in Schedule A)	The annual report should identify the members of the council of governors, including a description of the constituency or organisation that they represent, whether they were elected or appointed, and the duration of their appointments. The annual report should also identify the nominated lead governor.	Page 128.
Appendix B, para 2.14 (not in Schedule A)	The board of directors should ensure that the NHS foundation trust provides effective mechanisms for communication between governors and members from its constituencies. Contact procedures for members who wish to communicate with governors and/or directors should be clear and made available to members on the NHS foundation trust's website and in the annual report.	Page 128.
Appendix B, para 2.15 (not in Schedule A)	The board of directors should state in the annual report the steps it has taken to ensure that the members of the board, and in particular the non-executive directors, develop an understanding of the views of governors and members about the NHS foundation trust, eg through attendance at meetings of the council of governors, direct face-to-face contact, surveys of members' opinions and consultations.	Page 128.
Additional requirement of FT ARM resulting from legislation	If, during the financial year, the Governors have exercised their power* under paragraph 10C** of schedule 7 of the NHS Act 2006, then information on this must be included in the annual report. This is required by paragraph 26(2)(aa) of schedule 7 to the NHS Act 2006, as amended by section 151 (8) of the Health and Social Care Act 2012. * Power to require one or more of the directors to attend a governors' meeting for the purpose of obtaining information about the foundation trust's performance of	N/A

	its functions or the directors' performance of their duties (and deciding whether to propose a vote on the foundation trust's or directors' performance). ** As inserted by section 151 (6) of the Health and Social Care Act 2012)	

NHS Oversight Framework

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

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

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

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

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

Segmentation

The Trust ended the year in segment 2.

This segmentation information is the trust's position as at 31 March 2024. Current segmentation information for NHS trusts and foundation trusts is published on the NHS England website:

https://www.england.nhs.uk/publication/nhs-system-oversight-framework-segmentation/.

Statement of Accounting Officer's responsibilities

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

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

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

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

The Accounting Officer is responsible for keeping proper accounting records which disclose with reasonable accuracy at any time the financial position of the NHS Foundation Trust and

to enable them to ensure that the accounts comply with requirements outlined in the above mentioned Act. The Accounting Officer is also responsible for safeguarding the assets of the NHS Foundation Trust and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

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

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

Richard Parker OBE
Chief Executive (acting in his capacity as Accounting Officer)
27 June 2024

Annual governance statement

Scope of responsibility

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

The Purpose of the System of Internal Control

The system of internal control is designed to manage risk to a reasonable level, rather than eliminate all risk of failure to achieve policies, aims, and objectives. It can therefore only provide reasonable, and not absolute, assurance of effectiveness. The system of internal control is based on an ongoing process designed to identify and prioritise the risks to the achievement of the Trust's policies, aims, and objectives. It evaluates the likelihood of those risks being realised and seeks to mitigate the impact should they be realised, managing them efficiently, effectively, and economically. The system of internal control has been in place in Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust for the year ended 31 March 2024 and up to the date of approval of the annual report and accounts.

Capacity to Handle Risk

The Chief Executive holds overall accountability and responsibility for risk management, while the Executive Directors are responsible for the risks relevant to their specific areas. In particular, the Chief Nurse and Executive Medical Director are responsible for risks to the safety and quality of patient care, and the Director of Finance is responsible for financial risk. The allocation of risks to individual directors is outlined in both the Board Assurance Framework (BAF) and the Trust Risk Register. The Trust Company Secretary, on behalf of the Chief Executive, is responsible for the Board Assurance Framework and Trust Risk Register.

The Trust has appointed a substantive Deputy Chief Executive, who took up the post during the 2023/2024 financial year. In the interim, the Chief Finance Officer, Director of Recovery, Innovation, and Transformation has been the identified Deputy Chief Executive Officer.

Risk policies are regularly reviewed in light of current best practice advice to assess whether changes are required with the Trust Risk Management Policy being refreshed during 2023/24. Divisional Directors and Directorate Managers are responsible for maintaining the risk registers for their departments. Furthermore, managing risk is a fundamental duty of all employees, regardless of grade, role, or status.

The Trust uses the DatixWeb© integrated risk management system. Local risk management training needs are identified and in addition to one-to-one coaching by a trained risk practitioner, a suite of educational material has been developed, accessible via the Trust's intranet. A national risk management e-learning module is available to colleagues via the Electronic Staff Record (ESR) and work is currently underway to establish if this can be mandated as part of role specific training. Staff can also contact the Trust Board Office for guidance on applying relevant risk management policies.

The risk and control framework

The Board assures itself of the validity of its corporate governance statement through regular reviews of its governance processes, which are routinely undertaken by internal audit. The Board has reviewed and improved its risk management processes during 2023/24 and will continue to bring a stronger focus on strategic and operational risks in 2024/25. This has been informed by the risk areas and developments highlighted by an independent review. The introduction of a Risk Management Board in 2022/23 has continued to embed during 2023/24 to ensure appropriate oversight and scrutiny of the Trust Risk Register. Work has continued to ensure compliance with the Trust's risk management strategy, and these improvements have been recognised independently in the Head of Internal Audit Opinion.

Other sources of assurance include regulatory reviews by the Care Quality Commission, committee effectiveness reviews, Board and committee inspection of key performance metrics, consideration of the Board Assurance Framework and Trust Risk Register, and reviews of key governance documents such as the constitution, standing financial

instructions, and standing orders. Additionally, processes geared towards maintaining quality, such as ward walkabouts and quality impact assessments, contribute to assurance.

Governors receive assurances via the Council of Governors meetings and attendance at Board of Director meetings, active questioning of Directors, and their observations and opinions. The Board is responsible for determining the organisation's risk appetite and ensuring that robust systems of internal control and management are in place, with risks to the achievement of organisational objectives being appropriately managed. During 2023/24, this responsibility was supported through the assurance committees of the Board:

- **Audit and Risk Committee:** Reviews the effectiveness of the system of integrated governance, risk management and internal controls, to satisfy the Board that its approach to integrated governance remains effective.
- **Quality and Effectiveness Committee:** Responsible for clinical risk, including clinical and quality governance, patient safety, and experience.
- **People Committee:** Reviews systems of control and governance specifically in relation to people matters.
- **Finance and Performance Committee:** Undertakes monthly scrutiny of financial reporting and progress against effectiveness and efficiency plans.
- **Charitable Funds Committee:** Oversees the Trust's charitable fundraising efforts.

The Board Assurance Framework was refreshed in October 2023 and will continue to be iteratively developed over time. Committees will review the BAF at least quarterly and ensure that satisfactory review arrangements are in place for the Trust's internal control and risk management systems. The Board receives a quarterly report highlighting control and assurance as well as any proposed changes to the assurance framework.

Additionally, the committees receive assurance regarding compliance with Care Quality Commission (CQC) registration and information governance requirements. Data quality is part of the internal audit annual work plan, and risks to data security are managed through the Information Governance Policy and compliance with the Data Security and Protection Toolkit. The DSPT was reviewed during 2022/23 and found to have substantial assurance by audit colleagues. 2023/24 work is currently underway at the time of writing.

Each Division and Department is responsible for maintaining its own risk register, a standing agenda item in Divisional governance team meetings. Any risk identified as 'extreme' is escalated via the Risk Management Board to the Trust Leadership Team for consideration regarding required actions.

To mitigate the risk of efficiency and effectiveness savings programmes adversely impacting the quality of care, all plans are reviewed and require approval and sign-off by the Executive Medical Director and Chief Nurse.

Principal Risks to Compliance with Licence Condition FT4

The principal risks to compliance with licence condition FT4 are:

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

The Trust undertakes various activities to mitigate corporate governance risks, including regular audits and reviews of governance processes, reviews of its constitution and standing orders, and examination of reporting lines between the Board, committees, and other decision-making bodies. Significant risks to the achievement of governance standards are included within the assurance framework and Trust Risk Register and are reviewed in line with the outlined processes.

The Trust concluded 2023/24 in full compliance with the code of governance.

Significant Risks and Challenges

The strategic risks and challenges currently facing the Trust are recorded in the Board Assurance Framework (BAF) and include:

- If DBTH is not a safe trust which demonstrates continual learning and improvement, then there is a risk of avoidable harm and poor patient outcomes/experience and possible regulatory action.

- If DBTH is unable to recruit, motivate, retain and develop a sufficiently skilled workforce to deliver services then patient and colleague experience and service delivery would be negatively impacted, and we would not embed an inclusive culture in line with our DBTH Way.
- If demand for services at DBTH exceeds capacity then this impacts on safety, effectiveness, experience of patients and meeting national and local quality standards.
- If DBTH's estate is not fit for purpose, then DBTH cannot deliver services and this impacts on outcomes and experience for patients and colleagues.
- If DBTH cannot deliver the financial plan then DBTH will be unable to deliver services and the Trust may not be financially sustainable in the long term.
- If DBTH does not effectively engage and collaborate with its partners and communities then DBTH fails to meet its duty to collaborate, will miss opportunities to address strategic risks which require partnership solutions and will fail to deliver integrated care for the benefit of the people of Doncaster and Bassetlaw.
- If DBTH does not deliver continual quality improvement, research, transformation & innovation then the organisation won't be sustainable in the long term.

This list is not exhaustive, and more details can be found in the Board Assurance Framework, where mitigating actions and outcomes are detailed. The Trust Risk Register details the operational risks to delivery and evidences the top three risk themes are Workforce, Finance and Infrastructure (Estates and Equipment). These risks are managed through the governance and assurance processes outlined above, with outcomes assessed through the Trust's management reporting systems.

Assurance that staffing processes are safe, sustainable and effective

Our staffing governance processes align with National Quality Board guidance and NHSI's Developing Workforce Safeguards (2018). This ensures the Trust consistently employs qualified, competent, and experienced staff, with a systematic approach to determining staffing levels that complies with current legislation and guidance.

Optimal staffing is crucial for safe, high-quality patient care. We continuously review staffing levels and skill mix to meet real-time needs, supported by relevant policies and regular staffing meetings. These processes help address any shortfalls promptly.

We use tools such as the nursing and midwifery quality dashboard and ward monitoring systems to inform staffing levels, continuously monitoring patient outcomes and quality indicators. Twice a year, each inpatient area assesses patient care needs using evidence-based tools—Safer Nursing Care Tool (SNCT) for nursing and Birthrate+ for midwifery. These reviews, informed by professional judgement and outcome evaluations, are reported to the Board of Directors through the People Committee. Current reviews using SNCT and Birthrate+ will be reported during 2024/25.

As part of the Trust's annual business planning cycle, workforce planning identifies staffing pressures, proposed service changes, and other factors affecting our workforce provision. The People Strategy 2023 to 2028 plays a crucial role in this work, focusing on four key pillars to enhance workforce sustainability and effectiveness. This is complemented by the Nursing, Midwifery, and Allied Health Professionals strategy, also published in 2023/24, which outlines specific initiatives to support these professions.

Recruiting sufficient numbers of appropriately qualified clinical staff has been identified as a potential strategic risk to the Trust's strategic aims. The Trust Risk Register provides a mechanism for operational staffing risks to be escalated to the Board of Directors.

Recognising the value of all clinical staff, the Trust regularly undertakes capacity and demand reviews to ensure the sufficiency of staff and has methods of escalation in place should any concerns regarding staffing levels be raised. All identified risks are assessed and logged onto the Trust's Risk Register with mitigations put in place and closely monitored.

To address future leadership needs, the Trust has implemented recent guidance and policies on succession planning and Scope for Growth. These initiatives ensure that we are identifying future leaders and highlighting paths for succession. Our Leadership Prospectus for 2023/24, which will be updated for 2024/25, provides a range of options for aspiring managers.

Additionally, the Board Delegate Programme supports aspirant colleagues, further strengthening our leadership pipeline.

This runs alongside our usual education programmes, development posts, and apprenticeships, ensuring comprehensive support for all staff development needs.

Stakeholder Involvement

The Trust has an effective structure for public stakeholder involvement, primarily through the Council of Governors. The assurance framework is informed by partnership working and various external contacts, including:

- Collaborative working between governors and directors, with the Council of Governors reviewing updates from Non-Executive Directors on performance, quality, and finance, and associated risks at quarterly meetings and through regular briefings.

- Consistent engagement with commissioners through contract review meetings and other contacts, especially regarding key shared risks.

- Governor observers attending the Finance and Performance Committee, Audit and Risk Committee, People Committee, and Quality and Effectiveness Committee.

- Public stakeholder involvement in managing risks through participation in the Patient Safety Review Group, Patient Experience Committee, and various patient safety campaigns, such as Sharing How We Care and patient experience films.

The Foundation Trust is fully compliant with the registration requirements of the Care Quality Commission. It has published an up-to-date register of interests, including gifts and hospitality, for decision-making staff on its website, as required by the Managing Conflicts of Interest in the NHS guidance. The list can be accessed via the following link: https://dbth.mydeclarations.co.uk/home

As an employer with staff entitled to membership of the NHS Pension Scheme, control measures are in place to ensure compliance with Scheme regulations, including accurate salary deductions, employer contributions, and timely updates to member Pension Scheme records.

Control measures are also in place to ensure compliance with obligations under equality, diversity, and human rights legislation.

The Foundation Trust has undertaken risk assessments on the effects of climate change and severe weather and developed a Green Plan following the Greener NHS programme guidance. In response to the NHS's ambitious objective to become the world's first 'net zero' national health service by 2040, with an 80% reduction by 2028 to 2032, the Trust has developed its Green Plan, detailing revised carbon emissions calculations and reporting. The Board-approved Green Plan ensures compliance with the Climate Change Act and Adaptation Reporting requirements.

Recent Initiatives and Improvements

- **Corporate Governance Review:** We undertook a comprehensive review of our corporate governance processes using a "fresh eyes" approach. This initiative aimed to identify areas for improvement and ensure our governance structures are robust and effective. The Trust's internal auditors also completed a focused review of the governance arrangements and controls in place to support the effective operation of the Board and its assurance committees and improvements were focused around alignment of Trust strategy as well as corporate effectiveness.

- **CIVICA Declare Implementation:** The successful implementation of the CIVICA Declare system has streamlined the management of declarations of interests, enhancing transparency and accountability across the Trust.

- **Committee Effectiveness Reviews:** We standardised the process for committee effectiveness reviews, aligning them with year-end reporting to ensure timely and accurate assessments of committee performance. These reviews provide insights

into the effectiveness of our governance structures and highlight areas for further improvement, ensuring that each committee operates at the highest level of efficiency and effectiveness.

- **Assurance Logs for Board Oversight:** The introduction of committee chairs' assurance logs has improved board oversight, providing a clear and structured way to monitor and review committee activities and outcomes. These logs facilitate transparency and ensure that the Board is kept informed of key issues and developments within each committee.

Continuous Improvement

The Trust remains committed to continuously improving its use of resources through the implementation of best practices, informed by Quality Improvement methodology and solid delivery, as well as robust financial controls. By maintaining stringent oversight and regular reviews, the Trust ensures that resources are utilised in the most economical, efficient, and effective manner possible.

Review of the Economy, Efficiency, and Effectiveness of the Use of Resources

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

- **Scheme of Delegation and Reservation of Powers to the Board:** This ensures that decision-making authority is clearly defined and appropriately assigned.

- **Standing Financial Instructions and Standing Orders:** These provide a framework for financial governance and operational procedures.

- **Competitive Procurement Processes:** These are used for procuring non-staff expenditure items to ensure value for money.

- **Materials Management and Best Practices:** These approaches maintain appropriate stock levels and minimise wastage.

- **Cost Improvement Plans and Efficiency Workstreams:** Managed by the Finance Directorate, these plans are designed to enhance efficiency without compromising the quality of patient care.

- **Grip and Control Measures:** These include tight controls on vacancy management, non-permanent staffing, and recruitment to ensure financial discipline.

Assurance and Monitoring

The Board gains assurance regarding financial and budgetary management from a monthly finance report, and the finance ledger and reporting system has been audited during 2023/24 with an outcome of significant assurance. The Audit and Risk Committee receives reports on losses, compensations, and waivers of standing orders, among other financial matters.

The Finance and Performance Committee receives detailed monthly reports on the progress of effectiveness and efficiency plans. Risks to the Trust's financial objectives are reviewed and monitored regularly, similar to other risks.

Audits and Internal Controls

A range of internal and external audits provide further assurance on economy, efficiency, and effectiveness. These audits are reported to the Audit and Risk Committee.

The Head of Internal Audit provides an annual opinion on the overall adequacy and effectiveness of the Trust's risk management, control, and governance processes (i.e., the system of internal control). This opinion is based on a risk-based programme of work, agreed upon with management and approved by the Audit and Risk Committee. The opinion covers the period from 1 April 2023 to 31 March 2024 and is based on the audits completed within this timeframe.

For the period 1 April 2023 to 31 March 2024 Internal Audit provided the following:

I am providing an opinion of **significant assurance** that there is a generally sound framework of governance, risk management and control designed to meet the organisation's objectives, and controls are generally being applied consistently.

Strategic risk management and Board Assurance Framework

I am providing an opinion of significant assurance. The Trust has strengthened its BAF and 15+ Trust Risk Register reporting arrangements in-year which have driven more mature discussion and oversight of the most significant risks to the organisation. This new reporting framework continues to embed. It is also recognised that continued work is needed to refine the number of extreme (15+) operational risks logged on the Trust Risk Register.

Internal Audit outturn

I am providing an opinion of moderate assurance. We have delivered a mix of opinions in the year, with moderate or limited opinions on four core audits. We have raised two high risk findings in-year; one relating to Waiting List Clinical Prioritisation, and one relating to Mental Capacity Act compliance.

Implementation of Internal Audit Actions

I am providing an opinion of significant assurance. The Trust attained a first follow up implementation rate of 77% in year.

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

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

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

During the course of the audit programme, two high risks were identified relating to Waiting List Clinical Prioritisation and compliance with the Mental Capacity Act. The Trust responded to the audit findings and remedial action has been taken to address the audit recommendations.

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

Information governance

There have been no serious incidents relating to information governance in 2023/24, this includes data loss or confidentiality breach.

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

CQC Review

The Board had taken assurance from the CQC inspection outcome. Unannounced and announced inspections by the CQC took place across Trust sites in August 2023 and the Well Led inspection took place in October 2023 and the Trust received an overall rating of 'Requires improvement'.

Overall, the CQC rated effective, safe, responsive and well-led as 'requires improvement', and caring as 'good'. In rating the Trust, the CQC took into account the current ratings of the services not inspected.

The inspection report was published in April 2024 and a programme of work is in the planning phases. Progress against this CQC action plan will be reported to the Trust's board in-line with the governance and control processes outlined above.

Actions already include relate to:

- Equipment availability and stock rotation
- Medicines management
- Minor injuries at DRI

- Resuscitation trolleys
- Infection Prevention and Control concerns
- Safe and secure storage of records
- Learning from Serious Incidents

Review of effectiveness

As Accounting Officer, I am responsible for reviewing the effectiveness of the system of internal control.

My review is informed by the work of internal auditors, clinical audit, executive managers, and clinical leads within the NHS Foundation Trust who oversee the development and maintenance of the internal control framework.

Additionally, I draw on performance information available to me and comments made by external auditors in their management letters and other reports.

I have been advised on the implications of my review by the Board, as well as the Audit and Risk, Finance and Performance, People, and Quality and Effectiveness Committees. These groups ensure that any identified weaknesses are addressed and that continuous improvements to the system are implemented.

This year, the leadership team has continued its efforts to reduce our retained financial deficit, recover from the effects of the pandemic, and improve standards of care. We are actively reviewing our strategy, clinical strategy, and strategic objectives.

We remain engaged in developing accountable care partnerships at Place in Doncaster and Bassetlaw, as well as within the integrated care systems for South Yorkshire and Nottinghamshire.

Our commitment to effective governance is demonstrated through regular monitoring and updates to our Board governance structures, financial governance arrangements, and effectiveness and efficiency plans, alongside quality and effectiveness initiatives. Recognising that our organisation thrives due to the dedication of our fantastic staff, we have made

concerted efforts throughout the year to engage with them on strategic direction and local health system changes.

Conclusion

Following my review, it is my opinion that Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust has a sound system of internal control that supports the achievement of its policies, aims, and objectives.

No significant internal control issues have been identified.

Richard Parker OBE
Chief Executive
27 June 2024

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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 2024 which comprise the Foundation Trust and Group Statement of Comprehensive Income, the Foundation Trust and Group Statement of Financial Position, the Foundation Trust and Group Statement of Changes in Equity, the Foundation Trust and Group Statement of Cash Flows and the related notes 1 to 46, including a summary of significant accounting policies.

The financial reporting framework that has been applied in their preparation is applicable law and UK adopted International Financial Reporting Standards as interpreted and adapted by the HM Treasury's Financial Reporting Manual: 2023-24 as contained in the Department of Health and Social Care Group Accounting Manual 2023 to 2024 and the Accounts Direction issued by NHS England with the approval of the Secretary of State as relevant to the National Health Service in England.

In our opinion the financial statements:

- give a true and fair view of the financial position of Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust and of the Group as at 31 March 2024 and of the Foundation Trust's and Group's income and expenditure for the year then ended;
- have been properly prepared in accordance with the Department of Health and Social Care Group Accounting Manual 2023 to 2024; and
- have been properly prepared in accordance with the National Health Service Act 2006.

Basis for opinion

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

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

Conclusions relating to going concern

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

Based on the work we have performed, we have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on the Group or Foundation Trust's ability to continue as a going concern for a period to 30 June 2025.

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

Other information

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

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

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

We have nothing to report in this regard.

Opinion on other matters prescribed by the Code of Audit Practice

In our opinion:

- other information published together with the audited financial statements is consistent with the financial statements; and
- the parts of the Remuneration Report and Staff Report identified as subject to audit have been properly prepared in accordance with the NHS Foundation Trust Annual Reporting Manual 2023/24.

Matters on which we are required to report by exception

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

- We issue a report in the public interest under schedule 10(3) of the National Health Service Act 2006;
- We refer the matter to the regulator under schedule 10(6) of the National Health Service Act 2006 because we have reason to believe that the Foundation Trust, or a director or officer of the Foundation Trust, is about to make, or has made, a decision involving unlawful expenditure, or is about to take, or has taken, unlawful action likely to cause a loss or deficiency;
- We are not satisfied that the Foundation Trust has put in place proper arrangements to secure economy, efficiency and effectiveness in its use of resources;
- We have been unable to satisfy ourselves that the Annual Governance Statement, and other information published with the financial statements meets the disclosure requirements set out in the NHS Foundation Trust Annual Reporting Manual 2023/24 and is not misleading or inconsistent with other information forthcoming from the audit; or
- We have been unable to satisfy ourselves that proper practices have been observed in the compilation of the financial statements.

We have nothing to report in respect of these matters.

Responsibilities of the Accounting Officer

As explained more fully in the 'Statement of Accounting Officer's responsibilities' set out on pages 153 and 154 the chief executive is the accounting officer of Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust. The accounting officer is responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view and for such internal control as the accounting officer determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

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

As explained in the Annual Governance Statement, the accounting officer is responsible for the arrangements to secure economy, efficiency and effectiveness in the use of the group and Foundation Trust's resources.

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Auditor's responsibility for the audit of the financial statements

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

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

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

- We obtained an understanding of the legal and regulatory frameworks that are applicable to the Trust and determined that the most significant are the National Health Service Act 2006, the Health and Social Care Act 2012 and the Health and Care Act 2022, as well as relevant employment laws of the United Kingdom. In addition, the Foundation Trust has to comply with laws and regulations in the areas of anti-bribery and corruption, data protection and health & safety.

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

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

- To address our fraud risk around the manipulation of reported financial performance through improper recognition of revenue, we performed procedures that tested whether income and income accruals occurred, challenging assumptions and corroborating the income to appropriate evidence.

- To address our fraud risk around the manipulation of reported financial performance through improper recognition of expenditure, we performed procedures that tested whether expenditure, and liabilities were recorded in the correct financial year, challenging assumptions and testing the completeness of expenditure and associated liabilities.

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

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

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

We have undertaken our review in accordance with the Code of Audit Practice 2020, having regard to the guidance on the specified reporting criteria issued by the Comptroller and Auditor General in May 2024, as to whether the Foundation Trust had proper arrangements for financial sustainability, governance and improving economy, efficiency and effectiveness. The Comptroller and Auditor General determined these criteria as that necessary for us to consider under the Code of Audit Practice in satisfying ourselves whether the Foundation Trust put in place proper arrangements for securing economy, efficiency and effectiveness in its use of resources for the year ended 31 March 2024.

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

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

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

Certificate

We certify that we have completed the audit of the accounts of Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust in accordance with the requirements of the National Health Service Act 2006 and the Code of Audit Practice issued by the National Audit Office on behalf of the Comptroller and Auditor General.

Use of our report

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

Hayley Clark
Ernst & Young LLP

Hayley Clark (Key Audit Partner)
Ernst & Young LLP (Local Auditor)
Birmingham
Date: 28 June 2024

Doncaster & Bassetlaw Teaching Hospitals NHS Foundation Trust

Annual accounts for the year ended 31 March 2024

Foreword to the accounts

Doncaster & Bassetlaw Teaching Hospitals NHS Foundation Trust

These accounts, for the year ended 31 March 2024, have been prepared by Doncaster & Bassetlaw Teaching Hospitals NHS Foundation Trust in accordance with paragraphs 24 & 25 of Schedule 7 within the National Health Service Act 2006.

Signed 

Date **27/06/2024**

Statement of Comprehensive Income

		Group		Trust	
		2023/24	2022/23	2023/24	2022/23
	Note	£000	£000	£000	£000
Operating income from patient care activities	3	506,909	490,042	506,909	490,042
Other operating income	4	54,376	57,491	61,289	65,245
Operating expenses	7	(627,311)	(559,400)	(629,564)	(565,878)
Operating deficit from continuing operations		**(66,026)**	**(11,867)**	**(61,366)**	**(10,591)**
Finance income	12	1,705	940	1,704	651
Finance expenses	13	(241)	(330)	(241)	(330)
PDC dividends payable		(7,637)	(6,842)	(7,637)	(6,842)
Net finance costs		**(6,173)**	**(6,232)**	**(6,174)**	**(6,521)**
Other gains / (losses)	14	168	(584)	(286)	91
Corporation tax expense		(52)	(21)	-	-
Deficit for the year		**(72,083)**	**(18,704)**	**(67,826)**	**(17,021)**
Other comprehensive income					
Will not be reclassified to income and expenditure:					
Revaluations	8	3,271	6,960	3,271	6,960
Total comprehensive expense for the period		**(68,812)**	**(11,744)**	**(64,555)**	**(10,061)**
Deficit for the period attributable to:					
Doncaster & Bassetlaw Teaching Hospitals NHS Foundation Trust		(72,083)	(18,704)	(67,826)	(17,021)
TOTAL		**(72,083)**	**(18,704)**	**(67,826)**	**(17,021)**
Total comprehensive expense for the period attributable to:					
Doncaster & Bassetlaw Teaching Hospitals NHS Foundation Trust		(68,812)	(11,744)	(64,555)	(10,061)
TOTAL		**(68,812)**	**(11,744)**	**(64,555)**	**(10,061)**

Adjusted Financial Performance

	2023/24	2022/23
	£000	£000
(Deficit) for the period for Trust	(67,826)	(17,021)
(Deficit) / surplus for the period for wholly owned subsidiary	(92)	88
(Deficit) for the period for non-charity aspects of the Group	(67,918)	(16,933)
Add back all I&E impairments	44,432	6,672
Remove capital donations/grants I&E impact	(192)	199
Adjusted financial performance (deficit)	**(23,678)**	**(10,062)**
Planned adjusted financial performance (deficit)	**(26,796)**	**(10,065)**

"Adjusted financial performance" is used for system reporting to NHS England.
It excludes technical non-recurrent adjustments to enable NHS England to monitor the underlying performance of the Trust.

Statement of Financial Position

	Note	Group 31 March 2024 £000	Group 31 March 2023 £000	Trust 31 March 2024 £000	Trust 31 March 2023 £000
Non-current assets					
Intangible assets	17	8,954	10,096	8,954	10,096
Property, plant and equipment	18	277,808	276,242	277,808	276,242
Right of use assets	19	5,117	6,043	5,117	6,043
Other investments / financial assets	23	8,218	7,908	550	550
Receivables	26	2,989	2,144	2,989	2,144
Total non-current assets		**303,086**	**302,433**	**295,418**	**295,075**
Current assets					
Inventories	25	9,767	8,263	9,227	7,611
Receivables	26	25,891	37,140	29,023	39,500
Cash and cash equivalents	29	37,278	33,664	36,311	32,490
Total current assets		**72,936**	**79,067**	**74,561**	**79,601**
Current liabilities					
Trade and other payables	30	(94,888)	(105,734)	(92,380)	(106,702)
Borrowings	32	(1,927)	(3,193)	(1,927)	(3,193)
Provisions	35	(558)	(608)	(558)	(608)
Other liabilities	31	(3,726)	(2,413)	(3,726)	(2,413)
Total current liabilities		**(101,099)**	**(111,948)**	**(98,591)**	**(112,916)**
Total assets less current liabilities		**274,923**	**269,552**	**271,388**	**261,760**
Non-Current liabilities					
Borrowings	32	(11,727)	(13,316)	(11,727)	(13,316)
Provisions	35	(2,420)	(2,698)	(2,420)	(2,698)
Total non-current liabilities		**(14,147)**	**(16,014)**	**(14,147)**	**(16,014)**
Total assets employed		**260,776**	**253,538**	**257,241**	**245,746**
Financed by					
Public dividend capital		347,258	271,208	347,258	271,208
Revaluation reserve		59,919	56,648	59,919	56,648
Income and expenditure reserve		(149,936)	(82,110)	(149,936)	(82,110)
Charitable fund reserves	45	3,335	7,500	-	-
Doncaster & Bassetlaw Healthcare Services Ltd	46	200	292	-	-
Total taxpayers' equity		**260,776**	**253,538**	**257,241**	**245,746**

The notes on pages 7 to 50 form part of these accounts.

Signed 

Date **27/06/2024**

Statement of Changes in Equity for the year ended 31 March 2024

Group	Public dividend capital	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 2023	**271,208**	**56,648**	**(82,110)**	**7,500**	**292**	**253,538**
(Deficit) for the year	-	-	(67,826)	(4,165)	(92)	**(72,083)**
Net Impairments	-	3,271	-	-	-	**3,271**
Public dividend capital received	76,050	-	-	-	-	**76,050**
Taxpayers' and others' equity at 31 March 2024	**347,258**	**59,919**	**(149,936)**	**3,335**	**200**	**260,776**

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

Group	Public dividend capital	Revaluation reserve	Income and expenditure reserve	Charitable fund reserves	DBHS Limited	Total
	£000	£000	£000	£000	£000	£000
Taxpayers' and others' equity at 1 April 2022	235,793	49,688	(65,089)	9,271	204	**229,867**
(Deficit) / surplus for the year	-	-	(17,021)	(1,771)	88	**(18,704)**
Net Impairments	-	6,960		-	-	**6,960**
Public dividend capital received	35,415	-	-	-	-	**35,415**
Taxpayers' and others' equity at 31 March 2023	**271,208**	**56,648**	**(82,110)**	**7,500**	**292**	**253,538**

Statement of Changes in Equity for the year ended 31 March 2024

Trust	Public dividend capital	Revaluation reserve	Income and expenditure	Total
	£000	£000	£000	£000
Taxpayers' and others' equity at 1 April 2023	**271,208**	**56,648**	**(82,110)**	**245,746**
(Deficit) for the year	-	-	(67,826)	**(67,826)**
Net Impairments	-	3,271	-	**3,271**
Public dividend capital received	76,050	-	-	**76,050**
Taxpayers' and others' equity at 31 March 2024	**347,258**	**59,919**	**(149,936)**	**257,241**

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

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

Information on reserves

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

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

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

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

Statement of Cash Flows

		Group		Trust	
		2023/24	2022/23	2023/24	2022/23
	Note	£000	£000	£000	£000
Cash flows from operating activities					
Operating deficit		(66,026)	(11,867)	(61,366)	(10,591)
Non-cash income and expense:					
Depreciation and amortisation	7.1	16,913	15,266	16,913	15,266
Net impairments	8	44,432	6,672	44,432	6,672
Income recognised in respect of capital donations	4	(675)	(299)	(675)	(299)
Decrease /(increase)in receivables and other assets		11,376	(19,964)	9,632	(22,438)
(Increase) in inventories		(1,504)	(375)	(1,616)	(200)
(Decrease) / increase in payables and other liabilities		(9,578)	8,944	(8,931)	10,863
(Decrease) in provisions		(293)	(608)	(293)	(608)
Movements in charitable fund working capital		3,268	185	-	-
Corporation tax paid		(21)	(15)	-	-
Other movements in operating cash flows		258	1,023	11	-
Net cash flows from / (used in) operating activities		**(1,850)**	**(1,038)**	**(1,893)**	**(1,335)**
Cash flows from investing activities					
Interest and dividends received		1,454	651	1,704	651
Purchase of intangible assets		(1,185)	(2,435)	(1,185)	(2,435)
Purchase of non-current assets and investment property		(59,070)	(37,640)	(59,070)	(37,640)
Sales of non-current assets and investment property		-	91	-	91
Receipt of cash donations to purchase capital assets		675	299	675	299
		(58,126)	**(39,034)**	**(57,876)**	**(39,034)**
Cash flows from financing activities					
Public dividend capital received		76,050	35,415	76,050	35,415
Movement on loans from DHSC		(1,833)	(1,826)	(1,833)	(1,826)
Capital element of lease liability repayments		(1,446)	(682)	(1,446)	(682)
Interest on loans		(231)	(273)	(231)	(273)
Interest element of lease liability repayments		(53)	(42)	(53)	(42)
PDC dividend paid		(8,897)	(6,172)	(8,897)	(6,172)
Net cash flows from / (used in) financing activities		**63,590**	**26,420**	**63,590**	**26,420**
Increase / (decrease) in cash and cash equivalents		**3,614**	**(13,652)**	**3,821**	**(13,949)**
Cash and cash equivalents at 1 April		**33,664**	**47,316**	**32,490**	**46,439**
Cash and cash equivalents at 31 March	29	**37,278**	**33,664**	**36,311**	**32,490**

Notes to the Accounts

Note 1 Accounting policies and other information

Note 1.1 Basis of preparation

NHS England has directed that the financial statements of Doncaster & Bassetlaw Teaching Hospitals NHS Foundation Trust the Trust) shall meet the accounting requirements of the Department of Health and Social Care Group Accounting Manual (GAM), which shall be agreed with HM Treasury. Consequently, the following financial statements have been prepared in accordance with the GAM 2023/24 issued by the Department of Health and Social Care. The accounting policies contained in the GAM follow International Financial Reporting Standards to the extent that they are meaningful and appropriate to the NHS, as determined by HM Treasury, which is advised by the Financial Reporting Advisory Board. Where the GAM permits a choice of accounting policy, the accounting policy that is judged to be most appropriate to the particular circumstances of the Trust for the purpose of giving a true and fair view has been selected. The particular policies adopted are described below. These have been applied consistently in dealing with items considered material in relation to the accounts.

Note 1.1.1 Accounting convention
These accounts have been prepared under the historical cost convention modified to account for the revaluation of property, plant and equipment, intangible assets, inventories and certain financial assets and financial liabilities.

Note 1.2 Going concern
These accounts have been prepared on a going concern basis. The financial reporting framework applicable to NHS bodies, derived from the HM Treasury Financial Reporting Manual, defines that the anticipated continued provision of the entity's services in the public sector is normally sufficient evidence of going concern. The directors have a reasonable expectation that this will continue to be the case.

The Directors of the Trust have considered whether there are any local or national policy decisions that are likely to affect the continued funding and provision of services by the Trust. The Trust is a member of the South Yorkshire Integrated Care System (ICS). The ICS has stated its immediate strategic plans, focusing on delivering the objectives set out in NHS England's 2024/25 priorities and operational planning guidance, and its response to the NHS long-term plan. The ICS plans assume the continued provision of services by the Trust. No circumstances were identified causing the directors to doubt the continued provision of NHS services.

This year, with an adjusted performance deficit of £23.7m, the Trust performed favourably against its planned deficit of £26.8million. This position recognised strong performance against the national Elective Recovery Fund (ERF) target, and a considerable contribution from the Trust's 2023/24 cost improvement programme. All pressures associated with industrial action were fully funded by commissioners. As the NHS financial regime moves away from mechanisms introduced during the COVID-19 period, income from commissioners was largely based on two funding mechanisms:
•ā simplified block payments system which mainly covered the Trust's emergency activity and associated income
•ā smaller proportion of income aligned to elective and other activity reimbursed on a cost and volume basis or aligned to ERF payment principles

The Trust's original 2024/25 financial plan was for a deficit of £26.7m . However, national changes in funding has led to increased non-recurrent funding from South Yorkshire Integrated Care Board, which has reduced this planned deficit to £2.4m. This revised planned deficit is based on the assumption that a delivery of savings of 4% of expenditure is needed. The Trust is reasonably assured that appropriate mechanisms are in place to support delivery of this target.

The Trust reported a cash position at 31st March 2024 of £36.3m, which mainly supported capital creditors of £24m. The underlying cash challenge is expected to continue into 2024/25 and for the remainder of the going concern period to 30 June 2025.

In order to assess the extent of this challenge, the Trust has prepared a Group cash forecast which covers the going concern period up to 30 June 2025. This Group cash forecast shows the Trust requiring continued revenue cash support estimated at £24.2m (£5.3m already received from central cash support in April to June 2024 and £18.9m being redirected in the latter part of the financial year as income through local commissioners) with an estimated cash balance of approximately £1.9m (Group: £4.9m) at the end of the forecast period. This cashflow assessment has been made using the £2.4m deficit plan agreed for 2024/25. Interim support can be accessed nationally if it were required, subject to scrutiny of the drivers of the cash position.

For reference, during 2023/24 the Trust received central cash support totalling £26.7m from NHS England in line with its due process and challenge. This was received from October 2023 to March 2024. Revenue cash support is not a loan but is accounted for as public dividend capital which attracts a cost of capital charge at 3.5%.

The Trust expects this additional funding to only cover 2024/25 and as such, assumes the need for further central cash support in 2025/26. However, this has not been included in the going concern assessment to June 2025 and cash flow forecasts predict that current balances will be sufficient requiring locally managed interventions amounting to £3.7m. Should these interventions not crystallise or there is a greater cash need than planned then the Trust will access central cash support consistent with 2023/24. However, the Trust expects that either centrally, or locally, 2025/26 planning will identify sufficient funding for our operations given the expectation of continuation of services.

NHS operating and financial guidance is not yet issued for 2025/26, and so the Trust has based its assessment for the first quarter of 2025/26 on the same assumptions used to build the 2024/25 financial plan. Key assumptions include:
•ā continuation of income and expenditure flows and performance in line with 2024/25 plans
•ā continued need to deliver financial efficiencies

In conclusion, these factors, and the anticipated future provision of services in the public sector, support the Trust's adoption of the going concern basis for the preparation of the accounts.

Note 1.3 Consolidation

NHS Charitable Funds

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

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

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

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

Other subsidiaries

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

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

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

The Trust has an investment of £550k of share capital in a wholly owned subsidiary, Doncaster & Bassetlaw Healthcare Services Ltd ("DBHS Ltd"). DBHS Ltd operates at an arms length basis, currently providing out-patient pharmacy dispensary services at the Doncaster Royal Infirmary site. The summarised financial statements can be seen in Note 46. Its year end is the same as the Trust and Group.

Note 1.4.1 Revenue from contracts with customers

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

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

Revenue from NHS contracts

The main source of income for the Trust is contracts with commissioners for health care services. Funding envelopes are set at an Integrated Care System (ICS) level. The majority of the Trust's NHS income is earned from NHS commissioners under the NHS Payment Scheme (NHSPS) which replaced the National Tariff Payment System on 1 April 2023. The NHSPS sets out rules to establish the amount payable to trusts for NHS-funded secondary healthcare.

Aligned payment and incentive contracts form the main payment mechanism under the NHSPS. In 2023/24 API contracts contain both a fixed and variable element. Under the variable element, providers earn income for elective activity (both ordinary and day case), out-patient procedures, out-patient first attendances, diagnostic imaging and nuclear medicine, and chemotherapy delivery activity. The precise definition of these activities is given in the NHSPS. Income is earned at NHSPS prices based on actual activity. The fixed element includes income for all other services covered by the NHSPS assuming an agreed level of activity with 'fixed' in this context meaning not varying based on units of activity. Elements within this are accounted for as variable consideration under IFRS 15 as explained below.

Where the relationship with a particular integrated care board is expected to be a low volume of activity (annual value below £0.5m), an annual fixed payment is received by the provider as determined in the NHSPS documentation. Such income is classified as 'other clinical income' in these accounts.

Note 1.4.1 Revenue from contracts with customers (cont.)

Revenue from NHS contracts (cont)

The Trust also receives income from commissioners under Commissioning for Quality Innovation (CQUIN) and Best Practice Tariff (BPT) schemes. Delivery under these schemes is part of how care is provided to patients. As such CQUIN and BPT payments are not considered distinct performance obligations in their own right; instead they form part of the transaction price for performance obligations under the overall contract with the commissioner and accounted for as variable consideration under IFRS 15. Payment for CQUIN and BPT on non-elective services is included in the fixed element of API contracts with adjustments for actual achievement being made at the end of the year. BPT earned on elective activity is included in the variable element of API contracts and paid in line with actual activity performed.

Elective recovery funding provides additional funding to integrated care boards to fund the commissioning of elective services within their systems. In 2023/24, trusts do not directly earn elective recovery funding, instead earning income for actual activity performed under API contract arrangements as explained above. The level of activity delivered by the trust contributes to system performance and therefore the availability of funding to the trust's commissioners. In 2022/23 elective recovery funding for providers was separately identified within the aligned payment and incentive contracts.

In 2022/23 fixed payments were set at a level assuming the achievement of elective activity targets within aligned payment and incentive contracts. These payments are accompanied by a variable-element to adjust income for actual activity delivered on elective services and advice and guidance services. Where actual elective activity delivered differed from the agreed level set in the fixed payments, the variable element either increased or reduced the income earned by the Trust at a rate of 75% of the tariff price.

Revenue from research contracts

Where research contracts fall under IFRS 15, revenue is recognised as and when performance obligations are satisfied. For some contracts, it is assessed that the revenue project constitutes one performance obligation over the course of the multi-year contract. In these cases it is assessed that the Trust's interim performance does not create an asset with alternative use for the Trust, and the Trust has an enforceable right to payment for the performance completed to date. It is therefore considered that the performance obligation is satisfied over time, and the Trust recognises revenue each year over the course of the contract. Some research income alternatively falls within the provisions of IAS 20 for government grants. This is explained further in Note 1.4.2.

NHS injury cost recovery scheme

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

Note 1.4.2 Revenue grants and other contributions to expenditure

Government grants are grants from government bodies other than income from commissioners or trusts for the provision of services. Where a grant is used to fund revenue expenditure it is taken to the Statement of Comprehensive Income to match that expenditure. Where the grant is used to fund capital expenditure, it is credited to the consolidated statement of comprehensive income once conditions attached to the grant have been met. Donations are treated in the same way as government grants.

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

Note 1.4.3 Other income

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

Note 1.5 Expenditure on employee benefits

Short-term employee benefits

Salaries, wages and employment-related payments such as social security costs and the apprenticeship levy are recognised in the period in which the service is received from employees. The cost of annual leave entitlement earned but not taken by employees at the end of the period is recognised in the financial statements to the extent that employees are permitted to carry-forward leave into the following period.

Note 1.5 Expenditure on employee benefits (cont.)

Pension costs

NHS Pension Scheme

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

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

Note 1.6 Expenditure on other goods and services

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

Note 1.7 Property, plant and equipment

Note 1.7.1 Recognition

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

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

Note 1.7.2 Measurement

All property, plant and equipment is measured initially at cost, representing the cost directly attributable to acquiring or constructing the asset and bringing it to the location and condition necessary for it to be capable of operating in the manner intended by management. Assets are measured subsequently at valuation. Assets that are held for their service potential and are in use are measured subsequently at their current value in existing use. Assets that were most recently held for their service potential but are surplus with no plan to bring them back into use are surplus are measured at fair value where there are no restrictions preventing access to the market at the reporting date and where they do not meet the definitions of investment properties or assets held for sale.

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

Assets held at depreciated replacement cost have been valued on an alternative site basis where this would meet the location requirements of the service being provided

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

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

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

Note 1.7.3 Subsequent expenditure

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

Depreciation

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

Property, plant and equipment which has been reclassified as 'held for sale' cease to be depreciated upon the reclassification. Assets in the course of construction and residual interests in off-Statement of Financial Position PFI contract assets are not depreciated until the asset is brought into use or reverts to the trust, respectively.

Revaluation gains and losses

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

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

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

Impairments

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

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

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

Note 1.7.4 De-recognition

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

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

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

Note 1.7.5 Donated and grant funded assets

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

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

Note 1.7.6 Useful lives of property, plant and equipment

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

	Min life Years	**Max life Years**
Land	Not depreciated	
Buildings, excluding dwellings	7	56
Dwellings	17	37
Plant & machinery	7	36
Transport equipment	9	9
Information technology	7	28
Furniture & fittings	9	10

Right of use assets (including land) are depreciated over the shorter of the useful life or the lease term.

Assets in the course of construction are not depreciated.

Note 1.8 Intangible assets

Note 1.8.1 Recognition

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

Internally generated intangible assets

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

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

Software

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

Note 1.8.2 Measurement

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

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

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

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

Note 1.8.3 Useful economic life of intangible assets

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

	Min life Years	**Max life Years**
All intangible assets	1	9

Note 1.9 Inventories

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

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

Note 1.10 Cash and cash equivalents

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

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

Note 1.11 Financial assets and financial liabilities

Note 1.11.1 Recognition

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

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

Note 1.11.2 Classification and measurement

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

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

Financial assets and financial liabilities at amortised cost

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

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

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

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

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

Note 1.11.2 Classification and measurement (cont.)

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

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

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

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

Expected losses are charged to operating expenditure within the Statement of Comprehensive Income and reduce the net carrying value of the financial asset in the Statement of Financial Position.

Note 1.11.3 Derecognition

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

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

Note 1.11.4 Other financial liabilities

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

Note 1.12 Leases

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

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

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

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

Note 1.12.1 The Trust as lessee
Initial recognition and measurement

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

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

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

Where an implicit rate cannot be readily determined, the Trust's incremental borrowing rate is applied. This rate is determined by HM Treasury annually for each calendar year. A nominal rate of 0.95% applied to new leases commencing in 2022/23 and 3.51% to new leases commencing in 2023/24.

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

Subsequent measurement

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

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

Note 1.12.2 The Trust as lessor

The Trust assesses each of its leases and classifies them as either a finance lease or an operating lease. Leases are classified as finance leases when substantially all the risks and rewards of ownership are transferred to the lessee. All other leases are classified as operating leases.

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

Finance leases

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

Operating leases

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

Note 1.12.3 Implementation of IFRS 16 - Right of Use Assets

The Trust as lessee

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

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

The Trust as lessor

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

Note 1.13 Provisions

The Trust recognises a provision where it has a present legal or constructive obligation of uncertain timing or amount; for which it is probable that there will be a future outflow of cash or other resources; and a reliable estimate can be made of the amount. The amount recognised in the Statement of Financial Position is the best estimate of the resources required to settle the obligation.

Where the effect of the time value of money is significant, the estimated risk-adjusted cash flows are discounted using HM Treasury's discount rates effective from 31 March 2024:

		Nominal rate	Prior year rate
Short-term	Up to 5 years	4.26%	3.27%
Medium-term	After 5 years up to 10 years	4.03%	3.20%
Long-term	After 10 years up to 40 years	4.72%	3.51%
Very long-term	Exceeding 40 years	4.40%	3.00%

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

	Inflation rate	Prior year rate
Year 1	3.60%	7.40%
Year 2	1.80%	0.60%
Into perpetuity	2.00%	2.00%

Early retirement provisions and injury benefit provisions both use the HM Treasury's pension discount rate of 2.45% in real terms (prior year: 1.70%).

Clinical negligence costs

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

Non-clinical risk pooling

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

Note 1.14 Contingencies

Contingent assets (that is, assets arising from past events whose existence will only be confirmed by one or more future events not wholly within the entity's control) are not recognised as assets, but are disclosed where an inflow of economic benefits is probable. There are no such contigent assets.

Contingent liabilities are not recognised, but are disclosed in note 36, unless the probability of a transfer of economic benefits is remote.

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

Note 1.15 Public dividend capital (PDC) and PDC Dividend

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

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

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

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

Note 1.16 Value added tax

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

Note 1.17 Foreign exchange

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

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

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

The Trust performs all its transactions in Sterling.

Note 1.18 Corporation tax

As the Trust operates a wholly owned subsidiary, this entity is liable to corporation tax regulations. At present, the subsidiary does not have significant assets, and as such, deferred tax is not applicable. The subsidiary is liable to corporation tax in line with existing rates.

Note 1.19 Third party assets

The Trust does not hold any third party cash or cash equivalents.

Note 1.20 Losses and special payments

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

Losses and special payments are charged to the relevant functional headings in expenditure on an accruals basis, including losses which would have been made good through insurance cover had the Trust not been bearing its own risks. The losses and special payments note is compiled directly from the losses and compensations register which reports on an accrual basis with the exception of provisions for future losses.

Note 1.21 Gifts

Gifts are items that are voluntarily donated, with no preconditions and without the expectation of any return. Gifts include all transactions economically equivalent to free and unremunerated transfers, such as the loan of an asset for its expected useful life, and the sale or lease of assets at below market value. Details can be found in Note 42.

Note 1.22 Critical judgements in applying accounting policies and key sources of estimation uncertainty

Estimates and the underlying assumptions are reviewed on a regular basis by the Trust's senior management. Areas of estimation uncertainty or significant judgement made by management in the process of applying the Trust's accounting policies and that have the most significant effect on the amounts recognised in the financial statements are:

Income estimates

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

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

Expense accruals

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

Impairment of trade receivables

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

Provisions

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

Valuation of property, plant and equipment

For Trust assets which are held for their service potential and are in use, they are valued at their current value in existing use.

For non-specialised assets, this is interpreted as market value in existing use, defined in the Royal Institution of Chartered Surveyors (RICS) Red Book as Existing Use Value (EUV).

For specialised assets, this is interpreted as depreciated replacement cost on a modern equivalent asset basis, defined in the Royal Institution of Chartered Surveyors (RICS) Red Book. This establishes the cost of a modern equivalent asset that has the same service potential as the existing asset and then adjusts this value to take account of age and obsolescence. This obsolescence includes physical obsolescence (the wearing out of the asset over time) and functional obsolescence (the design and layout make it less fit for purpose than a more modern asset).

Note 1.22 Critical judgements in applying accounting policies and key sources of estimation uncertainty contd

Valuation of property, plant and equipment contd
When revaluing an asset adopting the DRC approach, all of the construction and building materials cost of providing a modern equivalent asset have to be assessed using the prices at the date of valuation (ie 31 March 2024), before allowing for the depreciation of the asset.

The Trust has an ageing property portfolio, in a poor state of repair due to ongoing capital spending restrictrictions, which therefore impacts on the assumptions made in the valuation.

For land, this valuation methodology is performed on an alternative site basis, whereby the value is determined based on

In order to significantly reduce the risk of material misstatement for the land and buildings portfolio, the Trust commissions annual valuations from a RICS registered valuer. Generally, the Trust has a desktop valuation each year, and a full valuation every five years. The Trust commissioned a full property revaluation exercise as at 31 March 2024

The Trust estimates the useful lives of property, plant and equipment based on the period over which the assets are expected to be available for use. The estimated useful lives of property, plant and equipment per Note 1.7.6 are reviewed periodically and are updated if expectations differ from previous extimates due to physical wear and tear, technical, legal or other limits on the use of the relevant assets.

Asset lives applied to the land and property portfolio are provided by the Trust's externally appointed and professionally qualified valuers.

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

Note 1.23 Early adoption of standards, amendments and interpretations

No new accounting standards or revisions to existing standards have been early adopted in 2023/24.

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

The DHSC GAM does not require the following IFRS Standards and Interpretations to be applied in 2023/24. These Standards are still subject to HM Treasury FReM adoption.

IFRS 17 Insurance Contracts

The Standard is effective for accounting periods beginning on or after 1 January 2023. IFRS 17 is yet to be adopted by the FReM, which is expected to be from the 1 April 2025. Early adoption is not permitted.

Note 1.25 Climate Change Levy

Expenditure on the climate change levy is recognised in the Statement of Comprehensive Income as incurred, based on the prevailing chargeable rates for energy consumption.

Note 2 Operating Segments

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

Note 3 Operating income from patient care activities (Group)

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

Note 3.1 Income from patient care activities (by nature) - Trust and Group

	2023/24	2022/23
	£000	£000
Acute services		
Aligned payment & incentive (API) income - Variable (based on activity)	124,812	-
Aligned payment & incentive (API) income - Fixed (not variable based on activity)	334,623	433,352
High cost drugs income from commissioners	27,531	29,080
Other NHS clinical income	-	134
Community services		
Income from other sources (e.g. local authorities)	1,057	1,221
All services		
Private patient income	3,216	816
Consultants / Agenda for Change pay offer central funding	231	11,053
Additional pension contribution central funding	13,428	11,952
Other clinical income	2,011	2,434
Total income from activities	**506,909**	**490,042**

The 2022/23 figures reflect the substance of the 2022/23 contract where the contract was fixed in nature. Due to national changes with regards to the treatment of Elective Recovery Funding and the fixed / variable nature of clinical income between 2022/23 and 2023/24, in 2023/24, the income is a mix of being fixed and variable, linked to activity.

In 2023/24, the Trust accrued income as part of the national backpay agreement for Consultants. In 2022/23, the Trust accrued income as part of the national Agenda for Change backpay agreement.

Note 3.2 Income from patient care activities (by source) - Trust and Group

	2023/24	2022/23
Income from patient care activities received from:	£000	£000
NHS England	47,164	59,170
Clinical commissioning groups	-	100,548
Integrated care boards	453,406	325,672
NHS Foundation Trusts	53	47
NHS other	-	134
Local authorities	1,057	1,221
Non-NHS: private patients	3,216	816
Non-NHS: overseas patients (chargeable to patient)	547	783
Injury cost recovery scheme	1,145	1,317
Non NHS: other	321	334
Total income from activities	**506,909**	**490,042**
Of which:		
Related to continuing operations	506,909	490,042
Related to discontinued operations	-	-

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

	2023/24	2022/23
	£000	£000
Income recognised this year	547	783
Cash payments received in-year	152	387
Amounts added to provision for impairment of receivables	588	883
Amounts written off in-year	632	406

Note 4 Other operating income

	Group		Trust	
	2023/24	2022/23	2023/24	2022/23
	£000	£000	£000	£000
Research and development (contract)	901	741	901	741
Education and training (excluding notional apprenticeship levy income)	21,181	18,311	21,181	18,311
Non-patient care services to other bodies	27,416	31,256	34,985	39,462
Reimbursement and top-up income	-	2,534	-	2,534
Other contract income	1,534	1,656	1,534	1,656
Education and training - notional income from apprenticeship fund	1,316	1,047	1,316	1,047
Rental revenue from operating leases	571	351	571	351
Donations/grants of physical assets (non-cash) - received from other bodies	675	299	675	299
Charitable and other contributions to expenditure	16	-	16	-
Contributions to expenditure - consumables (inventory) donated from DHSC group bodies for COVID response	110	844	110	844
Charitable fund incoming resources	656	452	-	-
Total other operating income	**54,376**	**57,491**	**61,289**	**65,245**
Of which:				
Related to continuing operations	54,376	57,491	61,289	65,245
Related to discontinued operations	-	-	-	-

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

In both 2022/23 and 2023/24, there was no revenue recognised in the reporting period that was included in contract liabilities at the previous period end and no revenue recognised from performance obligations satisfied (or partially satisfied) in previous periods.

Note 5.2 Transaction price allocated to remaining performance obligations - Trust

	31 March 2024	31 March 2023
	£000	£000
Revenue from existing contracts allocated to remaining performance obligations is expected to be recognised:	-	-

The Trust has exercised the practical expedients permitted by IFRS 15 paragraph 121 in preparing this disclosure. Revenue from (i) contracts with an expected duration of one year or less and (ii) contracts where the Trust recognises revenue directly corresponding to work done to date is not disclosed. As at both 31st March 2023 and 31st March 2024, the Trust does not have contract liabilities or remaining performance obligations.

Note 5.3 Income from activities arising from commissioner requested services - Trust

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

	2023/24	2022/23
	£000	£000
Income from services designated as commissioner requested services	506,909	490,042
Income from services not designated as commissioner requested services	61,289	65,245
Total	**568,198**	**555,287**

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

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

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

Note 6 Fees and charges (Group)

The Group does not have any material fees or charges in either 2023/24 or 2022/23.

Note 7.1 Operating expenses (Group)

	2023/24	2022/23
	£000	£000
Purchase of healthcare from NHS and DHSC bodies	4,733	5,234
Purchase of healthcare from non-NHS and non-DHSC bodies	17,484	15,521
Staff and executive directors costs	379,623	368,376
Remuneration of non-executive directors	169	154
Supplies and services - clinical (excluding drugs costs)	42,030	37,371
Supplies and services – clinical: utilisation of consumables donated from DHSC group bodies for COVID response	110	844
Supplies and services - general	6,608	6,784
Drug costs (drugs inventory consumed and purchase of non-inventory drugs)	48,501	46,842
Consultancy costs	370	377
Establishment	3,555	3,343
Premises	26,549	21,389
Transport (including patient travel)	2,280	2,613
Depreciation on property, plant and equipment	14,586	12,937
Amortisation on intangible assets	2,327	2,329
Net impairments	44,432	6,672
Movement in credit loss allowance: contract receivables / contract assets	427	575
Increase in other provisions	353	267
Change in provisions discount rate(s)	(63)	(277)
Audit fees payable to the external auditor		
audit services - statutory audit	243	144
audit services - audits of subsidiaries	43	43
Internal audit costs	64	64
Clinical negligence	16,782	17,086
Legal fees	608	399
Insurance	494	235
Research and development	590	505
Education and training	7,479	6,351
Car parking and security	1,426	1,385
Other NHS charitable fund resources expended	5,508	1,837
Total	**627,311**	**559,400**
Of which:		
Related to continuing operations	627,311	559,400
Related to discontinued operations	-	-

Note 7.2 Other auditor remuneration (Group)

	2023/24	2022/23
	£000	£000
Other auditor remuneration paid to the external auditor:		
1. Audit of accounts of any subsidiary of the Trust	43	43
2. Audit-related assurance services	-	-
3. Taxation compliance services	-	-
4. All taxation advisory services not falling within item 3 above	-	-
5. Internal audit services	-	-
6. All assurance services not falling within items 1 to 5	-	-
7. Corporate finance transaction services not falling within items 1 to 6 above	-	-
8. Other non-audit services not falling within items 2 to 7 above	-	-
Total	**43**	**43**

Note 7.3 Limitation on auditor's liability (Group)

The limitation on auditor's liability for external audit work is £2,000k for 2022/23 and 2023/24.

Note 8 Impairment of assets (Group)

	2023/24	2022/23
	£000	£000
Net impairments charged to operating surplus / deficit resulting from:		
Changes in market price	44,432	6,672
Total net impairments charged to operating surplus / deficit	**44,432**	**6,672**
Revaluation / impairments (and reversals) of property, plant and equipment (credited) / charged to the revaluation reserve	(3,271)	(6,960)
Total net impairments	**41,161**	**(288)**

The impairments in 2022/23 and 2023/24 arose due to a revaluation exercise on certain buildings under the modern equivalent asset basis, as a result of changes in market value.

Note 9 Employee benefits (Group)

	2023/24	2022/23
	Total	Total
	£000	£000
Salaries and wages	275,927	261,729
Social security costs	29,943	25,950
Apprenticeship levy	1,404	1,151
Employer's contributions to NHS pensions	30,826	27,495
Pension cost - employer contributions paid by NHSE on provider's behalf (6.3%)	13,428	11,952
Pension cost - other	111	180
Temporary staff (including agency and external bank)	34,866	45,091
Total gross staff costs	**386,505**	**373,548**
Total staff costs	**386,505**	**373,548**
Of which		
Costs capitalised as part of assets	1,375	651
Disclosed within:		
Staff and executive directors costs	379,623	368,376
Research and development	564	505
Education and training	4,943	4,016
	385,130	**372,897**

Note 9.1 Retirements due to ill-health (Group)

During 2023/24, there were 6 early retirements from the Trust agreed on the grounds of ill-health (4 in the year ended 31 March 2023). The estimated additional pension liabilities of these ill-health retirements is £263k (£449k in 2022/23). The cost of these ill-health retirements will be borne by the NHS Business Services Authority - Pensions Division.

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

Note 10 Pension costs

Past and present employees are covered by the provisions of the NHS Pension Schemes. Details of the benefits payable and rules of the schemes can be found on the NHS Pensions website at www.nhsbsa.nhs.uk/pensions. Both the 1995/2008 and 2015 schemes are accounted for, and the scheme liability valued, as a single combined scheme. Both are unfunded defined benefit schemes that cover NHS employers, GP practices and other bodies, allowed under the direction of the Secretary of State for Health and Social Care in England and Wales. They are not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, each scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS body of participating in each scheme is taken as equal to the contributions payable to that scheme for the accounting period.

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

a) Accounting valuation

A valuation of scheme liability is carried out annually by the scheme actuary (currently the Government Actuary’s Department) as at the end of the reporting period. This utilises an actuarial assessment for the previous accounting period in conjunction with updated membership and financial data for the current reporting period, and is accepted as providing suitably robust figures for financial reporting purposes. The valuation of the scheme liability as at 31 March 2024, is based on valuation data as 31 March 2023, updated to 31 March 2024 with summary global member and accounting data. In undertaking this actuarial assessment, the methodology prescribed in IAS 19, relevant FReM interpretations, and the discount rate prescribed by HM Treasury have also been used.

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

b) Full actuarial (funding) valuation

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

The latest actuarial valuation undertaken for the NHS Pension Scheme was completed as at 31 March 2020. The results of this valuation set the employer contribution rate payable from April 2024. The Department of Health and Social Care has recently laid Scheme Regulations confirming the employer contribution rate will increase to 23.7% of pensionable pay from 1 April 2024 (previously 20.6%). The core cost cap cost of the scheme was calculated to be outside of the 3% cost cap corridor as at 31 March 2020. However, when the wider economic situation was taken into account through the economic cost cap cost of the scheme, the cost cap corridor was not similarly breached. As a result, there was no impact on the member benefit structure or contribution rates.

c) Alternative pension schemes

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

Note 11 Operating leases (Group)

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

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

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

	2023/24	2022/23
	£000	£000
Operating lease revenue		
Minimum lease receipts	571	351
Total	**571**	**351**

	31 March 2024	31 March 2023
	£000	£000
Future minimum lease receipts due:		
- not later than one year;	571	351
- later than one year and not later than five years;	-	-
- later than five years.	-	-
Total	**571**	**351**

Note 12 Finance income (Group)

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

	2023/24	2022/23
	£000	£000
Interest on bank accounts	1,454	651
NHS charitable fund investment income	251	289
Total finance income	**1,705**	**940**

Note 13.1 Finance expenditure (Group)

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

	2023/24	2022/23
	£000	£000
Interest expense:		
Loans from the Department of Health and Social Care	224	259
Interest on lease obligations	52	42
Total interest expense	**276**	**301**
Unwinding of discount on provisions	(35)	29
Total finance costs	**241**	**330**

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

	2023/24	2022/23
	£000	£000
Total liability accruing in year under this legislation as a result of late payments	-	-
Amounts included within interest payable arising from claims made under this legislation	-	-
	-	**-**

Note 14 Other gains (Group)

	2023/24	2022/23
	£000	£000
Gains / (losses) on disposal of property, plant and equipment	(286)	91
Gains / (losses) on charitable fund investment revaluations	454	(675)
Total gains on disposal of assets	**168**	**(584)**
Total other gains	**168**	**(584)**

Note 15 Trust income statement and statement of comprehensive income

The Trust's(deficit) for the period was £(67,826k) (2022/23: £(17,021k)). The Trust's total comprehensive income/(expense) for the period was £(64,555k) (2022/23: £(10,061k)).

Note 16 Discontinued operations (Group)

Discontinued operations occur where activities either cease without transfer to another entity, or transfer to an entity outside of the boundary of Whole of Government Accounts, such as private or voluntary sectors. Such activities are accounted for in accordance with IFRS 5. Activities that are transferred to other bodies within the boundary of Whole of Government Accounts are 'machinery of government changes' and treated as continuing operations.The Trust does not have any operations that are classified as discontinued in either 2022/23 or 2023/24.

Note 17.1 Intangible assets - 2023/24

Group and Trust	Software licences	Other (purchased)	Total
	£000	£000	£000
Valuation / gross cost at 1 April 2023	**24,874**	**27**	**24,901**
Additions	1,185	-	**1,185**
Disposals	(30)	-	**(30)**
Valuation / gross cost at 31 March 2024	**26,029**	**27**	**26,056**
Amortisation at 1 April 2023	**14,805**	**-**	**14,805**
Provided during the year	2,327	-	**2,327**
Disposals	(30)	-	**(30)**
Amortisation at 31 March 2024	**17,102**	**-**	**17,102**
Net book value at 31 March 2024	**8,927**	**27**	**8,954**
Net book value at 1 April 2023	**10,069**	**27**	**10,096**

Note 17.2 Intangible assets - 2022/23

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

Note 18.1 Property, plant and equipment - 2023/24

Group and Trust	Land	Buildings excluding dwellings	Dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Valuation/gross cost at 1 April 2023	**8,299**	**218,142**	**2,518**	**17,401**	**64,720**	**250**	**15,174**	**5,530**	**332,034**
Additions	-	11,433	-	35,918	5,365	-	2,652	198	**55,566**
Additions - donations of physical assets (non-cash)	-	-	-	-	675	-	-	-	**675**
Impairments charges to operating expenses	-	(54,439)	(179)	-	-	-	-	-	**(54,618)**
Impairments charged to the revaluation reserve	-	(4,918)	(96)	-	-	-	-	-	**(5,014)**
Revaluations / reversal of impairments credited to the revaluation reserve	-	7,916	369	-	-	-	-	-	**8,285**
Reclassifications	-	23,559	388	(23,943)	-	-	-	(4)	**-**
Disposals	-	-	-	-	(1,919)	-	(25)	(70)	**(2,014)**
Valuation/gross cost at 31 March 2024	**8,299**	**201,693**	**3,000**	**29,376**	**68,841**	**250**	**17,801**	**5,654**	**334,914**
Accumulated depreciation at 1 April 2023	**-**	**2,289**	**32**	**-**	**37,738**	**234**	**10,570**	**4,929**	**55,792**
Provided during the year	-	7,769	96	-	4,265	5	951	142	**13,228**
Impairments charges to operating expenses	-	(10,058)	(128)	-	-	-	-	-	**(10,186)**
Disposals	-	-	-	-	(1,633)	-	(25)	(70)	**(1,728)**
Accumulated depreciation at 31 March 2024	**-**	**-**	**-**	**-**	**40,370**	**239**	**11,496**	**5,001**	**57,106**
Net book value at 31 March 2024	**8,299**	**201,693**	**3,000**	**29,376**	**28,471**	**11**	**6,305**	**653**	**277,808**
Net book value at 1 April 2023	**8,299**	**215,853**	**2,486**	**17,401**	**26,982**	**16**	**4,604**	**601**	**276,242**

Note 18.2 Property, plant and equipment - 2022/23

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

Note 18.3 Property, plant and equipment financing - 2023/24

Group and Trust	Land	Buildings excluding dwellings	Dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Net book value at 31 March 2024									
Owned - purchased	8,299	201,693	3,000	29,376	25,801	11	6,305	653	**275,138**
Owned - donated/granted	-	-	-	-	2,670	-	-	-	**2,670**
NBV total at 31 March 2024	**8,299**	**201,693**	**3,000**	**29,376**	**28,471**	**11**	**6,305**	**653**	**277,808**

Note 18.4 Property, plant and equipment financing - 2022/23

Group and Trust	Land	Buildings excluding dwellings	Dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Net book value at 31 March 2023									
Owned - purchased	8,299	215,853	2,486	17,401	24,512	16	4,604	601	**273,772**
Owned - donated/granted	-	-	-	-	2,470	-	-	-	**2,470**
NBV total at 31 March 2023	**8,299**	**215,853**	**2,486**	**17,401**	**26,982**	**16**	**4,604**	**601**	**276,242**

Note 19.1 Right of Use Assets - 2023/24

Group and Trust	Property (land and buildings) £000	Plant & machinery £000	Transport equipment £000	Information technology £000	Total £000
Valuation/gross cost at 1 April 2023	**4,702**	**799**	**523**	**1,240**	**7,264**
Lease restatements	432	-	-	-	**432**
Valuation/gross cost at 31 March 2024	**5,134**	**799**	**523**	**1,240**	**7,696**
Accumulated depreciation at 1 April 2023	**667**	**201**	**126**	**227**	**1,221**
Provided during the year - right of use asset	679	257	174	248	**1,358**
Accumulated depreciation at 31 March 2024	**1,346**	**458**	**300**	**475**	**2,579**
Net book value at 31 March 2024	**3,788**	**341**	**223**	**765**	**5,117**
Net book value at 1 April 2023	**4,035**	**598**	**397**	**1,013**	**6,043**

Note 19.2 Right of Use Assets - 2022/23

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

Note 19.3 Right of Use Assets - Summary Information - 2023/24

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

	Note	2023/24	2022/23
Depreciation charge for RoU assets by class of underlying asset			
- Property (land and buildings)		679	667
- Plant & machinery	19	257	201
- Transport equipment		174	126
- Information technology		248	227
Total		**1,358**	**1,221**
Interest expense on lease liabilities	32	(53)	(42)
Expense relating to short term leases		-	-
Expense relating to leases of low value assets (excluding short term)		-	-
Expense relating to variable lease payments not in the liability		-	-
Income from subleasing		-	-
Total cash outflow for leases	32	(1,446)	(682)
Additions / Adjustments to right of use assets	19	432	389
Gains or losses arising from sale and leaseback transactions		-	-
Net Book Value of Right of Use assets by the following asset classification;			
- Property (land and buildings)		3,788	4,035
- Plant & machinery	19	341	598
- Transport equipment		223	397
- Information technology		765	1,013
Total		**5,117**	**6,043**

Note 20 Donations of property, plant and equipment

Doncaster & Bassetlaw Teaching Hospitals Foundation Trust has received donated assets totalling £675k in 2023/24. In 2022/23, donated assets totalling £299k were received.

Note 21 Revaluations of property, plant and equipment

All land and buildings are revalued using professional valuations in accordance with IAS 16 to ensure that property is stated at fair value. The default frequency of these valuations is currently every five years, in accordance with the FT ARM. However, interim valuations are also carried out as deemed appropriate by the Trust. Valuations are performed by professionally qualified valuers in accordance with the Royal Institute of Chartered Surveyors (RICS) Appraisals and Valuation Manual. The Trust commissioned a full valuation of its land and buildings as at 31st March 2024, which was undertaken by Cushman & Wakefield.

In 2022/23 and 2023/24, the Trust undertook a revaluation based on a Modern Equivalent Asset basis on its land and buildings.

Note 22 Investment Property

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

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

	Group		Trust	
	2023/24	**2022/23**	**2023/24**	**2022/23**
	£000	**£000**	**£000**	**£000**
Carrying value at 1 April - brought forward	**7,908**	**9,323**	**550**	**550**
Acquisitions in year	2,435	1,882	-	-
Movement in fair value through income and expenditure	454	(675)	-	-
Disposals	(2,579)	(2,622)	-	-
Carrying value at 31 March	**8,218**	**7,908**	**550**	**550**

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

Note 23.1 Other investments / financial assets (current)

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

Note 24 Disclosure of interests in other entities

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

Note 25 Inventories

	Group		Trust	
	31 March 2024	31 March 2023	31 March 2024	31 March 2023
	£000	£000	£000	£000
Drugs	2,866	2,588	2,326	1,936
Consumables	6,901	5,675	6,901	5,675
Total inventories	**9,767**	**8,263**	**9,227**	**7,611**

Inventories recognised in expenses for the year were £66,597k (2022/23: £61,825k). Write-down of inventories recognised as expenses for the year were £0k (2022/23: £0k).

Note 26.1 Receivables

	Group		Trust	
	2024	2023	2024	2023
	£000	£000	£000	£000
Current				
Contract receivables	19,362	28,804	21,159	31,341
Allowance for impaired contract receivables / assets	(2,863)	(2,010)	(2,842)	(2,010)
Prepayments (non-PFI)	2,668	1,549	2,668	1,549
PDC dividend receivable	919	-	919	-
VAT receivable	5,211	8,523	4,760	8,220
Clinician pension tax provision reimbursement funding from NHSE	23	36	23	36
Other receivables	518	238	2,336	364
NHS charitable funds: receivables	53	-	-	-
Total current receivables	**25,891**	**37,140**	**29,023**	**39,500**
Non-current				
Contract receivables	2,947	2,862	2,947	2,862
Clinician pension tax provision reimbursement funding from NHSE	722	885	722	885
Allowance for impaired contract receivables / assets	(680)	(1,603)	(680)	(1,603)
Total non-current receivables	**2,989**	**2,144**	**2,989**	**2,144**
Of which receivable from NHS and DHSC group bodies:				
Current	10,888	19,866	10,888	19,866
Non-current	722	885	722	885

Note 26.2 Allowances for credit losses

	Group		Trust	
	Contract receivables and contract assets	All other receivables	Contract receivables and contract assets	All other receivables
	£000	£000	£000	£000
Allowances as at 1 Apr 2023 - brought forward	**3,613**	**-**	**3,613**	**-**
New allowances arising	707	-	686	-
Reversals of allowances (where receivable is collected in-year)	(280)	-	(280)	-
Utilisation of allowances (write offs)	(497)	-	(497)	-
Allowances as at 31 Mar 2024	**3,543**	**-**	**3,522**	-

	Group		Trust	
	Contract receivables and contract assets	All other receivables	Contract receivables and contract assets	All other receivables
	£000	£000	£000	£000
Allowances as at 1 Apr 2022 - brought forward	**3,368**	**-**	**3,368**	**-**
New allowances arising	602	-	602	-
Reversals of allowances (where receivable is collected in-year)	(27)	-	(27)	-
Utilisation of allowances (write offs)	(330)	-	(330)	-
Allowances as at 31 Mar 2023	**3,613**	**-**	**3,613**	**-**

Note 27 Other assets

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

Note 28 Liabilities in disposal groups

The Trust does not have any liabilities in disposal groups.

Note 29 Cash and cash equivalents movements

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

	Group		Trust	
	2023/24	**2022/23**	**2023/24**	**2022/23**
	£000	**£000**	**£000**	**£000**
At 1 April	**33,664**	**47,316**	**32,490**	**46,440**
Net change in year	3,614	(13,652)	3,821	(13,950)
At 31 March	**37,278**	**33,664**	**36,311**	**32,490**
Broken down into:				
Cash at commercial banks and in hand	668	568	-	63
Cash with the Government Banking Service	36,610	33,096	36,311	32,427
Total cash and cash equivalents as in SoFP and SOCF	**37,278**	**33,664**	**36,311**	**32,490**

Note 30 Trade and other payables

	Group		Trust	
	31 March 2024	31 March 2023	31 March 2024	31 March 2023
	£000	£000	£000	£000
Current				
Trade payables	16,862	8,154	18,644	9,766
Capital payables	24,015	26,844	24,015	26,844
Accruals	37,102	57,383	36,826	57,503
Annual leave accrual	387	1,088	387	1,088
Social security costs	7,930	7,101	7,930	7,101
Other taxes payable	52	17	-	-
PDC dividend payable	-	341	-	341
Pension contributions payable	4,278	3,917	4,278	3,917
Other payables	300	142	300	142
NHS charitable funds: trade and other payables	3,962	747	-	-
Total current trade and other payables	**94,888**	**105,734**	**92,380**	**106,702**
Of which payables from NHS and DHSC group bodies:				
Current	10,806	8,988	10,806	8,988
Non-current	-	-	-	-

Note 30.1 Early retirements in NHS payables above

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

	31 March 2024	31 March 2024	31 March 2023	31 March 2023
	£000	Number	£000	Number
- to buy out the liability for early retirements over 5 years	263		449	
- number of cases involved		6		4

Note 31 Other liabilities

	Group		Trust	
	31 March 2024	31 March 2023	31 March 2024	31 March 2023
	£000	£000	£000	£000
Current				
Deferred income: contract liabilities	3,726	2,413	3,726	2,413
Total other current liabilities	**3,726**	**2,413**	**3,726**	**2,413**

Note 32 Borrowings

	Group		Trust	
	31 March 2024	31 March 2023	31 March 2024	31 March 2023
	£000	£000	£000	£000
Current				
Loans from DHSC	568	1,866	568	1,866
Lease liabilities	1,359	1,327	1,359	1,327
Total current borrowings	**1,927**	**3,193**	**1,927**	**3,193**
Non-current				
Loans from DHSC	8,417	8,959	8,417	8,959
Lease liabilities	3,310	4,357	3,310	4,357
Total non-current borrowings	**11,727**	**13,316**	**11,727**	**13,316**

Note 32.1 Reconciliation of liabilities arising from financing activities

Group and Trust	Loans from DHSC	Lease liabilities	Total
	£000	£000	£000
Carrying value at 1 April 2023	**10,825**	**5,684**	**16,509**
Cash movements:			
Financing cash flows - payments and receipts of principal	(1,833)	(1,446)	**(3,279)**
Financing cash flows - payments of interest	(231)	(53)	**(284)**
Non-cash movements:			
Additions	-	432	**432**
Application of effective interest rate	224	52	**276**
Carrying value at 31 March 2024	**8,985**	**4,669**	**13,654**

Note 32.2 Lease liabilities - maturity analysis

	31 March 2024
	£000
Undiscounted future lease payments payable in:	
- not later than one year;	1,381
- later than one year and not later than five years;	2,227
- later than five years	1,200
Total gross future lease payments	4,808
Finance charges allocated to future periods	(139)
Total net lease liabilities	**4,669**
Of which:	
Current - due in not later than one year	1,359
Non current - due in over one year	3,310
	4,669

Note 33 Other financial liabilities

Neither the Group or Trust has any other financial liabilities.

Note 34 Finance leases

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

Neither the Group nor the Trust does not have any finance lease receivables as a lessor.

Note 34.2 Doncaster & Bassetlaw Teaching Hospitals NHS Foundation Trust as a lessee

Neither the Group nor the Trust does not have any finance lease payables as a lessee.

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

Group and Trust	Pensions: early departure costs	Pensions: injury benefits	Legal claims	Clinicians' pension reimbursement	Lease Dilapidations (previously charged to revenue)	Total
	£000	£000	£000	£000	£000	£000
At 1 April 2023	**1,009**	**888**	**250**	**921**	**238**	**3,306**
Change in the discount rate	(46)	(17)	-	(160)	-	**(223)**
Arising during the year	74	138	157	(37)	-	**332**
Utilised during the year	(93)	(155)	(46)	(27)	-	**(321)**
Reversed unused	-	-	(129)	-	-	**(129)**
Unwinding of discount	(17)	(18)	-	48	-	**13**
At 31 March 2024	**927**	**836**	**232**	**745**	**238**	**2,978**
Expected timing of cash flows:						
- not later than one year;	120	183	232	23	-	**558**
- later than one year and not later than five years;	343	439	-	49	238	**1,069**
- later than five years.	464	214	-	673	-	**1,351**
Total	**927**	**836**	**232**	**745**	**238**	**2,978**

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

Pensions: early departure costs (2023/24: £927k, 2022/23: £1,009k) and Pensions: injury benefits (2023/24: £836k, 2022/23: £888k) are calculated based on information provided by the NHS Business Services Authority - Pensions Division. There are uncertainties surrounding these provisions as the amounts incorporate assumptions made concerning the life expectancy of the individuals.

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

Note 35.2 Clinical negligence liabilities

At 31 March 2024, £195,397k was included in provisions of NHS Resolution in respect of clinical negligence liabilities of Doncaster & Bassetlaw Teaching Hospitals NHS Foundation Trust. (31 March 2023: £222,992k)

Note 36 Contingent assets and liabilities

	Group		Trust	
	31 March 2024	31 March 2023	31 March 2024	31 March 2023
	£000	£000	£000	£000
Value of contingent liabilities				
NHS Resolution legal claims	67	68	67	68
Gross value of contingent liabilities	**67**	**68**	**67**	**68**
Amounts recoverable against liabilities	-	-	-	-
Net value of contingent liabilities	**67**	**68**	**67**	**68**

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

Note 37 Contractual capital commitments

	Group		Trust	
	31 March 2024	31 March 2023	31 March 2024	31 March 2023
	£000	£000	£000	£000
Property, plant and equipment	1,892	-	1,892	-
Total	**1,892**	**-**	**1,892**	**-**

Note 38 Other financial commitments

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

Note 39 Defined benefit pension schemes

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

Note 40 Financial instruments

Note 40.1 Financial risk management

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

The Trust's treasury management operations are carried out by the finance department, within parameters defined formally within the Standing Financial Instructions and policies agreed by the Board of Directors. Trust treasury activity is subject to review by the Trust's internal auditors.

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Currency risk

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

Credit risk

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

The carrying amount of financial assets represents the maximum credit exposure. Therefore the maximum exposure to credit risk at the reporting date for the Group was £65,525k (2022/23: £70,784k), being the total of the carrying amount of financial assets.

With regard to the credit quality of financial assets and impairment losses, the movement in the allowance for impairment in respect of trade receivables during the year is disclosed in note 40.2.

Interest rate risk

All of the Trust's financial liabilities carry nil or fixed rates of interest. In addition, the only element of the Trust's financial assets that is currently subject to a variable rate is cash held in the Foundation Trust's main bank accounts and in a short term deposit account. The Trust is therefore not exposed to significant risk of fluctuations in interest rates.

The Trust's operating costs are incurred under contracts with Integrated Care Boards and other NHS or Government bodies, which are financed from resources voted annually by Parliament. The Trust funds its capital expenditure from cash reserves, loans or through the issue of PDC. All major capital expenditure is supported by detailed financial assessment including the assessment of cash flow requirements and impact on liquidity and any funding is within the Trust's prudential borrowing limit, as set by NHS England. The Trust is not, therefore, exposed to significant liquidity risks.

Note 40.2 Carrying values of financial assets

Group	Held at 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 2024 under IFRS 9	**£000**	**£000**	**£000**	**£000**
Trade and other receivables excluding non financial assets	20,029	-	-	**20,029**
Cash and cash equivalents	36,610	-	-	**36,610**
Consolidated NHS Charitable fund financial assets	668	8,218	-	**8,886**
Total at 31 March 2024	**57,307**	**8,218**	**-**	**65,525**

Group	Held at amortised cost	Held at fair value through I&E	Held at fair value through OCI	Total book value
Carrying values of financial assets as at 31 March 2023 under IFRS 9	**£000**	**£000**	**£000**	**£000**
Trade and other receivables excluding non financial assets	29,212	-	-	**29,212**
Cash and cash equivalents	33,159	-	-	**33,159**
Consolidated NHS Charitable fund financial assets	505	7,908	-	**8,413**
Total at 31 March 2023	**62,876**	**7,908**	**-**	**70,784**

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 2024 under IFRS 9	**£000**	**£000**	**£000**	**£000**
Trade and other receivables excluding non financial assets	23,709	-	-	**23,709**
Cash and cash equivalents	36,311	-	-	**36,311**
Total at 31 March 2024	**60,020**	**-**	**-**	**60,020**

Trust	Held at amortised cost	Held at fair value through I&E	Held at fair value through OCI	Total book value
Carrying values of financial assets as at 31 March 2023 under IFRS 9	**£000**	**£000**	**£000**	**£000**
Trade and other receivables excluding non financial assets	29,732	-	-	**29,732**
Cash and cash equivalents	32,490	-	-	**32,490**
Total at 31 March 2023	**62,222**	**-**	**-**	**62,222**

Note 40.2 Carrying values of financial liabilities

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 2024 under IFRS 9			
Loans from the Department of Health and Social Care	8,985	-	**8,985**
Obligations under leases	4,669	-	**4,669**
Trade and other payables excluding non financial liabilities	82,557	-	**82,557**
IAS 37 provisions which are financial liabilities	2,978	-	**2,978**
Consolidated NHS charitable fund financial liabilities	3,962	-	**3,962**
Total at 31 March 2024	**103,151**	**-**	**103,151**

Group	Held at amortised cost	Held at fair value through I&E	Total book value
	£000	£000	£000
Carrying values of financial liabilities as at 31 March 2023 under IFRS 9			
Loans from the Department of Health and Social Care	10,825	-	**10,825**
Obligations under leases	5,684	-	**5,684**
Trade and other payables excluding non financial liabilities	97,528	-	**97,528**
IAS 37 provisions which are financial liabilities	3,306	-	**3,306**
Consolidated NHS charitable fund financial liabilities	747	-	**747**
Total at 31 March 2023	**118,090**	**-**	**118,090**

Trust	Held at amortised cost	Held at fair value through I&E	Total book value
	£000	£000	£000
Carrying values of financial liabilities as at 31 March 2024 under IFRS 9			
Loans from the Department of Health and Social Care	8,985	-	**8,985**
Obligations under leases	4,669	-	**4,669**
Trade and other payables excluding non financial liabilities	86,413	-	**86,413**
IAS 37 provisions which are financial liabilities	2,978	-	**2,978**
Total at 31 March 2024	**103,045**	**-**	**103,045**

Trust	Held at amortised cost	Held at fair value through I&E	Total book value
	£000	£000	£000
Carrying values of financial liabilities as at 31 March 2023 under IFRS 9			
Loans from the Department of Health and Social Care	10,825	-	**10,825**
Obligations under leases	5,684	-	**5,684**
Trade and other payables excluding non financial liabilities	94,185	-	**94,185**
IAS 37 provisions which are financial liabilities	3,306	-	**3,306**
Total at 31 March 2023	**114,000**	**-**	**114,000**

Note 40.3 Fair values of financial assets and liabilities

The book value (carrying value) of receivables is a reasonable approximation of the fair value of the asset.

The book value (carrying value) of payables is a reasonable approximation of the fair value of the asset.

Note 40.4 Maturity of financial liabilities

The following maturity profile of financial liabilities is based on the contractual undiscounted cash flows. This differs to the amounts recognised in the statement of financial position which are discounted to present value.

	Group		Trust	
	31 March 2024	31 March 2023	31 March 2024	31 March 2023
	£000	£000	£000	£000
In one year or less	89,026	103,488	88,920	103,488
In more than one year but not more than five years	6,281	7,294	6,281	7,294
In more than five years	7,983	10,586	7,983	10,586
Total	**103,290**	**121,368**	**103,184**	**121,368**

Note 41 Losses and special payments

	2023/24		2022/23	
Group and Trust	number of cases	value of cases	number of cases	value of cases
	Number	£000	Number	£000
Bad debts	558	692	303	413
Fruitless payments and constructive losses	1	-	-	-
Damage to buildings and property	-	-	1	-
Total losses - bad debts	**559**	**692**	**304**	**413**
Compensation under court order or legally binding arbitration award	13	71	19	119
Ex-gratia payments	25	14	28	23
Other	-	-	3	316
Total special payments	**38**	**85**	**50**	**458**
Total losses and special payments	**597**	**777**	**354**	**871**

In 2022/23, as a result of a legal ruling with regards the interpretation of VAT guidance surrounding lease cars for staff, the Trust paid a total of £315k back to staff, that it recovered from HMRC. This is treated as one case in the above table. The Trust did not financially benefit from this legal ruling.

Note 42 Gifts

In 2022/23 and 2023/24, the Trust did not make any gifts.

In 2022/23 and 2023/24, the Group, via its NHS charitable fund, committed expenditure to recognise the efforts of all staff during the year. This was in the form of a small gift voucher, as a token of appreciation. For both years, it was a cost of £177k.

Note 43 Related parties

The total value of receivables and payables balances held with related parties as at 31 March, together with the associated income and expenditure transactions during 2023/24 and 2022/23, is:

Group and Trust 2023/24	Receivables 31 March 2024 £000	Payables 31 March 2024 £000	Income 2023/24 £000	Expenditure 2023/24 £000
Other NHS bodies	11,610	10,806	530,738	36,351
Other bodies (including WGA bodies)	5,229	12,516	1,072	94,519
	16,839	**23,322**	**531,810**	**130,870**

Group and Trust 2022/23	Receivables 31 March 2023 £000	Payables 31 March 2023 £000	Income 2022/23 £000	Expenditure 2022/23 £000
Other NHS bodies	19,830	9,212	515,782	37,259
Other bodies (including WGA bodies)	8,523	11,078	1,620	118,382
	28,353	**20,290**	**517,402**	**155,641**

The Department of Health and Social Care ("the Department") is regarded as a related party. During the year, the Trust has had a significant number of material transactions with the Department, and with other entities for which the Department is regarded as the parent Department. These entities include NHS England, Integrated Care Boards, NHS Foundation Trusts, NHS Trusts, NHS Resolution, the NHS Business Services Authority and the NHS Purchasing and Supply Agency.

"Other bodies (including WGA bodies)" includes local authories, HM Revenue & Customs and NHS Pension Scheme.

The Trust has had a number of material transactions with other Government Departments and other central and local Government bodies. Most of these transactions have been with HM Revenue and Customs (including National Insurance Fund), NHS Pension Scheme and Doncaster Metropolitan Borough Council.

Note 44 Events after Balance Sheet Date

On 1st April 2024, a suite of Pathology services were transferred to Sheffield Teaching Hospitals NHS Foundation Trust (STH), as part of a piece of cross-Trust collaborative working. A number of staff have transferred via TUPE to STH, as have a small number of non-capital assets. As the Pathology service has been transferred within the NHS, it is not disclosed as a discontinuing event in these financial statements.

Approximately 203 members of staff (on a Whole Time Equivalent basis) have transferred, and the Trust is transferring £10m of pay costs, £9.1m of non pay costs and £1.3m of non clinical income. In return, the Trust is expecting to be charged in the region of £17.8m for services performed by the collaborative group.

Note 45 NHS Charitable Fund

The Trust is the Corporate Trustee of the Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust Charitable Fund (registered charity number 1057917). The object is for funds to be used “for any purpose or purposes relating to the National Health Service wholly or mainly for the service provided by Doncaster and Bassetlaw Hospitals NHS Foundation Trust”.

Summary statement of financial activities

	Total Funds	
	2023/24	**2022/23**
	£000	**£000**
Incoming resources	656	452
Resources expended	(5,526)	(1,837)
Net outgoing resources	**(4,870)**	**(1,385)**
Investment Income	251	289
Gains/(losses) on revaluation and disposal of investment	454	(675)
Net movement in funds	**(4,165)**	**(1,771)**
Fund balances at 1 April	7,500	9,271
Fund balances at 31 March	**3,335**	**7,500**

	Total Funds	
	2023/24	**2022/23**
Investment assets	8,218	7,908
Cash and receivables	721	505
Current liabilities	(5,604)	(913)
Total net assets	**3,335**	**7,500**

	2024	**2023**
	£000	**£000**
Unrestricted income funds	2,137	2,450
Other restricted income funds	1,198	5,050
	3,335	**7,500**

Unrestricted income funds are accumulated income funds that are expendable at the discretion of the Trustees in furtherance of the charity's objects. Unrestricted funds may be earmarked or designated for specific future purposes which reduces the amount that is readily available to the charity.

Restricted funds may be accumulated income funds which are expendable at the Trustee's discretion only in furtherance of the specified conditions of the donor and the objects of the charity. They may also be capital funds (e.g. endowments) where the assets are required to be invested, or retained for use rather than expended.

Note 46 Doncaster & Bassetlaw Healthcare Services Ltd

The Trust has a wholly owned subsidiary, Doncaster & Bassetlaw Healthcare Services Ltd ("DBHS Ltd"). DBHS Ltd operates at an arms length basis, currently providing Out-patient pharmacy dispensary services at the Doncaster Royal Infirmary site. The summarised financial statements can be seen below:

Summary statement of financial activities

	2023/24	2022/23
	£000	£000
Incoming resources	9,235	9,674
Resources expended	(9,077)	(9,586)
Net outgoing resources	**158**	**88**
Dividends paid	(250)	-
Net movement in assets	**(92)**	**88**

	2023/24	2022/23
	£000	£000
Current assets	2,853	2,935
Cash	299	337
Current liabilities	(2,402)	(2,430)
Total net assets	**750**	**842**
Share Capital	550	550
Income & Expenditure reserve	200	292
Total net assets	**750**	**842**

NHS

Doncaster and Bassetlaw Teaching Hospitals

NHS Foundation Trust

We care