NHS
Rotherham Doncaster and South Humber
NHS Foundation Trust

AGENDA

BOARD OF DIRECTORS

Thursday 30 May 2024 at 10.00am
Unity Centre, St Leonard's Rd, Eastwood, Rotherham S65 1PD

No	Item	Request to	Lead	Enc.
1	Welcome		KL	
2	Apologies for Absence: Dr Jude Graham	Note Information		
3	Quoracy (One third of the Board; inc. one NED and one ED)			
4	Declarations of Interest			A
	Patient / Staff Story			
5	Rotherham based patient story	Information		Verb
	Standing items			
6	Minutes of the meeting held in public on the 28 March 2024	Decision	KL	B
7	Matters Arising and Follow up Action List	Decision		C
	Board Assurance Committee Reports to the Board of Directors			
8	Finance, Digital & Estates Committee	Assurance	PV	D
9	Quality Committee	Assurance	DL	E
10	Commissioning Committee	Assurance	DL	F
11	Public Health Patient Involvement & Partnerships Committee	Assurance	DV	G
12	People & Organisational Development Committee	Assurance	DV	H
13	Mental Health Act Committee	Assurance	SFT	I
14	Audit Committee	Assurance	KG	J
15	Chief Executive's Report	Information	TL	K
16	Change in Responsible Officer	Decision	TL	L
	Break at 11.30am			
17	CQC Preparedness - Well Led Domain	Assurance	TL	M
18	Leadership Development	Decision	CH	N
19	Constitutional Amendment – Composition of the Membership and Council of Governors	Decision	PG	O
20	Clinical and Operational Strategy: Strategic Objective Two *'Create equity of access, employment and experience to address differences in outcome'*	Information	TL	P

RDaSH nurturing the power in our communities

21	Our 28 Promises – success?	Information	TL	Q
22	2024/25 Finance Plan	Decision	TL / IC	R
23	2024/25 Capital Plan	Decision	TL / IC	S
24	Productivity	Information	TL	T
Break – approximately 1.30pm				
Operating Performance / Governance / Risk Management				
25	Board Assurance Framework	Decision	PG	U
26	Integrated Quality Performance Report (IQPR) Finance Report M12	Assurance	TL	V Vi
27	Operational Risk Report – Extreme Risks	Assurance	PG	W
28	Board Annual Workplan 2024/25	Information	PG	X
Supporting Papers (previously presented at Committee)				
29	Learning from Deaths Annual Report 2023/24 Guardian of Safe Working Hours Report (to 31.03.24) Freedom to Speak Up: Q4 Report (to 31.03.24)		KL	Y
30	Any Other Urgent Business (to be notified in advance)		KL	Verbal
31	Chair's Summary (Actions, Decisions, and new risks)			
32	Public Questions *			
33	Chair to resolve '*that because publicity would be prejudicial to the public interest by reason of the confidential nature of the business to be transacted, the public and press are excluded from the remainder of the meeting, which will conclude in private.'*		KL	
34	*Minutes of the meeting held on the 28 March 2024 (private session)*		KL	AA
35	*Matters Arising and Follow up Action List (private session)*			BB
36	*Reflections on the Patient / Staff Story*			Verbal
37	*Chief Executive Private Update to the Board of Directors*		TL	CC
38	*Eating Disorders Update*		TL / JMc	DD

*** Public Questions:**

The meeting will be conducted strictly in line with the above agenda and public questions must relate to the papers being presented on the day.

Questions from the public may be sent in advance and they will be presented to the Board of Directors via the Director of Corporate Assurance.

Responses will be provided after the meeting to the originator and included within the formal record of the meeting.

The next meeting of the Board of Directors will take place on Thursday 25 July 2024 10.00 at Scunthorpe United Football Club, Glanford Park, Scunthorpe, DN15 8TD

ROTHERHAM DONCASTER AND SOUTH HUMBER NHS FOUNDATION TRUST

Report Title	Declarations of Interest	**Agenda Item**	Paper A
Sponsoring Executive	Kathryn Lavery, Chair		
Report Author	Chloe Pearson, Corporate Assurance Officer		
Meeting	Board of Directors	**Date**	30 May 2024

Suggested discussion points (two or three issues for the meeting to focus on)

- The report is presented as a standing agenda item at each meeting to ensure board awareness to any declarations and if needed, actions taken to prevent any conflicts during the business of the Board.
- The report outlines the changes to the register since the last meeting which relate to Steve Forsyth, Carlene Holden, Rachael Blake and Dr Richard Falk. The entries for Sheila Lloyd, Nicola McIntosh and Justin Shannahan have been removed.

Alignment to strategic objectives (indicate with an 'x' which objectives this paper supports)

Business as usual	x

Previous consideration
(where has this paper previously been discussed – and what was the outcome?)

Not applicable

Recommendation
(indicate with an 'x' all that apply and where shown elaborate)

The Board of Directors is asked to:

x	**RECEIVE** and note the Register of Interests.

Impact (indicate with an 'x' which governance initiatives this matter relates to and where shown elaborate)

Trust Risk Register							
Board Assurance Framework							
System / Place impact							
Equality Impact Assessment	Is this required?	Y		N	x	If 'Y' date completed	
Quality Impact Assessment	Is this required?	Y		N	x	If 'Y' date completed	

Appendix (please list)

None

ROTHERHAM DONCASTER AND SOUTH HUMBER NHS FOUNDATION TRUST

BOARD OF DIRECTORS – REGISTER OF INTERESTS

Executive Summary

The Trust and the people who work with and for it, collaborate closely with other organisations, delivering high quality care for our patients. These partnerships have many benefits and should help ensure that public money is spent efficiently and wisely. But there is a risk that conflicts of interest may arise.

Providing best value for taxpayers and ensuring that decisions are taken transparently and clearly, are both key principles in the NHS Constitution. The Trust is committed to maximising its resources for the benefit of the whole community. As a Trust and as individuals, there is a duty to ensure that all dealings are conducted to the highest standards of integrity and that NHS monies are used wisely so that the Trust uses the finite resources in the best interests of patients. For this reason each Director makes a continual declaration of any interests they have. Declarations are made to the Board Secretary as they arise, recorded on the public register and formally reported to the Board of Directors at the next meeting. To ensure openness and transparency during Trust business, the Register is included in the papers that are considered by the Board of Directors each month.

Amendments are shown in bold text.

Name / Position	Interests Declared
Kathryn Lavery, *Chair*	• Owner / Director of K Lavery Associates Ltd • Chair ACCIA Yorkshire and Humber Panel • Consultant with Agencia Ltd. • Chair of the Advisory Board Space2BHeard CIC HULL • Non-Executive Director at Locala Community Interest Company
Toby Lewis, *Chief Executive*	• Nil
Richard Banks, *Director of Health Informatics*	• Wife works in administration at Sheffield Children's NHS Foundation Trust.
Richard Chillery, Chief Operating Officer	• Nil
Ian Currell, *Director of Finance and Performance*	• Wife is Senior Lecturer in Child Nursing at Huddersfield University • Sister-in-law is Director of Finance for Yorkshire Ambulance Service

Name / Position	Interests Declared
Steve Forsyth, *Chief Nursing Officer*	• **Coach at the Gambian National Police Force** • **Ambassador and Affiliation for WhizzKidz** • **Non-Executive Director for the African Caribbean Community Initiative**
Philip Gowland, *Board Secretary and Director of Corporate Assurance*	• Wife is North West Primary Care Network (PCN) Digital and Transformation Lead employed by Primary Care Doncaster (PCD).
Dr Jude Graham, *Director of Therapies*	• Trustee for the Queens Nursing Institute • Executive Coach – registered and accredited with the European Mentoring and Coaching Council • ImpACT International Fellow for the University of East Anglia.
Kathryn Gillatt, *Non-Executive Director*	• Non-Executive Director at the NHS Business Services Authority and Chair of the Audit & Risk Committee. • Sole trader of a Finance and Business Consultancy.
Carlene Holden, *Director of People and Organisational Development*	• **Governor and Vice-Chair at Brighter Futures Learning Partnership Trust – Hungerhill School, Doncaster.**
Prof Janusz Jankowski, *Non-Executive Director*	• Non-Executive Director at the Tavistock and Portman NHS Foundation Trust, London • Trustee, Oesophageal Patients Association National Charity, Hockley Heath, Solihull • Clinical Adviser for NHS and National Institute for Care and Health Excellence (NICE) • Adviser and Vice President of Research and Innovation, University of the South Pacific • Consultant Gastroenterologist, Medinet NHS Provider Agency for Ad hoc Remote Out-patient GI work • Consultant to Industry around Healthcare • Magistrate (Family and Adult Courts), His Majesty's Courts and Tribunal Services, Leicestershire • Hon. Clinical Professor, University College London • Chair, Translational Science Board TransCan-3, European Union. • A Trustee role for a Limited Charity called AGREE (Acknowledge Girls Right to End Exploitation). • A consultancy Advisor/ Provost role for the largest private Charity in the UAE, The Saeed Lootah Foundation.

Name / Position	Interests Declared
Dawn Leese, *Non-Executive Director*	• NHS Responder Volunteer • Covid-19 Vaccinator with St John's Ambulance.
Jo McDonough, *Director of Strategy*	• Nil
Sarah Fulton Tindall, *Non-Executive Director*	• Member of the Patient Participation Group at the NHS Heeley Green General Practice Surgery, Sheffield. • Age UK Readers' Panel member.
Dr Graeme Tosh, *Executive Medical Director*	• Director of Copdoc NI Ltd. • Director of ADHDEASY Ltd. (not trading at present – dormant status) • Partner is the Director of Kennedy Beach Architects Limited.
Dave Vallance, *Non-Executive Director*	• Nil
Pauline Vickers, *Non-Executive Director*	• Independent Assessor for the Business to Business (B2B) Sales Professional Degree Apprenticeship for Middlesex University and Leeds Trinity University • Associate Coach with Performance Coaching International • Managing Director and Executive Coach Insight Coaching for Leaders.
Dr Richard Falk, *Associate Non-Executive Director*	• **Medical Consultancy advice to H l Weldricks Pharmacies (who have a footprint across the RDaSH geographical area).**
Rachael Blake, *Associate Non-Executive Director*	• **People and Transformation Lead – Jacobs (Global Rail & Transit Solutions Provider)** • **Elected Member - City of Doncaster Council** • **Trustee - South Yorkshire Community Foundation** • **Director - Bawtry Community Library**

Rotherham Doncaster and South Humber NHS Foundation Trust

Board of Directors – 30 May 2024

Patient Story: Rotherham CAMHS

Presenter - Sara Lacey, Director at s62Community Group

Briefing Note

Sara is telling her daughters story regarding Rotherham CAMHS and covers:

- Emily's referral case has taken 4 years from initial referral to diagnosis pathway.
- Assessed - ADHD & ASD, Diagnosed - ADHD
- Positives - CAMHS are accurate with their timescales
- Negative - What if I don't agree with the outcome? What is the Sensory Pathway in Rotherham? Pathways have taken all Emily's junior school education
- Social & Emotional MH input through CAMHS?
- Medication waiting times
- Early intervention

Rotherham Doncaster and South Humber NHS Foundation Trust

MINUTES OF THE BOARD OF DIRECTORS MEETING ON THURSDAY 28 MARCH 2024 AT 10.00AM CAST THEATRE, DONCASTER DN1 3JH.

PRESENT

Kathryn Lavery	Chair
Richard Chillery	Chief Operating Officer
Ian Currell	Director of Finance and Estates (virtual)
Sarah Fulton Tindall	Non-Executive Director
Kathy Gillatt	Non-Executive Director
Dr Judith Graham	Acting Chief Nurse & Director of Therapies
Dr Janosz Jankowski	Non-Executive Director
Dawn Leese	Non-Executive Director
Toby Lewis	Chief Executive
Nicola McIntosh	Director for People and Organisational Development
Justin Shannahan	Non-Executive Director
Dr Graeme Tosh	Medical Director
Dave Vallance	Non-Executive Director
Pauline Vickers	Non-Executive Director

IN ATTENDANCE

Richard Banks	Director of Health Informatics
Philip Gowland	Director of Corporate Assurance / Board Secretary

8 members of staff, 2 Governors and the GGI representative (independent observer) joined the meeting.

Ref		Action
Bpu 24/03/01 & Bpu 24/03/02	**Welcome and Apologies** Mrs Lavery welcomed attendees to the meeting, in particular Lead Governor Jo Cox. Apologies for absence were received and noted from Jo McDonough, Sheila Lloyd, Lea Fountain, and Jyoti Mehan. Mrs Lavery also took the opportunity to inform members that this would be the last Board meeting attended by Mr Shanahan and Ms McIntosh, both of whom are leaving the Trust over coming weeks.	
Bpu 24/03/03	**Quoracy** Mrs Lavery declared the meeting was quorate.	
Bpu 24/03/04	**Declarations of Interest**	

	Mrs Lavery presented the Declarations of Interest report which outlined the changes to the register since the last meeting relating to Mrs Lavery and Mr Banks. **The Board received and noted the changes to the Declarations of Interest Report.** Mr Gowland presented the paper on NED independence, noting its link to the Code of Governance and a statement to be contained in the Annual Report. Members agreed all NEDs to be independent, in line with the requirements set out in the Code of Governance. **The Board received and agreed the proposals contained in the NED Independence report and supported the inclusion of the statement in the Annual Report.**	
PATIENT / STAFF STORY		
Bpu 24/03/05	**Staff Story** Mrs Lavery welcomed Kim, Cheryl, John and Ezinne to present the staff story which was focussed on preceptorship within the Trust. Members were informed that the Trust had successfully been accredited by the Nursing and Midwifery Council (NMC) and work was underway to develop the preceptorship pathway and policy further to be inclusive across multidisciplinary professions. Cheryl advised that she had experienced preceptorship as a student at Grounded Research and was currently a ward manager in an acute mental health unit supporting students in her role as LEM. The importance of the role supporting students both professionally and emotionally was stressed. Ezinne gave a brief outline of her experience, noting that she completed her management placement on Hawthorn ward. She had undertaken the preceptorship programme for the last 6 months and felt that it had enhanced her professional practice, accountability, decision-making skills and has had a positive impact on patient care. John explained that he had worked in acute medicine across a number of trusts over the last 17 years and now worked on Hazel ward. RDaSH was a very different experience as it has a different ethos to that of acute trusts and undertaking the preceptorship had been positive particularly having peers to share experiences with. Mr Lewis questioned how the trust was supporting staff to do the full range of their roles, not just care for patient but working with other agencies on discharge planning for example and to what extent the preceptorship formed part of the development pathway. John confirmed there was structured training with a clear progression path and that students were involved with different members of the team and are not therefore isolated in any way.	

	Members commented and noted the importance of pastoral care for students, structured supervision / assessment, and ensuring support was in place to avoid student isolation. Mrs Lavery and the Board thanked the presenters for taking the time to speak about their experience of preceptorship and noted the intended reflection time later on the agenda.	
	STANDING ITEMS	
Bpu 24/03/06	**Minutes of the previous Board of Directors meeting held on 25 January 2024** The Board approved the minutes of the meeting held on 25 January 2024 as an accurate record.	
Bpu 24/03/07	**Matters Arising and Follow up Action Log** There were no matters arising from the minutes. The Board received the action log and noted the progress updates. All actions noted as 'propose to close' were agreed. **Risk Management Framework** The revised monitoring and evaluation arrangements within the Risk Management Framework were presented for approval. Mr Lewis requested an amendment to ensure that the Board was sighted, at least annually, on all high impact / low likelihood risks. This was agreed. Mr Lewis also suggested any review of the framework's implementation needed to demonstrate the positive difference that active risk management had made and that for example robust action planning and implementation had occurred; that risk identification was comprehensive across the Trust and that stated risks were indeed risks and not issues. He sought the inclusion of some specific measures in the framework. Mr Gowland agreed to develop these. Members agreed to discuss this further in April within the Board Timeout, where the Board Assurance Framework would also be considered.	**PG** **PG**
Bpu 24/03/08	**Chair's Matters** Mrs Lavery provided a verbal update of activities and engagements since the last meeting and expressed gratitude for important input during one-to-one meetings with the Non-Executive Directors and Lead Governor and additional interactions outside of Board meetings. Mrs Lavery referred to her visits to the Doncaster pastoral team and their work on mental health issues at schools; South Yorkshire ICB development day; Grounded Research practice day; Trust wide visits to and with senior doctors; South Yorkshire Aspiring women's day with Ms	

	McDonough; and the NHS Providers Chairs and Chief Executive Network meeting.	
Bpu 24/03/09	**Fit and Proper Person Framework Declaration** Mr Gowland presented the Fit and Proper Person Framework paper which highlighted that the Trust was compliant with the framework, that checks had been undertaken and that the Chair had confirmed that all members of the Board are 'Fit and Proper' with no exceptions. Members were informed all actions to support the declaration were complete however it was noted that information was not yet on ESR, ostensibly a similar position to other Trusts. **The Board received and noted the update that confirmed the progress and state of readiness for implementing the requirements of the FPPT.** **The Board received and noted the statement from the Chair that, following the receipt of self-attestation statements, she has deemed all members of the Board to be fit and proper.**	
BOARD ASSURANCE COMMITTEES		
Bpu 24/03/10	**Report from the Audit Committee** Ms Gillatt presented the report and highlighted the key points from the meeting in February 2024. The preparatory work for the annual report and annual accounts 2023/24 was progressing to plan ahead of key submissions of draft documents (24 April), final documents (28 June) and in readiness for the Annual Members Meeting, part of a staff day, on 20 July. Ms Gillatt, noted that the Trust should expect a reduction in the Head of Internal Audit Opinion due to the number of audit reviews receiving limited opinion and the reduced follow-up rate of recommendations. The interim opinion was scheduled for the next Audit Committee meeting (April). She noted the positive assurance report in respect of the clinical coding audit, where standards had been exceeded. Responding to Mr Lewis's question about IFRS16 implementation and expected key judgements and estimates in the accounts, Ms Gillatt confirmed that related papers were due to be presented to the Audit Committee in April. Mr Currell confirmed that such would be discussed with Mr Lewis and the auditors to allow for a timely consideration and agreement. **The Board received and noted the report from the Audit Committee.**	

Bpu 24/03/11	**Report from the Mental Health Act Committee** Ms Fulton Tindall presented the report form the Mental Health Act Committee. The Trust Associate Managers (TAM) are now represented at meetings and had provided feedback in respect of support and ability to fulfil their role, in part, related to their respective training. Dr Tosh noted the planned discussion to address this feedback and also the work with Ms McIntosh to ensure a recent change in the law was actioned, which may result in the TAMs inheriting employee status. Mr Lewis questioned whether the note was correct in asserting that issues to do with the TAMs represented a question of legal compliance with the MHA. After some discussion it was agreed that this wording was inaccurate, and that presently there are no identified legal compliance issues. Mr Lewis highlighted his frustration and now involvement in the issues associated with TAMs management and indicated he would update the Board when it met in May. **The Board received and noted the report from the Mental Health Act Committee**	**GT**
Bpu 24/03/12	**Report from the Public Health Patient Involvement and Partnerships Committee** Mr Vallance presented the report from the Public Health Patient Involvement and Partnerships (PHPIP) Committee. He highlighted the intent to develop data sets to track progress on equitable service provision to all communities in terms of the draft Equity and Inclusion plan and protected characteristics. A new approach in partnering and relationship management was planned. The second of three local public health directors' visits had taken place to share their perspectives. Mr Shannahan asked whether there was sufficient commonality in approach, and alignment to the RDaSH way so as to avoid having multiple processes to follow. Mr Vallance advised that it was too early to provide an answer and that further exploration was required. In response to Mrs Vicker's query it was confirmed that commissioned eating disorders service would be within the remit of the PHPIP Committee on the cessation of the Commissioning Committee. **The Board received and noted the report from the Public Health Patient Involvement and Partnerships Committee.**	

Bpu 24/03/13	**Report from the People and Organisational Development Committee (PODC)** Mr Vallance presented the People and Organisational Development report. Mr Vallance highlighted the need for a collective view on the levels of tolerance and impact of reported racist incidents and bullying and harassment. He asked for clear consequences to be outlined and asked if that would include potential exclusion of people from services. Mr Lewis stated the intention for CLE to discuss this matter in April, with a view to agreeing the policy that he had outlined in January at May's CLE. Ms McIntosh confirmed to Mr Lewis that recent RIDDOR events would feature in the next related report to POD and that the zero incidents referred to in the paper was for an earlier time period. In response to a question about the reporting culture and the need to consider near misses, Dr Graham outlined the daily, weekly and monthly tracking of incidents that allowed triangulation in the event of a high number of low-level incidents presenting a potential increased higher risk. **The Board received and noted the report from the People and Organisational Development Committee.**	**TL** **NM**
Bpu 24/03/14	**Report from the Finance, Digital and ~~&~~ Estates Committee (FDE)** Mrs Vickers presented the FDE report and noted the Committee's involvement in reviewing draft versions of related Plans. She highlighted the response to the recently received Procurement audit (from internal audit) which had received only limited assurance. The Committee received a progress update and Mr Shannahan had also met with Mr Currell to discuss the report in detail. Improvement work was ongoing, and a further update would be presented to FDE in August. Mrs Vickers noted that the month 10 report showed £7.6m savings had been delivered with a forecast of £9.4m delivered by the year end. It was acknowledged that this represented remarkable work by very many leaders across our directorates. The failure to deliver a major reduction in agency expenditure remained the significant challenge. Noting his pending departure from the Trust Mrs Vickers expressed her thanks to Mr Shannahan for his consistent and thorough contribution to the FDE committee. **The Board received and noted the report from the Finance Digital and Estates Committee.**	

Bpu 24/03/15	**Report from the Quality Committee** Mrs Leese presented the report from the Quality Committee. She drew attention to the later paper on safe staffing and Mrs Lavery agreed to take both items together. The Safe Staffing Declaration covered the ward-based staff and whilst the Trust fared well on the day-to-day management of staffing, there was a gap in the strategic aspects of staffing levels, numbers and skill mix which applied to wards but should cover all areas within the Trust. Mr Lewis noted that in mid-year he had sought to address these concerns, which he shared, and recognised the failure to follow through on changes in later months. He apologised for that and noted the intention to address the gap with Dr Graham and Mr Forsyth over the next 10 weeks. This will focus initially on transparent reporting of met/missed staffing levels on every shift on each ward – not as percentages. Dr Graham advised that urgent action had been taken in introducing enhanced monitoring of agency usage as a potential indicator of staffing weakness. In addition, the memorandum of understanding for the MHOST Acuity tool had been revisited and would be relaunched in quarter 1, 2024/25. The updated position on these matters would come to both Quality Committee and the Board in May. Mrs Leese advised members to note improvements in terms of consistency of performance and delivery against required standards in the IQPR data although further improvement was still required. In addition, the benefits of triangulation and assurance via peer reviews had resulted in valuable consideration about 'doing the right things at the right time and in the right place'. This would importantly need to be reflected in the Quality and Safety Plan. Ms Leese advised that there was a lack of visibility of patient experience in the Estates and Facilities quality report and that the results of the PLACE audit will be discussed and pursued at a future meeting of the Committee. Dr Graham added that there was a portfolio realignment in terms of facilities from 1 April 2024 to support and improve facilities services with a clear plan in place on improvements and getting more feedback from patients and producers. Concerns relating to Resuscitation and Oxevision were agreed to be discussed under the Chief Executive's Report. **The Board received and noted the report from the Quality Committee, and approved the annual Safe Staffing Declaration.**	
Bpu 24/03/16	**Report from the Commissioning Committee** Mrs Leese presented the Commissioning Committee report, stating the most significant update related to Ellern Mede and that following	

	intervention from the CQC, the Rotherham based private sector unit was now closed to admissions. She noted the continuing financial challenge with the commissioning arrangements and that this would be discussed later in the meeting, within the private session. Mrs Leese confirmed that there would be a final meeting of the Commissioning Committee in April to consider any further update in relation to Ellern Mede, and the Committee's wider remit, before such would transfer to the Public Health, Patient Involvement and Partnerships Committee from then onwards. Mr Lewis referred to large amount of governance and clinical oversight undertaken by the SYB Commissioning Hub and also within NHS England and requested a pictorial representation of this to provide greater confidence of the arrangements. **The Board received and noted the report from the Commissioning Committee**	
Bpu 24/03/17	**Chief Executive's Report** Mr Lewis drew attention to four items within his report, which also included the regular update in respect of Governors' priorities. Prior to introducing those he sought to address the two issues raised earlier in the meeting in relation to Oxevision and Resuscitation. This had been brough up within this week's Care Group Delivery Reviews. Those discussions had served to highlight the acknowledged disconnect between discussions, even longstanding ones, inside certain committee meetings, and delivery improvements locally. He felt that the delivery review structure from November was showing promise in closing that gap. He noted that November 2023, it was agreed that a February audit would be undertaken of the Oxevision tool and specifically the consent by patients to its use. The resulting audit showed only moderate compliance in North Lincolnshire and very low compliance in the other localities. Over the coming weeks a daily focus to make improvements would take place. Should this not result in a better position being achieved the system would be turned off as a default, and only switched on once consent had been expressly received on a patient-by-patient basis. Responding to Mrs Leese's comment about staff behaviours and leverage to ensure 'must do' tasks are completed, Mr Lewis referred to the focus provided within delivery reviews, but more importantly the intent to introduce real-time data and visual management to better support teams to identify missed tasks and to respond promptly. The importance of medical and clinical leadership across services was noted.	

	In response to Ms Fulton Tindall's comment that the 'lack of recording' had continued to be an excuse when there was a structural issue with data, Mr Lewis agreed, however, he noted that there had been areas of success within the IQPR. Mr Chillery confirmed that this continued as work in progress, but already more focus and accountability. Mr Shannahan suggested a way of achieving 'more' was rooted in actually asking for 'less' and sought to understand how this concept might support the delivery of the promises. In response to Mr Shannahan's example of the number of training courses Mr Lewis informed of specific review planned to reduce MAST & core training time, that was scheduled to be submitted for CLE for approval in May and that the Director of People &OD had agreed to hold more localised training for teams. Mr Lewis referenced the new IQPR as an example of how Mr Shannahan's concept was working with 'more' progress being made on the more refined and defined suite of indicators. Mr Lewis agreed to update on both items at the next Board meeting. Mr Lewis then referred members to the recently issued national planning guidance which contained priorities consistent with Trust priorities. It also referenced productivity, something that the Board had previously discussed back in November 2023. Mr Lewis noted the ICB was funding and supporting the MHLDA collaboration with a piece of work on productivity over next six months. Mr Lewis was encouraged by recent improvement in children/young peoples' waiting times, reducing from 82 to 43 people who had waited several months in Rotherham. He expressed thanks to Kate Jones and the wider team. He anticipated that by July the Trust would not have any children waiting for more than a month, other than with neurodiversity services. This felt like a significant measure, and one consistent with promise 14. Mr Lewis noted the variable progress made on Governors' Priorities and his intent to reflect on how best to address this, with Mr Forsyth's input likely to benefit the progress of some actions, many of which related to strategic objective one. He highlighted in particular a lack of progress on our ability to signpost people towards agreed and validated digital advice for people experiencing mental health difficulties. The staff survey had been circulated to all Trust employees and shared in other forums with Non-Executive Directors. Mr Lewis noted significant concern in relation to the WRES data and the experiences of discrimination. In 2022 9% of colleagues reported this in respect of their line manager, and this had leapt to 20%. Much more scrutiny was needed during April to understand the underlying issues and solutions. Engagement with the REACH network was essential. The People and OD Committee were requested to receive a report at its June Committee on this topic and Mr Lewis recommended the inclusion of additional information drawn from sources such as FTSU, PSIRF and Trade Unions.	**TL** **CH**

	Mr Lewis, responding to Mrs Leese, informed that where services received additional funds, some of which were highlighted in his report, the delivery of a set of agreed outcomes would be required. He would soon be discussing at Executive Group, the Trust's approach to benchmarking data deployment to manage improvements. He also highlighted the paragraph within his report which confirmed the use of outcome measures within a delivery-based approach was resulting in gains and progress. **The Board received and noted the Chief Executive's report and the forward actions it contained.**	
Bpu 24/03/18	**NHS Professionals proposal** Mrs Lavery noted that this item was returning having not been agreed in January. She highlighted her intention to ask Board members to vote on the proposal at the conclusion of the item – given the extreme seriousness of the potential transfer of several hundred employees, some of whom had dialled into the meeting. Ms McIntosh presented the updated proposal to move the Trust's bank provision to NHS Professionals (NHSP). Her paper set out why this option was preferred. It also described the need for a TUPE process to take place. Ms McIntosh stated that whilst employed via NHS Professionals, it was imperative that staff that working flexibility, including those on the bank, had a sense of belonging and integration with the substantive workforce. She also highlighted the intent by the Trust to fund training for NHSP workers who undertook shifts with RDASH. Responding to Mr Lewis's question about the choice of the more expensive option, Ms McIntosh highlighted a key reason as the lack of staff and expertise currently within the Trust to support bank arrangements across all geographical areas 24/7. Further, she noted NHSP's not-for-profit status and its involvement in the health and social care system and support for the delivery of the NHS long term plan. Mr Lewis referred to table 4.9 of the report which set out the terms and conditions of both TUPE transferred staff and any new enrollees. There was not apparent loss of contractual protections or status for transferred staff. In response to Mr Vallance's query on pensions, Ms McIntosh confirmed that current staff would retain their pension under TUPE (as per Agenda for Change) with future, new recruits to NHSP on a different pension benefit. Mr Lewis sought clarification that any decision to change the pension rates within NHSP would not be initiated by the Trust but would require Secretary of State approval. Ms McIntosh confirmed that to be correct. Mr Shannahan noted the absence within the paper of defined benefits realisation information. Ms McIntosh confirmed that medical agency had moved over to NHS Professionals and an additional benefit had been identified through cost of locums. There were a number of agreed KPIs which, post implementation, would be monitored frequently. Ms Mcintosh	

	confirmed that Mr Lewis and the Director of People and OD would meet twice a year with NHSP and more frequently, there would be monthly meetings with NHS Professionals and that this was part of the implementation plan. Mr Lewis highlighted the need for a shift in behaviours by managers and leaders, for example a move away from requests for specific staff to fill shifts. Rachel Kumar, Assistant Director of Nursing would be responsible over the next year to ensure changes in those working practices occurred. Members recognised the need for a contract that included appropriate remedies if disputes or performance issues arose. Mr Lewis emphasised the need to pursue active dialogue, applying pressure where needed with NHSP before any reference was made to the strongest of remedies such as cancelling contracts. He also wanted to convey, with bank colleagues watching, the expectation that the transfer would be a success. He agreed to summarise key contractual terms for Board members outside the meeting. **Mrs Lavery called for the indicated vote, and all voting Board members indicated their support for the recommendations and the proposal as below:** **The Board agreed to contract during 2024/25 with NHS Professionals, recognising the TUPE transfer that such a contract requires, as well as the new ways of working about allowing bank workers being part of RDaSH teams.** **The Board of Directors asked the Executive Group, executive sponsor and Chief Executive to establish implementation arrangements as outlined and to escalate if necessary any elevated concerns to the Board through routine management reporting.**	**TL**
Bpu 24/03/19	**Draft Finance, Savings and Capital Plan 24/25** With Mr Currell dialling in, it has been agreed Mr Lewis would present the Draft Finance, Savings and Capital Plan 24/25 paper. Further work, internally and with ICB partners was required to finalise the plan which would then be presented to the Board of Directors in May 2024. The paper set out an intended deficit of just over £3.6 million. However, there was an ICB expectation of meeting a deficit of £2.7 million. The Trust had hoped to return in 24/25 to financial balance, but the expectation of taking a share of the convergence factor made that still more challenging. The draft plan has gone to £3.6 million consistent with this board's prior decision that full funding needed to be provided for pay awards. Because such funds are handed out at 69% of turnover, but the Trust has a paybill closer to 83% of turnover, each time such awards are made the Trust has a further deficit added to its position. Mr Lewis highlighted that the paper set out large scale savings to be achieved through broader, cross cutting actions and a small and	

	consistent 0.5% cost saving target for all budgets and a consistent 2.5% vacancy factor. To enact the key area of reducing agency spend, new, strengthened controls would be implemented, which in part would require Chief Executive approval in some circumstances. Progress on reducing medical agency use, achieved by appointments to a number of vacancies, would continue, although it was perhaps unrealistic to expect to wholly eliminate medical agency spend without creating safety issues. Mr Lewis noted the two-part approach to the Capital Plan approval, with a set of immediately identified schemes included in the paper presented (part A) to be supported by a second set, to be agreed once a six-week assessment of clinical safety risks was concluded. This would feature when the Plan returned to the Board of Directors in May 2024. The latest planning guidance required the submission of a final financial plan on 2 May, ahead of next Board meeting in May. If the requirement from the centre remained better than a deficit of £3.6m, Mr Lewis suggested the need to convene a meeting of the Board; with time on the planned timeout session on 25 April the likely solution to facilitate this. Mr Curell drew attention to the stated risks presented on page 86, that totalled £7.1m, noting the planned mitigation before the May Board meeting. Today's meeting was to review the draft plan in line with other trusts in the region. Responding to a question from Mr Shannahan regarding a return to break-even in 2025/26, Mr Lewis summarised that it would need new growth monies, the more meaningful full year effect of savings generated in 2024/25 and a shift in commissioning contracts, such that volume became more influential in the income to the Trust and afforded a necessary conversation about productivity, something that the Board had already identified was necessary in November 2023. These actions coupled with a robust five-year approach to financial planning, would be needed to help achieve break even in 2025/26. Mr Shanahan drew attention to the cost pressures funded within the plan. Mr Lewis reminded the Board of the process undertaken Trust-wide since November. The PYE of these investments would be more modest than the figure cited (as the papers showed). These were each specific safety or quality improvement changes, many referenced within his CEO report. Mr Shanahan indicated that that was helpful clarity, and Mr Currell confirmed no unallocated contingency was contained within the draft plan. Mrs Leese felt she did not feel sighted on the estates plan and capital spend in connection with it. Mr Lewis confirmed the Capital Plan had been phased to allow further safety and risk testing to take place. None of the proposals funded would proceed compromising the Estate Plan: the focus would be on core safety in 24/25. She also noted that the Quality Committee had previously utilised the quality and safety impact assessment process to understand the impact of cross cutting programmes of savings work but had struggled to assess	

	the cumulative impact of all such work across the Trust. Mr Lewis responded, noting that the savings initiatives referenced in the report were much more precise and targeted than those undertaken in the previous year. **The Board noted the Draft Finance, Savings and Capital Plan 24/25 and supported the £3.6m planned deficit. The Board agreed to reconvene to discuss the matter further, should there be the need to amend that planned deficit in due course.**	
Bpu 24/03/20	**CQC Preparedness Briefing – Effective Domain** Dr Graham presented the CQC Preparedness Briefing which focused on the Effective Domain and which included eight recommendations for the Board to consider. The report demonstrated a range of assurance methods in place against the CQC regulations for effectiveness, such as peer reviews, clinical audit, internal audit and the Integrated Quality Performance Report (IQPR). This also included the capture of feedback from those that use services and the report noted the focus on people involvement in service design, review and feedback, with further work planned to enhance this over the next year. External sources of information were also utilised through the National Institute for Health and Care Excellence (NICE) guidelines, national benchmarking and triangulation with partners. Mrs Lavery noted the important alignment of the Clinical Audit Plan and Dr Graham reported that clinical audit results for 2023/24 were received by the Quality Committee and that in 2024/25 this would be part of the extended remit of the Audit Committee, who would receive the 2024 draft Clinical Audit Plan in April. Mr Shannahan complimented the simplicity of the paper and questioned how staff awareness could be improved across the Trust. Dr Graham noted the use of effective communications and a collective understanding through clinical leads. Mr Banks highlighted the importance of sightedness and awareness through the corporate services. With reference to care planning, Mr Lewis sought further understanding around the current position and the timescales for improvement. Dr Graham noted that care planning was part of the top 6 clinical audit areas, she also referenced the change in culture required to meet expectations in terms of improving people's experience across their care journeys to ensure more personalised care, as well as the implementation of DIALOG+. **The Board received the CQC Preparedness Briefing – Effective Domain and supported the eight recommendations included in the Briefing.**	

Bpu 24/03/21	**Suicide Prevention Update** Mrs Lavery provided a safety message to those present that some of the forthcoming discussion was potentially distressing and anyone not wishing to partake in discussions was supported. If additional support was required, this was available from Dr Tosh after the session. Dr Tosh presented the Suicide Prevention Update which provided an overview of deaths by suicide at RDaSH and detailed the ongoing work around suicide prevention within RDaSH with partner agencies. Dr Tosh noted the alignment of the Trust's suicide figures with national trends and posed two questions to the Board – is a zero suicide target helpful or harmful? - how can we better work with partners to prevent suicide? Mrs Lavery referenced the work undertaken at NAViGO around an assessment tool for people potentially at risk of suicide and encouraged the Trust to work with a range of partners to support preventing suicide. Mrs Vickers supported the partnership approach and noted her recent visit with the Community Mental Health Transformation Team and its work with local GPs. Dr Jankowski spoke about the risk of people committing suicide and the management of the different acute pathways. Dr Tosh was in agreement and reflected on the contact that healthcare services had with patients at risk, such as General Practitioners (GP) and the processes required to proactively identify this. Dr Tosh suggested a target of zero was unachievable and potentially harmful. Mrs Leese noted the target was aligned to a range of wider principles and asked what evaluation work had been completed with respect to its impact. Mr Lewis commented that national evaluations were undertaken, however there was less meaningful evaluation undertaken of local findings. Mr Lewis didn't think it was the Trust's role launch a suicide intervention proposition for the population, however he suggested the Trust may provide a contribution, via research, to the wider work. Mrs Lavery suggested that the consensus did not favour in the room an overt zero suicide commitment. Mr Lewis reflected on the number of suicides of people within RDaSH services and the longer-term impact this had on staff and the Trust's duty of care to staff. Dr Graham stressing the importance of the Trust putting in place sufficient and effective bereavement care and support. **The Board received and agreed the recommendations in the Suicide Prevention Update.**	

Bpu 24/03/22	**Clinical and Operational Strategy: Strategic Objective One 'Nurture partnerships with patients and citizens to support good health'** Mr Lewis presented the update noting that the paper provided a space for the Board to discuss the complexities and difficulties associated with implementing key promises. This was the second in a series of such papers, agreed when the strategy was adopted in July. He highlighted the following key points: ▪ the need to ensure the right support is in place as we hugely increase the number of peer support workers across the organisation (promise 1) ▪ supporting unpaid carers in the community and among staff: we needed to be clear what in practice and at scale this meant (promise 2) ▪ the importance of hearing from the community of volunteers and effectively capturing patient feedback (promises 3 and 4) and ▪ how we tested the effectiveness of our work to deliver promise 5, potentially through research work Dr Graham was supportive of the paper and the concept, and noted the cultural changes required in order to work differently. Mr Shannahan referred to patient feedback, recognising that hearing and responding to negative feedback was the most important in terms of making meaningful improvement. Mr Gowland linked the discussion with the next agenda item relating to the Board Assurance Framework, highlighting the challenges raised were reflected in the proposed strategic risks. **The Board received and noted the report on Clinical and Operational Strategy focused on Strategic Objective One.**	
OPERATING PERFORMANCE/RISK MANAGEMENT		
Bpu 24/03/23	**Board Assurance Framework** Mr Gowland presented the Board Assurance Framework (BAF) Update, noting that the approach for 2024/25 was to align the identified strategic risks to the strategic objectives within the Trust's Clinical and Organisational strategy. Facilitated sessions had been undertaken within the Executive Group to identify the key risks that were relevant to each objective, and these would be the focus of the BAF going forward. As the BAF was refreshed for 2024/25, Mr Gowland noted the importance of remaining sighted on the previous strategic risks too.	

	In terms of the management of the BAF, each risk would have a robust mitigation plan developed by a lead director and would be aligned to the appropriate Committee, with an overarching view provided at the Audit Committee. Mr Gowland and Mrs Gillatt would meet during the year with the lead directors to review progress. The strategic risks would be considered further at the Board timeout in April 2024. Mr Chillery expressed the importance of the Board exploring the Trusts risk appetite as part of the further discussions. Mr Lewis provided an explanation of strategic and operational risk, and agreed to further explore this at the Board timeout in April 2024 to ensure there was consistent understanding before a final proposal came back to the Board in May. Mrs Leese and Mrs Gillatt, referring to risks which were non-specific to the strategic objectives, noted the potential for such to impact on the delivery of the strategic objectives, with a pursuit of an improved CQC rating and elements of basic, business as usual, as two examples. **The Board received and noted the Board Assurance Framework Update.**	
	Ms McIntosh left the meeting at 14.15. *On behalf of the Board, Mrs Lavery expressed her thanks and appreciation to Ms McIntosh as it was her last Board meeting as the Director of People and Organisational Development.*	
Bpu 24/03/24	**Integrated Quality Performance Report (IQPR) including Finance Report M11** Mrs Lavery introduced the Integrated Quality Performance Report (IQPR) for February 2024, including the Finance Report for Month 11. The Board recognised the achievement of three of the Nationally Mandated Long Term Plan targets - Perinatal Mental Health services, adults access mental health services, and people accessing CYP services – the Board expressed its thanks to all the teams involved. In terms of the Finance Report for month 11, Mr Lewis noted that the Trust would conclude the year approximately £3m ahead of plan. This represented a slightly reduced performance to previous estimates following a £600k adjustment. **The Board received and noted the Integrated Quality Performance Report (IQPR) 29 February2024 including the M11 Finance Report.**	
Bpu 24/03/25	**Operational Risk Report** Mr Gowland presented the Operational Risk Report as at the 18 March 2024.	

	Following moderation by the Risk Management Group in March 2024, there was now one extreme-rated risk relating to patient flow and the number of out of area beds. Mr Chillery noted the comprehensive work programme that was planned to mitigate the risk by focusing on the complete pathway. Given the related complexities, he noted that likely longevity of this as a risk. As part of the new operating model, the Audit Committee would continue to receive reports on the delivery and implementation of the Risk Management Framework as part of the system of internal control oversight. The Risk Management Group was the key operational forum for discussing risk, and risk management would also feature within the monthly delivery review process with care groups and corporate services. The Board of Directors would however continue to be sighted on any extreme rated risks. Mr Lewis queried whether the term extreme risks was helpful. He noted that historically the Trust's risks seemed to be largely 12 or below and highlighted his expectation of far more 15 rated risks in the near future. Mr Gowland felt the term should be retained. **The Board received and noted the Operational Risk Report.**	
Bpu 24/03/26	**South Yorkshire Mental Health, Learning Disabilities and Autism Provider Collaborative – Joint Working Agreement and Terms of Reference** Mr Lewis presented the South Yorkshire Mental Health, Learning Disabilities and Autism Provider Collaborative – Joint Working Agreement and Terms of Reference, which outlined the changes made following the Collaborative Board discussion in January 2024 around the future relationship between the current specialised commissioning governance arrangements and the Board of the SY MHLDA PC. **The Board agreed the amendments proposed to the terms of reference and joint working arrangements described within the paper.**	
SUPPORTING PAPERS (PREVIOUSLY PRESENTED AT COMMITTEES)		
Bpu 24/03/27	Mrs Lavery informed the Board of the following additional reports for information which were presented as supporting papers that had previously been presented at committee level for scrutiny and challenge: • Mortality Quarterly Report (November to December 2023 Data) • Guardian of Safe Working Hours Report (1 October 2023 to 31 January 2024 Data) The following report had already been considered, though listed here. • Safe Staffing Annual Declaration 2023/24	

	• Elimination of Mixed Sex Accommodation (EMSA) Annual Declaration Responding to a question from Mr Lewis, Dr Graham clarified that all psychiatric inpatient care is being provided on the wards had single ensuite bedrooms. For those wards that did not have ensuite facilities (in physical health), clear guidance was provided for the care of patients to ensure that no breach occurred and that patients' privacy and dignity was maintained. She was clear in her advice that the Trust complied with the regulations and the Board agreed with this advice. **The Board received and noted the additional reports for information.**	
Bpu 24/03/28	**Any Other Urgent Business** There was no further business raised.	
Bpu 24/03/29	**Chair's Summary (Actions, Decisions, and new risks)** Mrs Lavery gave a brief overview of discussions from the meeting in particular the staff story on Preceptorships, Gender Pay Gap, risk reporting, CQC report on Effective domain, Suicide prevention, NHSP and risk management framework.	
Bpu 24/03/30	**Public Questions** There were no questions raised by members of the public.	
Bpu 24/03/31	The Chair resolved '*that because publicity would be prejudicial to the public interest by reason of the confidential nature of the business to be transacted, the public and press would be excluded from the remainder of the meeting, which would conclude in private.*'	

Rotherham Doncaster and South Humber NHS Foundation Trust

PAPER C – ACTION LOG – BOARD OF DIRECTORS:

REF	AGREED ACTION	OWNER	PROGRESS	OPEN / CLOSED
Bpu 23/11/15b	**Chief Executive's Report** Government focus on Productivity in health services particularly NHS In response to Mrs Fulton Tindall, Mr Lewis indicated that Quarter 1, 2024/25 would see a structured focus on 'productivity'.	TL	**May 2024:** Productivity is the focus of a paper on today's agenda (Paper S)	Closed
Bpu 24/03/17a CEO Report	**Well-led** Well-led position to be considered at the May 2024 Board meeting	TL	**May 2024:** Well-Led is the focus of the CQC Preparation paper on today's agenda (Paper M)	Closed
Bpu 24/01/17	**CQC Preparedness - Caring** Discuss further how the desire for visibility of progress could best be achieved, drawing attention to timeout visit times planned six times a year over the coming months.	KL/TL	**May 2024:** This will be approached via wider work on CQC readiness and will be updated at September's Board.	Closed
Bpu 24/03/18	**NHS Professionals** Mr Lewis agreed to summarise key contractual terms for Board members outside the meeting.	TL	**May 2024:** To be circulated prior to the meeting.	Closed
Bpu 24/01/16	**Risk Management Framework** Mr Lewis suggested an amendment to the list of risks to include high impact low likelihood risks to be reported to the Board at least once per year. Mr Lewis also suggested any review of the framework's implementation needed to demonstrate the positive difference that active risk	PG PG	**May 2024:** This has been added to the RMF and will be included in an annual report relating to the RMF. The same report will provide an assessment of the effectiveness of the Framework and include the following measures:	Closed

REF	AGREED ACTION	OWNER	PROGRESS	OPEN / CLOSED
	management had made and that for example robust action planning and implementation had occurred; that risk identification was comprehensive across the Trust and that stated risks were indeed risks and not issues. He sought the inclusion of some specific measures in the framework. Mr Gowland agreed to develop these.		• 'risk profile' (the basic numbers; on / off ; by directorate; by risk score; etc); • a 'risk velocity' metric (which will capture the fluidity and movement of risks); • 'achievement of mitigation' – how well did people identify mitigating actions and planned dates…and then deliver against them; • a quality control assessment (confirming risk not issue / forward looking / realistic actions in place); • summary of the ways by which risk has been utilised as a decision-making tool – capital plan, investment plan, etc) Baseline figures will be established in Q2 to enable comparators in Q4 to demonstrate progress/improvement.	
Bpu 24/03/17b CEO Report	**Use of 136 suites** Work from the South Yorkshire Collaborative to be brought to the Board on the future use of 136 suites	TL	**May 2024:** CEX Report – Appended report from May 2024 SYMHLA Collaborative Board features discussions related to Health Based Place of Safety Proposal and the support provided to seek additional funds for an additional SY suite and a community-based place of safety.	Closed
Bpu 24/03/17c CEO Report	**Vacancy Summary** Vacancy summary to be provided as an annex to the CEO Report.	TL	**May 2024:** To commence from July 2024.	Open

REF	AGREED ACTION	OWNER	PROGRESS	OPEN / CLOSED
Bpu 24/03/13	**Racist Incidents** Mr Lewis stated the intention for CLE to discuss this matter in April, with a view to agreeing the policy that he had outlined in January at May's CLE.	TL	**May 2024: This topic f**eatured in the CEO VLOG on the 17 May 2024 and the draft policy referred to previously was discussed at the CLE on 21 May 2024 and is now being consulted on further.	Open
23/11/2023 CEO Report	**Audit of Practice** Mr Lewis will be coordinating an audit of practice of Oxevision through February which will be shared with the Quality Committee and Board in March 2024	TL	**May 2024:** Note within the Chief Executive's Report highlighting the intent to provide a verbal update at the meeting.	Open
Bpu 24/01/13a Bpu 24/01/3b Bpu 24/03/13	**Resuscitation Equipment** Mr Lewis was keen to revisit this topic at the next Board for further discussion to understand the challenge and issues on resuscitation equipment.	TL	**May 2024:** Note within the Chief Executive's Report highlighting the intent to provide a verbal update at the meeting.	Open
Bpu 24/03/11	**Mental Health Act Committee Report** <u>TAMS Training and impact on compliance with MHA.</u> Dr Tosh noted the planned discussion to address this feedback and also the work with Ms McIntosh to ensure a recent change in the law was actioned, which may result in the TAMs inheriting employee status.	GT CH	**May 2024: R**ecruitment – There is the need to recruit up to an additional eight TAMS, including from within the NED body and to increase diversity within the cohort. CEO and Chair working to progress this. **May 2024:** Status: Work is ongoing (led by Director of Workforce and OD) regarding the case law impact on TAMs employee status.	Open

REF	AGREED ACTION	OWNER	PROGRESS	OPEN / CLOSED
Bpu 24/03/17	**Chief Executive's Report** WRES data The People and OD Committee were requested to receive a report at its June Committee on WRES that also included additional information drawn from sources such as FTSU, PSIRF and Trade Unions.	CH	**May 2024:** Paper to POD in **June 2024** will confirm the completion of this action.	Open
Bpu 24/03/13	**RIDDOR Information** Ms McIntosh confirmed that recent RIDDOR events would feature in the next related report to POD	CH	**May 2024:** Next related paper goes to POD in **June 2024.**	Open
Bpu 24/01/15	**EPRR** Mrs Lavery summarised the discussion and asked for a report in July, rather than the proposed September. The Board received the EPRR update report and agreed as amended the recommendations contained in the report.	RC	**March 2024:** Update due **July 2024.**	Open
Bpu 23/11/15a	**Chief Executive's Report** RCRP data management Consequences from RCRP implementation with annex 3 setting out the planned data focus - yet noting a lack of baseline.	TL	**March 2024:** Update on RCRP impact using this data to return to Board in **September 2024.**	Open
Bpu 25/05/16c	**Chief Executive's Report** Review of the effectiveness / appropriateness of the quality and safety metrics to be used within the Trust's revised IQPR.	SF	**March 2024:** It was agreed that the action would be taken forward through the Quality and Safety Plan, but that the action would remain open until that Plan was active.	Open

Rotherham Doncaster and South Humber NHS Foundation Trust

Committee:	Finance, Digital & Estates Committee	**Agenda Item:**	Paper D
Date of meeting:	17 April 2024		
Attendees:	Pauline Vickers (Chair), Richard Banks, Richard Chillery, Ian Currell, Sarah Fulton Tindall, Nicola McIntosh, Will Holroyd, Carlene Holden		
Apologies:	None.		
Key points of discussion relevant to the Board:	**Draft Digital Enabling Plan 2023 – 2028**. Additional clinical / service / patient facing success measures included and Cyber Security resilience. **Performance against the finance domain of the IQPR** – Month 11. The Trust reported the forecast year end ranged from £3.2m deficit to £3.8m deficit (the initial planned deficit of £6.15m). There remains an increased risk on this yearend forecast of £0.6m which could increase the year end deficit to £3.8m. **Draft Finance, Savings and Capital Plan 2024/25** - show a deficit in 2024/25 of £3.6m. Draft plans to be developed and budgets set based on final plan, considering key assumptions, the current level of financial risk, and review of schemes linked to wider clinical risk assessment.		
Positive highlights of note:	**Data Quality Work Programme (Q3-Q4 2023-24).** Assured a structured and demonstratable process was in place to address data quality in accordance with local and/or national guidance, and in the accuracy of data flowing into the IQPR.		
Matters of concern or key risks to escalate to the Board:	**Vacancy and Workforce Reporting** – work continues to rebase Trustwide vacancy factors as part of 2024-25 planning to ensure a consistent approach is taken across all areas. **Agency Reduction Plan** – new processes, additional controls and oversight will be implemented to reduce agency use and spend, linked to the workforce and recruitment plans. **Procurement Audit** – update provided on the recommendations and action plan following the Procurement 360 Audit Report dated November 2023.		
Matters presented for information or noting:	**Estates Update.** Statutory and mandatory compliance for Estates services reported with actions identified to avoid noncompliance, including the 2023 patient led assessment of the care environment (PLACE) audit results. The estate risk register continues to be reviewed and linking these to the draft capital investment plan to mitigate and reduce risks. The future estate plan continues to progress, ready for internal consultation by May 2024 with three high level options.		
Decisions made:	**Committee Workplan** – schedule of reporting during 2024/25 has been developed. Future agendas will continue to rotate on a cycle (Finance / Digital / Estates).		
Actions agreed:	**Draft Digital Enabling Plan 2023 – 2028.** A ‘plan on a page’ for staff to be developed. **Data Quality Work Programme 2024-25 Plan.** A proposal on the measures of focus will be presented at the next Committee.		

Pauline Vickers, Non-Executive Director and Chair of the Finance, Digital & Estates Committee

Report to the Board of Directors meeting scheduled for 30 May 2024.

ROTHERHAM DONCASTER AND SOUTH HUMBER NHS FOUNDATION TRUST

Committee:	Quality Committee	**Agenda Item:**	Paper E
Date of meeting:	22 May 2024		
Attendees:	Dawn Leese (Chair), Dave Vallance, Dr Graeme Tosh, Dr Jude Graham, Richard Chillery, Richard Banks, Steve Forsyth, Iona Johnson, Richard Falk, Philip Gowland.		
Apologies:	None.		
Matters of concern or key risks to escalate to the Board:	**Safe Staffing Stock Take** – Review of the current position and recovery plan presented to enable full compliance with National Quality Board (NQB) workforce safeguards. This included a timetable for implementation. Highlights included: reporting refined across safe staffing governance, enhanced oversight / controls and timely action to mitigate risk. **Internal Audit Reports / Recommendations** - Currently 5 overdue internal audit actions, relating to Complaints, CQC Action Plan and Safe Staffing. Update provided that there is a plan in place to complete outstanding audits from 23/24 by the end of Q1, this has been discussed with 360. This also enables all scheduled quality and safety focussed audits planned for 24/25 to be completed (Safeguarding Q2; Patient Engagement Q3 and PSIRF Q4). **Resuscitation Update** – QC noted the steps taken, improvement made and planned action to address the position of non-compliance with resuscitation equipment audits (via Tendable) and Level 3 training compliance. External review of Rescusitation standards / initiated by executive. Learning from previous 12 months, maternity cover gained for coming year to mitigate against risk.		
Key points of discussion relevant to the Board:	**Draft Annual Quality Account 2023/24** – received the draft Quality report and comments provided by QC. **Integrated Quality Performance Report (February 2024 data)** – the 24/25 metrices have been agreed and these will be aligned to future IQPR, including internal work on RTT pathways. Key points: • Good performance noted in CYP and Physical Health services, alongside adults and older people accessing community mental health services with 2+ contacts (OP13d) continue to perform well. • The percentage of VTE assessments (QS08) completed within 24 hours has shown a decline in performance month on month against the target of 95% for the previous three months (performance clinic in place). The number of inpatients having received a MUST assessment (QS36) remains significantly below the Trust target (performance clinic in place). • **Out of Area Placements Briefing Paper** – Linked to Promise 19. This remains an area of concern as OAP remain between 20 and 30 people. It was noted that this will require a significant work programme in 24/25 to address the whole patient pathway. This work is being led by the CEO.		
Positive highlights of note:	**Safe Staffing** – The committee noted the high quality of the report and the granular detail of reporting on a daily basis. Full recovery plan, and plan for inpatient and community staffing presented. **Learning from Deaths Annual Report 2023/24** - Assured systems, processes and mechanisms for learning from deaths is robust.		
Matters for information:	**Findings of the Independent review of Greater Manchester Mental Health NHS Foundation Trust (GMMH)** - QC noted the 11 recommendations issued to GMMH following independent review, 4 were considered relevant to the Trust with links to Promises and Plans overseen by CLE Subgroups. **Measles briefing** – There has been 2 suspected cases of measles, one confirmed after testing. QC noted the implementation plan in place provides the Trust with the adequate mechanisms and controls to manage the potential risks.		
Decisions made:	**Patient Safety & Complaints Management reports** – papers deferred at the request of executive leads to the May 24 meeting, due to data reporting requiring further refinement. The Committee noted that external support has been initiated		

	to inform this work.
Actions agreed:	**Learning from Deaths Annual Report 2023/24 –** 3 sepsis deaths in reporting period 2023/24. Follow up required to review any themes and learning. **Internal Audit Reports / Recommendations** – Consent to Treatment audit rated as limited assurance. Follow up action required regarding Consent to Treatment compliance. Assurance paper to be scheduled for a future QC meeting. **Findings of the Independent review of Greater Manchester Mental Health NHS Foundation Trust** – QC recommended further self-assessment on Recommendation 1: *The Trust must ensure that patient, family and carer voices are heard at every level of the organisation*.

Dawn Leese, Non-Executive Director and Chair of the Quality Committee
Report to the Board of Directors meeting scheduled for 30 May 2024.

ROTHERHAM DONCASTER AND SOUTH HUMBER NHS FOUNDATION TRUST

Committee	Commissioning Committee	**Agenda Item**	Paper F
Date of meeting:	3 April 2024		
Attendees:	Dawn Leese (Chair), Jo McDonough Ian Currell, Phil Gowland, Dr Janusz Jankowski, Pauline Vickers.		
Apologies:	Dr Jude Graham		
Matters of concern or key risks to escalate to the Board:	**The CQC report** issued to Ellern Mede could result in their rating moving from requires improvement to inadequate. The risks associated with Ellern Mede had been rephrased with some scores increased, further discussion outside of the meeting to consider whether the risk needs to move to extreme. Due to concerns about quality and safety formal escalation has been initiated to NHSE for additional intervention. A meeting has now taken place with NHSE and a Rapid Review of Quality is being led by NHSE as part of their quality assurance processes. The Trust will take part in this process. **Ongoing financial risks noted for 2024/25 contract**. This remains under negotiation with NHSE.		
Key points of discussion relevant to the Board:	**Final meeting of this Committee,** proposed governance route as lead provider discussed. Ongoing monitoring and reporting to BoD via PHPIP group.		
Positive highlights of note:	**No concerns regarding the quality at Riverdale Grange** at the time of the meeting there were no patients waiting admission. The closing financial position for 2023/24 was balanced noting there was considerable 'one off' support from non-recurrent funding.		
Matters presented for information or noting:	**Stepping Stones evaluation pilot report** received, with a recommendation to continue to provide this service. A need to ensure improved pilot evaluation was noted.		
Decisions made:	To **close down** the Commissioning Committee meeting and establish revised governance arrangements.		
Actions agreed:	**An extra-ordinary meeting** to be held of the quality and safety group to discuss the current situation at Ellern Mede.		

Dawn Leese, Non-Executive Director and Chair of the Commissioning Committee
Report to the Board of Directors meeting scheduled for 30 May 2024

ROTHERHAM DONCASTER AND SOUTH HUMBER NHS FOUNDATION TRUST

Committee	Public Health, Patient Involvement and Partnerships Committee	**Agenda Item**	Paper G
Date of meeting:	22 May 2024		
Attendees:	Dave Vallance (Chair), Dawn Leese, Toby Lewis, Graeme Tosh, Carlene Holden, Jo McDonough, Phil Gowland, Rob Anderson – Rotherham Public Health, Janusz Jankowski, Jyoti Mehan.		
Apologies:	None.		
Matters of concern or key risks to escalate to the Board:	**Partnership Report** - AED Provider Collaborative: Handover from Commissioning Committee; An outline on the position regarding quality of one of the inpatient providers in South Yorkshire was given, including action taken by the Trust and NHSE following a recent CQC Inspection. Contract negotiations for 24/25 are underway but proving challenging due to an estimated deficit position for 2024/25 of circa £1.8m. There are also challenges with agreeing the financial value of the contract with our main specialist in-patient provider. The committee noted the future clinical pathway model developments that have and will take place for patients.		
Key points of discussion relevant to the Board:	**Draft Equity & Inclusion (E&I) Plan**–Finalising outstanding Measures of Success within the E&I plan will continue to be developed prior to formal launch at the AMM on 20 July 2024. Our patients, carers and communities are also being engaged during June, prior to formal launch at the AMM. **IQPR** – Health Inequalities – Data and Reporting; information would help understand how the Trust is meeting a number of its Promises (specifically 6, 7, 12, 15, 21) to the community, and make sure sufficient information is provided up to the Board of Directors to understand progress made to address health inequalities. Core data sets on routine patient relevant data by protected characteristics to be finalised.		
Positive highlights of note:	**Rotherham Public Health** – the committee were presented with Rotherham's Prevention and Health Inequalities Framework and key highlights across the 5 strands of the framework. **Good partnership working**, including trust representation on H&W Board and on the prevention and health inequalities group; the latter group has been centralised across Place board, Rotherham H&W board and SY ICB. This provides the group power to hold to account and hold conversations around anchor institutions work and what organisations are delivering across Place. Development of a health inequalities outcomes framework report to Place Board alongside the ICBs Performance report to provide insight on underrepresented and overrepresented groups accessing services. **Data is key in tackling health inequalities** and the JSNA (Joint Strategic Needs Assessment) is the partnering mechanism to drive commissioning and delivery of care; current collaboration on data sharing takes place between Public Health team and the Trust on RDasH data, Census Data and JSNA data around health behaviour, socio economic and environmental and risk factors.		
Matters presented for information or noting:	**Partnerships role:** The Committee noted 3 areas of focus: specific partnerships we seek to oversee, partnerships relevant to the other purposes of the committee, and partnering capabilities. **Draft Research & Innovation Plan** remains in development, including KPIs to measure success to be agreed (scorecard		

	developed by GR could be adapted) with final Draft R&I Plan to be agreed by July CLE R&I Group. **Flourish Enterprises shareholder report**– the Committee received its second report. The report featured observations across 3 areas: Flourish People, Director Oversight of Operational Performance, Strategy and the future. Further reports will be provided to the committee in September 2024 and January 2025.
Decisions made:	**Committee Effectiveness Discussion:** Committee Workplan was agreed, including partnerships (commissioning and collaboration).
Actions agreed:	None.

Dave Vallance, Non-Executive Director and Chair of the Public Health, Patient Involvement and Partnerships Committee.

Report to the Board of Directors meeting scheduled for 30 May 2024

ROTHERHAM DONCASTER AND SOUTH HUMBER NHS FOUNDATION TRUST

Committee:	People and Organisational Development Committee	**Agenda Item:**	Paper H
Date of meeting:	17 April 2024		
Attendees:	Dave Vallance (Chair), Richard Chillery, Sarah Fulton Tindall, Nicola McIntosh, Carlene Holden, Pauline Vickers, Dr Judith Graham, Lea Fountain, Jeanette Marvin, Dr Babur Yusufi, James Hatfield.		
Apologies:	Steve Forsyth		
Matters for escalation:	Guardian of Safe Working Hours, Freedom to Speak Up		
Key points of discussion relevant to the Board:	**Dashboard: Sickness absence**: short-term had reduced, long-term remained at 4%; agency spend had a new element of control introduced; no agency staff unless urgently required with governance via delivery reviews. **Dashboard Data format**, the committee agreed a new data set was required, to focus on strategic measures that track delivery of the 2 relevant plans (People and Teams, Learning and Education), and would not continue to track the operational data now monitored through Care Groups and the Delivery Reviews. The Committee felt it should focus on making the IQPR work as 'the golden thread' in a drive to make committees more strategically focused. It was felt more needed to be done to 'triangulate' data and themes, and that the Trust lacked 'insights' capability to 'connect the dots.' **People Plan:** latest version of the Plan had integrated into one Plan to deliver the national NHS People Plan, (ABC), alongside relevant Promises. The final version should be shared in advance of June PODC after a review of the plan and metrics with the CEO. After discussions with Anti racism alliance decision made to proactively lead on key items (Promise 26) over 4-5 years to achieve the anti-racism accreditation.		
Positive highlights of note:	**Staff Turnover:** turnover reducing **GoSWH:** significant reduction in doctors working beyond nine to five leading to reduction in exception reports		
Matters for information / noting:	**Guardian of Safe Working Hours:** further work is required on Junior doctors on-call in Rotherham and N. Lincs - current level of doctors in North Lincs was insufficient to run proposed new rotas. Rotherham had the greatest number of exceptional reports; (due to receiving the bulk of Sheffield Section 136s and consequent on-calls; having approx.15% inappropriate admissions, Care groups to improve the call - outs and take a more longitudinal view of junior doctors' work to understand the deeper issues. **FTSU:** 98 concerns (2023); 20 in Q4; National concerns increased from 20,362 to 25,382. Nurses continued to make the largest proportion of concerns, followed by ancillary and admin staff and AHPs; the element of patient safety increased from 14 to 24. Publication of the new policy FTSU policy within 2 weeks. FTSU agenda to be discussed at April Board Development **Staff Survey**: the Trust was performing well in comparison to other trusts. **NHS Professionals**: proposal agreed at March 2024 Board and a standing item on PODC agenda. Plan and resource allocation required, meeting with CEO to decide whether a specific team was required for monitoring / implementation.		
Decisions made:	GoSWH, FTSU and Staff Survey invited as guest presenters – to ensure we hear the independent voice and helpful to be able to ask direct questions and discussion.		
Actions agreed:	**Workforce Dashboard**: The format will change, as noted above. **Partnerships:** Further updates are needed to PODC as the P&T and L&E Plans are progressed.		

Dave Vallance, Non-Executive Director / Chair of the People and OD Committee.

Report to the Board of Directors meeting scheduled for 30 May 2024.

ROTHERHAM DONCASTER AND SOUTH HUMBER NHS FOUNDATION TRUST

Committee:	Mental Health Act Committee	**Agenda Item:**	Paper I
Date of meeting:	17 April 2024		
Attendees:	Sarah Fulton Tindall (Chair), Dr Janusz Jankowski, Dr Diarmid Sinclair, Toby Lewis, Dr Jude Graham.		
Apologies:	Dr Graeme Tosh.		
Key points of discussion relevant to the Board:	A very **detailed discussion of legal compliance took place**, expertly led by the deputy medical director and others. In June we are expecting April data that is both detailed and disaggregated by protected characteristic. This will become the standard for the meeting. **Section 132 rights** compliance was the least assured item presented. The rationale for non-compliance and documentation of it will be a key focus at the next meeting. Unquantified audits will not be agreed.		
Positive highlights of note:	**Section 17 Leave** – The new system was being implemented in April 2024 to provide a more efficient way of recording Section 17 Leave. **Patient feedback system –** a detailed proposal on how to obtain meaningful feedback from those subject to restrictions was discussed.		
Matters of concern or key risks to escalate to the Board:	The committee in Q1 has to see material change in the detail and specificity of data provided, in order to have confidence in our legal compliance and the work of operational processes to oversee our obligations. The next committee meeting will be pivotal to that.		
Matters for information:	**Trust Associate Hospital Managers** – The committee felt more assured regarding the concerns raised at the last meeting. Solutions had been identified to ensure there was a fit for purpose and sustainable process in place: notably a self-service model for TAMs training is being implemented. **Legislation Compliance Performance Report Q4** - There is continued concerns regarding Reducing Restrictive Interventions (RRI) staff training compliance, a further update will be received in June 2024 on the plans to remedy this risk.		
Decisions made:	MHAC workplan for 2024/25 agreed.		
Actions agreed:	None.		

Sarah Fulton Tindall, Non-Executive Director, Chair of the Mental Health Act Committee
Report to the Board of Directors meeting scheduled for 30 May 2024.

ROTHERHAM DONCASTER AND SOUTH HUMBER NHS FOUNDATION TRUST

Committee	Audit Committee	**Agenda Item**	Paper J
Date of meeting:	3 April 2024		
Attendees:	Kathryn Gillatt (Chair), Dawn Leese, Pauline Vickers, Ian Currell, Dr Jude Graham, Phil Gowland, Toby Lewis, Normi Cadavieco (GGI).		
Apologies:	No apologies for absence received.		
Matters of concern or key risks to escalate to the Board:	None.		
Key points of discussion relevant to the Board:	**Annual Accounts Preparations 2023/24 –** External Audit Planning Report received that focused on the elements associated with the 2023/24 year-end audit work. Trust materiality reported as £4.25m. Key risks for 2023/24 are property valuation, management override of controls and overstatement of trade creditors and accruals. Positive progress being made in respect of the finance department action plan and the response to the ISA260 recommendations. **Interim Head of Internal Audit Opinion -** Overall interim opinion is 'limited' assurance on the basis of an objective assessment of the arrangements for strategic risk management and the board assurance framework, internal audit plan outturn, the implementation of internal audit actions and third party assurances (CQC, well-led, NHS oversight framework, NHS 2023 staff survey and GGI). The Procurement, Operational Risk Management and 18 weeks RTT waiting times standard for physical health services reviews received limited assurance - there will be a subsequent update at the next meeting around the management of actions. **Clinical Audit Plan 2024/25 –** Clinical Audit Plan 2024/25 received, subject to full engagement and consultation with key staff and professional groups and with partners. Clinical audit activity 2023/24 update received, the Committee recognised the audits that had been carried forward, predominantly relating to safeguarding and the number of changes following the COVID-19 Pandemic. **Audit Recommendations Progress –** Currently 10 overdue internal audit actions. It was reiterated that there would be an improved position going forward due to the focus on audit recommendations as part of the care group and corporate delivery reviews.		
Positive highlights of note:	**Risk Management –** The Committee recognised the improvement in monthly risk review compliance. Work was underway to finalise the refreshed Board Assurance Frameworks and the strategic risks.		
Matters presented for information or noting:	**Annual Counter Fraud Plan** - Agreed that the plan for 2024/25 would be circulated to members before the next meeting, and any feedback would be provided via email correspondence. Approach to the **Annual Governance Statement 2023/24**.		
Decisions made:	**Internal Audit Plan** 2024/25 agreed. The Committee approved the proposed **critical judgements / sources of estimation uncertainty** and accounting policies update 2023/24.		
Actions agreed:	None		

Kathryn Gillatt, Non-Executive Director, Chair of the Audit Committee.Report to the Board of Directors meeting scheduled for 30 May 2024.

ROTHERHAM DONCASTER AND SOUTH HUMBER NHS FOUNDATION TRUST

Report Title	Chief Executive's Report	**Agenda Item**	Paper K
Sponsoring Executive	Toby Lewis, Chief Executive		
Report Author	Toby Lewis, Chief Executive		
Meeting	Board of Directors	**Date**	30 May 2024

Suggested discussion points (two or three issues for the meeting to focus on)

The IQPR highlights work being done to achieve national planning guidance measures, and those commitments made to deliver access targets beyond that – including in pursuit of promise 14.

Both local ICBs have submitted 24/25 financial deficit plans, and it is not obvious that any growth funding is being made available to local community and mental health organisations, who do not benefit from volume related funding nor the ERF incentive scheme. Our focus as a Trust needs to be on a 25/26 sustainable model consistent with rising prevalence and matching our emerging productivity narrative, explored elsewhere on the Board's agenda. We are developing that narrative as a collaborative partner – consistent with a shift in parity of esteem locally. This has ICB support.

Following on from comments in my prior two CEO reports, there is sustained work underway to finalise culture / workforce metrics, and interventions, that will define the organisation we wish to develop by 27/28: that includes work to deliver promise 26 in response to our unacceptable WRES results and overtly racist IR1s shared by me with all employees and local community stakeholders.

Alignment to 23-28 strategic objectives	
SO1. Nurture partnerships with patients and citizens to support good health.	x
SO2. Create equity of access, employment and experience to address differences in outcome.	x
SO3. Extend our community offer, in each of – and between – physical, mental health, learning disability, autism and addition services.	x
SO4. Deliver high quality and therapeutic bed-based care on our own sites and in other settings.	x
SO5: Help deliver social value with local communities through outstanding partnerships with neighbouring local organisations.	x

Previous consideration

Not applicable

Recommendation

The Board of Directors is asked to:

x	**EXPLORE** the patient, people and population issues described
x	**CONSIDER** any matters of concern *not* covered within the report
x	**NOTE** work being done to develop a coherent People and Teams plan for the Trust

Impact

Trust Risk Register		n/a						
Board Assurance Framework		Cited						
System / Place impact	X	Described						
Equality Impact Assessment	required?		Y		N	x	If 'Y' date completed	
Quality Impact Assessment	required?		Y		N	x	If 'Y' date completed	

Appendix

Annex 1: Guidance summary
Annex 2: 23/24 Regulation 28 letters related to Trust services (reannexed)
Annex 3: Summary report arising from CLE – April and May
Annex 4: Board summary of South Yorkshire MHLDA Collaborative Board (Mar & May 24)

Rotherham Doncaster and South Humber NHS Foundation Trust

Chief Executive's Report

Introduction

Looking ahead to our Annual Members' Meeting on July 20th, we will want to both issue the obligated statutory reports and provide **a candid view of progress with our promises over their first few months**. I share here the largely upbeat view I put to the Clinical Leadership Executive this month:

"Our promise one values peer support workers as critical to care quality. Over £500,000 is being invested in 2024 to expand peer support work at the Trust in a variety of children and adult services. We have been investing too to cut waiting times. Waits for ADHD and ASD assessment will reduce sharply in 2024/5 after over £1m has been spent to recruit more staff to speed up diagnosis. Our CAMHS services are now meeting the four-week wait – two years before we promised (promise 14). The Trust has taken steps to meet our apprenticeship levy in full (promise 9) by moving all band 2 and 3 roles onto an apprentice-first model this summer. In May 2024 we have changed our entire approach to patient feedback, replacing historic systems with a widely well-regarded model called Patient Opinion used in other NHS organisations (promise 4). We are proud of the work done to expand virtual care and ward models at the Trust over the last nine months: in physical health the service has never been larger – and during 2024 we plan to launch mental health virtual wards (promise 20).

The start of our work on poverty proofing (promise 6) has kicked off in three services in each geography we serve: the programme to extend those audit-and-act arrangements is in hand Trustwide. And finally, the fundamental promise 5, which seeks to involve patients at every level of our decision making has started: initially with patients within our executive and Board committees, as an initial step to a much wider participation by the Trust within our local community. In total, a quarter of our 28 promises are very much underway – with work on volunteering, anti-racism and adopting the Real Living Wage (3, 26, 25) next to 'go live' – *bringing us up to ten promises moving into delivery.*"

We recognised last summer that the endeavour of our strategy was one that would happen in the face of other pressures: not only inevitable financial system challenges and operational scrutiny, but also other calls on time and attention for our senior and middle management. Looking to the risks we face in moving the promises forward over coming months, this "contest for attention" – as well, still, as delivery skills gaps – remains the nub of our challenge, one we must meet.

In 2023/24 the Doncaster coroner issued **a regulation 28 letter** about the Trust's services in respect of mental health "disengagement", and another R28 letter to NHS England about eating disorder liaison services (both annexed to this report). Over the coming quarter we need to see decisive progress on both matters, recognising that both are local manifestations of national issues. I would hope in July's Quality Committee, and then in the Board, that we can spend time to consider whether we are on track.

The Board recognises that clinical risks extend pervasively across many services and often at the edge of ourselves and primary care partners. Nonetheless, **our inpatient mental health wards** reflect specific risk – whether that is in terms of sexual safety, discrimination, staffing, multi-professional working, or long lengths of stay with arguably abundant caution. A small very senior leadership team are overseeing the work we plan to do on our wards: and very deliberately making sure we are choiceful about 'initiatives' and projects. Our finance plan requires us to reduce inpatient bed numbers while our promise 19 on out of area placements necessitates better flow. Amid such competing pressures it will be important that culturally we have the right team environments, which is why we will apply the trauma-informed ROOTs tool in these spaces during 2024 as we aim to advance objective four of our strategy.

Our patients

I want to begin the new public service year by recognising that our ambitions to address health inequalities rest, more than any other endeavour, on **our effectiveness in children's services**. Whether seen through the lens of Adverse Childhood Experiences (ACE), or through the lifelong cost consequence of school readiness, our effectiveness in early years matters most – and in North Lincolnshire and Doncaster we have an opportunity across physical and mental health to make that difference (in Rotherham, we provide mental health services with TRFT providing community children's care). Children's services within the Trust are generally seen very positively, with strong leadership, research engagement, and success in retaining contracts and relationships. We want to challenge ourselves to go beyond that good state and examine what outstanding looks like – the teams themselves are committed to meeting our wait time ambitions, to intervening in toilet training to support a radical view of promise 17 focused on narrowing school readiness gaps.

Our work on **section 136 access** was discussed in January's Board, and in a South Yorkshire basis in the collaborative too. That work suggests that in South Yorkshire, commissioners need to consider a sixth suite (in Sheffield), but also that applying a maximum length of stay of 24 hours reflects the obligations of the MHA, and the best interests of individual patients as against the access of a wider population otherwise defrayed to ED and custody. From July 1st we will be reporting this new local "measure" and treating delays inside one of our three suites as an adverse event. Of course, highlighting these issues elevates considerations like out of hours decision making, and admission avoidance effectiveness, and the Board may wish during Q2 to explore both issues in more detail.

As CLE over recent months, we have revisited our complaints process, its timeliness, and impact. Notwithstanding positive opinion proffered in 23/24 by internal audit, there remain concerns over whether we are learning effectively, whether those who wish to complaint can truly do so, and the pace of investigation. Our quality account does not testify to *substantial* change arising from complaints, and recent data difficulties suggest that our system is not yet working effectively. More positively **the move to Patient Opinion this quarter**, and retirement of paper-based systems and a backlogged PALs model, testify to a determination to make changes this spring and improve the situation.

This month's Board meeting marks the last phase of reports related to the domains of **the CQC framework**. The Trust last received an inspection in 2019, and this was only for some services. Our rating remains requires improvement. Looking forward we have significant work to do to meet the ambitions we have set to be rated as good and become outstanding in the caring domain. I would suggest the board's reports provided over some time, are most useful in conceptualising what good looks like (rather than offering 'assurance' on a current state) – over the next four to six months Steve Forsyth and a wider group will be responsible for both the evidence and actions needed to move forward our execution. I have asked NHS England's intensive support team to work with us later in 2024 to test our internal views, and I know that Steve will bring some external input into the team in coming weeks to help mobilise action. Rigour will be key: are our operating practices what we say they are, and do we apply that in practice? At June's CLE Jude Graham will set out work in terms of autism friendly care which I would suggest is crucial to these questions.

Eating disorders have been discussed more within our Board over the past year than any other clinical subject. On the one hand, our community children's team presented in July 2023 and their wait times were, and remain, outstanding. On the other, adult services are lacking

locally, MEED compliance is varied, and specialised services are twice the scale funding presently permits. Fundamental change, in our patch, and system wide, is needed, and the paper received by the Board privately speaks to that intent. Consistent with other issues in our field, we see (a) rising prevalence and (b) a reliance on contracted-out supply; able to raise thresholds and prices in exclusionary ways. It is to credit of our ICB and partners that there is real ambition to move this forward in 2024.

Work has taken place since the last Board on Oxevision and resus, and I will provide an oral update when we meet, further to delivery reviews which take place between paper issues and our session as a Board of Directors.

Our people

We know we have work to do to make appraisal truly outstanding at the Trust. This intervention should be both supportive and purposive. Linked to training needs, wellbeing, and objectives for improvement. Our staff tell us we do ok but could do better. We know that the clarity and fairness of routes to training funding needs work (and we have a CLE sub-group focused on that which we will discuss at July's "education" Board) – and want to do better to introduce objective-based working. Despite all these limitations, and mindful of the internal audit report imminently due, we should be pleased, I believe, at **the very high level of recorded PDRs in the Trust**. This is a foundational competence to build on – allied to supervision score which remain high which has been a focus in this month's delivery reviews (and June's in backbone services).

Induction, notably **local induction**, is an impactful 'HR' intervention that has a defined impact on performance. If we critically examine Trust turnover data, we find that we combine longstanding employees, with those who are with us less than a year (and the latter roles are to a degree predictable). We want to make sure that our induction approach welcomes and equips new joiners to contribute, and to speak up and tell us how we can do better. Care Groups and corporate directorates will be focusing in Q1 and Q2 on local induction, whilst Carlene Holden, and the wider executive group, works with partners to build a truly outstanding face to face induction system which not only introduces 600 colleagues a year to RDaSH but also embeds them in our local communities. A report on progress will be at the Board's meeting in September.

Today the Board has chance to review work done over several months, since last year's inaugural leaders' conference, on the leadership development offer (LDO). This is both a development space, and a way of doing work. The commitment of time by senior leaders (1.5 days a month) is significant – and intended to build shared skills and create chance for new relationships across our most senior 150 leaders – directorate, group, and executive colleagues. The paper outlines the wider support offer for leaders, and I should make clear that a **specific 'manager's induction' will be introduced not later than September 1st**: this is a key step because presently it is possible to become a team leader or line manager, even a budget holder, without necessary core training being in place. If the role of the most senior leadership, even the Board itself, is to influence managers to then influence our people, this is a missing piece – *and one we need to act to change*.

The commitment to the leadership development offer is a vital part of our strategy. Discussions within the Board over some months have surfaced longstanding capability and capacity concerns. They are hinted at too within the annexes of our well-led paper. We have been very successful in recruiting at executive, group, and directorate level some high potential leaders to

join talented longstanding colleagues. We still have gaps in medical leadership, but we have decisively altered the balance of clinical leaders with lead professionals recruited in all of our 13 directorates. Our professional advisory groups (PAGs) will be expanded in coming weeks to include administrative staff, so central to work we do with and for patients. **I would hope that the Board will support the LDO proposal led by Carlene Holden,** with input from Richard Chillery, myself, Jude Graham, and a cohort of other senior leaders – we will not endorse other bespoke leadership programmes if we endorse this proposal – we are *all in*…the coalition described must encompass our plans. This will restrict external programmes other senior leaders wish to attend.

During June we are conducting a review of our longstanding **'staff' networks**. Before our celebration in October of their work, and mindful of the huge opportunity of learning half days from September to increase their membership, we are looking to explore what they wish to achieve. Kath Lavery and I will meet with each network chair, and the new executive sponsors, to consider *one major achievement* that they wish to deliver over the balance of 2024/25 (we will summarise these in July). I suspect in developing our networks we will launch a fifth 'carers' network' in Q3 as well, consistent with promise 2. I am thrilled that in 2023/24 our new central 'reasonable adjustments' budget for the DAWN network hugely overspent (budget 35k, spend 84k)! This is testimony to our work to make sure that new employees have support to start well. It was a key ask of the network when I started at the Trust and one that has been impactful and is being sustained – perhaps unusual to celebrate an overspend, but happy to do so.

Our population and partners

Our mental health, learning disabilities and autism **collaboratives** continue to play a role in the life of the organisation. In Humber and North Yorkshire, we would expect to see the collaborative change shape, with proposals to become from April 2025 a contractual joint venture. This will place the ICB at the forefront of work to delegate responsibility from that body into the collaborative, now led by Brent Kilmurray from TEVs. Proposals to create a joint committee in South Yorkshire are reflected in the private Board, while actions to deliver real patient-facing change are acknowledged in this report. The Board-related implications of such changes are less defined and we may wish to consider, through the chair, time to explore those on a future occasion, bearing in mind the 2022 Act.

Place plans remain, as is outlined elsewhere in the board pack, mildly elusive as ICBs strive to respond to national direction. In Doncaster there are exciting plans that recognise the need to reshape secondary care, not only at the Trust, but at the DRI too. Building on work done within our virtual ward, we are looking to create with primary care partners a step-up capability at Tickhill Road, aligned to a modified older peoples'/frailty bed base, which addresses the unacceptable current estate we have, and may conjoin with some services misplaced presently at the hospital. The key step is to move away from A&E 'delivery' or attendance as the route to emergency care – and there is a good prospect of a capability, building on the Jean Bishop Centre, that could be one anchor in redefining the Woodfield Park.

The forthcoming annual report records **a significant increase in VCSE expenditure** by the Trust in 2023/24. This is a welcome step to rebalancing local systems. We will work to consider in the relevant Board committee (PHPIP) how we maximise freedoms to move away from procurement constraints. We will want to revisit how we ensure such opportunities arise in each community, and smaller groups have access to funding, either through our Trust processes, or through the revised charity governance explored elsewhere in our agenda. We

agreed in January that increasingly the charity would be a route to partnership locally, and we need to make good on that commitment.

The afore mentioned annual report and Further to previous updates to the Audit Committee, Finance, Estates and Digital Committee and the Board of Directors the work on the Annual Report and Accounts 23/24 has continued. Draft Accounts were submitted to Deloitte (External Auditors) on 24 April 2024 in line with the national timetable. A draft Annual Report was submitted to Deloitte on Monday 20 May 2024. Deloitte have commenced their audit work and anticipate this to continue throughout the rest of the month and into June 2024. They will provide their first formal update to the Audit Committee on Wednesday 5 June 2024.

This meeting of the Audit Committee is too early in the timetable for it to be the final approval point from the Trust's point of view. Deloitte will keep the Chief Executive, Director of Finance and Estates and Audit Committee chair updated on further progress with the intention being that when the Board meets on Thursday 27 June 2024, for its next timeout session, that a proportion of the day is assigned to the formal approval of the Annual Report and Accounts, including the receipt of the audit opinion from Deloitte.

This will then afford the opportunity for the final submission of the required paperwork and final version of the Annual Report and Accounts to be made on Friday 28 June 2024.

Concluding comments

In 2023/24 we suggested that **tackling excessive agency profits** was important to our financial future – and a step in addressing our safety as well. We failed last year to reduce costs. A new regime and approach is in place for 2024/25 as a Trust (CLE agreed April) and it is important to be explicit about what it seeks to achieve:

- Agency use in backbone services is barred, absent the approval of the CEO
- Non-medical agency will be exceptional, with current use phased out by July
- Medical agency is reduced sharply: a handful of roles may remain into Q3

It will be important that interventions do not 'suppress' the ask. Instead, they stimulate firstly the transfer of longstanding agency staff to bank or substantive contracts, and they secondarily incentivise fresh thinking. I would suggest in November, we review the impact of the revised controls on safety and spend.

Earlier in this report, it was acknowledged that continued reductions in 'out of area' placements could sit askance to **reductions in bed numbers**. We need to recall that admission rates at the Trust are high, and long-stay patients are numerous. Our bed base on site(s) should be for those who truly need detention or informal admission. There is significant opportunity to work with housing associations and other partners to support alternatives to ward beds, and to reform our current 'rehab' offer. This was effective in Rotherham in 2023, paradoxically it may demand more provision in North Lincs in 2024, and reshaped delivery in the city of Doncaster too.

A year ago, the Board supported our endorsement of **Equally Well**. This national campaign seeks to tackle physical health deficits among mental health patients, exemplified by the presentation in January 2024 from South Scunthorpe. Our MUST assessment data testifies to the work to be done, but so does our SMI health check data, where we do comparatively well, but fall short our unreasonably ambitious 95% standard (the new national stretch measure is

75%). I would suggest we revisit in September, the seriousness of our commitment to this campaign and examine initiatives to deliver.

Toby Lewis, Chief Executive
22 May 2024

Annex 1

National publications/guidance summary – April/May 2024

The Reasonable Adjustment Digital Flag action checklist
(NHS England 04/04/2024)

The Reasonable Adjustment Digital Flag is a national record which indicates that reasonable adjustments are required for an individual and optionally includes details of their significant impairments, key adjustments that should be considered, and underlying conditions. Preparations are ongoing for full implementation of the digital flag; NHS England are asking organisations to prepare to conform to requirements by phase 1 from no later than April 2024. To support this, they are sharing this checklist, so organisations can ensure that processes are in place to identify, record, flag, share, meet and review and update reasonable adjustment needs on their own systems and records.

https://www.england.nhs.uk/long-read/the-reasonable-adjustment-digital-flag-action-checklist-what-you-need-to-do-to-achieve-compliance/

NHS Community Health Services Data Plan 2024/2025 to 2026/2027
(NHS England 08/04/2024)

This Community Health Services Data Plan for the next three years, 2024/25 – 2026/27, sets out how the NHS aims to improve the quality, relevance and timeliness of data to improve patient care and patient experience in community health services.

https://www.england.nhs.uk/long-read/nhs-community-health-services-data-plan-2024-25-to-2026-27-april-2024/

Managing research finance in the NHS
(NHS England 09/04/2024)

This guidance sets out good practice and other information to support NHS organisations in England to maintain or develop their research finance management policies and processes.

https://www.england.nhs.uk/long-read/managing-research-finance-in-the-nhs/

Excellence through equality: anti-racism as a quality improvement tool
(NHS Confederation, 10/04/2024)

Examples of anti-racist initiatives from BME leadership network members, to help advance equality within the workforce and for service users.

https://www.nhsconfed.org/publications/excellence-through-equality

Sexual safety in the NHS: survey results and update on charter implementation
(NHS England 12/04/2024)

Letter from Steve Russell, Chief Delivery Officer and Senior Responsible Officer for Domestic Abuse and Sexual Violence, NHS England.

https://www.england.nhs.uk/long-read/sexual-safety-in-the-nhs-survey-results-and-update-on-charter-implementation/

Professional nurse educator toolkit for mental health services
(NHS England 22/04/2024)

This toolkit offers advice on how providers of mental health services can effectively implement the professional nurse educator (PNE) role within their mental health services.

https://www.england.nhs.uk/publication/professional-nurse-educator-toolkit-for-mental-health-services/

Psychological therapies for severe mental health problems – implementation guidance 2024
(NHS England 22/04/2024)

This guidance is for NHS-commissioned mental health provider organisations, integrated care boards (ICBs), regional NHS England offices and chief psychological professions officers in mental health trusts. It aims to support mental health providers to deliver the NHS long term plan objective to increase access to psychological therapies for people with severe mental health problems, as part of a wider transformation of adult and older adult community mental health services.

https://www.england.nhs.uk/publication/psychological-therapies-for-people-with-severe-mental-health-problems/

Culture of care standards for mental health inpatient services
(NHS England 23/04/2024)

The following co-produced guidance sets out the culture of care everyone, including people who use services, families, carers and staff, want to experience in mental health inpatient settings, and supports providers to realise this.

The standards apply to all NHS-funded mental health inpatient service types, including those for people with a learning disability and autistic people, as well as specialised mental health inpatient services such as mother and baby units, secure services, and children and young people's mental health inpatient services.

https://www.england.nhs.uk/publication/culture-of-care-standards-for-mental-health-inpatient-services/

Co-production and engagement with communities as a solution reducing health inequalities
(NHS Providers, 30/04/2024)

This report outlines the principles and benefits of co-production, exploring the action Trusts can take to put this into practice.

https://nhsproviders.org/co-production-and-engagement-with-communities-as-a-solution-to-reducing-health-inequalities

Service specification: community forensic child and young people mental health service (FCAMHS)
(NHS England 07/05/2024)

This service specification describes a community-based Forensic Child and Young People's Mental Health Service (FCAMHS) model. The service will be delivered for a geographical area as defined by local commissioners but will generally cover one or more Integrated Care Systems, as determined by local arrangements.

https://www.england.nhs.uk/wp-content/uploads/2024/05/community-forensic-child-and-young-people-mental-health-service-FCAMHS-service-specification.pdf

Research demand signalling: mental health nursing
(NHS England 13/05/2024)

This report outlines the key questions that researchers can assist NHS England in addressing within the area of mental health nursing. It's aimed at research funders, the academic research community, and people delivering and using mental health services.

https://www.england.nhs.uk/long-read/research-demand-signalling-mental-health-nursing/

10-year strategic plan for the drug and alcohol treatment and recovery workforce (2024–2034)
(NHS England 14/05/2024)

10-year strategic plan for the drug and alcohol treatment and recovery workforce (2024–2034)
https://view.officeapps.live.com/op/view.aspx?src=https%3A%2F%2Fwww.england.nhs.uk%2Fwp-content%2Fuploads%2F2024%2F05%2F10-year-strategic-plan-for-the-drug-and-alcohol-treatment-and-recovery-workforce-2024-2034-May-2024.docx&wdOrigin=BROWSELINK

United against health inequalities: moving in the right direction
(NHS Providers, 21/05/2024)

This report shared the results of our recent member survey, providing an update on the progress members have made in tackling health inequalities in the past 3 years.

https://nhsproviders.org/united-against-health-inequalities-moving-in-the-right-direction

Annex 2

MS N J MUNDY
H M CORONER
SOUTH YORKSHIRE (East District)

email:
hmc.doncaster@doncaster.gov.uk

CORONER'S COURT AND OFFICE
CROWN COURT
COLLEGE ROAD
DONCASTER DN1 3HS

Tel: (01302) 737135
Fax: (01302) 736365

Our ref: NJM/jmcd/tji/20319677

5 October 2023

Mr Toby Lewis
Chief Executive Officer
Rotherham Doncaster and
South Humber NHS Foundation Trust Woodfield
House
Trust Headquarters Tickhill Road
Hospital Tickhill Road, Balby
Doncaster, DN4 8QN

Dear Sir

RE: SJA, (Deceased)

DOB: XXXX - DOD: XXXXX

On the 4th October 2023 I concluded the inquest into the death of SJA.

I recorded a conclusion of Drug related death, but I felt it my duty to announce in court that I would be submitting a report under Regulation 28 to express my concerns about certain aspects of the case.

Accordingly I enclose my report herewith. Yours

sincerely

Ms NJ Mundy LLB (hons) Senior
Coroner

South Yorkshire (East District)

enc

MS N J MUNDY
H M CORONER
SOUTH YORKSHIRE (East District)

email:
hmc.doncaster@doncaster.gov.uk

CORONER'S COURT AND OFFICE
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REGULATION 28 REPORT TO PREVENT FUTURE DEATHS

THIS REPORT IS BEING SENT TO: Mr Toby Lewis, Chief Executive Officer Rotherham Doncaster and South Humber NHS Foundation Trust

1. CORONER

I am Ms N J Mundy for South Yorkshire (East) District

2. CORONER'S LEGAL POWERS

I make this report under paragraph 7, Schedule 5, of the Coroners and Justice Act 2009 and regulations 28 and 29 of the Coroners (Investigations) Regulations 2013.

http://www.legislation.gov.uk/ukpga/2009/25/schedule/5/paragraph/7

http://www.legislation.gov.uk/uksi/2013/1629/part/7/made

3. INVESTIGATION and INQUEST

On 18 May 2023 I commenced an investigation into the death of SJA. The investigation concluded at the end of the inquest. The conclusion of the inquest was:

Drug related death

Cause of death :

1a Heroin and cocaine toxicity

4. CIRCUMSTANCES OF THE DEATH

SJA had a medical history which included mental health illness characterised by psychosis. It was unclear whether this was linked to his use of illicit drugs which dated back many years and had included use of cocaine and heroin. There had

been some engagement with mental health services and support over the years. At the end of October 2022 there were community concerns regarding Mr A's mental wellbeing. He had at times expressed hallucinations, usually auditory hallucinations directing him as to actions he ought to take in terms of harm. This led to there being an assessment and a decision made that whilst Mr A had capacity, it would be prudent for him to be admitted to the ward for a period of assessment and treatment of psychosis. Mr A agreed to this and was thus admitted to the secure ward on the 25th October 2022. He was compliant with the treatment and had been commenced with Olanzapine. It was his view this didn't really help, but the treating consultant felt it proved to be of benefit. On the 3rd November Mr A wished to self discharge, became a little agitated whilst waiting for the psychiatrist assessment but when that did take place it was felt that he had capacity and thus there was no basis upon which he could be detained against his will and he was discharged. Due to the timing of discharge and the overall assessment the Olanzapine was not sent home with him but there were to be further assessments. An assessment took place 72 hours later when it was also recorded that he had capacity although there were two risk factors identified one of substance misuse, the second was a deterioration of his mental health as he was not on Olanzapine. There was to be further follow up the following day but he did not attend, a cold call failed to illicit a response and then several telephone calls also had no response. It wasn't until the 17th November after a multi disciplinary team meeting that there was contact made with Changing Lives and access to the key holder of Mr A's property. On entering the property he was found deceased in his chair and appeared to have been there several days.

5. CORONER'S CONCERNS

During the course of the inquest the evidence revealed matters giving rise to concern. In my opinion there is a risk that future deaths will occur unless action is taken. In the circumstances it is my statutory duty to report to you.

The **MATTERS OF CONCERN** are as follows. -

(1) No effective follow up in relation to the cessation of Olanzapine (which appeared to have been of benefit) either by the treating psychiatrist, the home treatment team or the early intervention psychosis team.

(2) Failure to contact Changing Lives at an earlier stage to obtain their assistance with regard to Mr A's unavailability in checking his wellbeing via the Changing Lives team who had a key to Mr A's property.

6. ACTION SHOULD BE TAKEN

In my opinion action should be taken to prevent future deaths and I believe you, Mr Toby Lewis have the power to take such action.

7. YOUR RESPONSE

You are under a duty to respond to this report within 56 days of the date of this report, namely by the **29th November 2023.** I, the coroner, may extend the period.

Your response must contain details of action taken or proposed to be taken, setting out the timetable for action. Otherwise you must explain why no action is proposed.

8. COPIES and PUBLICATION

I have sent a copy of my report to the Chief Coroner and to the following Interested Persons Mrs An A and Mr Av A.

I am also under a duty to send the Chief Coroner a copy of your response.

The Chief Coroner may publish either or both in a complete or redacted or summary form. He may send a copy of this report to any person who he believes may find it useful or of interest. You may make representations to me, the coroner, at the time of your response, about the release or the publication of your response by the Chief Coroner.

5 October 2023

Signature

Ms NJ Mundy LLB (hons), Senior

Coroner for South Yorkshire

(East) District

MS N J MUNDY
H M CORONER
SOUTH YORKSHIRE (East District)

email:
hmc.doncaster@doncaster.gov.uk

CORONER'S COURT AND OFFICE
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Our ref: NJM/ac/tji/15658640 11 July 2023

By email only: rdash.coroner-liaison@nhs.net

Mr Toby Lewis
Chief Executive Officer
Rotherham Doncaster and
South Humber NHS Foundation Trust
Woodfield House
Trust Headquarters
Tickhill Road Hospital
Tickhill Road, Balby
Doncaster, DN4 8QN

Dear Sir

RE: OJT, (Deceased)

DOB: XXX DOD: XXXXXX

As you are aware, on the 30th June 2023 I concluded the inquest into the death of OJT.

I recorded a Narrative conclusion, but I felt it my duty to announce in court that I would be submitting a report under Regulation 28 to express my concerns about certain aspects of the case.

Accordingly I enclose a copy of my report herewith.

Yours sincerely

pp:///Mrs A Combes
Assistant Coroner

South Yorkshire (East District)

enc

ANNEX A

REGULATION 28: REPORT TO PREVENT FUTURE DEATHS (1)

*NOTE: This form is to be used **after** an inquest.*

	REGULATION 28 REPORT TO PREVENT FUTURE DEATHS **THIS REPORT IS BEING SENT TO:** **1. Department of Health and Social Care** **2. NHS England**
1	**CORONER** I am Abigail Combes, assistant coroner, for the coroner area of South Yorkshire (East District)
2	**CORONER'S LEGAL POWERS** I make this report under paragraph 7, Schedule 5, of the Coroners and Justice Act 2009 and Regulations 28 and 29 of the Coroners (Investigations) Regulations 2013.
3	**INVESTIGATION and INQUEST** On 5 January 2022 I commenced an investigation into the death of OT born on 1 April 2003. The investigation concluded at the end of the inquest on 30 June 2023. The conclusion of the inquest was:- Narrative Conclusion: OT died at his home address on 29 August 2021. At the time of his death he was suffering from Anorexia Nervosa and a complex picture of interaction between physical and mental health conditions and teams. His death followed a series of inpatient admissions to treat physical illness related to his Anorexia Nervosa the most recent in July 2021. During this admission he discharged himself against medical advice. His death was as a result of complications associated with his Anorexia Nervosa. The medical cause of death was: 1a: Complications of Anorexia Nervosa

4	**CIRCUMSTANCES OF THE DEATH** O was born on 1 April 2003 and died on 29 August 2021. He was just 18 years old at the time of his death. O died at his home address and the medical cause of his death was ruled to be complications of anorexia nervosa. O had the benefit of primary care services being delivered by a private GP. I heard evidence from the GP that he had known O since he was young and that he was a happy child but that his parents reported him having some type of eating disorder in November 2017. The GP detailed a number of consultations and concerns that he had as follows:- a. He had concerns about O and whether he had an eating disorder in 2018 however did not feel the need to refer him to mental health services until February 2018. b. He reported that despite the referral in February 2018 where he first queried an eating disorder, O was not seen until September 2018. c. In around July 2020 O started complaining of pains in his chest and in November 2020 he started with the nausea and vomiting. As a result of this he made a referral to gastroenterology to understand whether there was both a physical and mental reason that O was presenting with the symptoms he had. d. On 17 February 2021 Consultant Gastroenterologist spoke with the GP and explained that she couldn't assist until the mental health elements were resolved. e. On 12 May 2021 Consultant Gastroenterologist indicated that if O was admitted for any reason this would be used as an opportunity to get the psychiatric services to see O. RDaSH were engaged with O from September 2018. This resulted in assessments in October 2018 and subsequently a diagnosis of anorexia nervosa. The treatment for this, as outlined in NICE guidance, was family therapy and monitoring of his physical health through bloods and other tests. In July 2019 O's motivation for complying with treatment was regarded as low and there was consideration about whether or not he should be discharged from mental health services as his overall weight maintenance was stable. In December 2020 it was reported that O started vomiting after every meal and mental health services believed that there needed to be investigations as to whether or not there was a physical cause for his vomiting before they could progress any further with supporting his mental health needs. O became involved in adult mental health services in June 2021 when he was assessed following a referral in March 2021. During his initial assessment O was clear to the clinician assessing him that he had a physical health condition

	and not a mental health condition. Although the information from CAMHS was available to the assessor, they did not review this fully before meeting O although she knew about the diagnosis of anorexia. They described not being aware of any time restraints O placed on food intake but that she knew he weighed himself regularly. They agreed that there were elements of an eating disorder but felt that O did not accept that. They also confirmed that they did not get any information about the physical health monitoring that was going on alongside this. He was assessed as having capacity and because he was 18 there was no prospect of sharing this information with family. He did not want to engage with therapies as he believed that he had a physical health condition. That said he did discuss the possibility of eating disorder services and the assessor felt this might be linked to a change in his thinking over time. A Junior Doctor from Doncaster Royal Infirmary gave evidence that she had treated O on two occasions and he had discharged himself on those occasions. The one closest to his death was on the 19 July 2021. It was unusual to treat someone as young as O but they did have experience of that and it was unusual to treat someone with an eating disorder but again not completely new. The Dr felt that O had capacity to discharge himself and when she read the entry from the mental health team who had assessed him and deemed him to have capacity this gave them greater confidence. This assessment on the 19 July 2021 was one day after an assessment by another doctor on 18 July 2021 where they had felt O did not have capacity and if he had tried to leave there would need to be consideration of detention under the Mental Health Act. The Doctor responsible for this assessment believed that his lack of capacity was as a result of his eating disorder and was not a result of low potassium. It was felt that his eating disorder made it difficult for him to weight the factors adequately and therefore he did not have capacity to consent to discharge. Ultimately he did discharge himself again, against medical advice on 19 July 2021. A psychiatrist who was part of the Children's Eating Disorder Service at RDaSH had been aware of O whilst he was a child and into the early part of adulthood. Her view was that declining treatment should not automatically mean discharge and she was very concerned about O describing him as a complex case. Whilst admissions his BMI was not so low that the teams at ORI knew to apply marsipan guidelines to him although we heard from the psychiatrist that these and the MEED guidelines, which replace the marsipan guidelines, should be applied when there is malnourishment not at a specific level. That was not well understood and in fairness not known about by the teams at ORI at the time that O was an

	inpatient. O was seen again as an outpatient of the gastro team on 18 August 2021. During this visit the consultant again recommended that he be seen by the mental health teams and wrote to the team accordingly. This was not actioned prior to O's death on 29 August 2021.
5	**CORONER'S CONCERNS** During the course of the inquest the evidence revealed matters giving rise to concern. In my opinion there is a risk that future deaths could occur unless action is taken. In the circumstances it is my statutory duty to report to you. The **MATTERS OF CONCERN** are as follows. - The pathway of care and ownership of care was not clear for O. Initially physical health services were not able to take over care until Mental Health services had determined their role, and subsequently mental health services expressed that physical health causes for his conditions needed to be ruled out before they could intervene. Likewise, the transition from children's to adult services was complex to navigate. O's care was not co-ordinated by either Children's or adult services and there was inadequate transition planning because of what was regarded as lack of engagement and subsequent discharge. Likewise there was a lack of co-ordination between physical and mental health services. There appears to be no established pathway of care for a young person in need of both physical and mental health support in the event of an eating disorder which plainly has a high probability of causing physical health complications. Whilst the MEED guidance raises awareness there were a number of examples of O's care being paused whilst one or other service felt that the other should be the 'lead' agency at that time.
6	**ACTION SHOULD BE TAKEN** In my opinion action should be taken to prevent future deaths and I believe your organisation have the power to take such action.

7	**YOUR RESPONSE** You are under a duty to respond to this report within 56 days of the date of this report, namely by the 4th September 2023 . I, the coroner, may extend the period. Your response must contain details of action taken or proposed to be taken, setting out the timetable for action. otherwise you must explain why no action is proposed.
8	**COPIES and PUBLICATION** I have sent a copy of my report to the Chief Coroner and to the following Interested Persons: O's family, Doncaster Royal Infirmary, Rotherham Doncaster and South Humber NHS Foundation Trust. I am also under a duty to send a copy of your response to the Chief Coroner and all interested persons who in my opinion should receive it. I may also send a copy of your response to any other person who I believe may find it useful or of interest. In this case I have sent a copy of this report to NHS England and to NICE. The Chief Coroner may publish either or both in a complete or redacted or summary form. He may send a copy of this report to any person who he believes may find it useful or of interest. You may make representations to me, the coroner, at the time of your response, about the release or the publication of your response.
9	**11th July 2023** **Mrs A Combes, Assistant Coroner**

Annex 3

Clinical leadership executive – April 2024 and May 2024

There have been two meetings of this body since the Board last met; these meetings focused on our future change function, changes to how mandatory training work, our capital choices, and work on moving clozapine into the community.

CLE meetings routinely consider – the IQPR and sub-group outbriefs. The key or non-standard agendas items explored are listed below. Any member can list an item on the agenda. Minutes and the action log are available to any Board member on request through Lou Wood.

April	May
Change function changes	Red care / exclusion policy
YOLs change – Patient Opinion	Staff reward approach
Changes to Q1/2 agency approvals	Promises' prioritization
	MAST rationalisation
	Draft capital plan 24/25

In terms of decisions made, in April we agreed changes to agency approval schedules. May's meeting approved changed arrangements for excluding patients and carers. We supported the difficult choices implied by our capital plans.

There are not specific matters to escalate to the Board, but the CLE meeting informs the report to Board, which this is an annex.

Over the next two meetings (June/July) we will consider in particular:

- Our equity and inclusion and research and innovation plans
- Our bed flow model, including revisions to our current rehab models..
- How we best manage time, as part of concerted work to ensure we balance formal meetings/time with staff and teams/development work/change leadership
- How we support our work to meet core CQC standards
- Learning Half Days: feedback in June from the pilot work

Toby Lewis, Chief Executive
22 May 2024

Annex 4

South Yorkshire Mental Health, Learning Disability and Autism (MHLDA) Provider Collaborative Board Meeting Note 13 March 2024

The South Yorkshire Mental Health, Learning Disability and Autism Provider Collaborative Board (the Board) met on 13 March 2024. The main areas of discussion and subsequent action are outlined below.

Managing Director Report

A number of national, regional and local developments that impact the work of the Collaborative were discussed.

In particular, NHSE has now published the expected guidance on arrangements for delegation and joint exercise of statutory functions between NHS Providers and with NHS England and ICBs. Given the current work programme it is unlikely that delegation or exercise of joint functions would be required until the financial year 2024/25 although there is opportunity to run arrangements in a shadow form until this point.

It was also noted that DHSC issued a letter outlining the DHSC and NHSE actions taken in response to the Public Accounts Committee report "Progress in improving NHS Mental Health Services" and the subsequent Government response. The definition of parity of esteem and clarity on what this means in practice was outlined. This will be considered in the Collaborative's work on parity of esteem at system level.

Delivering Our Work Programme

The Board was updated on the good progress that had been made with regards to the clinical and care professional assembly, the first meeting is planned for 27/03/2024.

The Board noted the escalation actions following the operational group had resulted in the recommendation for deep dives on neurodiversity assessment (Adult and Children & Young People) and health-based place of safety; these were ongoing and would be presented to the May Board.

Eating Disorders Programme

Further work was continuing around the proposal discussed previously at Board. A paper was presented to the Board to see if there was sufficient information for the Board to begin the journey and try to conclude during quarter one, enabling RDASH to make short term contract arrangements with NHS England whilst this concluded.

The Board accepted and committed to work towards the timetable. The resulting action is that a consistent paper will go through Chief Executives and then to member Boards for a decision on agreement.

Mental Health Investment Standard

It was noted that the ICB had an obligation to have maintained auditable MHIS data set for the current year. The audit was expected to close mid-March and the MHIS position for 23/24 will be circulated to Chief Executives and presented to the next meeting.

National MHLDA Inpatient Quality Transformation Implementation Brief

A presentation and paper on the inpatient quality transformation implementation programme was provided by the ICB Programme Director. The overall aim is around quality and safety and people's experiences of inpatient settings, including mental health, learning disabilities and autism. There were a number of strands of work associated with the programme and the paper sought to identify what these were and how different responsibilities aligned. Further clarity was sought on a few areas including responsibilities, funding allocation and governance – to come back to May meeting.

Board Assurance Framework

Principles for development were agreed and work on this will be commenced involving the corporate secretaries.

Specialised Commissioning Update

The Board received the routine report from the SYB Specialised Commissioning Provider Collaborative. The paper reported on the key agenda items from the SYB Specialised Commissioning Provider Collaborative Partnership Steering Group Board meeting on 6th February 2024, represented by all partners from the Adult Secure, CAMHS Tier 4 and Adult Eating Disorders Provider Collaboratives and brought to the attention of the Board items for escalation or risk to the system.

Clinical Director

The Board noted that this was Linda Wilkinson's last meeting as clinical lead for the collaborative. The Chair formally thanked Linda on behalf of the Board for her contributions and looked forward to working with her in a different capacity as chair of the Collaborative's Clinical and Care Professional Assembly.

Marie Purdue, Managing Director, South Yorkshire MHLDA Provider Collaborative

South Yorkshire Mental Health, Learning Disability and Autism (MHLDA)
Provider Collaborative Board Meeting Note
15 May 2024

The South Yorkshire Mental Health, Learning Disability and Autism Provider Collaborative Board (the Board) met on 15 May 2024. The main areas of discussion and subsequent action are outlined below.

Managing Director Report

The Board received an update on the national planning guidance. This was accompanied by a scorecard developed by the ICB team and Collaborative to look at the current position and potential challenge areas. The Board noted the progress with having a system MHLDA scorecard and work is continuing to refine and assure the data and intelligence further.

Funding for inpatient transformation has been identified and the paper highlighted the guidance on what would be classed as appropriate use of this resource.

Health Based Place of Safety Proposal

A final proposal was presented on health-based place of safety (HBPOS) provision in South Yorkshire. This is a priority area because of the delays in access to a health based place of safety, delays in transfer to an appropriate place post-assessment and consequential admissions to ED.

The proposal is to introduce from July 1st a local performance measure that no person spends more than 24 hours in a HBPOS suite. There are currently 5 suites, and the capacity and demand analysis concludes that 6 suites are required.

A 24 hour length of stay is not routinely achieved at present and in order to get to this position it is necessary to resolve delays in accessing bed stock. It is also a priority to consider complex stays where a person might be cared for in the suite for multiple days of even weeks.

The Board supported the following proposals:

- Request funding and commissioning by ICB in 2024/25 of an additional suite for SY – £256k recurrent revenue is required to support the additional suite already in place at Sheffield Health and Social Care.
- Create a place of safety to support people in the community, as an alternative to ED or a S136 suite. Proposal to hold a rapid improvement workshop in the coming weeks. Cost to be confirmed following the workshop

In addition, the Board agreed that there would be a focus in Sheffield on ensuring a suitable proposal for 16/17 year olds and the next new phase of work would look at HBPOS provision for children and young people under the age of 16yrs.

Eating Disorders Proposal

Following considerable work across the system, the Board were provided with a paper with recommendations to transform all-age eating disorder services across South Yorkshire and

proposals for the route to achieving this through a Joint Committee structure. It was proposed that the committee would run in shadow form until April 2025, when delegation could be achieved.

The Board supported the proposal for the development of a Joint Committee, delegating to RDaSH in the first instance the coordination of the committee but noting that future leadership of the arrangements will be determined by the committee as a whole not later than October 2024. It was agreed that this would be discussed with individual Trust Boards not later than 31/5/24 to seek approval to set up the Joint Committee. Work will take place between South Yorkshire ICB and NHS England to reach agreement on the Joint Committee by 30/06/2024.

Collaborative Approach to Neurodiversity Assessment

A paper was provided to Board with a review of the current position for neurodiversity (Autism and ADHD) assessments across the system, oversight of existing collaborative work and an appraisal of the likelihood of meeting the agreed aim of <52 week waits by April 2025. The paper then presented the SY MHLDA Provider Collaborative Board with options and recommendations for next steps, for discussion and agreement.

The paper noted the significant increase in demand for autism and ADHD assessments for children and adults, both locally and nationally. There has also been a considerable increase in the cost of non-NHS provision of assessment through the Right to Choose process.

At the outset of the work to address waiting times there was an aspirational target was set to reduce waiting times to 52 weeks for parity with physical health waiting time targets. The review concluded that although some services were currently meeting this target it is unlikely that we will be able to achieve the <52 week target in **all** of the Autism and ADHD assessment service in South Yorkshire by April 2025.

Given differential approaches to funding and different approaches at place, it was agreed that the member Trusts would continue to work together to implement some of the opportunities for working at scale and shared learning. The five agreed areas of work will be:

1. Work with ICB colleagues, including new Director of Performance, to develop a robust oversight governance framework so ADHD and Autism activity is visible and transparent
2. Work with ICB colleagues to develop a new sustainable funding model for 25/26
3. Prioritise work on reducing waits in ADHD to ensure access to treatment – with a system wide focus on shared care arrangements, supported by ICB and primary care colleagues
4. Continue to contribute to system work on a need led approach to autism
5. Providers continue to contribute to improvement in ADHD and Autism assessment pathways at place level but alongside continue to work with the Collaborative on system learning and innovation, particularly around waiting well and innovation/research opportunities. There will be a shared learning summit in Autumn 2024.

Mental Health Investment Standard 24/25

The Board received a brief on the ICB's intended approach to MHIS and SDF, and to permit space to consider how the collaborative might best constructively respond.

The Board formally noted that the current MHIS calculation does not yet have their endorsement. It was agreed that Chief Executives and ICB leaders will work together to produce a written proposal on joint working relevant to 24/25 SDF and 25/26 MHIS among other matters.

Board restated their commitment to tackling out of area placements and placement cost, subject to the provision of the system level data so that a plan can be developed during June

Specialised Commissioning Update

The Board received the routine report from the SYB Specialised Commissioning Provider Collaborative. The paper reported on the key agenda items from the SYB Specialised Commissioning Provider Collaborative Partnership Steering Group Board meeting on 7 May 2024 and brought to the attention of the Board items for escalation and risk to the system. Additional papers on performance and quality were also shared to ensure Board had sight of current service challenges and related action plans.

Marie Purdue, Managing Director, South Yorkshire MHLDA Provider Collaborative

ROTHERHAM DONCASTER AND SOUTH HUMBER NHS FOUNDATION TRUST

Report Title	RDaSH Responsible Officer	**Agenda Item**	Paper L
Sponsoring Executive	Dr Graeme Tosh, Medical Director		
Report Author	Dr Graeme Tosh, Medical Director		
Meeting	Board of Directors	**Date**	30 May 2024

Suggested discussion points (two or three issues for the meeting to focus on)

We wish to transition the role of Responsible Officer from Dr Graeme Tosh, Executive Medical Director, to Dr Sunil Mehta, Deputy Medical Director, from the 1 July 2024, he has the required training and has been Appraisals Lead for RDaSH since October 2020.

A decision is required and the output needs to be a confirmation letter from Board of Dr Sunil Mehta's appointment.

Alignment to strategic objectives (indicate with an 'x' which objectives this paper supports)	
Business as usual.	x

Previous consideration
(where has this paper previously been discussed – and what was the outcome?)

N/A

Recommendation
(indicate with an 'x' all that apply and where shown elaborate)

The Board of Directors is asked to:

X	**AGREE** the transition of Responsible Officer to Dr Mehta from 1 July 2024.

Impact (indicate with an 'x' which governance initiatives this matter relates to and where shown elaborate)

Trust Risk Register							
Board Assurance Framework							
System / Place impact							
Equality Impact Assessment	Is this required?	Y		N	x	If 'Y' date completed	
Quality Impact Assessment	Is this required?	Y		N	x	If 'Y' date completed	

Appendix (please list)

NHS
Rotherham Doncaster and South Humber
NHS Foundation Trust

RDaSH Responsible Officer

Proposed Change of Responsible Officer for Medical Revalidations

Dr Graeme Tosh
Executive Medical Director

10 May 2024

RDaSH nurturing the power in our communities

Responsible officers have an important statutory role in medical regulation. The successful implementation of revalidation depends to a considerable degree on the competence and skills of those doctors carrying out this role.

Our responsible officer is accountable for the local clinical governance processes in RDaSH, focusing on the conduct and performance of doctors. Duties include evaluating a doctor's fitness to practise and liaising with the GMC over relevant procedures.

They make recommendations to the GMC; but the decision on whether a doctor should be revalidated belongs to the GMC, as the regulator.

Our current Responsible Officer is Dr Graeme Tosh, Executive Medical Director; Dr Tosh will be leaving the Trust on 31st August 2024 and proposes that prior to that date the role is transitioned to the current Medical Appraisals Lead and Deputy Medical Director Dr Sunil Mehta from the 1st of July 2024. This will allow Dr Mehta to become established in the role with an overlap period of 2 months.

The Responsible Officer does not need to be the Executive Medical Director and is a delegated responsibility in many trusts.

Dr Mehta has led on appraisals for almost 4 years now and has completed the required training (Via Miad Healthcare) to allow him to take the role of Responsible Officer.

For Dr Mehta to formally commence this role NHS England have asked for confirmation from the Board of his appointment and commencement date, upon receipt they will notify the GMC of the intended change.

I am requesting a decision on this today and an action to write to NHS England to confirm the decision.

Appendix 1 is a sample letter to NHSE.

Graeme Tosh
Executive Medical Director
May 2024

Appendix 1

Rotherham Doncaster and South Humber NHS Foundation Trust

Chief Executive's Office
Woodfield House, Tickhill Road Site,
Tickhill Road, Balby, Doncaster, DN4 8QN
Telephone: 01302 796400 / 07967793306
Text only phone for deaf/hard of hearing:
07771933869

Date

Laura McGinty
Professional Standards Manager (Medical Directorate)
NHS England and NHS Improvement - Northeast & Yorkshire
The Old Exchange
Barnard Street
Darlington
DL3 7DR

england.yh-appraisals@nhs.net

Dear Ms McGinty

Re: Dr _____– Confirmation of Responsible Officer

This letter is to confirm Dr _____ appointment as the Responsible Officer at Rotherham, Doncaster and South Humber NHS Foundation Trust from _____. The RO appointment was approved via the Board of Directors at its meeting in public on _____.

If you require any further information, please do not hesitate to contact me.

Kind regards,

Yours sincerely

CHIEF EXECUTIVE
ROTHERHAM DONCASTER AND SOUTH HUMBER NHS FOUNDATION TRUST

ROTHERHAM DONCASTER AND SOUTH HUMBER NHS FOUNDATION TRUST

Report Title	CQC Preparedness – Well-Led	**Agenda Item**	Paper M
Sponsoring Executive	Toby Lewis, Chief Executive		
Report Author	Philip Gowland, Director of Corporate Assurance Toni Ellis, Executive Business Manager		
Meeting	Board of Directors	**Date**	30 May 2024

Suggested discussion points (two or three issues for the meeting to focus on)

This paper is the fifth in a series relating to CQC.

The report lays out an intended framework developed within corporate assurance for this work over coming months. It also appends the first of two GGI reports which reflect on the operating model.

It is important all Board members understand the specific lens used by the CQC for well-led.

Alignment to strategic objectives (indicate with an 'x' which objectives this paper supports)

SO1. Nurture partnerships with patients and citizens to support good health.	X
SO2. Create equity of access, employment and experience to address differences in outcome.	X
SO3. Extend our community offer, in each of – and between – physical, mental health, learning disability, autism and addition services.	X
SO4. Deliver high quality and therapeutic bed-based care on our own sites and in other settings.	X
SO5. Help deliver social value with local communities through outstanding partnerships with neighbouring local organisations.	X

Previous consideration
(where has this paper previously been discussed – and what was the outcome?)

n/a

Recommendation
(indicate with an 'x' all that apply and where shown elaborate)

The Board of Directors is asked to:

X	**RECEIVE** and **NOTE** the organisational plan for progress monitoring towards achieving a good rating for well-led status.
X	**AGREE** the frequency of future updates related to well-led status to receive a further update in September when the evidence file will have been completed.
X	**COMMENT** on the GGI report and recommendations to inform the plan of action (if necessary within our private session)

Impact (indicate with an 'x' which governance initiatives this matter relates to and where shown elaborate)

Trust Risk Register		All					
Board Assurance Framework		N/A					
System / Place impact		Reputation, Partnership Working Opportunities, Workforce					
Equality Impact Assessment	Is this required?	Y		N	x	If 'Y' date completed	Relevant to subject but not this paper
Quality Impact Assessment	Is this required?	Y		N	x	If 'Y' date completed	

Appendix (please list)
Appendix 1. CQC assessment framework – 8 quality statements in full. Appendix 2. CQC assessment framework key questions and quality statements. Appendix 3. Good Governance Institute (GGI) impact evaluation report.

Rotherham Doncaster and South Humber NHS Foundation Trust
CQC Readiness - Well Led

1. Introduction

1.1 This presents the fifth and final paper in a series about 'CQC Readiness' presented to the Board as we develop our approach to the evolving CQC framework.

1.2 By way of a recap and to provide the context for how this fits within the CQC's single assessment framework, the Board needs to see the Well-Led key question as one of the five key questions but also to appreciate the interdependency across the other key questions, with them each in their own right also considering well-led related matters. The framework is founded upon five key questions and eight quality statements. The five key questions, previously referred to as domains, are used to determine if organisations are: Safe, Effective, Caring, Responsive to people's needs, and Well-led. Well-led is considered corporately and by reference to local services. It can sometimes prove challenging in a delegated and distributed organisation to have the CQC review 'middle management': our structures do not fit their service lines.

1.3 Supporting the five key questions are eight quality statements, which are commitments providers must demonstrate to be considered as delivering high-quality person-centred care. These statements are also referred to as 'we' statements and are defined by the following categories:

1. Shared direction and culture
2. Capable, compassionate and inclusive leaders
3. Freedom to speak up
4. Workforce equality, diversity, and inclusion
5. Governance, management, and sustainability
6. Partnerships and communities
7. Learning, improvement and innovation
8. Environmental sustainability – sustainable development

1.4 The CQC's assessment framework will collect evidence from six categories to evaluate providers. The definition of the eight statements and details of the six evidence categories within the CQC assessment framework can be found in Appendix 1. During Q2 it is proposed that we as a Board, and then as CLE, self-assess our position against these statements. The Board has already begun some of that work on FTSU in the prior timeout session.

1.5 Work on well-led sits across a range of directorial responsibilities. Purely to orchestrate the work ahead, we will bring together the Director of Corporate Assurance, Director of People and OD, and the Chief Executive to ensure that we are progressing the actions, and implied steps in this report.

2. Well Led Framework

2.1 The CQC's definition of well-led is**:**

"There is an inclusive and positive culture of continuous learning and improvement. This is based on meeting the needs of people who use services and wider communities, and all

leaders and staff share this. Leaders proactively support staff and collaborate with partners to deliver care that is safe, integrated, person-centred and sustainable, and to reduce inequalities.

There are effective governance and management systems. Information about risks, performance and outcomes is used effectively to improve care."

2.2 The Trust has developed a proposed framework that combines a self-assessment tool developed using CQC guidance and scoring methodology and gathers information from diverse sources to provide a continuous developmental self-assessment against the CQC quality statements for well-led. Once fully developed and utilised this framework will enable the Board of Directors to determine the Trust's positioning and to identify what it must do to improve and become a good, well-led organisation.

2.3 The approach recognises that a well-led assessment is not an isolated component but rather, as noted above, it constitutes an overarching quality question that links to the other four quality questions and all eight quality statements. The CQC guidance notes*:*

"If we identify concerns in an assessment, we will use our professional judgment to decide whether to depart from applying our ratings principles. This will particularly be where we need to aggregate ratings that range from inadequate to outstanding."

2.4 Effectively therefore, the basic logic of aggregating individual ratings per key question maybe overwritten should there be relevant and appropriate concerns. With respect to well-led, this could for example mean that a 'lower' score in Safe counters a positive well-led score – "how can an organisation not be safe, but be well-led?", being the implied rationale.

2.5 A cohesive and visionary Board of Directors can empower an organisation to be outstanding, caring, safe, responsive, and effective. The foundation of a well-led organisation is built on clear roles and responsibilities and accountability structures – with leadership an integral part for many. Through mechanisms such as an effective operating model with IQPR and clear decision-making and risk management processes (operational and BAF); through supporting policies and procedures as well as robust assurance mechanisms that comply with such as the Code of Governance, Single Operating Framework, Freedom to Speak Up and The Patient Safety Incident Response Framework (PSIRF). By implementing these mechanisms, the organisation can ensure it has a robust vision, strategy, and positive culture, all of which are essential for success. This knowledge, coupled with triangulation of the learning from each component, will enable the organisation to become well-led, consistent with our aim to be rated good in this domain..

3. Structuring our Thinking / Work to Date

3.1 Our well-led framework will capture and store evidence of our compliance with regulatory standards and triangulate information from all relevant sources, ensuring that it is always up-to-date, robust, and supports evidence-based self-assessment statements. By leveraging this framework, we aim to drive actions and work plans throughout our organisation, identifying areas of best practice, innovation, learning, and information sharing across each of the 5 key questions.

3.2 Our goal is to showcase learning throughout our organisation, and the evidence we collect will span the 6 categories used by the CQC, providing a broad range of information to review, learn from, innovate, and improve upon. By utilising this framework, we will be able to demonstrate our commitment to regulatory compliance and continuous improvement.

3.3 Over the course of the last 12 months the Trust did not set out to specifically respond to the detailed requirements of the Well-Led framework; compliance in this regard was not the key driver. That said, the broad range of actions, changes and new processes implemented will all contribute to greater compliance and support the achievement of the quality statements, examples are given in the remainder of this section and illustrated within Fig1:

Fig 1.

WELL LED- 8 Quality Statements, Alignment of Work & Promises

Capable, Compassionate and Inclusive Leaders - We have inclusive leaders at all levels who understand the context in which we deliver care, treatment and support and embody the culture and values of their workforce and organisation. They have the skills, knowledge, experience and credibility to lead effectively. They do so with integrity, openness and honesty.	**Shared Direction and Culture** – We have a shared vision, strategy and culture. This is based on transparency, equity, equality and human rights, diversity and inclusion, engagement, and understanding challenges and the needs of people and our communities in order to meet these.	**Freedom to Speak Up** - We foster a positive culture where people feel that they can speak up and that their voice will be heard.	**Workforce Equality, Diversity and Inclusion** - We value diversity in our workforce. We work towards an inclusive and fair culture by improving equality and equity for people who work for us.	**Governance, Management and Sustainability** - We have clear responsibilities, roles, systems of accountability and good governance. We use these to manage and deliver good quality, sustainable care, treatment and support. We act on the best information about risk, performance and outcomes, and we share this securely with others when appropriate.	**Partnerships and Communities** - We understand our duty to collaborate and work in partnership, so our services work seamlessly for people. We share information and learning with partners and collaborate for improvement.	**Learning, Improvement and Innovation** - We focus on continuous learning, innovation and improvement across our organisation and the local system. We encourage creative ways of delivering equality of experience, outcome and quality of life for people. We actively contribute to safe, effective practice and research	**Environmental Sustainability – Sustainable Development** - We understand any negative impact of our activities on the environment and we strive to make a positive contribution in reducing it and support people to do the same.
Leadership Development Offer Training needs assessments of those appointments to senior roles Pulse Surveys Sexual Safety in the workplace Succession Planning/ Talent Management **Promises 9,24**	Clinical and Organisational Strategy 2023-2028 Health and Wellbeing Boards Partnerships with 3rd Sector Organisations – around patient voice 28 Promises aligned to 10 CLE Groups Expanded Role for Governors **Promises 2,5,6,7,8,10,11,12,17**	Trust Staff Council FTSU Guardian / Guardian of Safe Working Hours Staff Survey Open Staff Meetings 'Ask me Anything' Peer Review Process **Promises 4,5,26**	Reverse Mentoring Equity and Inclusion Enabling Plan The Patient and Carer Race Equity Framework WRES / WDES Gender Pay Gap Health and Wellbeing Champions **Promises 6,9,11,26**	Revised Operating Model Policy on Policies Code of Governance Fit and Proper Persons Test Risk Management Framework Board Assurance Framework Cyber Security **Promises 5,26**	PFG Coordination Care Opinion Peer Support Workers Provider Collaboratives **Promises 1,2,3,4.5, 12,,15,17,21,25**	Learning and Education Plan Learning Half Day PSIRF Research and Innovation Plan **Promises 9,16,24**	Green Plan Equity and Inclusion Plan to Include Revised Green Commitments Executive Leadership Meeting Tonnage Reduction Trajectories Car Pool / Cycle to Work Scheme **Promises, 13, 20,27**

3.4 Developing on the information included within Fig 1. This next section provides several key examples of recent progress in more granular detail per quality statement:

3.4.1 Capable, compassionate and inclusive leaders: Agenda item 18, Paper N titled "Leadership Development," is scheduled for discussion at the May 2024 Board meeting. This paper presents detailed information about the new Leadership Offer. The support package will provide over 120 members of the Trust leadership cadre (spanning corporate functions and care groups) with mentoring, coaching, team learning, and specific educational input.

3.4.2 Shared Direction and Culture: The Clinical and Organisational Strategy 2023-2028, included the development of eight enabling plans and 28 promises to achieve five strategic ambitions. The strategy was ambitious and necessary for the organisation to adapt to new ways of working with other providers and communities. The 28 Promises embedded within the Clinical and Organisational Strategy 23-28 all resonate with the CQC's 34 Quality Statements, these are detailed in Appendix 2.

3.4.3 Freedom to Speak Up: The Board continues to support the FTSU Guardian and the Champion and has recently (April 2024) undertaken a reflective exercise in line with national guidance to ensure that the Trust continues to provide this effective resource to its staff and patients alongside a complementary range of other means by which people can speak up and raise concerns.

3.4.4 Workforce Equality, Diversity and Inclusion: Progress has been made with greater diversity at many levels within the Trust whether that's in appointments to the Board, through interview panels, reverse mentoring or the planned Patient Carer Race Equity Framework.

3.4.5 Governance, Management and Sustainability: During 23-24, a new operating model was implemented, including a new governance structure incorporating the Nolan Principles, to promote transparency, accountability, and trust throughout the organisation, with clear lines of communication from the ward to the board.
In 2023, NHS England revised the Code of Governance, which provides a framework for robust governance standards and leadership. It also outlines how provider trusts can ensure good governance and compliance. A review of the code and the evidence we can provide to support our compliance identified synergies with the CQC well-led quality statements. There are areas where we meet a high standard of compliance and others where we can improve to become a good "well-led" organisation. The organisation's 2023 annual report will confirm compliance with the code.

3.4.6 Partnerships and Communities: In 2023, the revised Integrated Quality Performance Report (IQPR) was also implemented. It includes indicators from the Nationally Mandated Long Term Plan targets and locally/internally agreed indicators, enabling the board and senior leaders to access data on how the organisation meets the needs of its patients. Changes within clinical service, for example increasing patients benefiting from Home First and those receiving psychological support with a school or early years setting, have made great progress towards delivery of Promises 13- 17.

3.4.7 Learning, Improvement and Innovation: Participation in the IGLOO pilot, aimed at enhancing sickness absence and return-to-work procedures within the

organisation, demonstrates adherence to more than one of the five quality statements. The IGLOO study not only enhances the organisation's visibility within the Clinical Research Network and among partner establishments but also holds the potential to refine our HR practices for the betterment of our workforce. The draft Research and Innovation delivery plan includes several examples of objectives that reach across more than one quality question.

3.4.8 Environmental Sustainability – Sustainable Development: RDaSH's Green Plan 2022 – 2027 sets out the organisations plans to achieve its part and part of the wider public sector national target of Net Zero for direct emissions by 2040, this work is led by a Board Member. Strides towards achieving this goal have made significant process during the past year. Examples of work the Net Zero group have overseen include:

- Developing and promoting the role of 'Green Champions' across the organisation
- Vehicle charging points were established across the Tickhill Road site
- Bicycle shelters installed at Tickhill Road site
- Tree and flower planning across all Trust sites (as part of the NHS 75 celebrations)
- Continued use of flexible and remote working, as part of reducing unnecessary travel

3.5 More broadly there has been progress made within the development of this paper, the aforementioned self-assessment and ensuring that our work reflects the requirements set out by the CQC itself, within such as "*CQC Guidance for NHS Trusts and Foundation Trust: Assessing the well-led key Question*" Scoping of current evidence against the quality statements has begun, and initial discussions across directorates have taken place.

3.6 We have identified areas in which the organisation meets the criteria that the CQC would consider towards a 'Good' rating and have subsequently begun to map these areas to align with the 28 promises.

3.7 Additionally, we have begun to map best practices and guidance documents against the five key questions, the code of governance, and the single operating framework (SoF), identifying many synergies between all three regulatory mechanisms. This will be useful for learning and guiding leaders and teams on how to innovate, improve, and deliver care while achieving our strategic objectives and 28 promises. We would expect this work to be complete by mid-September 2024.

4. Beyond Self-Assessment

4.1 Over the last two years, the Trust has received a report on its functioning (OMG), has worked with The Value Circle on board development, is now commissioning external partners in terms of leadership development, and procured GGI to review the work of our new Operating Model. The evidence vault will reflect on the first three items, but for purposes of this paper the Board was expecting feedback from GGI. Their interim report is provided at Appendix 3.

4.2 Board members will recall involvement in creating the assessment framework they

venture, and having received the report we now need to reconcile the material in this paper.

4.3 The report makes seven recommendations and discussion today and July can inform our response to each. However, ultimately, we are seeking to meet the 'what good looks like' statements when they return for the next review. GGI will return in the Autumn of 2024 to provide further feedback on the implementation of our operating model.

4.4 Foundation Trust's are strongly encouraged (in the Code of Governance) to "Carry out externally facilitated *developmental reviews of their leadership and governance using the Well-led framework every three to five years"*

We will need to consider in Q3 whether the second report from GGI constitutes this work, or whether in Q4 2024/25 we wish to undertake a further formal review.

5. Next steps

5.1 This paper and the work to date that it describes, is at present centrally focused, any well-led organisation will need to demonstrate leadership across and throughout the whole organisation- this principle must be prevalent through all trust services**.**

5.2 Whilst the past year has been instrumental in laying a solid foundation that has propelled our organisation forward there remains work to do. We have meticulously crafted a robust and well-led framework that will enable us to take great strides towards our future goals and between June 24 and March 2025, the following work will feature in the next steps towards our drive to improve our leadership and governance (and be CQC-ready):

5.3 Corporate Assurance Team: The team will ensure the well-led self-assessment tool and supporting code of governance and are updated and will create a timetable and triangulate with PSIRF, SoF and other mechanisms to ensure good care delivery without compromise. The Trust's Promises will continue to be aligned to the 34 quality statements, and mapping will allow for irrefutable evidence of progress to be collated.

5.4 Embedding a mechanism of sharing information: This will be done to ensure that all evidence, learning, best practices and legislation are being acted upon and recorded across all five key questions with precision and efficiency's PSIRF, SoF and other mechanisms that form part of the holistic approach to ensure the delivery of good care.

5.5 CQC inspections review (of other NHS bodies): Reports will be reviewed to identify themes and learning.

5.6 Code of Governance: The recent code review has revealed areas whilst compliant, there are enhancements that can be made. These identified improvements will be integrated into the work plan of the Corporate Assurance Directorate.

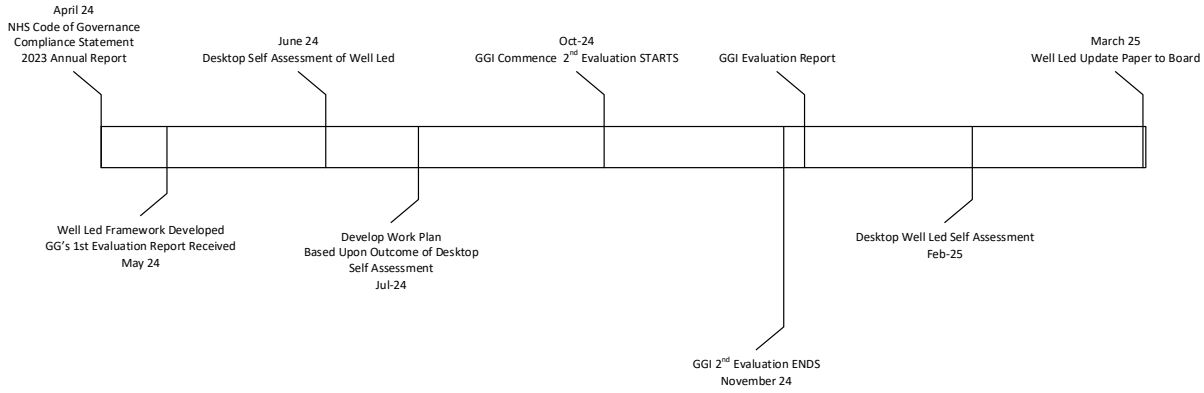
5.7 GGI 2nd Evaluation: The Good Governance Institute is returning in Q3 to conduct a follow-up review. The findings from their independent evaluation reports will be utilised to inform actionable points.

5.8 Stakeholder Feedback: Over the past year, we have undergone significant changes and implemented a new strategy. As we approach the one-year mark, we are eager to hear feedback from our patients and regulators about our progress. Commencing June 24, members of our Council of Governors will participate in our Board's committees, thereby gaining a more profound understanding of the organisation's operations and pertinent issues. This experience will empower them to hold the organisation more rigorously accountable, when necessary. More broadly, the delivery of Promise 5 will see yet more example of our communities at each.

5.9 Cross Trust Working and Alignment: Upon initial review of the CQC guidance and the well-led self-assessment tool, it was observed that there are numerous areas of commendable practice, innovation, and ongoing change throughout the organisation, as delineated earlier in this document. While these areas may encompass the other four key questions, collectively they provide an additional layer of assurance and evidence for the well-led key question. The Directorate of Corporate Assurance will collaborate with key stakeholders to systematically identify and document the evidence pertaining to these initiatives.

5.10 Well Led Work Plan Timeline

Fig 2.



6. Recommendations to the Board

1. **RECEIVE** and **NOTE** the organisational plan for progress monitoring towards achieving a good rating for well-led status.
2. **AGREE** to receive a further update in September when the evidence file will have been completed.
3. **COMMENT** on the GGI report and recommendations to inform the plan of action (if necessary, within our private session)

Toby Lewis, Chief Executive
22 May 2024

CQC assessment framework – 8 Quality Statements in full.

Shared direction and culture – we have a shared vision, strategy, and culture. This is based on transparency, equity, equality and human rights, diversity and inclusion, engagement, and understanding challenges and the needs of people and our communities to meet these.

Capable, compassionate and inclusive – we have inclusive leaders at all levels who understand the context in which we deliver care, treatment and support and embody the culture and values of their workforce and organisation. They have the skills, knowledge, experience and credibility to lead effectively. They do so with integrity, openness and honesty.

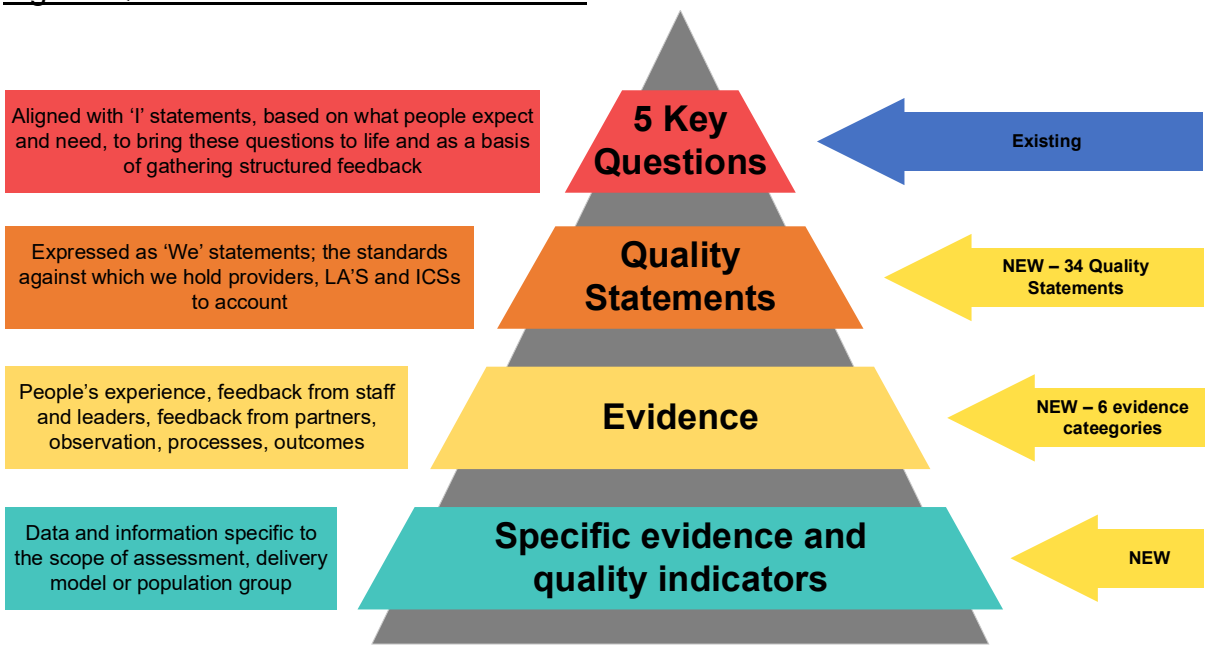
Freedom to speak up – we foster a positive culture where people feel that they can speak up and that their voice will be heard.

Workforce equality diversity and inclusion – we value diversity in our workforce. We work towards an inclusive and fair culture by improving equality and equity for people who work for us.

Governance, management and sustainability – we have clear responsibilities, roles, systems of accountability and good governance. We use these to manage and deliver good quality, sustainable care, treatment and support. We act on the best information about risk, performance and outcomes, and we share this securely with others when appropriate.

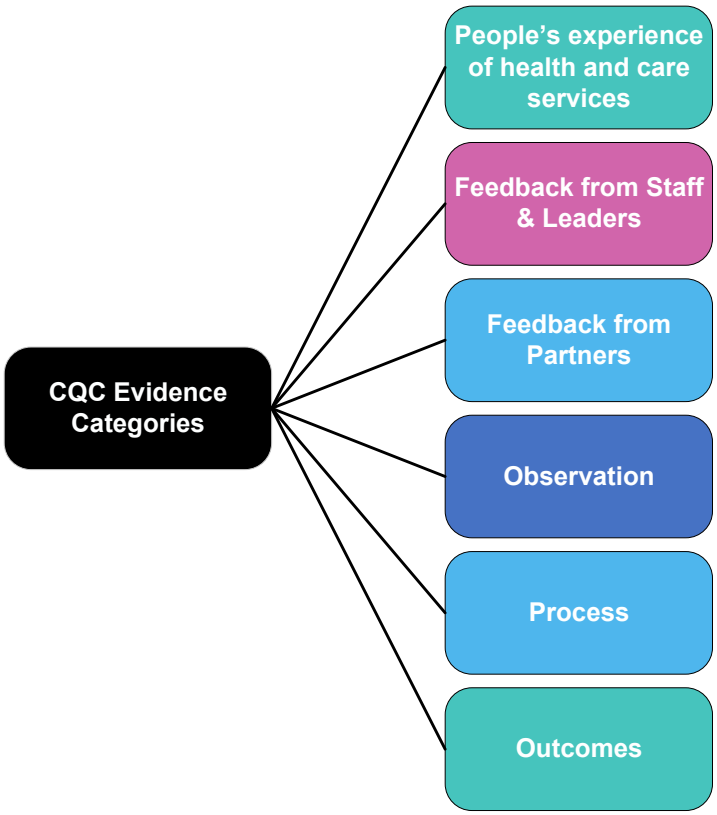
Partnerships and communities - we understand our duty to collaborate and work in partnership, so our services work seamlessly for people. We share information and learning with partners and collaborate for improvement.

Fig1. CQC Assessment Framework 2024



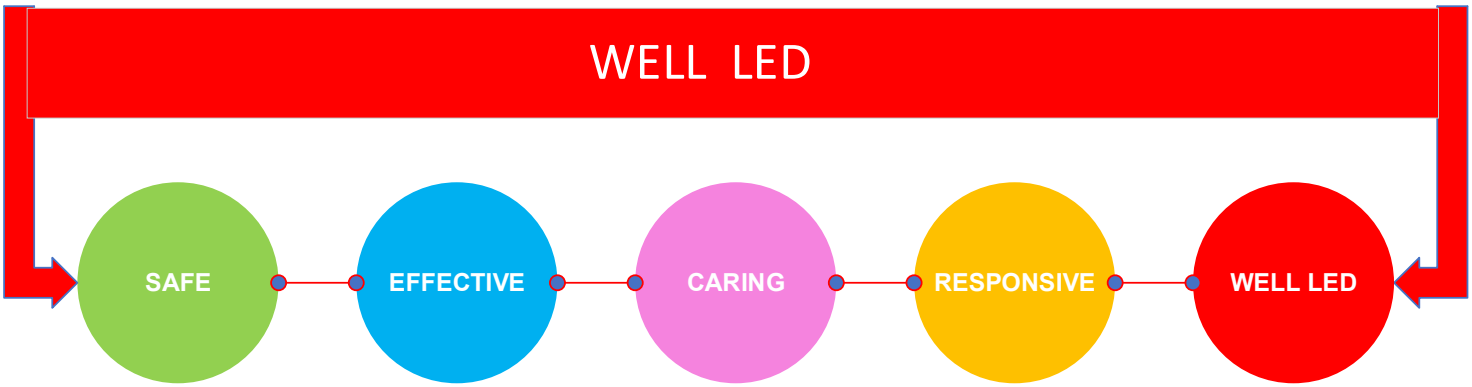
Appendix 1

CQC Six Evidence Categories



Appendix 2

CQC Assessment Framework 2024
Key Questions and Quality Statements



Learning Culture - We have a proactive and positive culture of safety based on openness and honesty, in which concerns about safety are listened to, safety events are investigated and reported thoroughly, and lessons are learned to continually identify and embed good practices.

Safe Systems, Pathways and Transitions - We work with people and our partners to establish and maintain safe systems of care, in which safety is managed, monitored and assured. We ensure continuity of care, including when people move between different services.

Safeguarding - We work with people to understand what being safe means to them as well as with our partners on the best way to achieve this. We concentrate on improving people's lives while protecting their right to live in safety, free from bullying, harassment, abuse, discrimination, avoidable harm and neglect. We make sure we share concerns quickly and appropriately.

Involving People to Manage Risks - We work with people to understand and manage risks by thinking holistically so that care meets their needs in a way that is safe and supportive and enables them to do the things that matter to them.

Safe Environments - We detect and control potential risks in the care environment. We make sure that the equipment, facilities and technology support the delivery of safe care.

Safe and Effective Staffing – We make sure there are enough qualified, skilled and experienced people, who receive effective support, supervision and development. They work together effectively to provide safe care that meets people's individual needs.

Infection Prevention and Control - We assess and manage the risk of infection. We detect and control the risk of it spreading and share any concerns with appropriate agencies promptly.

Medicines Optimisation - We make sure that medicines and treatments are safe and meet people's needs, capacities and preferences by enabling them to be involved in planning, including when changes happen.

Assessing Needs - We maximise the effectiveness of people's care and treatment by assessing and reviewing their health, care, wellbeing and communication needs with them.

Delivering Evidence-Based Care and Treatment - We plan and deliver people's care and treatment with them, including what is important and matters to them. We do this in line with legislation and current evidence-based good practice and standards.

How Staff, Teams and Services Work Together - We work effectively across teams and services to support people. We make sure they only need to tell their story once by sharing their assessment of needs when they move between different services.

Supporting People to Live Healthier Lives - We support people to manage their health and wellbeing so they can maximise their independence, choice and control. We support them to live healthier lives and where possible, reduce their future needs for care and support.

Monitoring and Improving Outcomes - We routinely monitor people's care and treatment to continuously improve it. We ensure that outcomes are positive and consistent, and that they meet both clinical expectations and the expectations of people themselves.

Consent to Care and Treatment - We tell people about their rights around consent and respect these when we deliver person-centred care and treatment.

Kindness, Compassion and Dignity - We always treat people with kindness, empathy and compassion and we respect their privacy and dignity. We treat colleagues from other organisations with kindness and respect.

Treating People as Individuals – We treat people as individuals and make sure their care, support and treatment meets their needs and preferences. We take account of their strengths, abilities, aspirations, culture and unique backgrounds and protected Characteristics.

Independence, Choice and Control - We promote people's independence, so they know their rights and have choice and control over their own care, treatment and wellbeing.

Responding to People's Immediate Needs - We listen to and understand people's needs, views and wishes. We respond to these in that moment and will act to minimise any discomfort, concern or distress.

Workforce Wellbeing and Enablement - We care about and promote the wellbeing of our staff, and we support and enable them to always deliver person centred care.

Person-Centred Care - We make sure people are at the centre of their care and treatment choices and we decide, in partnership with them, how to respond to any relevant changes in their needs.

Care Provision, Integration, and Continuity - We understand the diverse health and care needs of people and our local communities, so care is joined-up, flexible and supports choice and continuity.

Providing Information - We provide appropriate, accurate and up-to-date information in formats that we tailor to individual needs.

Listening to and Involving People - We make it easy for people to share feedback and ideas or raise complaints about their care, treatment and support. We involve them in decisions about their care and tell them what's changed as a result.

Equity in Access - We make sure that everyone can access the care, support and treatment they need when they need it.

Equity in Experiences and Outcomes - We actively seek out and listen to information about people who are most likely to experience inequality in experience or outcomes. We tailor the care, support and treatment in response to this.

Planning for the Future - We support people to plan for important life changes, so they can have enough time to make informed decisions about their future, including at the end of their life.

Shared Direction and Culture – We have a shared vision, strategy and culture. This is based on transparency, equity, equality and human rights, diversity and inclusion, engagement, and understanding challenges and the needs of people and our communities in order to meet these.

Capable, Compassionate and Inclusive Leaders - We have inclusive leaders at all levels who understand the context in which we deliver care, treatment and support and embody the culture and values of their workforce and organisation. They have the skills, knowledge, experience and credibility to lead effectively. They do so with integrity, openness and honesty.

Freedom to Speak Up - We foster a positive culture where people feel that they can speak up and that their voice will be heard.

Workforce Equality, Diversity and Inclusion - We value diversity in our workforce. We work towards an inclusive and fair culture by improving equality and equity for people who work for us.

Governance, Management and Sustainability - We have clear responsibilities, roles, systems of accountability and good governance. We use these to manage and deliver good quality, sustainable care, treatment and support. We act on the best information about risk, performance and outcomes, and we share this securely with others when appropriate.

Partnerships and Communities - We understand our duty to collaborate and work in partnership, so our services work seamlessly for people. We share information and learning with partners and collaborate for improvement.

Learning, Improvement and Innovation - We focus on continuous learning, innovation and improvement across our organisation and the local system. We encourage creative ways of delivering equality of experience, outcome and quality of life for people. We actively contribute to safe, effective practice and research

Environmental Sustainability – Sustainable Development - We understand any negative impact of our activities on the environment and we strive to make a positive contribution in reducing it and support people to do the same.

Good Governance Improvement

Rotherham, Doncaster and South Humber NHS Foundation Trust

Impact Report

GGI Development and Research LLP
Enabling change through good governance improvement

May 2024

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Rotherham, Doncaster and South Humber NHS Foundation Trust
Governance Development

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Images source: Shutterstock Stock Photos

This report has been prepared by GGI Development and Research LLP (GGI) for the board of Rotherham, Doncaster and South Humber NHS Foundation Trust. The report highlights the conclusions drawn from the evaluation programme and an outline of future suggested actions and improvements to address the identified shortcomings and strengthen the governance structure and processes.

The matters raised in this report are limited to those that came to our attention during this assignment and are not necessarily a comprehensive statement of all the opportunities or weaknesses that may exist, nor of all the improvements that may be required. GGI Development and Research LLP has taken every care to ensure that the information provided in this report is as accurate as possible, based on the information provided and documentation reviewed. However, no complete guarantee or warranty can be given with regard to the advice and information contained herein. This work does not provide absolute assurance that material errors, loss or fraud do not exist. This report is prepared solely for use by Rotherham, Doncaster and South Humber NHS Foundation Trust. Details may be made available to specified external agencies, including regulators and external auditors, but otherwise the report should not be quoted or referred to in whole or in part without prior consent. No responsibility to any third party is accepted as the report has not been prepared and is not intended for any other purpose.

GGI has carried out client work with about 750 organisations over the last decade. We are part-owned by the Good Governance Institute, the EU-based independent governance reference centre focusing on the public and third sectors. We have specific expertise in governance reviews in large, complex public sector organisations and a strong UK-wide reputation for our work in the NHS. Our high-quality and ethical governance consultancy is carried out by our specialist staff team, supported by subject matter expert associates and partners.

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1. Executive Summary

This is the first of two impact reports GGI will compile for Rotherham, Doncaster and South Humber NHS Foundation Trust (RDaSH). A further review will be conducted in late 2024.

The findings and recommendations set out in this impact report relate to the relative state of maturity of the recently adopted corporate strategy and the implementation of a new operating model. The trust board is clear about the need for change and the strategic direction championed by the chief executive, and the staff have for the most part bought into and embraced this direction together with the new ways of working that have been introduced alongside it. The voices of hesitation we encountered during this review were of concerns related for the most part to pace and capacity to deliver rather than of the strategic direction itself. Nonetheless, in order to achieve the ambitions set out in the strategy and the 28 promises underpinning it, the whole organisation must commit to a process of improvement which will develop the overall maturity of the trust's governance, decision-making, capacity to develop strategy and ultimately its ability to meet the needs of those who use its services.

We have set out a range of findings, each of which relate to three broad themes:

I. Operational level meetings need to be more integrated with those at strategic and board level.
II. The meetings themselves should be clearer about purpose, conclusions and actions in order to be more effective.
III. Participation in and leadership of meetings must be extended to include more people.

Based on these findings, we have made seven specific recommendations relating to the relative maturity of different aspects of the trust:

I. Get behind the change.
II. Improve the conduct of meetings.
III. Improve the balance of participation.
IV. Continue to increase the focus on service-users.
V. Manage the implications of the ongoing change.
VI. Refresh the BAF
VII. Continue to grow your influence within an evolving system.

Many of the recommendations relate to maintaining existing managerial processes and focus, where others should be supported by targeted programmes of training and development. We share the view of many we spoke to that the trust is on the right track to achieving its strategic goals, but this will require an ongoing investment of commitment, resource and leadership to realise the level of maturity required.

2. Introduction

This report was commissioned by RDaSH to review the impact of newly constituted operating arrangements introduced in early 2024. The review team considered a number of factors in developing its findings and recommendations, including the effectiveness of meetings, governance and accountability mechanisms and culture.

This review was carried out between November 2023 and March 2024 by a team from GGI, utilising well-established methodologies tailored as required to the operating environment of RDaSH. This included a review of relevant documents, a series of interviews, observations of the board and committees and working closely alongside the strategy implementation group (SIG) assembled and chaired by the chief executive of the trust. The review was focused very much on the effectiveness of the new arrangements and how they have landed across the wider team. To ensure that our observations were relevant across the trust, we spoke to the board (executive and non-executive) and observed a number of meetings including the council of governors, the board, clinical leadership executive, a number of care groups and others.

The trust is engaged in a change and modernisation journey. The arrival of a new chief executive in 2023 has precipitated a change in both pace and focus. This shift does not indicate that previous arrangements were poor, but rather is a recognition of operating in a more dynamic and testing environment. This review will be supplemented by a further assessment of impact later in 2024, which will assess the embedding of new arrangements along with the impact of changes made as a result of recommendations set out in this document. We have set out our findings against two broad critieria. Firstly, we have used the general key lines of enquiry used by the Care Quality Commission in establishing a well-led judgement of a trust. This formed the basis of our discussions with representatives of the trust and is characterised by an assessment of:

I. strategy
II. responsibilities, roles and systems of accountability
III. processes for managing risks, issues and performance
IV. information
V. learning and improvement

In addition, and to facilitate broad understanding of our findings, we have also provided some insight into four high-level issues that address:

- **Mechanics** – the structures, policies, procedures and practices that enable the organisation to function effectively.
- **Dynamics** – the relationships, culture, skills and experiences that govern the organisation.

- **Knowledge** – the insight and understanding you have of the organisation, the local system and each other.
- **Sustainability vs. fragility** – the interconnections, formal and informal, that dictate the effectiveness of the trust.

Inevitably there is a degree of overlap between some of the findings across these four topic areas.

It should also be noted that our observations are based on attendance at a single meeting and as such represent a snapshot rather than long-term trends. Snapshots are useful, but need to be seen in context.

This is a developmental review intended to facilitate further improvement, rather than an inspection. Our findings are framed within the context of the relative maturity of aspects of operational effectiveness and our recommendations are designed to assist with further embedding of the new arrangements.

GGI makes seven specific recommendations from the review for improvement.

3. Background and context

3.1 Context

RDaSH has been a foundation trust since 2007. The trust provides mental health and learning disability services across Rotherham, Doncaster and North Lincolnshire, and substance misuse services in Doncaster. The trust provides community health services across Doncaster, school nursing in Scunthorpe and a hospice in Doncaster. It also provides adult social care services in Doncaster. The trust serves a population of 735,000, employs over 3,400 staff and has a volunteer base of around 150 people.

The trust's last full CQC inspection took place in October and November 2019, with the trust rated overall as Requires Improvement, while being rated Good in caring and responsive. The trust board recruited a new chief executive in March 2023 with a clear brief to refresh and modernise the organisation while recognising and upholding the community links and networks that have been built up over many years. In the intervening 12 months, a new corporate strategy has been adopted by the board, underpinned by a new operating model which has been gradually implemented from the start of 2024. By common consent, the trust now feels like a very different place to 12 months ago, both in respect of the tangible and implicit totems of the organisation.

3.2 Objectives

GGI was asked to look at issues such as the effectiveness of the new operating arrangements; the chairing, leadership and effectiveness of meetings; behaviours and focus; and the effectiveness of assurance and performance/operational systems within the operating model. The review team also spoke to the board, in part to better understand the drivers behind the new approach, and to gain a better understanding of the objectives and a sense of 'what good looks like' from their perspective. Although this is not an inspection, the team used a structure which mirrored some of the CQC well-led key lines of enquiry to frame its findings, which will help ensure future improvements are consistent with those expectations.

The aims of this work are twofold. Firstly, the impact review will provide developmental commentary and recommendations on the initial effectiveness of the new working arrangements. Secondly, it will place the new arrangements within a strategic context in order to assess the alignment between the strategic objectives of the board and the operational focus of the staff.

3.3 Acknowledgements

The GGI review team would like to thank everyone who made themselves available for interviews and to those who provided project support and documentation for review. In particular, we would like to thank the chair, Kath Lavery, and chief executive, Toby Lewis, who ensured that, in a busy trust with many demands on time, everything possible was done to help the review team carry out their work.

3.4 Limitations

The review is limited to the documentation that was provided to GGI during the period described and confined to the information provided to us by those who we interviewed as part of this process or observed at those meetings we were able to attend. The report highlights the conclusions drawn from the review and provides an outline of future suggested actions and improvements to address the identified shortcomings and strengthen board and committee working.

The matters raised in this report are limited to those that came to our attention during this assignment and are not necessarily a comprehensive statement of all the opportunities or weaknesses that may exist, nor of all the improvements that may be required. GGI has taken every care to ensure that the information provided in this report is as accurate as possible, based on the information provided and documentation reviewed. However, no complete guarantee or warranty can be given with regard to the advice and information contained herein.

This report is prepared solely for use by RDaSH. Details may be made available to specified external agencies, including regulators and external auditors, but otherwise the report should not be quoted or referred to in whole or in part without prior consent. No responsibility to any third party is accepted as the report has not been prepared and is not intended for any other purpose.

4. Methodology

We gathered evidence to inform our conclusions and recommendations in the following ways:

- review of documents relating to the new committee and management group structure, including terms of reference, agendas and minutes
- individual interviews with all board members
- observation of selected key meetings
- benchmarking against other NHS mental health trusts where GGI have completed similar projects

A list of the documentation which we reviewed, the people who we interviewed and the meetings which we observed is included in Appendix I.

5. Detailed findings

5.1 Strategy

What good looks like

- There is a clear statement of vision and values, driven by quality and sustainability. It has been translated into a robust and realistic strategy and well-defined objectives that are achievable and relevant.
- Senior leaders can evidence how the organisation's key quality, operational and financial priorities have informed the development of the strategy, which has a small number of clear quality, operational and financial objectives that steer the organisation sustainably towards its vision.
- Senior leaders can evidence how the organisation's strategic goals and objectives, reflecting those of the local health and system, are cascaded through the organisation by informing the objectives and performance targets for business units, teams and staff members.
- Senior leaders can evidence that there are detailed delivery plans; progress against them is monitored and aggregated in a structured way, and the board and local health and care economy leaders regularly discuss and respond to them as appropriate, focusing on delivering the strategic goals and objectives.

Headline findings

I. The drivers behind the new strategy are widely accepted.
II. There is a high level of recognition and understanding of the new strategy across the Trust.
III. The strategy is heavily associated with the chief executive.
IV. Operational and strategic discussions are not yet integrated.
V. Concerns remain about the pace of change.

There is near universal recognition regarding the significance of the new strategy adopted by RDaSH in late 2023. We found three consistent themes which underpin this finding:

- There is a clear acknowledgement that the trust needed a new corporate strategy. This need was driven by the arrival of a series of new strategic leaders, including the chair and chief executive, a recognition of the evolving landscape of integrated care

and shifting patterns of demand and a determination to avoid drift and give direction to the inherent commitment of the organisation.

- The level of familiarity with the intent and detail of the new strategy is impressively high. Although we primarily spoke with people at board level, during meeting observations with more junior-level staff it was clear that people at other levels of the organisation were able to cite details of the strategy and the promises. It was also casually referenced in meetings we observed and linked to outcomes. The level of recognition is significant and beyond comparable trusts, especially given that it is still relatively new.
- The core aims of the strategy were accepted and viewed positively by the vast majority of people we spoke to. It is clear that the organisation 'gets' the intent behind the words and is already using the framework to guide its thinking and decision-making.

Many of those who have been at the trust for a while drew a contrast between the current strategy and those which had been adopted in previous years, with a strong sense of permanence being associated with the current strategy. Longstanding members of staff also pointed to a refreshing lack of scepticism this time around and more junior staff who might otherwise have felt more distant from the strategy are much more familiar with it.

The role of the chief executive in catalysing, charting and driving the new strategy is widely recognised. Whilst a process of change in the trust was precipitated by 2019 CQC inspection and given further urgency in the aftermath of the pandemic, everyone we spoke to framed the strategy in the context of the arrival of the new chief executive. Such close association is of course positive and reflects the desire of the board to signal a new direction with their appointment of the new chief executive.

The leadership team broadly share the wider enthusiasm for the new strategic direction, with one or two (not unreasonable) concerns raised about capacity and risk, which would for the most part fall into the category of 'business as usual' concerns rather than anything more fundamental. That said, concerns were expressed about the capacity of the organisation to continue to focus on several fronts and the dangers of 'spreading ourselves too thinly' and becoming distracted.

The strength of association between the strategy and chief executive also presents a risk to the organisation. Specifically, this presents the danger of a single point of failure should the organisation and its stakeholders perceive a strategic gap (even inadvertently) between the chief executive and wider leadership team, which could have a hugely destabilising effect on the trust.

The strategy is adopted and rapidly becoming embraced across the organisation as well as being recognised by key stakeholders; however, it must be explicitly associated with all organisational leaders, not just the chief executive.

Mechanics	• The strategy is impressively well embedded across the organisation. • Links between operational management and strategic outcomes are not yet mature.
Dynamics	• Leadership relationships are generally well established. • The culture of the organisation is shifting towards new ways of working, though there are still some voices of doubt. • The new operating model is inclusive, constructive and focused on improvement.
Knowledge	• Leaders have and can articulate a clear view of the trust's ambitions and challenges. • The trust is more strategically assertive within the system than it was previously.
Sustainability vs Fragility	• The chief executive is the key driver of the new strategy. • The wider leadership team are coalescing around the direction set out by the board chair and chief executive but this is, again, not yet mature.

5.2 Responsibilities, roles and systems of accountability

What good looks like

- Senior leaders can evidence that they are clear about who is responsible and accountable for the provision, quality and performance of services, including decision-making, delivery, and management of risks and issues in relation to quality, operations and finance.

- Senior leaders can evidence that there is a robust system of internal control, overseen by board subcommittees, to safeguard patient safety, service quality, investment, financial reporting and the organisation's assets.

- The board and other levels of governance in the organisation function effectively and interact with each other appropriately. Meetings demonstrate:
    - clarity around function, including the powers delegated to sub-committees/ sub-groups
    - stable and regularly attending membership (including non-executive directors, where relevant) of a size appropriate to the requirements of the organisation
    - appropriate balance between challenge and support, for example between executive and non-executive directors, and between governors and non-executive directors (where applicable)
    - appropriate information flows supporting decision-making and the timely resolution of risks and issues that it operates within its terms of reference, and regularly reviews achievement against them

Headline findings

- The new operating model has been quickly adopted by staff.
- The conduct of meetings is effective but lacks maturity.
- Some meetings suffer from a lack of strategic context.
- There is a need for the wider leadership team to play a more prominent role in meetings.

To support the delivery of the new strategy and give the organisation greater capacity for strategic planning and responsiveness, a new operational model has been developed and implemented over the latter part of 2023 and early 2024.

During the discussions and observations undertaken between January and March 2024, we were again impressed by the speed at which teams at several levels of the managerial structure have embraced the new ways of working and intent behind them. In each case,

the meetings were well attended, with individuals briefed on their area of focus and a positive and constructive atmosphere throughout.

The chief executive is a charismatic and engaging presence at the Clinical Leadership Executive (CLE) and delivery review meetings. This is a strength within the context of the trust. There is, however, a risk of too much emphasis/reliance being placed on his role as orchestrator as he, to some degree at the current stage of maturity, represents a single point of failure to the operating model. This is not about him stepping backwards, but others stepping forwards to ensure that leadership of the model is associated with the wider leadership group.

Unsurprisingly, given the timing of the observations relative to the introduction of the new arrangements, we found that while the meetings were functional and safe, they also demonstrated a degree of immaturity in terms of overall effectiveness. Specific examples of this included:

- A general lack of clarity of purpose at some of the operational meetings we observed, which given these were in the very early stages of the new operating model was a missed opportunity to enable participants to be clear about their contribution.

- In a similar vein, we observed that there was often little sense of connection between the different matters raised within the meeting and their wider strategic purpose. This gave the appearance of 'going through the motions' even though this was clearly not the intent.

- There was also a frequent lack of context in evidence. Many issues were raised, discussed and then concluded with no firm sense of implication, further action or consequence – what might be termed the 'so what?' question.

- While individual contributions were informed, insightful and constructive, we frequently observed instances of individuals seeming to 'switch off' once their contribution was made rather than participating throughout the meeting.

- At the more senior level, CLE meetings were again enjoyable and conducted in a constructive, cordial but purposeful atmosphere. In these meetings, strategic oversight was very much driven by the chief executive and chief operating officer, with others more focused on their particular area of specialism.

None of these observations point to a specific problem with the strategy, operating model or leadership of the organisation. Rather, they are challenges associated with change, new ways of working, and are reflective of staff coming to terms with a different approach. For

these reasons, we associate our findings with the challenge of achieving maturity rather than with a more fundamental problem with governance arrangements or direction.

Mechanics	• The new operating model is being embedded within the organisation. • There is a clear understanding of roles and responsibilities within the new structure, although it is functioning at a relatively basic level.
Dynamics	• Participation in the new meetings is positive and enthusiastic. • Participation across different briefs is still not mature.
Knowledge	• The purpose of the operating model is clearly understood by the board. • Staff are engaged and participate, but do not consistently link operational and strategic matters routinely.
Sustainability vs Fragility	• The new operating model must be explicitly embraced by all organisational leaders for the sake of sustainability and quality. • The current reliance on the chief executive as the keystone of meetings is a risk.

5.3 Processes for managing risks, issues and performance

What good looks like

- Senior leaders can evidence that the organisation has effective, timely, horizon-scanning, scenario-planning and reporting processes so that it is sufficiently aware of changes in the internal and external environment (including risks from the wider local health and care economy) that may affect delivery of strategy and/or affect quality and financial sustainability.
- The organisation has the processes to manage current and future performance.
- Performance issues are escalated to the appropriate committees and the board through clear structures and processes.
- Senior leaders can evidence that there is a clear, co-ordinated, continuous programme of clinical audit, peer review and internal audit, overseen and challenged by the board

Headline findings

- Meetings are constructive and conducted in a developmental atmosphere.
- Performance review is developing well.
- The BAF requires further development.

The new arrangements have been designed to help create a clear line of sight between the operational and strategic focus of the organisation. The institution of the CLE, thematic and geographical care groups and the delivery review process, are widely recognised as helpful tools in aligning the resources of the trust with its desired outcomes.

- The delivery review process is already establishing an effective role in providing not only scrutiny and oversight of performance but also a forum for operational and strategic leaders to focus on innovation and improvement. In respect of the delivery review groups we found that:
    - There is a genuine sense of partnership between the operational and strategic teams in evidence. Despite the 'select committee' overtones, participation was constructive and productive from all involved.
    - The purpose of the meeting and of each specific item is generally clear to those becoming familiar with the process. It might be less so to new attendees or substitutes and so a short synopsis of purpose would be a helpful addition to the format.

- The focus on end users was more implicit than explicit and most in evidence at the delivery review meetings.

- Relationships are well established and suitably supportive without being too relaxed or veering into complacent. They are towards the mature end of the spectrum.

- Participation in each of the delivery review meetings we observed was generally broad ranging, though the chief executive and chief operating officer were the only participants to speak regularly beyond their brief. In respect of maturation of the group, the regular participation of all members of the group in all aspects of the work will be a clear signal and one to consider for the further impact review later in the year.

The Board Assurance Framework (BAF) requires updating in order to be used effectively at board and committee level to monitor the delivery of the strategic objectives and mitigations for strategic risks. We would expect to see the BAF referred to in every committee meeting, which was not apparent in the committee meetings we observed. At the time of our review, we understand work is underway to refresh the BAF to align to the new strategic objectives, which may be why we did not see evidence of its active use.

Mechanics	• The structures for managing risk and performance are in evidence. • Delivery reviews are effective and developmental in focus; attendees are enthusiastic and constructive.
Dynamics	• The discussions at meetings we observed were effective and productive. • There needs to be more strategic linkage between operations and outcomes – with a more explicit focus on service users at all levels.
Knowledge	• Staff know what is expected of them and issues like risk and patient safety are prominent. • There is a greater and growing focus on the system and the trust's influence within it.
Sustainability vs Fragility	• Staff are more effective in their own area of expertise than in areas they are less confident in. They need to be encouraged out of their comfort zone and further towards a broader contribution to discussions.

5.4 Information

What good looks like

- Senior leaders can evidence that the board, its committees and subgroups as a core part of their meetings:
    - receive and discuss information covering quality, operations and finance, and their inter-relationships; each committee's particular focus arising from its terms of reference
    - appropriately challenge and interrogate the information and assumptions presented to inform decision-making, making use of benchmarking and other external sources as appropriate

- Integrated reporting supports effective decision-making. There is a holistic understanding of performance, which sufficiently covers and integrates the views of people, with quality, operational and financial information.

- Senior leaders can evidence that the board, its committees and subcommittees regularly use information to understand and support the improvement of all areas of the organisation, including qualitative/ narrative text to explain outlying performance alongside the agreed metrics.

Headline feedback

- The potential for conclusions, implications and actions from discussions is not yet being exploited.
- Some of the care group meetings we observed are not yet fully aligned with strategic purpose.

The line of sight between the board and managerial structure is evolving rapidly as the new operating arrangements become embedded. This was in evidence in several of the meetings we observed, albeit at a fairly basic level, including the local care groups, where a link between operational and strategic issues is beginning to be more clearly defined.

This link remains tenuous though. While the issues are clearly subject to discussion, the contextual awareness that surrounds these discussions is less clear and we would like to see a greater degree of curiosity encouraged by senior managers. An example of this would be a discussion about financial performance at one of the care groups – which was subject to a good degree of analysis relating to both underspends and overspends. However, at the conclusion of the discussion, there was no sense of the impact of these discussions on the wider organisation- rather, they were very much in the moment. The next item related to completion rates for personal development reviews, which were initially presented in

percentages before being revised to numbers following a useful intervention by the meeting chair, in order to be more accessible to, and comparable with, the wider organisation. This was impressive and represents a useful blueprint for development.

Again, these examples point to matters of relative maturity rather than direction, but their significance will only grow as the pressures on resources and demand continue to grow and so progress towards maturity must remain a priority.

Mechanics	• We observed effective information flows between different levels of the operating model. • CLE out briefs are being used as a means of capturing key outcomes and information. We are assessing user perspectives on the effectiveness of these.
Dynamics	• The new way of operating has required a change in approach that initially placed strain on relationships. This is felt by most to be improving. • The meetings we observed were for the most part upbeat and constructive.
Knowledge	• The exchange of information at the care groups we observed was considerable. • The development of these groups will increase the trust's capacity to manage risk and produce better outcomes.
Sustainability vs Fragility	• The sense of the organisation and specifically leadership group keeping up with the pace set by the chair and chief executive is beginning to shift, but there is still work to do to ensure the entire organisation is working at sufficient pace.

5.5 Learning and improvement

What good looks like

- Senior leaders can evidence how they create a safe and hospitable environment for experimentation and learning, by:
  - taking time out to identify and act on the board's own successes and failures
  - demonstrating how reviewing quality, operational and financial information has resulted in actions that have successfully improved performance.

Headline feedback

- The trust has committed to improvement and this message is well embedded.
- Learning from performance data is in evidence but needs further development.
- Engagement with the system is noticeably more developed than it was previously.

Many we interviewed cited the ambition of RDaSH to be a place of innovation where bravery and ambition is rewarded, and people are not unduly punished for failure – within the realm of good stewardship. While recognition of this ambition is widespread, the prevailing view is that it remains more of an aspiration than a reality, though there is increasing evidence of learning and improvement in a number of areas:

- The 28 promises set out in the corporate strategy are unambiguously focused on service-users. They are bold and ambitious and the use of the word 'promise' engenders a sense of commitment and accountability.

- Feedback from service-users is beginning to flow back into service design. There is further work to do in this respect, but the evidence of progress in growing.

- There is a palpable sense of the trust increasingly looking outwards to the system, including the ICBs, local government and voluntary sector partners. This is a departure from what went before when the trust was seen to be more introspective and less inclined to engage externally. The new public health, patient involvement and partnerships committee is an effective platform for overseeing engagement in proactive, thoughtful collaboration.

- As part of this transition to looking outwards, the trust is learning more from the approach of its partners, as well as becoming more assertive about the trust's position and reputation within the system.

This is an issue within the trust that has seen rapid development over the last 12 months. Identifying opportunities to learn and develop is clearly a priority for the board and was cited frequently by NEDs and executives alike. There is more to do, particularly in terms of addressing the broader culture of the trust and recognising the volatile environment within which it operates, but the foundations of an effective learning organisation are very much in evidence.

Mechanics	• The structural components of learning are in place and beginning to be embedded.
Dynamics	• Relationships have been seen to develop over the last six months after experiencing the predictable turbulence caused by change. • There is a wide recognition that things needed to change, but also a firm view that not everything that went before was bad.
Knowledge	• This evaluation and the further pulse check at the end of 2024 will support the organisation to identify opportunities for further learning and development. • The vast majority of people we spoke to indicated a desire to learn and improve.
Sustainability vs Fragility	• Despite progress, learning is too reliant on too few people within the leadership team. Further progress needs to be made and we hope to see this during the second impact review.

6. Recommendations

We have set out seven recommendations based on our findings. The recommendations are framed in the context of maturity rather than direction. The vast majority of people we spoke to as part of our impact review were clear that the strategic direction and operational arrangements introduced in late 2023 were necessary for the trust to continue to develop and address the needs of the communities it serves. We concur with that sentiment and would recommend the following measures to ensure that the maturity of the new arrangements continues to develop:

Recommendation 1: Get behind the change

The new ways of working are embedded and here to stay. There is a clear recognition from the chief executive and board that not everything that went before was bad, but change was necessary and has happened. It is therefore critical that the leadership team in particular continue to associate themselves with – and be seen to associate themselves with – the new strategy and operating model. That doesn't mean there shouldn't be challenge and debate about how things can be improved, but the lingering sense of things reverting back to how they used to work should be dispelled.

Recommendation 2: The conduct of meetings

The meetings we observed were conducted in a constructive and positive environment. However, to keep pace with the ambitions set out in the strategy and to meet the challenges of demand and capacity, there will need to be continuous improvements in the conduct of these meetings. We therefore recommend that a programme of improvements be implemented based on common principles across meetings, including:

- The inclusion of a brief but clearly articulated purpose for each meeting
- The inclusion of a strategic context – what does this meeting connect to and how does it contribute to the strategy and promises?
- Each meeting should produce clearer conclusions, actions and implications from their discussions – both explicitly through the notes and implicitly through the application of the 'so what?' principle by the chair and participants.

To embed these principles, we recommend that a programme of training be implemented for committee chairs and, if possible, regular participants.

Recommendation 3: Balancing participation

Based on our observations, there is a need for greater maturity in terms of meeting participation. This will require a number of improvements, including:

- attendees having a very clear knowledge of why they are at the meeting and what is expected of them.
- attendees having the confidence to contribute beyond their brief and challenge more constructively and strategically.

There is also a specific challenge in relation to meetings chaired by the chief executive. In these meetings the natural charisma of the chair very much dictates the pace and tone and while this is not a problem per se, for the purposes of contingency and continuity it would be good to see other members of the leadership group playing a more prominent role in these meetings.

Recommendation 4: Continue to increase the focus on service users

What was clear from our many discussions and observations is that the trust is very focused on service user outcomes, and is restless to develop greater capacity to meet them. This was cited as a key driver for the new strategy, and the ability to assess performance and impact is a key design principle of the new operating model. However, this inherent passion was not fully reflected in the meetings we observed – though we recognise that a clearer framework for 'patient voice' is being developed by the trust and will be implemented soon. We recommend that the trust continues to work with meeting participants to further embed the principle of outcomes into the mechanics of decision-making and governance to ensure that they are more embedded in the business of the organisation.

Recommendation 5: Managing the implications of the ongoing change

The trust has gone through a considerable changes in personnel, strategy and pace. Even those who were initially sceptical about the nature and pace of the changes accept that change was inevitable and those who championed it equally recognise that it is having an effect on the staff charged with delivering it. Continuing to support the wellbeing of those charged with the ongoing implementation and execution of the new operating arrangements is both consistent with the actions of a compassionate employer and a pragmatic way to protect the investment that is being made.

Recommendation 6: Refresh the BAF

The board assurance framework (BAF) has been subject to improvements as part of the implementation of the new strategy and operating arrangements. We recommend that this process is approached as a refresh of the both the content and use of the BAF across the trust's governance structure in order that it is fully aligned with the new approach.

Recommendation 7: Cntinue to grow your influence within an evolving system

The trust's relationship with and standing within the system has shifted considerably over the last 12 months. According to a number of people we spoke to, this has led to a more engaged and, according to some, more assertive profile for RDaSH in relation to not only the two ICBs, but also the three local authorities and many VCSE organisations it partners with. As parts of the system are subject to increasing pressure in relation to increasing demand and financial stress, the trust should ensure that its operating arrangements are able to take account of these changes and where possible establish systems to signal and significant changes that might have an impact on the trust itself.

7. Next Steps

Further Review

GGI will return to the trust in October 2024 to observe a further cycle of selected meetings.

Our focus in doing this will be to track progress made against the seven recommendations set out in this report in the context of the five characteristics of effective governance and leadership also set out in the report:

I. strategy
II. responsibilities, roles and systems of accountability
III. processes for managing risks, issues and performance
IV. information
V. learning and improvement

We will provide a commentary on progress against each of these and identify where further improvements are needed.

Appendix I - Methodology

Documents reviewed

- Operating model – Board paper, September 2023
- Operating model and new ways of working – Board paper, November 2023
- Reservation of Powers to the Board of Directors and Scheme of Delegation – Updated November 2023
- Corporate calendar 2024
- Outbrief note from CLE sub-groups – February & March 2024
- Briefing for Council of Governors – October 2023
- Care Group Delivery Review packs – November 2023
- Staff vacancies – Operational Management Group paper, December 2023
- Crisis Transformation Steering Group papers, December 2023
- Care Group Board template ToR

Interviews conducted

• Richard Banks	Director of Health Informatics
• Richard Chillery	Chief Operating Officer
• Toni Ellis	Executive Business Manager
• Wendy Fisher	Clinical Strategic Advisor
• Lea Fountain	NExT Director
• Sarah Fulton Tindall	Non-Executive Director
• Kathryn Gillatt	Non-Executive Director
• Phil Gowland	Director of Corporate Assurance and Board Secretary
• Dr Judith Graham	Director of Psychological Professionals and Therapies
• Dr Janusz Jankowski	Non-Executive Director
• Kathryn Lavery	Chair
• Dawn Leese	Non-Executive Senior Independent Director
• Toby Lewis	Chief Executive
• Jo McDonough	Director of Strategic Development
• Nicola Mcintosh	Director of People and Organisational Development
• Justin Shannahan	Non-Executive Director
• Dr Graham Tosh	Medical Director
• Dave Vallance	Non-Executive Director and Vice Chair

Meetings observed

- Council of Governors 20 February 2024
- Clinical Leadership Executive 20 February 2024
- Charitable funds committee 6 March 2024
- Operational Management Group 8 March 2024
- Care group business meeting Rotherham Adult MH 8 March 2024
- Equity and Inclusion group 12 March 2024
- Research and Innovation group 12 March 2024
- Quality and Safety 12 March 2024
- PIPHP committee 20 March 2024
- Quality committee 20 March 2024
- Care Group delivery review Rotherham Adult MH 25 March 2024
- Care Group delivery review Children's care group 26 March 2024
- Board of Directors 28 March 2024
- Risk Management group 2 April 2024
- Audit committee 3 April 2024


Good
Governance
Improvement

ROTHERHAM DONCASTER AND SOUTH HUMBER NHS FOUNDATION TRUST

Report Title	Leadership Development Offer (LDO)	**Agenda Item**	Paper N
Sponsoring Executive	Carlene Holden, Director of People and OD		
Report Author	Jayne Collingwood, Deputy Director of OD		
Meeting	Board of Directors	**Date**	30 May 2024

Suggested discussion points

The investment in our leaders is a critical success factor for the delivery of our 28 Promises and our Organisational Strategy, the LDO provides leaders with a comprehensive development opportunity and solidifies ways of working across the Trust. It is recognised that there has not been a consistent leadership offer for some time and therefore our senior leaders undertaking the programme will commit 1.5 days per month for the LDO, to address the deficit gap.

Given the financial investment required in the LDO and the time investment from our senior leaders the Board are asked to consider the proposal, suggested content and plan and consider

- Is the proposed content what is needed?
- Will this investment develop our leaders sufficiently to deliver our organisational strategy and support any capability and capacity concerns?
- Explore any risks associated with the LDO?

Alignment to strategic objectives

SO5. Help delivery social value with local communities through outstanding partnerships with neighbouring local organisations.	X

Previous consideration

Not applicable

Recommendation

The Board of Directors is asked to:

x	**SUPPORT** proceeding with the leadership development offer in 2024/25 as outlined, subject to receipt of a satisfactory and affordable bid
x	**RECOGNISE** the need to review wider leadership support for all line managers within the Trust during this calendar year
x	**REVISIT** the effectiveness of what is being done during Q4 24/25

Impact

Trust Risk Register	X	CCG 9/23					
Board Assurance Framework							
System / Place impact							
Equality Impact Assessment	Is this required?	Y	X	N		If 'Y' date completed	To be completed following contract award
Quality Impact Assessment	Is this required?	Y		N	x	If 'Y' date completed	

Appendix

Appendix 1 – LDO Requirements

ROTHERHAM DONCASTER AND SOUTH HUMBER NHS FOUNDATION TRUST

Leadership Development Offer (LDO)

1.0 Introduction

1.1 Recognising people are our greatest asset, this paper covers the development of the LDO, the procurement process and associated timescales. The paper also highlights the wider work which will be completed this calendar year to improve our leadership offer to all colleagues.

2.0 Requirements of the LDO

2.1 It is recognised that the Trust has not had a cohesive leadership development offer for several years, the last one being Fit for the Future in 2015, which has meant that a small number of colleagues have accessed individual leadership programmes, often via the NHS Leadership Academy or via university providers, but with no consistency across the Trust, either at Directorate level or geographical level.

2.2 The strategy and our 28 promises require all our leaders to work in a different way. Therefore, there is a commitment and a recognition of the need to significantly invest over the next 3 years (at least) in a LDO that enables high performing teams to deliver the 28 promises, enhance our culture and improve our ways of working. The offer will enhance the capability and skills of our leaders to truly enable them to learn and develop themselves, learn and develop others and be a team that innovates, creates ideas, spends money differently, develops stronger relationships with partners, delivers better outcomes for patients and those in our communities who access our services and ultimately improve the long-term health of our local populations. It is this working in and with communities that is perhaps the biggest change we need to make and the area where leaders tell us they want help and support.

2.3 The proposed LDO is innovative in its style and approach, embracing different learning styles and provides access to high quality external coaching and mentoring, again something which has not been provided consistently to our leaders for several years. The historical approach to coaching and mentoring has tended to be those that wish to access this opportunity have done so, but for those colleagues who are likely to benefit more from this support haven't done so.

2.4 Based on the feedback since October 2023, and in particular comments within the Clinical Leadership Executive, we have a premium on the time spent within the LDO being used to do 'the work'. This is an important step that requires partnership with our suppliers. We need to be active in defining that work with them and ensuring we use the time to deliver improvements across our promises and priorities.

2.5 We expect c.150 colleagues, our top leaders' cadre, to commence the LDO in 2024, with a wider roll out planned for 2025 and 2026, with the training delivered mainly via face to face across our three main geographical locations, North Lincolnshire, Rotherham, and Doncaster, supported by a digital learning platform to facilitate booking and learning. Colleagues will invest up to 1 day a month to commit to individual/personal development activities and up to half a

day a month to commit to team development activities. It is anticipated that the formal launch of the LDO will be at the Leaders' Conference on the 25th September 2024, with a soft launch beforehand.

The detailed requirements of the LDO are summarised in Appendix One.

3.0 Procurement Process to date

3.1 Given the potential financial size of the commercial contract a tender process commenced in February 2024 and following the initial tender submission, a competitive dialogue tender process was undertaken to ensure the market was robustly tested, again this being a different approach for the Trust with competitive dialogue. Formal bids were received from 5 suppliers.

3.2 At the initial evaluation stage, one was not successful and the remaining four suppliers were invited to present to the panel. Each supplier presented on their bids which included a question-and-answer session with a range of Trust representatives. A dialogue took place on how their bids could be developed further to meet our needs. The four bidders subsequently received a further brief to demonstrate how they will meet our requirements. A final bidder day has been organised for 31st May, with a decision expected on the day or shortly thereafter. The panel will decide on which supplier or suppliers we wish to work in partnership with on this project. It is likely that more than one supplier will be chosen to deliver the LDO. In addition, we expect to add pre-selected parties to that coalition to meet some of the needs identified in the balance of this paper.

4.0 LDO offer – Additional Aspects

4.1 The LDO will also be supported by the following areas which form an integral part of the LDO but have been commissioned separately.

Equity, Diversity, and Inclusion

We will take positive action to facilitate early access to the LDO for those leaders who are from diverse ethnic backgrounds as the data demonstrates that they are disadvantaged for career development opportunities. Where reasonable adjustments need to be made for attendees on the programme, we will make them.

But the work itself needs to positively engage leaders in best practice in EDI. Each of the suppliers seen to date acknowledge that this is beyond their expert competence (if within their core competence). We are therefore taking steps to ensure provision alongside our initial partners.

Community development and participation (and power)

This is not simply about local knowledge. It is about skills and experience. The work within the LDO needs to be rooted in our neighbourhoods. This will require patient voice around the coalition, planning table to make sure that everything we do has this flavour. We plan to offer up to 10% of places within the programme to community leaders to work alongside our Trust leaders as we undertake the development programme.

There are two elements of our existing OD practice that we need to consider how we cohere within this work. We want to sustain them but they cannot

operate as parallel processes. The decision we need to make regarding RJLC will be considered within our forthcoming People and Teams Plan.

Restorative Just and Learning Culture

The Restorative Just and Learning Culture elements of LDO will be accessed and delivered through Mersey Care NHS Foundation Trust in conjunction with Northumbria University. This is because they are experts within the field and have a robust, accredited, comprehensive program already in place called the Principles and Practice of Restorative Just Culture**.**

Restorative Just Culture practices recognise the important role leaders play by dealing with adverse events and incidents by asking, who is hurt; what do they need; and whose obligation is it to meet those needs? The success of restorative responses hinges on getting the community involved in collaboratively resolving those questions and arriving at a solution that is respectful to all parties, such as, patients, families, caregivers, organisational representatives, regulators, and legal and union representatives. It considers accountability in a forward-looking (rather than punitive, backwards-looking) manner, asking who needs to do what now, given their role and the expectations that come with it.

Team Effectiveness and Development Tool (TED)

The TED Tool developed by Lancashire Teaching Hospitals NHS Foundation Trust is included in the LDO. This organisational development tool will facilitate an evidence-based approach, to developing sustainable, holistic team solutions that deliver impact and improve effectiveness. It allows clear measurement of team effectiveness with a focus on improvement in a simple accessible format to enable teams to grow and thrive through informed action.

5.0 Implementation and Evaluation

5.1 During the implementation phase we will establish a multi-professional steering group (in effect a Programme Board) to shape and influence the leadership offer, as well as socialise and secure engagement from leaders. The programme board has already been working on the procurement and includes a range of professionals, visible diversity, and very senior leaders. The Trust vice chair will be joining the board after the provider is selected, as will at least two or three other leaders who have not been involved in that choice.

5.2 This programme will be formally evaluated as a research study by Grounded Research colleagues, who will look to formally evaluate the impact, outcomes effectiveness and learner experience of this programme. This evaluation will be conceptualised and designed before we start, so that data collected during the programme an influence its ongoing design.

6.0 Wider Leadership Support – Our Plans

6.1 Whilst this programme is initially focussed on our top leaders, we also recognise that further work is required to enhance the leadership offer to all line managers Therefore, during this calendar year we will undertake a full review of the leadership offer for all our line managers. Building on our commitment to training and development, this provides a platform as colleagues progress in the Trust or join the Trust as a new recruit to understand the ways of working, the requirement and how they and their teams can thrive.

6.2 In addition to the wider leadership support we also recognise that managers, at all levels, require the practical skills to effectively perform and excel in the roles. Therefore, we will also develop a specific and mandatory first-time line managers' induction, to be launched no later than 1st September, which will include a range of modules, such as

- Financial awareness including budget responsibilities and SFI's
- Procurement process and managing a tender
- Contract management
- Managing data
- Report writing
- Managing difficult conversations
- Managing risks and issues
- My legal obligations (health and safety)
- Managing complex cases (patients and colleagues)

7.0 Recommendations

The Board of Directors are asked to:

1. Support proceeding with the leadership development offer in 2024/25 as outlined, subject to receipt of a satisfactory and affordable bid

2. Recognise the need to review wider leadership support for all line managers within the Trust during this calendar year

3. Revisit the effectiveness of what is being done during Q4 24/25

Appendix 1

LDO REQUIREMENTS

- Alignment with and embed our values and behaviours.
- Have an awareness of and integrate just restorative learning culture techniques and demonstrate the importance of high-quality standards and expectations whilst being compassionate in their approach.
- Provide an experiential learning opportunity for leaders to be immersed in communities where they can learn to lead beyond their authority.
- Incorporate the true learning and appreciation of proper partnership working within our communities.
- Stretch leaders to know the true meaning of participation with people with lived experience.
- Allow leaders to learn about themselves (insight) and the impact and influence they have in the communities and with partners.
- Allow leaders to learn about others and the impact that their collective leadership can have in the communities, with partners and teams.
- Facilitate leaders to lead multidisciplinary team of experts without them being a leader with all the answers and expertise.
- Further develop the known leadership requirements embedded in their job descriptions.
- Further develop leaders in operational, clinical, functional and specialist directorates as they lead teams that will be working with and within the communities.
- Provide team development opportunities so we have high performing, effective teams in our organisation.
- Provide stretch opportunity so leaders are empowered to take calculated risks, learn by mistakes, and know their vulnerabilities and limitations.
- Consider and incorporate additional flexibility so if consequential outcomes following several facilitated sessions – for example if it becomes apparent that a specific discipline or staff group/team require a bespoke course/immersion session/skill or opportunity the supplier will adapt to make this happen (e.g. related to HR/ legislation/coroners court)
- Incorporate the opportunity to develop awareness of Allyship and the commitment to improved equity, diversity, and inclusion in our organisation and within our communities.
- Facilitate quarterly coaching sessions and biannual mentoring sessions with qualified and registered professionals.
- Incorporate an ongoing evaluation methodology and process and if we need to make adaptations and change courses/ modules/opportunities we can do this.
- Differentiate between transactional management skills and transformational leadership behaviors and skills.
- Awareness of the importance of psychological safety for self and others as well as trauma informed care.
- Consider and quote separately for the potential of psychometrics - (examples such as Hogan development Survey HDS, Wave Professional styles or 15FQ+).

- Factor in the personal learning styles and preferences of colleagues, where communication skills and awareness may have to differ depending on the audience or receiver.
- Include Action Learning Set facilitators (from supplier) working with all delegates/colleagues.
- Describe the online booking platforms that will be compatible with our inhouse digital platforms and systems. A member of our IT department will be available as part of the final tender presentations.
- Desirable is for some form of associated Accreditation. Each supplier is expected to provide further detail of this in their offer.

ROTHERHAM DONCASTER AND SOUTH HUMBER NHS FOUNDATION TRUST

Report Title	Constitution Amendment	**Agenda Item**	Paper O
Sponsoring Executive	Philip Gowland, Director of Corporate Assurance		
Report Author	Philip Gowland, Director of Corporate Assurance		
Meeting	Board of Directors	**Date**	30 May 2024

Suggested discussion points (two or three issues for the meeting to focus on)

Following a request of them in November 2023, Governors have undertaken a series of meetings to discuss and recommend amendments to the constitution to facilitate increased governor recruitment. The proposed changes remove elements of stratification within the current composition resulting in a much more flexible and open composition, meaning there should be greater opportunity for those that wish to be a Governor. Whilst amended, there remains representation from our public, those that work for the Trust, those that receive services and those that care for the recipients; and for our partners.

The proposed amendments to the trust's constitution have been supported by the council of governors. Amendments to the constitution require both the Council of Governors and the Board of Directors agreement.

Alignment to strategic objectives (indicate with an 'x' which objectives this paper supports)	
SO1. Nurture partnerships with patients and citizens to support good health.	X
SO2. create equity of access, employment, and experience to address differences in outcome	X
SO5. help to deliver social value with local communities through outstanding partnerships with neighbouring local organisations	X
Business as usual.	X

Previous consideration (where has this paper previously been discussed – and what was the outcome?)

The paper represents the output from three discussions within the Council of Governors and is presented to the Board of Directors for the first time.

Recommendation (indicate with an 'x' all that apply and where shown elaborate)

The Board of Directors is asked to:

x	**APPROVE** the amendments to the composition of the membership/Council of Governors within the Constitution as proposed by the Council of Governors or to provide alternative proposals for due consideration by the Council of Governors.

Impact (indicate with an 'x' which governance initiatives this matter relates to and where shown elaborate)

Trust Risk Register	X	(CA 12/23)						
Board Assurance Framework								
System / Place impact	x							
Equality Impact Assessment	Is this required?		Y	X	N		If 'Y' date completed	
Quality Impact Assessment	Is this required?		Y	X	N		If 'Y' date completed	

Appendix (please list)

Appendix 1 - Current Council of Governors composition (inc vacancies and membership numbers where applicable)
Appendix 2 - Proposed Amendments supported by the Council of Governors

Constitution – Amendment to Composition of the Council of Governors

1. Background

At the November 2023 Council of Governors meeting the Governors were asked to review the composition of the Council of Governors (Current Composition – Appendix 1). The aims of the review were two-fold:

- To ensure it was representative of the communities we serve, the people we provide services to and our staff; and
- To create a composition that gives the greatest flexibility and greatest chance of filling as many seats as possible.

Over the course of the last few annual election rounds, there were difficulties in filling all the Governor vacancies. Whilst in some constituencies there were more candidates than vacancies (and hence an election took place) there were others where no candidates put themselves forward for election (and hence vacancies remained). There is currently no mechanism by which such shortfalls can be overcome and hence we retain individuals keen to undertake the role, but with no vacancies to which they can be elected.

The intention is that the Trust is focused on increasing the ability to successfully recruit new governors with a more inclusive approach to the composition which facilitates the achievement of Promise 5 “to systematically, involve our communities at every level of decision making in our Trust throughout the year, extending our membership offer and delivering the annual priorities set by our staff and public governors within strategic objective 1.

2. Composition of the Council of Governors 2024

The refreshed composition needs to reflect the Clinical and Operational Strategy 2023 to 2028. This new Strategy, its focus on the power in our communities and its structured approach to deliver the objectives and promises it contains, requires an adjusted approach to the composition. It also needs to reflect the system in which the Trust operates.

Through a series of discussions with the Council of Governors and a review of the existing constitution a number of items were identified as impacting governor recruitment.

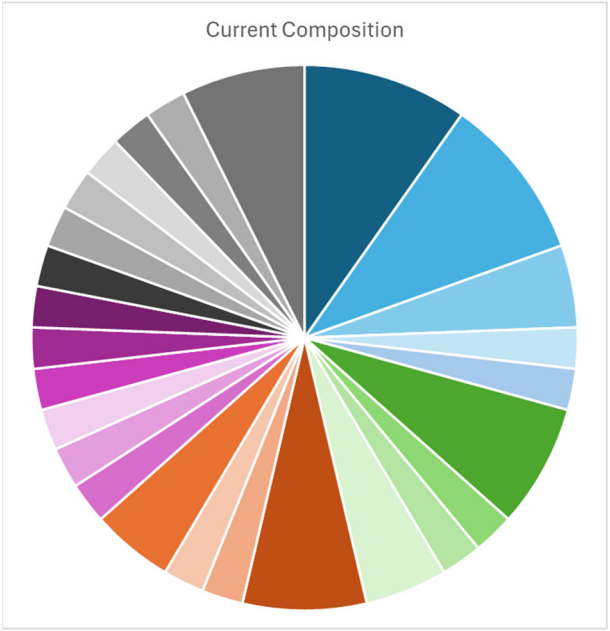
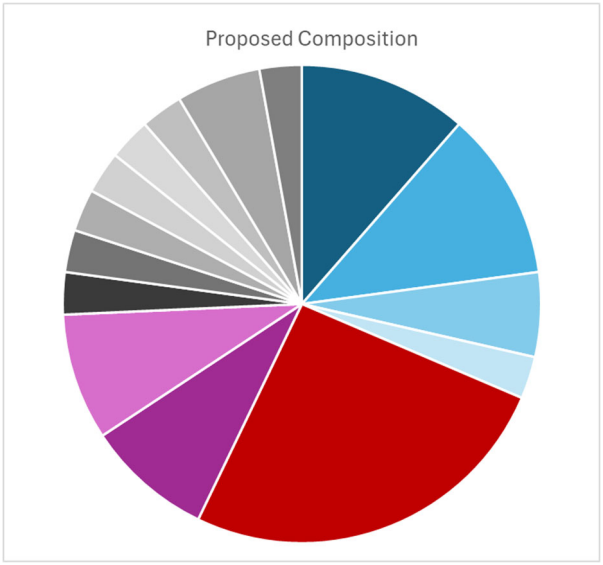
- Four constituencies that are no longer covered by the services of the trust or are bodies that were dissolved (CCG)
- Stratification of categories into classes – increasing the difficulty of recruiting as recruits must fit the requirements of the respective class.
- Insufficient Trust members in existing classes to stand for election or to vote for the candidates during an election.
- Volume of governors not comparable with Trusts of a similar size
- Staff lack of awareness of membership and governor arrangements.

In order to ensure that the constitution / composition is workable and facilitates recruitment, a number of alternative arrangements, 9 in total, were considered by the council of governors. Partner governor arrangements were also debated, and recommendations made are very much aligned to working effectively with the right partners and the community.

Appendix 1 presents in detail the amendments that have been supported by the Council of Governors. These are summarised as:

- Removal of one public constituency (NE Lincolnshire)
- Removal of classes within the Patient/Carer constituency
- Reduction in classes of staff constituency – establishing only clinical and non-clinical staff classes
- Amendments to the partner governor seats to remove organisations that no longer exist, to propose new partner organisations including two youth forum seats

In summary the proposed change in composition can be depicted below – its slightly smaller and results in larger sub-constituencies creating additional flexibility and more opportunity. It maintains the requirement for there to be a majority of public, patient/service user and carer seats (above those for staff and partners)

	
Blue – Public Green – Patients / Service Users Brown - Carers Purple – Staff Grey - Partners	Blue – Public Burgundy – Patients / Service Users and Carers Purple – Staff Grey - Partners

If the proposed changes impact on any current Governor, transitional arrangements will ensure that they complete their current term and will not be asked to step down or lose their seat. Following their current term any new arrangements will apply.

3. Board of Directors considerations

Given the requirement for any changes to be supported by the Council of Governors and the Board of Directors, this paper is primarily seeking a response from the Board of Directors to the proposals of the Council of Governors.

The Council of Governors next meets on 5 June and will receive the response.

The Board of Directors is asked to comment on the proposals and provide its support or suggested amendment, after considering the proposals and reflecting on whether the proposals achieve the following:

- Provide appropriate representation of the communities served, of the patients and carers, of the staff and of partners – who is included.
- Maintain a Council of Governors of sufficient size to allow for it to be effective – the number included.
- Provides the Trust with greatest opportunity to afford those that wish to be involved to be so – maximum flexibility
- Provides sufficient delineation within classes for it to be practically possible to maintain the membership and to effectively run elections – functionality of the new composition.

4. Next Steps

The consideration of this paper to the Board of Directors will result in support and / or amendment to the proposals; an update will be then provided to the Council of Governors on 5 June seeking its support.

Agreed amendments will be made to the Constitution.

Membership recruitment and notification of 2024 Governor elections will be published and elections held.

5. Recommendation

The Board of Directors is asked to:

APPROVE the amendments to the composition of the membership/Council of Governors within the Constitution as proposed by the Council of Governors or to provide alternative proposals for due consideration by the Council of Governors.

Appendix 1 – Current Council of Governors composition (inc vacancies and membership numbers where applicable)

Current Composition 41 positions (21 Vacant)

Public	**Vacancies**	**Members**	**Governors**
4 Doncaster	0	1812	J Bullivant, R Sanderson, M Young, R Rimmington
4 Rotherham	0	1864	S French, M Suleman, K Vatish, D Vickers
2 North Lincolnshire	2	523	
1 North East Lincolnshire	1	151	
1 Rest of England	1	224	
Carer	**Vacancies**	**Members**	**Governors**
3 Mental Health	1	264	R O'Shea, M Ramzan,
1 Learning Disabilities	1	60	
1 Specialist Services	1	17	
2 Community services	0	30	A Haig, J Cox
Service User	**Vacancies**	**Members**	**Governors**
3 Mental Health	1	438	A Llewellyn, I Spowart
1 Learning Disabilities	0	90	M Johnson
1 Specialist Services	1	48	
2 Community services	2	116	
Staff	**Vacancies**	**Members**	**Governors**
1 Nursing	1		
1 AHPs / Psychology	1		
1 Community Nursing	1		
1 Medical/Pharmacy	0		M Seneviratne
1 Social Care	1		
1 Non-Clinical	1		
Partner	**Vacancies**	**Members**	**Governors**
1 City of Doncaster Council	0	n/a	L Golze
1 Rotherham MBC	0		D Roche
1 North Lincolnshire Council	0		R Kirby
1 University	1		
1 Community Voluntary Sector	1		
1 GP	0		D Eggitt
3 CCG	3		

Appendix 2 – Proposed Amendments supported by the Council of Governors

Publicly Elected Constituencies

Public: North-East Lincolnshire Constituency removed as there are no longer any RDaSH services provided in this area. All current members in this constituency would transfer to the already established 'Rest of England' constituency.

Patient / Carer Constituency – all classes removed, low membership in each class, impacting governor recruitment. The most inclusive approach with every patient and carer within a single constituency.

Staff

Governors initially considered removing all classes and to create an inclusive 'all staff' class; this would help with recruitment; however staff governors highlighted the importance of ensuring both clinical and non-clinical representation. Consideration given to establishing staff classes based on Care Groups, however Governors felt it was too restrictive and may result in a greater challenge to fill all seats.

Partner

Removal of the three seats currently allocated to the former Clinical Commissioning Groups (CCG); By way of 'replacement', an invitation to link with the ICB was suggested.

Very strong support for the introduction of seats to allow for youth representation.

Suggestion from within the Children's Care Group that their youth 'patient voice body' could be the source of these seats.

Consideration to introduction of Healthwatch in place of Voluntary Action due to their Health interest.

Overall Size

Governors agreed a reduction in the composition to align with other trusts (from 41 to 35).

Proposed Composition 35 positions (10 Vacancies)

Public	**Vacancies**	**Members**	**Governors**
4 Doncaster	0	1812	J Bullivant, R Sanderson, M Young, R Rimmington
4 Rotherham	0	1864	S French, M Suleman, K Vatish, D Vickers
2 North Linconshire	2	523	
1 Rest of England	1	224	
Patient & Carer	**Vacancies**	**Members**	**Governors**

9 Governors	2	1063	R O'Shea, M Ramzan,
			A Llewellyn, I Spowart
			A Haig, J Cox, M Johnson
Staff			
3 Clinical	5		M Seneviratne
3 Non-clinical			
Partner 9	**Vacancies**	**Members**	**Governors**
1 City of Doncaster Council	0		L Golze
1 Rotherham MBC	0		D Roche
1 North Lincolnshire Council	0		R Kirby
1 University	1		
1 GP	0		D Eggitt
1 ICB	1		
2 Youth forum	2		
1 Health-watch	1		

ROTHERHAM DONCASTER AND SOUTH HUMBER NHS FOUNDATION TRUST

Report Title	Strategic Objective 2	**Agenda Item**	Paper P
Sponsoring Executive	Toby Lewis, Chief Executive		
Report Author	Jo McDonough, Director of Strategic Development		
Meeting	Board of Directors	**Date**	30 May 2024

Suggested discussion points (two or three issues for the meeting to focus on)

The paper is the third in a routine series covering each strategic objective. The item's purpose is to provide space to discuss the complexity and difficulties anticipated as we begin to implement. The item also maintains Board focus on our strategy.

In this case, the paper recognises the very fundamental shift we need to make to address health inequalities. Not just historical, but faced by people in our communities today. The promises outline why we need to do this, and what we need to do. It outlines some of the challenges we need to recognise and address to make a real difference.

Alignment to strategic objectives (indicate with an 'x' which objectives this paper supports)

SO2. Create equity of access, employment and experience to address differences in outcome.	X

Previous consideration

n/a

Recommendation

The Board of Directors is asked to:

x	**RECEIVE** and discuss the issues cited in the paper

Impact (indicate with an 'x' which governance initiatives this matter relates to and where shown elaborate)

Trust Risk Register							
Board Assurance Framework	X	See new BAF in papers					
System / Place impact	X	Central to partnerships across place					
Equality Impact Assessment	Is this required?	Y	x	N		If 'Y' date completed	June 2024
Quality Impact Assessment	Is this required?	Y		N	x	If 'Y' date completed	

Appendix (please list)

n/a

Rotherham Doncaster and South Humber NHS Foundation Trust

Strategic Objective 2 – Create equity of access, employment and experience to address differences in outcome

Jo McDonough
Director of Strategic Development

May 2024

RDaSH nurturing the power in our communities

What is the Board being asked?

All Board members have contributed to developing the strategy, and its objectives. We have agreed to use each meeting to re-discuss and explore each of the objectives, in January 2024 we looked at Strategic Objective 5 and in March 2024 Strategic Objective 1. Today we want to look at Strategic Objective 5. This is part not of changing or adapting the specific objectives but having time to consider the real meaning and intent. Colleagues understanding of the objective will evolve, and new ideas will become important or have greater salience.

The Board is being asked to discuss the seven promises and consider what is difficult in each.

Why we have agreed this as one of our Strategic Objectives?

As a Board we know we must do more to address structural and historical health inequalities: not just because Legislation and guidance tells us to, but because it is the right thing for the health of all our communities. This objective has promises that commit us to start addressing those health inequalities that parts of our community experience (as does promises under other strategic objectives). Health inequalities have a real impact upon people not just accessing services but also their mental health and wellbeing. Within our communities there are big differences in how long you may live. It is a stark fact that who you are and where you live may mean that you die earlier than other people. There are many factors that affect how long you live and how long you live in good health which could be where someone lives, whether they are experiencing poverty, if they have a serious mental illness, are from a minority background, if they are part of our society whose needs are often ignored (e.g. people who are homeless).

For this Strategic Objective, we will review all our services to make sure our ways of working don't compound people who are experiencing poverty and digital exclusion. We will see how and where we can contribute more to the 10 health improvements set nationally as part of what is known as Core20PlUS5: this includes making sure 95% of people with either a serious mental illness or learning disability get a health check they are entitled to, this year and in future years. We have begun to set out five impactful changes we will make to access services for people with autism, a learning disability or needing support with their mental health. As well as exceeding our apprentice levy from next year, this year we will set out tailored employment programmes for people from communities who are often excluded from these opportunities. We do support veterans in our services, and will do more to make sure we meet the NHS commitment to veterans. Finally, we will work with other organisation to better meet the needs of our rural communities and villages. There are seven Promises that fall under this Strategic Objective, as per table below

Promise No.	Promise	Board committee involvement	CLE group	Which plan the Promise is in
6	"Poverty proof" all our services by 2025 to tackle discrimination, including through digital exclusion.	Public Health, Patient Involvement and Partnerships	Operations Management Group	Equity and inclusion
7	Deliver all ten health improvements made in the Core20PLUS5 programme to address healthcare inequalities among children and adults: achieving 95% coverage of health checks for citizens with serious mental illness and those with learning disabilities from 2024.	Public Health, Patient Involvement and Partnerships	Operations Management Group	Equity and inclusion

Promise No.	Promise	Board committee involvement	CLE group	Which plan the Promise is in
8	Research, create and deliver 5 impactful changes to inequalities faced by our population in accessing and benefitting from our autism, learning disability and mental health services as part of our wider drive to tackle inequality ("the RDASH 5").	Public Health, Patient Involvement and Partnerships	Equity and inclusion	Equity and inclusion
9	Consistently exceed our apprentice levy requirements from 2025, and implement from 2024 specific tailored programmes of employment access focused on refugees, citizens with learning disabilities, care leavers and those from other excluded communities	Public Health, Patient Involvement and Partnerships	Learning & Education	Equity and inclusion
10	Be recognised by 2027 as an outstanding provider of inclusion health care, implementing National Institute for Health and Care Excellence (NICE) and NHS England (NHSE) guidance in full, in support of local Gypsy, Roma and Travellers (GRT), sex workers, prisoners, people experiencing homelessness and misusing substances and forced migrants.	Public Health, Patient Involvement and Partnerships	Equity and inclusion	Equity and inclusion
11	Deliver in full the NHS commitment to veterans and those within our service communities, recognising the specific needs many have, especially for access to suitable mental health and trauma responsive services.	Public Health, Patient Involvement and Partnerships	Operations Management Group	Equity and inclusion
12	Work with community organisations and primary care teams to better recognise and respond to the specific needs of the rural communities and villages that we serve.	Public Health, Patient Involvement and Partnerships	Equity and inclusion	Equity and inclusion

(Promise 6) "Poverty proof" all our services by 2025 to tackle discrimination, including through digital exclusion

Poverty can mean different things, but a general definition is accepted as people "lacking the resources to obtain the diet, participate in activities and have the living conditions which are customary, or at least widely encouraged and approved, in the societies to which they belong". The poverty line is defined as being on a household income of less than 60% of median income. There are approximately 14.5 million people are living below the poverty line nationally and this doesn't consider external factors (i.e., increase in mortgage rates, someone living with a gambling addiction etc). Being below the poverty line doesn't necessarily mean a person is entitled to benefits, tax credits or free school meals. The levels of poverty in our three places are typically higher than the national average.

- Around 40% of Doncaster's population live in the 20% of most deprived areas nationally.
- Around 37% of Rotherham's population live in the 20% of most deprived areas nationally.
- Around 20% of North Lincolnshire's population live in the 20% of most deprived areas nationally.

Fuel poverty is a specific element of poverty which has become more prominent in recent years and it is attributed to households that must spend a high proportion of their household income to

keep their home at a reasonable temperature. Across the RDaSH patch, fuel poverty is much higher than the national average:

Doncaster	Rotherham	North Lincolnshire	National Average
18.6%	19%	16.3%	13.14%

This is why as well as delivering great services, we need to make sure we are doing our part to address poverty. Starting in three services (Podiatry in Doncaster, Early Intervention in Psychosis in Rotherham, CAMHS in North Lincolnshire) we will have a programme to poverty proof all our services by 2025. We will make colleagues more aware of what poverty is about, how it affects people, and look at practice that makes poverty worse for individuals and how this can change. Importantly, this isn't just about looking at policy and processes: we will talk to people to understand what barriers they are facing in accessing our services.

We will also work on programmes to help people be more digitally confident and have access to technology.

Where is the challenge?

Often services are designed to be delivered in the most 'efficient' way. That is, delivered in the most efficient way for the service itself. The way that healthcare is delivered can exacerbate the challenges a person or family experiencing poverty faces. This can be the cost to get to appointments, a lack of transport, access to digital technology, a lack of access to telephones to get support or re-arrange appointments. People might not want to or feel able to share these barriers due to the social stigma about poverty and not attend appointments or miss out on support for their health. They may be stuck with a choice: heat their home or attend an appointment?

Up to the end of 2025, we will look at the way our services are delivered through a poverty lens. This is likely to highlight processes and practices that need to change to reduce the impact upon a person experiencing poverty: in some cases that might result in a financial cost we haven't factored in before. However, this should be considered in the round if a person does not attend an appointment because of poverty: what is the cost to the Trust of a clinician waiting to provide treatment or support when someone hasn't been able to turn up? If we know they way we do things exacerbates the poverty a person is experiencing, it is in our gift to do something about it.

Colleagues will have conversations with people who don't have the basics to live, and will want to see how they can help or support that goes beyond our services. This will mean we need to have good relationships and ways of referring to money advice, foodbanks and similar services who might be able to help, even though their own caseloads have increased significantly during the cost of living crisis. Breaking down the stigma of talking about money and finances to people will be an important part of this promise being a success.

Over the last 10 years or so, there has been a drive nationally of services being 'digital by default'. Many people enjoy the convenience this has brought, as well as helping to reduce the cost of services overall. But many isn't everybody. More support is needed to get people online which can be access to devices, meeting the costs of getting online and making sure people have the digital skills. We have been working through the Integrated Care Board in South

Yorkshire to make sure people in communities benefit from programmes that offer all of this support and this will need to be the norm for our three places.

(Promise 7) Deliver all ten health improvements made in the Core20PLUS5 programme to address healthcare inequalities among children and adults: achieving 95% coverage of health checks for citizens with serious mental illness and those with learning disabilities from 2024

In case Board members weren't aware, Core20PLUS5 is a national NHS England approach to inform action to reduce healthcare inequalities at both national and system level. This is broken down as follows:

- Core20 – focus on the 20% most deprived parts of the population, as defined by the national Index of Multiple Deprivation. Page 3 above shows the % of our communities living in the 20% nationally defined most deprived neighbourhoods.
- PLUS – this is part of the community that is defined at a local level. It could be people with protected characteristics as defined by the Equality Act (2010), people part of what is known as 'inclusion health' (described further in Promise 10, below), or people with long-term conditions.
- 5 - There are five clinical areas of focus which require accelerated improvement. There is a '5' for children & young people, and adults. The table below gives what they are.

'5' for children and young people	'5' for adults
• Asthma - Address over reliance on reliever medications; and Decrease the number of asthma attacks. • Diabetes - Increase access to real-time continuous glucose monitors and insulin pumps across the most deprived quintiles and from ethnic minority backgrounds; and Increase proportion of those with Type 2 diabetes receiving recommended NICE care processes. • Epilepsy - Increase access to epilepsy specialist nurses and ensure access in the first year of care for those with a learning disability or autism. • Oral health - Tooth extractions due to decay for children admitted as inpatients in hospital, aged 10 years and under. • Mental health - Improve access rates to children and young people's mental health services for 0-17 year olds, for certain ethnic groups, age, gender and deprivation.	• COPD – A clear focus on Chronic Obstructive Pulmonary Disease (COPD) driving up uptake of COVID, flu and pneumonia vaccines to reduce infective exacerbations and emergency hospital admissions due to those exacerbations. • SMI - Ensure annual physical health checks for people with SMI to at least nationally set targets. • Hypertension case-finding and optimal management and lipid optimal management - To allow for interventions to optimise blood pressure and minimise the risk of myocardial infarction and stroke. • Maternity - Ensuring continuity of care for women from Black, Asian and minority ethnic communities and from the most deprived groups. This model of care requires appropriate staffing levels to be implemented safely.

We have begun to look at our service data to identify where certain parts of our community, by looking through a Core20 and by protected characteristics lens, are potentially under served / our caseloads do not reflect the profile of our community. These profiles will be reported to the Board at future meetings, as well as outlining of what we are doing about it. We have also begun to identify what we are doing at present to contribute where appropriate to the '5's for children & young people and adults, and where we can do more. For example, we know that our School Nursing Service in Doncaster and North Lincolnshire deliver health assessments and care plans to support children & young people with asthma and diabetes.

One particular area of focus in 2024 is to increase the number of people with a severe mental illness accessing health checks and associated support, as well as people with a learning disability. Plans are being developed to achieve this. This isn't 'just about' completing health checks. It's about the tasks afterwards to improve someone's health & wellbeing. And, sustaining this over future years will be the measure of achievement.

Where is the challenge?

The interventions identified in Core20PLUS5 vary in how well defined they are. They appear somewhat more defined in the adult original, than in the later CYP document. The key step for RDaSH is internally to confirm what our interventions will be, what their current scale is, and what the step up needs to be. That may reveal that we need to 'reach' more people. Or, as with health-checks, it may reveal that we need to ensure the full suite of checks is conducted and acted upon – this may require further work with our staff on skills, or work on pathways. Someone is not health-checked until the full range of checks are completed. A sustained piece of analysis and work needs to occur during July to conclude on these problem-analysis issues.

The interventions required are not all applied to a referred cohort or list of patients. Sometimes the lists exist with primary care colleagues and sometimes there is no 'list'. So, data mining will be required to find those in need, and we will need to work better with PCNs to make sure we are complimenting one another's efforts. These are new behaviours for us, other than in the domain of health checks.

There is no doubt in each case we are working hard and doing good work. The challenge here is sufficiency. We will seek to work openly alongside TRFT who provide community services in Rotherham to consider their approach and whether we can learn further from it.

(Promise 8) Research, create and deliver five impactful changes to inequalities faced by our population in accessing and benefitting from our autism, learning disability and mental health services as part of our wider drive to tackle inequality ("the RDASH 5")

The national '5' of the Core20Plus5 for reducing health inequalities is largely focus on physical health conditions. Whilst autism, learning disability and mental health could have been part of the 'PLUS', given these are the people that form a larger part of who we support in services, it needed its own focus and therefore promise. Research was undertaken in 2023 to narrow down to what would be our 'RDaSH 5'.

The Public Health, Patient Involvement & Partnership Committee considered the first possible three of the RDaSH 5 at its meeting last week. These are:

- Work with our minority communities to increase the take-up of health checks and maximise the additional support for people with a learning disability. This was chosen as we know there are significant disparities in life expectancy of people from minority communities with a learning disability.
- Increase access for under-served parts of the community and their recovery rates for depression, anxiety and trauma for older adults. This was chosen as our data shows that, when compared to the population, older adults are under-represented.

- Increase in diagnostic rates for people with dementia and better community support for people and those who support them. This was chosen as it is a focus both nationally and locally by place partners.

A further two are being finalised which are to ensure that our services are autism friendly in line with the national strategy; and a focus upon the Mental Health Act by protected characteristics.

Where is the challenge?

It has taken six months to develop three of our five ideas, and each still need definition. The next step is to properly resource this project, either through Care Groups, or centrally. Absent that these efforts will remain sporadic. It may be that we need to progress one or two of the five in 2024 and then move onto others.

During Q2, exactly as Core20PLUS5 illustrated, we need to work hard to be much clearer what is the 'intervention' we will undertake and how can we test its impact. This does not necessarily need to be formal research, albeit ethical consideration should be explored if either our approach is novel or is being applied to one group and not another.

In essence it is premature to truly set out what is challenging, other than to acknowledge that the 'five' catching fire needs further kindling. It may be that a dedicated ED/NED pairing focused just in this space may help to inject both momentum and novelty into what should be an exciting space, perhaps creating E&I's first sub-sub.

(Promise 9) Consistently exceed our apprentice levy requirements from 2025, and implement from 2024 specific tailored programmes of employment access focused on refugees, citizens with learning disabilities, care leavers and those from other excluded communities

This promise comes in two parts. The apprentice levy is money we will spend and therefore we need to invest in our people (in our organisation and communities). Just spending the money however will not be enough, as the second part is to help people from excluded communities secure work opportunities. The statistics below show why this is important.

In 2020, 64 of 164 young people aged 16-17 (39%) across Rotherham, Doncaster and North Lincolnshire were not in education, employment or training. The Government estimates 2,244 people were classed as asylum seekers or refugees across Rotherham, Doncaster and North Lincolnshire. Nationally, 23% of people with a learning disability of working age had a job: this compares to 76% of adults in the working age population.

As well as reviewing our current expenditure and gap (we spent 88% of our apprentice levy in 2024/24), we will reflect upon the population who have accessed apprenticeships through use of our levy over the past 5 years. We will adopt an Apprenticeship First approach for all Band 2 and Band 3 posts. This year, we will engage our staff and communities and explore how we improve access for excluded communities and develop programmes accordingly.

Where is the challenge?

We do work in places such as schools and attend job fairs to encourage people to join the Trust and enjoy a career in the NHS. In most cases, this would involve a 'standard' application process often through NHS Jobs. If we establish programmes for people who have been traditionally excluded, then it means we may need to recruit through non-traditional ways. Also, we will need to make sure that there are supportive and sensitive environments that integrate people who in many cases might be their first time having an opportunity to work. There are examples where other organisations have managed to achieve this, and we need to learn from them how to do this well. We also need to learn and use the lessons from international recruitment to make sure we have welcoming environments.

Services, both backbone and operationally, will need to identify opportunities for roles and making sure the environment is right. The move to apprentice-first in 2024 is a major change. The time required from mentors and others to support distinct entrants is significant. We need to build a cohort of such leaders who opt into the excluded communities' work.

The research evidence is that recruitment among citizens with learning disabilities requires employers to reshape and change roles. In particular, to become much more comfortable with job sharing and part time work. This is clearly possible, but if it was straightforward, the NH,S which has been seeking gains in this space for a decade, would have made progress. Given our work with CYP citizens with LD we have a unique chance to work with older teenagers as part of their life plans into adulthood and consider how, through work experience and employment, we can make a difference.

(Promise 10) Be recognised by 2027 as an outstanding provider of inclusion health care, implementing National Institute for Health and Care Excellence (NICE) and NHS England (NHSE) guidance in full, in support of local Gypsy, Roma and Travellers (GRT), sex workers, prisoners, people experiencing homelessness and misusing substances, and forced migrants

Inclusion health is a 'catch-all' term used to describe people who are socially excluded, typically experience multiple overlapping risk factors for poor health (such as poverty, violence and complex trauma), experience stigma and discrimination, and are not consistently accounted for in electronic records (such as healthcare databases). These experiences frequently lead to barriers in access to healthcare and extremely poor health outcomes.

There is a lot to do to be recognised as 'outstanding' for what we do regarding inclusion health care, but we have started working on this already. There is work with key workers from the Gypsy, Roma and Traveller community in Doncaster to provide services and examine how barriers to accessing services can be overcome. Also, we have started work with place partners in Doncaster to see how we can meet the needs of refugees and asylum seekers living in hotels and hostels.

A homelessness health team will be established in 2024/24 with partners in Doncaster. We will also be mapping prison discharge pathways to ensure our services are able to accept referrals.

Our challenge

We don't know the size and scale of challenge we need to address: namely how many people we could or should be supporting and what are their needs. We can see examples of tremendous inclusion in some services, but we don't believe all of our practice is inclusive. We need to undertake an informed audit of our practice against best practice.

Often, work with inclusion health groups is 'project' or time-limited resources defined. It isn't part of what services offer generally (not just RDaSH, but health in general). To be seen as 'outstanding' this type of work will need to be the norm.

There is a commitment to a new homeless health team and other examples in Doncaster. We need to consider all geographies, and explore additionality for other inclusion health groups.

As is typical in the sector, this to-do list has less to do/say with sex workers: we will need to research how to do better than this.

(Promise 11) Deliver in full the NHS commitment to veterans and those within our service communities, recognising the specific needs many have, especially for access to suitable mental health and trauma response services

The need to support the Armed Forces Community can be clearly identified within population data which shows that there are a significant number of service leavers living within the geographical footprint of RDaSH. Recent data suggests that there are approximately 28,728 veterans across Doncaster, Rotherham and North Lincolnshire, and this equates to 3.86% of the population which is typically higher than the UK regional average of 2.9%. Looking at our caseload where someone has indicated they are a veteran, this stands at 1.8% which is lower than the population. Veterans are often unidentified within healthcare systems, meaning they do not receive defined priority access to services when it is relation to their time served. This lack of support often means they can become homeless, unemployed or incarcerated.

We currently have 'silver' accreditation as part of the Armed Forces Covenant, which includes us being known as a 'Veteran Aware' organisation. A lot of services do support veterans, and over the coming year we will be establishing if our services are prioritising access for veterans (as part of the NHS commitment to veterans) and if not, establishing a pathway for this. There will be an initial (but not exclusive) focus on how Talking Therapies can support veterans. We will also build upon existing networks and work with veteran communities to understand their needs. As part of Promise 9, we will also look for opportunities for veterans to become part of our workforce.

Our challenge

During 2023/24 we received referrals for 8000 veterans into our services but we cannot be confident whether they received priority access for a condition in relation to their time served. It would need to be explored on referral if their condition is in relation to their time served.

Most of the services where we received referrals were from Doncaster, and whilst this didn't represent the veteran population for that place, referrals from North Lincolnshire and Rotherham

was a lot lower. There is also limited information about children and young people in families that may have a veteran parent / carer.

From conversations with veterans, some prefer peer and self-support and keep to themselves. This can't be assumed the case for all veterans. There is also limited research on the health needs of female veterans.

(Promise 12) Work with community organisations and primary care teams to better recognise and respond to the specific needs of the rural communities and villages that we serve

A high proportion of rural and coastal populations are vulnerable older people who are more likely to experience multiple long-term conditions and often unmet service needs. Living in rural and remote areas often means people can feel socially isolated, which can have a detrimental effect on people's mental health and wellbeing. We also know that there is a high level of suicide amongst men in agricultural trades. Around half of North Lincolnshire, around a third of Doncaster, and part of north Rotherham is classed as being rural.

Initially, we will use a rural health and care proofing toolkit from the National Centre for Rural Health to identify need and potential solutions. We will also map community assets in rural areas to identify if we are able to deliver services more locally from them. Finally, we will identify additional digital solutions and training for those who would benefit from it, recognising possible broadband access issues.

Our challenge

Whilst we have examples of working with primary care in rural settings, the majority of our services are centrally located, meaning that patients need to travel from rural communities for appointments. We understand some of the challenges that rural communities face and we need to identify what more we could do to meet that need or improve access. There is a risk we see the issues solely through this access prism, and that is how the success measures are presently framed.

Whilst some of our practitioners have worked extensively in their communities, for others their recruitment into teams inside RDaSH may be their first such step. We want to think through how we support employees to consider signs and symptoms, presentation and non-presentation differently to reflect different needs.

This is definitely a field where the Trust starting by creating structured learning from elsewhere (Cumbria, Devon, Lincolnshire more widely) seems to make sense.

ROTHERHAM DONCASTER AND SOUTH HUMBER NHS FOUNDATION TRUST

Report Title	Our 28 promises – success?	**Agenda Item**	Paper Q
Sponsoring Executive	Toby Lewis, Chief Executive		
Report Author	Toby Lewis, Chief Executive		
Meeting	Board of Directors	**Date**	30 May 2024

Suggested discussion points (two or three issues for the meeting to focus on)

The paper updates colleagues on early work to deliver our promises, and reminds the Board that implementation or delivery approaches will vary as outlined. The paper notes work to be done in June with community partners on a variety of definitions of promise meaning, not unrelated to the imminent publication of our Easy Read version of the strategy. We published the strategy in a range of local languages early in 2024.

But the material point is the introduction of four cohorts of promises as we work to finish ***success measures*** for each. There is a cohort ('ronseal') where we think that work is complete, and a further group where Board members are asked over three weeks to comment. Together these cohorts comprise 15 promises.

We have further work to do on a further 9 promises where consultation is needed internally and externally, notwithstanding extensive work to date. Four promises, or some of four promises, need to be defined once we finish clarifying our work on the future inpatient mental health model for the Trust, which links to other papers in the Board's meeting including our financial plan.

Alignment to strategic objectives (indicate with an 'x' which objectives this paper supports)	
SO1. Nurture partnerships with patients and citizens to support good health.	X
SO2. Create equity of access, employment and experience to address differences in outcome.	X
SO3. Extend our community offer, in each of – and between – physical, mental health, learning disability, autism and addition services.	X
SO4. Deliver high quality and therapeutic bed-based care on our own sites and in other settings.	X
SO5. Help delivery social value with local communities through outstanding partnerships with neighbouring local organisations.	X

Previous consideration
(where has this paper previously been discussed – and what was the outcome?)

Clinical Leadership Executive – albeit in a different form

Recommendation

The Board of Directors is asked to:

x	**NOTE** initial progress with some of the promises that are our strategy
x	**COMMENT** on the first and second cohort of success measures
x	**RECOGNISE** the shape of work to be done between now and August

Impact

Trust Risk Register		Specific issues related to promise 14/19					
Board Assurance Framework		Highly relevant to revised BAF					
System / Place impact		As indicated within the paper					
Equality Impact Assessment	Is this required?	Y		N	X	If 'Y' date completed	
Quality Impact Assessment	Is this required?	Y		N	X	If 'Y' date completed	

Appendix (please list)

n/a

Rotherham Doncaster and South Humber NHS Foundation Trust

Promises

1. Background and purpose of paper

This is a paper about our promises. We approved 28 promises in late July 2023, and launched our strategy in autumn 2023 in our first leaders' conference. We know, from survey material, that there is high awareness of the existence of the promises, and some measure of excitement about them, their difference, and their ambition. There is also concern that they are insufficiently staff focused (which we will balance via the People and Teams plan – P&T), that they are too ambitious, or that they are not mainly focused on specific services, pathways, or professions. The latter two concerns were choices we made as we wrote up what had been a two-year process of engagement and co-production.

When we considered the strategy and the promises, we sought to make 'mainstream' the work to deliver the strategy. Rather than construing strategy as something done outwith the day job. On the one hand, that intent is being seen through, with many individuals, teams, and leaders reflecting how their work aligns to our promises. On the other, this paper is part of work now to sharpen up our delivery focus: to move each promise into execution, making prioritisation choices for 2024, 2025, 2026 and 2027.

We know that the intention is for our promises to be joined by our plans. Just as the P&T plan augments the promises, so will our safety and quality plan, our learning and education plan, and our research and innovation plan. Thise plans have been multiply delayed and arrived at different points and in different formats: the hope is that these four, and our digital and equity and inclusion plan, are ready-enough shortly to be considered together.

This paper aims to brief the Board and seek comments and a steer in two areas:

- What is success with most of our promises?
- What are the three delivery models?

2. Have we done any delivery since we launched?

We very much have, and it is important to be clear about that. It cannot all be recorded here as many teams have taken it upon themselves to adapt to the challenge of the promises and make changes or progress ideas, whether that is school nursing progressing the scheme to provide reading glasses to children in reception classes in Doncaster (promise 17), or the continued success and growth of our virtual ward work (promise 13/20).

I record in my Chief Executive's report that, in my view, seven have advanced and three are on the cusp of progress. The table overleaf is intended to make explicit my thinking in offering that view. I have not included promise 19 on out of area placements, despite the immense work being undertaken – and indeed our annual plan/report aim to deliver (either <15, <5 or at 0). That is a good example of not wishing to over-persuade that we are moving forward – though in most promises we are doing.

Promise	Progress since Q3 23/24	What's next? (highlights here – not everything
1. Employ peer support workers [psws] at the heart of every service we offer by 2027	**The Trust had some PSWs in services, in children's, and in certain wards. We are <u>now</u> investing in 24/25 to expand this across all community mental health services for adults and to bring parity across children's services. A project to scope PSW in Physical Health is also now in hand.**	We need to finish two pieces of pressing thinking: a) The first to ensure that as more colleagues with lived experience (we'd expect all PSW to have this) but other employees too, we shape our wellbeing offer and people policies to reflect this. b) Build the trajectory to all services – three years is not long, and we have multiple services. We need now to be precise about deployment.
14. Assess people referred urgently inside 48 hours from 2025 (or under four where required) and deliver a four- week maximum wait for all referrals from April 2026 (maximising the use of technology and digital innovation to support our transformation)	**Operational redesign work is showing promise within CAMHS to deliver consistently across our services access to intervention (not simply advice) inside four weeks from <u>this summer.</u> And we are investing to bring down neurodiversity waiting times sharply for both children and adults – with a trajectory being finalised in coming weeks.**	The pressing step this summer is to scope the urgent access measure we created, which is due next year and ensure that we can deliver this on a seven day a week basis…
9. Consistently exceed our apprentice levy requirements from 2025, and implement from 2024 specific tailored programmes of employment access focused on refugees, citizens with learning disabilities, care leavers and those from excluded communities	**<u>From September</u>, all band 2 and 3 roles will be apprentice ready and assumed to be supported through this route. Allied to the existing pattern of higher banded masters apprenticeships, this will balance our approach and ensure we meet the levy in full.**	A phased programme of specific programmes for employment has been being developed: indeed, at our Annual Members Meeting we may choose to showcase some of the work by colleagues, including within People and OD. The likely phasing is care leavers/veterans 2024, homelessness and refugees 2025 and LDA in 2026.

Promise	Progress since Q3 23/24	What's next? (highlights here – not everything
4. Put patient feedback at the heart of how care is delivered in the Trust, encouraging all staff to shape care around individuals' diverse needs	**<u>This month</u> sees the move from paper-based systems to a Trust-wide online system (Patient Opinion) as a primary route to gather and respond to feedback: this should increase the reach and analysability of our work in this space.**	The vital step in Q2 and by Q3 is to be using the feedback to make a difference. We chose Patient Opinion because we were persuaded by the work we reviewed elsewhere (notably at Notts Healthcare) that this product would give local managers and clinicians faster access to their feedback.
20. Delivery virtual care models in our mental and physical health services by 2025, providing a high-quality alternative to prolonged admission	**We are finalising a proposal now to adopt a virtual ward model in mental health services, as part of plans to change the shape of services and reduce a reliance on long admissions. This will sit alongside our existing VW – and plans to introduce a children's virtual ward are also likely to come forward.**	We need to consider through our impatient grouping where best to deploy this approach and how to test progress, distinct from other community based teams…
5. From 2024 systematically involve our communities at every level of decision making in our Trust throughout the year, extending our membership offer and delivering the annual priorities set by our staff and public governors	**Board members are aware how much care and thought has gone into drawing governors into our committees <u>from June</u>, and likewise work to bring communities into our CLE subs (alongside employee reverse mentors too). This is just one step in a multi-pronged approach, the bulk of which must be us going to others not seeking for people to come to us. There is work to do to build on extensive good work with Children and Young People in this space, and this may be amenable to either a CYP shadow board or similar structure.**	The 'Rylatt framework' seeks to set out across all sources of involvement where we need to make progress. This will help us to ensure that we are proportionately deploying effort and will reassure colleagues, partners, and peers that our work is authentic and comprehensive. The revision to the Governing Body constitution will help us to move forward with the views of a wider range of local people shaping our work in the formal accountability space.

Promise	Progress since Q3 23/24	What's next? (highlights here – not everything
6. Poverty proof all our services by 2025 to tackle discrimination including through digital exclusion	**From June we go live with our first 3 pilot programmes, one in each place. In addition we are supporting work on digital exclusion through repurposing hundreds of computers no longer able to used within our network for local people.**	We have sharp work to do to both adopt the changes that come from this work and to apply them across services not involved in the initial pilot. This may help us with the daunting task of p/p over 180 services in 18 months…
3. Work with 350 volunteers by 2025 to go the extra mile In the quality of care that we offer	**On June 3rd we have our volunteers' event: and Paula Rylatt and her team are extremely focused on growing our volunteer numbers. In Q2 we need to challenge ourselves to find additional routes to enrolees, and each care group is presently produced ideas on roles for these volunteers.**	The supply side challenge needs to be resolved for this work to progress. We need to establish the 350 roles inside our Trust that we need (or 35 roles x 10 etc), so that, whilst we will always fit our offer around volunteers, we know we can accommodate enthusiasm as it grows.
25. Achieve Real Living Wage Accreditation by 2025, whilst transitioning significantly more of our spend to local suppliers in our communities	**In June we will review the procurement plan to transition spend local by 2025, and work is now in hand to migrate from April 2025 our band 2 staff into the RLW (indeed the first concerns about pay band narrowing have been received). This promise will be met.**	The next steps are 'as left'. We should under-estimate the challenge of moving people across and administering changes in key roles – at the same time we are reviewing some band 2 roles to establish that they have a distinction from band 3 which has validity in practice.
26. Become an anti-racist organisation by 2025, as part of a wider commitment to fighting discrimination and positively promoting inclusion	**Other papers before the Board highlight the lack of a final route to delivery of this promise, but that should not mask the work being done – both to put in place support for individuals, to respond to our WRES data, and to introduce from July the red card procedure.**	We need by the end of July to full form our plans, and to deploy carefully but consistently the new approach to extreme discrimination that will give our staff confidence that we mean what we say, and it is not just words…

3. What is success?

Board members who have recently contributed to committees, or indeed are part of EG or CLE, will recognise the work being done to try and capture this and agree it. That work is in four parts:

- Define measures of success
- Seek then to recast those measures in SMART ways and accessible/engaging language
- Put alongside "our measures" a second list of measures from our patients, carers and communities – to succeed we need to do both
- Ensure that our delivery plans at least include steps to meet these twin measures.

The first step is where we currently are, for most promises, and plans for the second and third steps, through June, are well-advanced. It has proved genuinely difficult to help teams and colleagues to set a small series of measurable outputs or outcomes, as distinct from listing actions we plan to take.

With that proviso of work in progress I would invite Board colleagues to think about the 28 promises in several clusters:

a) "Ronseal"

The promise does what is says on the tin. It defines itself and whilst it bears discussion, we tend to end that discussion back where we started. The following six promises have that characteristic.

1. Employ peer support workers at the heart of every service we offer by 2027	(a) Each clinical service in the Trust will have a peer support worker aligned to it and working with patients in their care *[we are finalising how many clinical services we have..]*
3. Work with 350 volunteers by 2025 to go the extra mile In the quality of care that we offer	(a) Have 350 volunteers registered to work with us or have equivalent to that figure volunteering time with us through another body (b) For that body of volunteers to reflect the diversity of our populations
6. Poverty proof all our services by 2025 to tackle discrimination including through digital exclusion	(a) All our services to have completed poverty proofing and be able to evidence resultant change (incl digital) (b) Sustained reduction in service attendance gap (7%) in lower decile neighbourhoods (c) Benefits and debt advice access to be routine within Trust services to tackle 'claims gap'
14. Assess people referred urgently inside 48 hours from 2025 (or under four where required) and deliver a four week maximum wait for all referrals from April 2026 (maximising the use of technology and digital innovation to support our transformation)	(a) Meet four hour wait standard in 2025/26, where it applies (b) Meet 48 hour wait standard in 2025/26 for all urgent referrals (c) Make progress to reduce waiting lists and times and close supply gap in 2024/6 (d) Meet 4 week standard from April 2026 across all services
19. End out of area placements in 2024 as part of supporting people to be cared for as close to home as is safely possible	(a) Cease to place patients out of their home district except where that is their choice or in their best interests
25. Achieve Real Living Wage Accreditation by 2025, whilst transitioning significantly more of our spend to local suppliers in our communities	(a) Obtain RLW Foundation accreditation in first half of 2025 (b) Pay the Real Living Wage to our own employees from April 2025 or sooner (c) Transfer more our spend to local suppliers (%age to be defined in July)

Board members are invited to suggest any substitutions for these definitions, which we will otherwise proceed with as drafted (recognised two indicate a piece of additional information is needed).

(b) ‘Good enough’

In essence, through work internally over the last six months, and more notably the last six weeks, we have created a working ‘finish line’ measure which we think can be subject to stress testing.

Feedback from Board members *over the next three weeks* would be welcome, before we seek to finalise these measures within our plans and other documents: nine promises fall into this cohort (taking us to 15).

4. Put patient feedback at the heart of how care is delivered in the Trust, encouraging all staff to shape care around individuals’ diverse needs	(a) Increase by 15% the scale of feedback received in the Trust vs 24/25 baselines (b) Ensure that feedback is sought and received from a diverse range of backgrounds including those subject to MH Act detention (c) Demonstrate that patient feedback at directorate level has resulted in meaningful change by 2026
9. Consistently exceed our apprentice levy requirements from 2025, and implement from 2024 specific tailored programmes of employment access focused on refugees, citizens with learning disabilities, care leavers and those from excluded communities	(a) Achieve the levy requirements in 2024/25 and thereafter (b) In 2024/25 introduce tailored access scheme for veterans and for care leavers (c) In 2025/26 introduce tailored access scheme for refugees and homeless citizens (d) In 2026/27 introduce tailored access scheme for people with learning disabilities
11. Deliver in full the NHS Commitment to veterans and those within our service communities, recognising the specific needs many have, especially for access to suitable mental health and trauma response services	(a) Achieve priority access to services for veterans (closing gap between prevalent population and identified attendees) (b) Introduce peer-led service support offer for local residents
13. Substantially increase our Home First ethos which seeks to integrate physical and mental health provision to support residents to live well in their household, childrens’ homes or care home, including older adults	(a) Deliver over 130 care packages through our physical health virtual ward service (b) Sustain and expand our IV provision in out of hospital settings (c) Sustain and expand our clozapine service in off ward settings (d) Take annual opportunities to transfer services to homecare where safe to do so
17. Embed our child and psychological health teams alongside schools, early years and nursery providers to help tackle poor educational and school readiness and structural inequalities	(a) Narrow the school readiness gap between our most deprived communities and average in each place in which we work (b) Seek to see 80% of children meet their own potential for school readiness by 2028
16. Focus on collating, assessing and comparing the outcomes that our services deliver, which matter to local people, investing in improving those outcomes year on year, starting with older people	(a) Implement DIALOG+ by 2026, collating individual outcomes from that work (b) Report and improve PROMS measures supported nationally (c) Ensure each Trust service is reporting one local or national outcome measure by 25/26 as part of our quality plan
20. Delivery virtual care models in our mental and physical health services by 2025, providing a high quality alternative to prolonged admission	(a) Deliver over 130 care packages through our physical health virtual ward service working with partners (b) Introduce and evaluate virtual ward pilot into our mental health services 24/25 (c) Introduce and evaluate virtual ward pilot within our childrens services 25/26
27. Deliver the NHS Green Plan and match commitments made by our local authorities to achieve net zero, whilst adapting our service models to climate change	(a) Reduce our carbon tonnage by 2000 (and offset balance) (b) Agree and deliver specific contribution to local authority climate change plans (c) Change service models for patients and staff to reduce travel required by 2027
28. Extend the scale and reach of our research work every year, creating partnerships with industry and universities that bring investment and employment to our local community	(a) Meet portfolio study recruitment targets each year (b) Deliver metrics contained in the Trust’s Research and Innovation plan (c) Work to further increase the reach of research into excluded communities locally

(c) Another three weeks needed to finalise

The penultimate group are either innately difficult, or more engagement and consultation is needed, to shape the proposal – both internally, and in a couple of cases with statutory partners. What is shown below therefore is a working draft that

has been discussed in some cases in subs, in each case within EG, and has had some discussion within the clinical leadership executive.

Nine promises sit within this space, including promise 5, and the challenging work we want to with carers and in tackling racism and wider discrimination.

2. Support unpaid carers in our communities and among our staff, developing the resilience of our neighbourhoods to improve healthy life expectancy	(a) Achieve Carers Federation accreditation for the work that we do across the Trust (b) Provide flexible, safe, timely access to all our inpatient areas for carers to spend time with their loved ones (c) Identify most and better support all unpaid carers in our workforce, recognising carers traditionally excluded (d) Identify all-age carers that use our services and ensure their rights under the carers act are recognised
5. From 2024 systematically involve our communities at every level of decision making in our Trust throughout the year, extending our membership offer and delivering the annual priorities set by our staff and public governors	(a) Involve patient and community representatives in board, executive and care group governance (b) Deliver the Rylatt framework in full (c) Apply patient participation test to new policies and plans developed within the Trust (d) TBC – membership promise (e) Deliver the annual priorities set by our council of governors
7. Deliver all ten health improvements made in the CORE20PLUS5 programme to address healthcare inequalities among children and adults: achieving 95% coverage of health checks for citizens with serious mental illness and those with learning disabilities from 2024	(a) Achieve measured goals for COPD, hypertension, asthma, diabetes, epilepsy, oral health, and CYP MH by 2026 -27 (b) Achieve LD and SMI health check measure in 24/25 and recurrently
8. Research, create and deliver 5 impactful changes to inequalities faced by our population in accessing and benefitting from our autism, learning disabilities and mental health services as part of our wider drive to tackle inequality ("the RDaSH 5")	(a) Increase health checks for minority ethnic citizens with LD (b) Increase diagnostic rates for dementia among minority ethnic citizens (c) Improve access rates to talking therapies among older adults
10. Be recognised by 2027 as an outstanding provider of inclusion health care implementing NICE and NHSE guidance in full, in support of local GRT, sex workers, prisoners, people experiencing homelessness and misusing substances and forced migrants	(a) Meet standards set out in published guidance issued by NICE (date) / NHSE (date) (b) Internal audit confirms access rates being met and feedback from specific communities corroborates that insight (c) Specific service offers in place for all or most inclusion health groups by 2027
12. Work with community organisations and primary care teams to better recognise and respond to the specific needs of the rural communities and villages that we serve	(a) Use rural health and care proofing toolkit (NCforRH) to identify needs and potential solutions (b) Increase digital and outreach service solutions to village communities
15. Support the delivery of effective integrated neighbourhood teams within each of our places in 2024, as part of our wider effort to deliver parity of esteem between physical and mental health teams	(a) Support development on INTs in 2024/5 in all three places (b) Restructure Trust services into those INTs during 2025/26 (c) Evaluate and incrementally improve joint working achieved through these teams (d) Meet 5 measures of community mental health transformation agreed in 2024
24. Expand and improve our educational offer at undergraduate and postgraduate level, as part of supporting existing and new roles within service, while delivering the NHS LT Workforce plan	(a) Student feedback to reach upper quintile when compared to peers (b) Trust workforce plan for 2028 on track to be delivered (c) Trust meets expectations applied through LT Workforce plan role out (d) 'HEE'/NHS WTE outcomes remain outstanding in all disciplines
26. Become an anti-racist organisation by 2025, as part of a wider commitment to fighting discrimination and positively promoting inclusion	(a) Implement suite of policies and practice to Kick Racism Out of our Trust (b) Tackle and eliminate our WRES 'gap' by 2026 (c) Close our gender pay gap by 2027 (d) Receive credible accreditation against frameworks of inclusion for all excluded protected characteristics, starting with global majority

(d) Not there yet and may take into July

It will be apparent that this leaves four promises to work further to define.

Three of these have, in common, a focus on inpatient care. Five members of EG, chaired through the author, are meeting regularly to try to cohere and coordinate work with our wards. That is meaning we are holding back some initiatives that

individuals, or indeed external bodies, wish us to rush into, such that we can carefully sequence what we will do, what we don't, where first and how – and indeed what is the trajectory of improvement. This work lies at the heart of our CQC transformation, as well as our safety plan. The four promises that are captured by these dynamics (and it is recognised that promises 19/20 above are also related to inpatients, as indeed are other promises) are below.

The final one, promise 21, is held back while we work with partners to think through their plans.

4. Delivery models

The final section of this paper seeks to remind colleagues that not all promises are delivered in the same way. I remain of the view that there are three models across our 28 promises.

i) Some promises, once success is defined, will be handed to our care groups, supported through OMG and delivery reviews to progress with and delivery. This either because they are highly operational in character (promise 7. 11/13/14), or because they are in fact a change in how we work (promise 15)

ii) Some promises are centrally delivered changes that, to a greater or lesser extent once introduced are complete. This is a minority of the promises, but, for example, covers promise 25, some but not all of promise 27, arguably promise 3, 5, or 6 – almost certainly promise 23.

iii) There is then a final cohort which we may progress as a central project initially and once a prototype has been deployed and succeeded it may morph to the first group with very local leadership: promise 1, 2, 8, 10 could illustrate this, as may some of those inpatient-related promises.

This clarification of approach is going to be important before we go too far into Q2. We need to ensure we have resourced those promises we are taking forward furthest in 2024/25. This work will also clarify what we are asking of CLE sub groups, some of which are quite focused on our promises in their work.

We have had some challenges over the last few months with people's desire to 'own' a promise. This has often merged thinking about what it means and how to do it, with a risk of setting up 28 distinct implementation architectures. That won't work, which is why we need to be clear the phasing overall of which promises first, and to distinguish carefully between creating solutions and implementing them. This is worthwhile learning more generally about delivery! I have previously offered CLE a view (Feb 2024) of which promises are perhaps best done through which type of delivery. Once we have our success measures determined we will use July's CLE to sign off the delivery approach to each promise.

5. Conclusion

I sense that Board members all want to engage deeply with the promises; they are after all a common thread beyond what we are seeking to achieve. Whilst this paper is knowingly incomplete, I hope that by showing 'the workings' it would satisfy some of this desire, and also bring further ideas and thoughts and perspectives to bear.

Within the paper, I make reference to wording the successes in a manner which works with different audiences. We know from the promises themselves how challenging that can be. I am aware of many staff who welcome the form of words chosen. I have met others with whom they do not resonate until, typically, one unpacks the ideas behind them. Board members will recall that our strategy was recast, as were the promises, by a journalist on our behalf. Once we have the content of the success measures (or 24 of them) and armed too with our community feedback, we will seek to find the right drafting for the purpose intended, which is externally, to simply get across that we have hard measures that we will be tested against, and internally, that whilst alignment of current work to a promise is welcome, the real test is delivering the success measures in the right way as part of our strategic mission.

Toby Lewis
Chief Executive
21 May 2024

ROTHERHAM DONCASTER AND SOUTH HUMBER NHS FOUNDATION TRUST

Report Title	24/25 Finance Plan	Agenda Item	Paper R
Sponsoring Executive	Ian Currell, Executive Director of Finance & Estates		
Report Author	Izaaz Mohammed, Deputy Director of Finance, Will Holroyd, Savings Programme Manager, Ian Currell, Executive Director of Finance & Estates,		
Meeting	Board of Directors	Date	30 May 2024

Suggested discussion points (two or three issues for the meeting to focus on)

The Board received a paper outlining the draft 24/25 financial plan at the March Trust Board meeting which showed a planned deficit of £3.6m. This paper provides an update on the revised plan that was submitted to NHSE at the beginning of May which is a deficit of £3.8m. The assumptions on inflation, income growth, expenditure plans and slippage have been updated to reflect any changes in national guidance and commissioner income allocations. The level of risk outlined last time remains, if slightly mitigated by progress since on CIP identification, notably on agency and non pay.

There has been significant work undertaken to ensure WTE and pay budgets are reconciled so that the Trust can focus on being fully staffed. The plan includes a savings target of £6.7m, of which 0.5% has been allocated to directorate budgets and the balance held centrally whilst Trust wide schemes are finalised as delivery will be centrally coordinated.

Draft directorate budgets are included as an appendix, and the CEO report updates on sign off of those 15 positions (five care groups and 10 backbone teams).

There are 5 key material risks set out in section 9 which I suggest is a focus for Board discussion.

Alignment to strategic objectives (indicate with an 'x' which objectives this paper supports)	
SO1. Nurture partnerships with patients and citizens to support good health.	X
SO2. Create equity of access, employment and experience to address differences in outcome.	X
SO3. Extend our community offer, in each of – and between – physical, mental health, learning disability, autism and addition services.	X
SO4. Deliver high quality and therapeutic bed-based care on our own sites and in other settings.	X
SO5: Help deliver social value with local communities through outstanding partnerships with neighbouring local organisations.	X

Previous consideration
(where has this paper previously been discussed – and what was the outcome?)

March Trust Board meeting.

Recommendation

The Board of Directors is asked to:

x	Reconfirm support for the 2024/25 financial plan submitted by the DOF/CEO

Impact (indicate with an 'x' which governance initiatives this matter relates to and where shown elaborate)

Trust Risk Register	X	F 1/24, CA 1/24, HI 9/24
Board Assurance Framework	X	
System / Place impact	X	

Equality Impact Assessment	Is this required?	Y		N	X	If 'Y' date completed	
Quality Impact Assessment	Is this required?	Y		N	X	If 'Y' date completed	
Appendix (please list)							
Appendix 1 - Overall Financial Plan – Extract from NHSE submission Appendix 2 - Summary of Draft Plan March Board vs Revised Plan May Board Appendix 3 – Cost Pressure Reserve Appenidx 4 - Budgets by Group and Directorate Appendix 5 – Savings Plans Appendix 6 - Key Movements 23/24 Plan to 24/25 Plan							

Financial Plan 2024/25

1.0 Purpose

This paper seeks Board approval for the 2024/25 Revenue Financial Plan. This plan will form the basis of setting individual Directorate budgets.

2.0 Background

This paper builds on the information shared with the Board at the end of March 2024 on the draft plan submission to NHSE. The draft plan was a deficit of £3.6m. At the beginning of May the Trust submitted a revised deficit plan of £3.8m for 24/25, an extract from the NHSE plan submission is included in Appendix 1. This paper will provide an overview of the key assumptions in the latest submission, and an update on the work undertaken on budgets and the delivery of the savings plan.

The draft plan submission included several assumptions on inflation, growth, and efficiency. These assumptions have been updated to reflect new guidance and revised income allocations from commissioners. The draft plan was based on an adjusted 23-24 outturn position as a starting point. A table showing the draft plan, along with the changes in key assumptions between planning submissions is included in Appendix 2.

Appendix 6 shows the key movements between the 2023/24 plan and the 2024/25 plan.

3.0 Key Assumptions

The table below shows the key assumptions included in arriving at the 24/25 planned deficit of £3.8m:

Plan Deficit 24/25	**£m**
23-24 Budget	-6.2
Income	
ICB / NHSE / LA income plan reductions from 23-24	-0.9
Increase in interest on cash balance	0.4
AED	0.0
Inflation uplift in income - before CIP	2.9
Efficiency of 1.1% applied to income	-1.8
Growth funding	0.7
Depreciation funding	0.7
Non Recurrent ADHD funding	1.8
Expenditure	
Pay Inflation	-3.6
Non pay inflation - utilities	-1.1
Non pay inflation - other	-0.4
CIP target	6.7
Convergence adjustment	0.0
Cost pressure reserve	-3.4
Non Recurrent ADHD expenditure	-1.8
Planned slippage on in year costs	2.4
Contingency	-0.4
Plan Deficit 24/25	**-3.8**

+ve value is a surplus or item that improves our position i.e increases income or reduces spend

-ve value is a deficit or item that makes our position worse i.e reduces income or increases spend

Income

A tariff uplift of 1.7% has been applied to the Trust's NHSE and ICB contracts (£2.9m), partially offset with reduction for expected efficiency of 1.1% (1.8m). The net uplift of 0.6% results in a reduction of 0.2% when compared to the draft plan submission. This reflects NHSE's view of expected inflation in 24/25.

General growth funding of £0.7m has been included in the Trust's South Yorkshire (SY) ICB contract allocation. In addition, £0.7m of funding has been allocated to cover additional depreciation charges in line with the national model. No growth has been passed down in any other commissioner allocations. The Trust has so far not received any Service Development Funding (SDF) in addition to full year effect of 23/24 investments, with discussion still taking place with SY and HNY ICBs on the

distribution of any SDF held centrally with each organisation. The Trust has been allocated £1.75m of non-recurrent income to tackle waiting list issues in our ADHD services.

Expenditure

Pay expenditure inflation is based on national planning assumptions of a 2.1% pay award. The Trust's cost base is different to the model used by NHSE to calculate inflation, with pay accounting for 79% of total spend, compared to 69% in the national inflation model. This results in an annual shortfall on inflation funding of c£1m each year. Expected pay inflation costs of £3.6m are included in the revised plan. NHSE have confirmed that further funding will be allocated for a pay award above 2.1%, however this is unlikely to include any further shortfall linked to the difference in the Trust's cost base.

The Trust's existing energy tariff has ceased from the 1st of April, resulting in a potential unmitigated significant increase in costs of £1.1m per year. Along with energy inflation, other non-pay inflation of £0.4m is included in a non-pay inflation reserve of £1.5m in the revised plan. Plans to mitigate inflation are being developed and form part of the Trust's savings plan.

The Trust's plan includes a cost pressure reserve of £3.4m. Funding for cost pressures has been allocated following rigorous review, prioritisation, and approval undertaken by the Clinical Leadership Executive (CLE). CLE considered the alignment of bids to the delivery of the Trust's strategic objectives and promises when agreeing which schemes to fund. A breakdown of the funding allocated to each scheme has been included in Appendix 3. In addition to the cost pressure reserve the Trust has received £1.75m of non-recurrent funding from SY ICB to support reducing ADHD waiting times. Total slippage on new expenditure of £2.4m is assumed in the Trust's planned deficit of £3.8m.

Adult Eating Disorder Provider Collaborative (AED PC)

The AED PC has seen high levels of enhanced packages of care (EPCs) delivered to patients in the last two financial years. The Trust is not funded for high levels of EPCs within the baseline contract for the Collaborative and has been supported to achieve a balanced position in 23-24 via £1.8m of non-recurrent additional income. The Trust's 24-25 plan assumes balance on the AED PC, with discussion between the Trust and NHSE on additional funding in 24-25 ongoing. This risk has been included in the Trust's plan submission to the ICB and NHSE.

4.0 Directorate Budgets

A significant piece of work has been undertaken collaboratively between the Finance Team and budget managers over the past months to ensure our budgets and WTE numbers align, with each directorate having a 2.5% vacancy factor (VF) applied to

their pay budgets. For Corporate directorates and the Children's care group this has meant a budget reduction to achieve a 2.5% VF, with all other clinical groups realigning budgets to bring their budgeted vacancy factor down to 2.5%. The establishment of a budgeted VF across all directorates has resulted in a £0.85m reduction in budget and this has been allocated against the savings target for 24/25.

Every Care Group and Executive Director has met with the CEO in May to review and agree their budgets, VF, 23-24 outturn and CIP plans. There has been a significant shift in the attention to, and ownership of budgets by budget managers, and this will support the Trust's delivery of the savings plan and the ambition to be fully staffed. Appendix 4 provides a split of the 23-24 budgets by Group and Directorate, with the central savings target currently held in reserves whilst delivery plans are developed.

5.0 24/25 Savings Programme

The Trust budgets include a savings target of £6.7m for 24/25, the target will be delivered through five projects:

1. 0.5% budget reductions & consistent vacancy factors.
2. Agency reductions.
3. Bed Base review.
4. Non-pay inflation management.
5. Non-pay expenditure reductions.

Each directorate has been allocated a 0.5% target, the equivalent of £1.1m of the total £6.7m target. As part of the budget sign off meetings each care group and corporate directorate has identified plans for the delivery of the 0.5% target they have been allocated, with the majority ready to be transacted immediately. When combined with the VF savings referenced earlier in the report, this leaves £5.6m to be delivered via the four remaining themes.

The agency reduction project aims to significantly reduce agency by introducing tighter controls for authorising agency placements, encouraging existing workers to join the bank or move into substantive roles.

The bed base review will review beds across the Trust and make any changes to ensure that the inpatient services continue to meet the needs of patients into the future.

There will also be management of inflationary cost increases through improved purchasing and contract negotiation processes. A key aspect of this project is the target to reduce utilities spend from an initial unmitigated increase of £1.1m, down to £0.8m. This will ensure that more of the Trust's resources are directed towards delivering clinical care.

Finally non-pay expenditure reductions will be achieved through Trust-wide savings projects that will see a reduction in spends in each directorate. Projects include

savings in patient transport, procurement, pharmacy, pathology services, and estates.

A breakdown of Trust wide targets and plans is included in Appendix 5.

6.0 Mental Health Investment Standard (MHIS)

The MHIS requires ICBs to increase spending in line with the growth in the ICB allocation base, which for South Yorkshire in 2024/25 is 4.1%. Local system leaders, including the nominated lead Mental Health provider, are asked to review their ICBs investment plan underpinning the MHIS to ensure it is credible to deliver the Mental Health activity commitments and related workforce.

It is recognised that a significant proportion of additional growth is required to fund the rapid rise in the cost of out of area placements which is funded directly by the ICB and not by RDaSH.

The South Yorkshire Mental Health, Learning Disability and Autism (MHLDA) provider Collaborative Board met on the 15th of May but was unable at that stage to support the ICB MHIS calculation and associated plan. Further discussions are on-going.

7.0 Recurrent position

The 24-25 planned deficit of £3.8m includes non-recurrent planned slippage of £2.4m. Although this suggests a recurrent deficit of £6.2m if all slippage was removed, this doesn't take in to account the full year effect of savings that will impact on the recurrent deficit. This is particularly the case for large schemes such as agency reduction and the bed base review / out of area placements which have the potential to deliver significant savings on a full year effect basis. When removal of non-recurrent slippage is considered alongside the full year effect of savings schemes, a recurrent deterioration of between £1m – £1.5m is possible.

8.0 Five year enabling plan

This plan forms part of the Trust's medium term five year financial enabling plan, years 2-5 will be reviewed by FDE in the coming months.

9.0 Considerations

The plan does not benefit from significant additional recurrent income. At this stage new SDF income remains unconfirmed and has not been included in this plan, and work to develop a more volume based funding model for 25/26 is ongoing. Equally, no expectation of inflationary uplifts from local authority contracts for 2024/25 is currently assumed.

There are five areas of material risk to consider, and it is suggested that progress with these five remains a Board discussion at the next two meetings, recognising the confidence we can take in our delivery capability from success in 2023/24:

1. Work to cap inflationary pressures will be significant and led through the Finance team: energy cost risk, and betterment on that by £300k will require attention.
2. It remains possible that NHSE income for AED will not match cost, and withdrawal from the contract may not fully mitigate exposure.
3. Agency reductions have been a feature of annual plans at the Trust for some time, and indeed agency costs went up in 23/24 vs prior years (as they did in neighbouring Trusts). In 24/25 we have two new levers in place – the move to NHS Professionals (already accomplished for medics and now approved for all other roles from 1/10) and the introduction of sustained scrutiny and approval from May, and intensifying from July. Each team has a localised trajectory of spend in place.
4. The closure of beds is embedded in the plan and remains subject to discussions about risk share on out of area placements – by the end of July we will need to conclude which option is being progressed from October 2024.
5. The overall current savings gap of £1.4m

Although the delivery of the savings schemes identified to date will be challenging, the detail work underway for each area is encouraging. Comprehensive plans to significantly reduce agency, delivery of the vacancy factor and 0.5% of delegated savings targets are in place, with other workstreams at various stages of development.

23-24 saw underspends in all clinical groups and in total across corporate. These underspends are expected to continue to some degree in the first half of 24-25, providing non recurrent mitigations whilst further savings plans are developed. In addition to this the plan includes a contingency of £0.4m which will help support any gap.

10.0 Recommendation

The Board is asked to reconfirm support for the 2024/25 financial plan submitted by the DOF / CEO.

Appendix 1

Overall Financial Plan – Extract from NHSE submission

NHSE Submission Extract - Statement of Comprehensive Income

Plan 2024-25	**£m**
Operating income from patient care activities	207.8
Other operating income	9.3
Employee expenses	(173.3)
Operating expenses excluding employee expenses	(45.8)
Finance income	2.0
Finance expense	(1.4)
PDC dividends payable/refundable	(1.9)
Adjust PFI revenue costs to UK GAAP basis	(0.4)
Adjusted Financial Performance Surplus/(Deficit)	**(3.8)**

Appendix 2

Summary of Draft Plan March Board vs Revised Plan May Board

Summary of Draft Plan March Board vs Revised Plan May Board

Draft Plan 24/25 - March Board	£m
Recurrent 23-24 position	-4.5
Additional AED income assumed	1.6
Inflation uplift	3.5
Inflation cost	-4.4
Tariff efficiency 1.1%	-2.0
CIP to match tariff deflator -1.1%	2.5
Additional CIP - 1.9%	4.2
Convergence adjustment	-2.0
Growth funding	0.0
Cost pressure reserve	-4.0
Slippage on cost pressure reserve	1.1
NR ADHD funding	1.8
NR spend on ADHD	-1.3
Contingency	0.0
Draft Plan 24/25	**-3.6**

Key assumptions in the revised plan	£m	Change
Inflation uplift	2.9	-0.6
Inflation cost	-5.1	-0.7
Tariff efficiency 1.1%	-1.8	0.2
CIP to match tariff deflator -1.1%	2.5	0.0
Additional CIP - 1.9%	4.2	0.0
Convergence adjustment	0.0	2.0
Growth & depreciation funding	1.4	1.4
Cost pressure reserve	-3.4	0.6
Slippage on cost pressure reserve	1.5	0.4
NR ADHD funding	1.8	0.0
NR spend on ADHD	-0.9	0.4
Contingency	-0.4	-0.4

Appendix 3

Cost Pressure Reserve

Cost Pressure Reserve	
Cost Pressure Description	**£k**
Leadership Development	400
Older peoples bid	343
Complex emotional needs pathway	338
North Lincolnshire Learning Disabilities investment	294
IV pathway	279
Revised banding for counsellors within Talking Therapies	277
At Risk Mental State (ARMS) pathway	234
North Lincolnshire Adult Mental Health and Talking Therapies Care Group – Peer Support	218
Doncaster Adult Mental Health and Learning Disabilities Care Group – Peer Support	205
Dialog +	200
Virtual Reality in teens implementation	199
Other bids	71
Children's Care Group – Peer Support	56
MARAC	55
Quadrumvirate Administration Support	39
Increase PA to SLT	34
Investing in Community Clinical Coding	28
Introduction of eclinics	23
Top Funds to expand membership offer	20
Investing in community contributors in research	20
Oliver McGowan Autism and Learning Disability Mandatory Training Programme	16
Domestic monitoring tool	13
Silktide	12
Post incident response expansion	10
Implementing the Akrivia Platform	6
Amber Lodge – changes to make more autism friendly	5
Learning Disabilities Service – co-production and Trauma Informed care project	5
Total Cost Pressures	**3,400**

Appendix 4

Budgets by Group and Directorate

Budgets by Group & Directorate

24/25 Budgets by Group	£m
Children's Care Group	-27.5
Doncaster Adult Mental Health and Learning Disabilities	-45.1
Physical Health & Neurodiversity	-37.6
North Lincolnshire and Talking Therapies	-22.1
Rotherham Care Group	-28.3
Corporate	-34.4
Reserves and Central	-12.1
Contract Income	203.3
Total 24/25 Budget	**-3.8**

24/25 Budgets by Directorate	£m
Childrens Mental Health	-12.7
Childrens Physical Health	-14.8
Doncaster Acute	-12.9
Doncaster Community	-22.9
Learning Disabilities & Forensics	-9.3
North Lincs Acute	-7.0
North Lincs Community	-7.5
Talking Therapies	-7.6
Community & Long Term Conditions	-21.4
Neurodiversity	-1.1
Rehabilitation	-15.1
Rotherham Acute	-10.0
Rotherham Community	-18.3
Operations	-2.4
Finance and Procurement	-3.5
Health Informatics	-4.7
Estates	-5.3
Nursing and Facilities	-8.1
People and Organisational Development	-4.1
Medical, Pharmacy and Research	-2.7
Strategic Development	-0.8
Corporate Assurance	-2.4
Psychological Professionals and Therapies	-0.4
Reserves and Central	-12.1
Contract Income	203.3
Total 24/25 Budget	**-3.8**

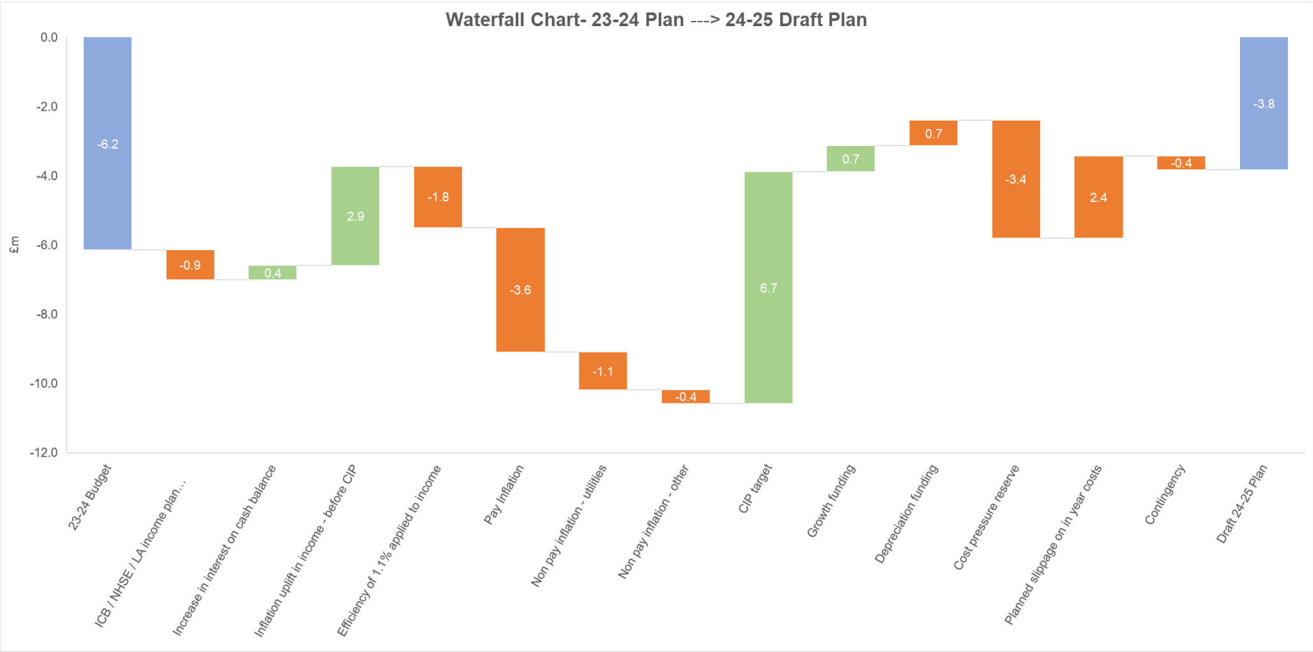
Appendix 5

Savings Plans

Total plans against £6.7m savings target				
Category	**Theme**	**Brief Scope**	**23-24 Total Spend £m**	**Saving £m**
1	0.5% savings in budgets	Budget reduction of 0.5%	206.0	-1.0
	VF factor in Childrens and Corporate	Set VF at 2.5% for all budget areas		-0.9
2	Agency	Reduce use through greater controls	7.4	-1.0
3	Beds	Review the number and purpose of beds across the Trust	24.0	-0.5
4	Managing non pay inflation	Manage inflationary cost increases through contract negotiations and improved procurement processes		-0.4
	Managing utilities inflation	Manage inflationary cost increases through contract negotiations and initiatives to reduce energy consumption.		-0.3
5	Transport	Reduce spend for patient transport	1.0	-0.4
	Estates	Estates plan and improved space utilisation	2.7	-0.3
	Procurement	Improved purchasing process, contract consolidations and contract negotiations	24.0	-0.5
	Pharmacy	Implement new pharmacy model for inpatient and community based services.	2.8	-0.1
Total saving plans to date				**-5.3**
Total savings target				**6.7**
Total gap				**1.4**

Appendix 6

Key Movements 23/24 Plan to 24/25 Plan



ROTHERHAM DONCASTER AND SOUTH HUMBER NHS FOUNDATION TRUST

Report Title	Capital Plan 24/25	**Agenda Item**	Paper S
Sponsoring Executive	Ian Currell, Executive Director of Finance & Performance Toby Lewis, Chief Executive		
Report Author	Ian Currell, Director of Finance and Estates		
Meeting	Board of Directors	**Date**	30 May 2024

Suggested discussion points (two or three issues for the meeting to focus on)

The paper sets out proposed revisions to the phase 1 Capital Plan agreed at Board on the 28 March 2024, the proposed phase 2 capital plan and the additional clinical engagement and review work that has been undertaken. The paper sets out detail of the review of ligature risk and door safety and proposed next steps.

Alignment to strategic ambitions (indicate with an 'x' which objectives this paper supports)

SO1. Nurture partnerships with patients and citizens to support good health.	X
SO2. Create equity of access, employment and experience to address differences in outcome.	X
SO3. Extend our community offer, in each of – and between – physical, mental health, learning disability, autism and addition services.	X
SO4. Deliver high quality and therapeutic bed-based care on our own sites and in other settings.	X
SO5: Help deliver social value with local communities through outstanding partnerships with neighbouring local organisations.	X

Previous consideration
(where has this paper previously been discussed – and what was the outcome?)

Trust Board 28 March 2024 – Approval of phase 1 Capital Plan 2024/25
CLE 21 May 2024 – Review of capital plan 2024/25

Recommendation

The Trust Board is asked to:

X	**APPROVE** the revisions to the phase 1 capital plan set out in Appendix 1
X	**APPROVE** the phase 2 capital plan set out in Appendix 2
X	**APPROVE** the prioritised schemes which will be progressed when funding becomes available set out in Appendix 3
X	**APPROVE** delegation of the Great Oaks business case to Finance, Digital and Estates committee
X	**APPROVE** the recommendations set out in Appendix 5 paragraph 17 regarding the ligature risk and door safety review.

Impact (indicate with an 'x' which governance initiatives this matter relates to and where shown elaborate)

Trust Risk Register	X	NLCG3/20; DCG MH 10/23; CCG 29/23; CCG 13/23; FP 6/23; HI 3/24; FP 139/4; RCG 31/23; HI 4/23; HI 2/24; HI 4/24 RCG 1/24; FP 29/24; FP 28/24; FP 7/23; F24/04/10
Board Assurance Framework	X	SR3
System / Place impact	X	

Equality Impact Assessment	Is this required?	Y		N	X	If 'Y' date completed	
Quality Impact Assessment	Is this required?	Y		N	X	If 'Y' date completed	

Appendix (please list)
Appendix 1 Capital Plan 2024/25 – Phase 1 Appendix 2 Capital Plan 2024/25 – Phase 2 Appendix 3 Schemes prioritised for when funding becomes available Appendix 4 Schemes not prioritised to be reviewed in the future Appendix 5 Ligature risk and door safety: Mental Health wards within RDaSH

Capital Plan 2024/25

1.0 Purpose

To seek Board approval for the 2024/25 Capital Plan.

2.0 Background

The Trust has received a capital allocation for 2024/25 of £6,646k. In 2023/24 the Trust received an opening capital allocation of £6,660k.

At its meeting on the 28th March the Trust Board approved a 'phase 1' capital plan of £1,725k with phase 2 to come to Board in May for approval.

The Estate enabling plan is one of eight plans supporting the overall organisational strategy. The plan is nearing completion of its first phase of work with wider discussion and engagement expected over the summer. Therefore, the decision was taken to only bring a one year capital plan to Board for approval and for that plan to address areas that are unlikely to be impacted by the outcome of that longer term estates plan.

Following approval of the overall capital plan, individual business cases will be developed and submitted for approval in line with our scheme of delegation and business case policy.

3.0 Engagement in Capital Plan

Before the Board meeting in March the draft capital plan had been subject to engagement with Care Group and Corporate Directors and a review of the risk register to ensure that the plan addressed high risk areas.

A decision was taken to widen the level of clinical engagement and in particular to further review potential patient and staff safety risks caused by our estate and patient environment. It was therefore agreed that a reduced phase 1 capital plan would be brought to Board for approval in March whilst this wider review was undertaken.

That review has been co-ordinated by the Director of Psychological Professionals and Therapies. No significant risks were identified that were not already covered by the draft capital plan.

The new incoming Chief Nurse has conducted a review of our in-patient Mental Health doors and some provision has been made in the capital plan for the outcome of that review.

The revised Capital Plan, detailing phase 1 and phase 2 schemes, schemes prioritised for future funding and those schemes that have been omitted now for further consideration in the future, was supported by the Trust's Clinical Leadership Executive at the meeting on the 21st May.

It is important to draw attention to the lower level of estate maintenance and minor works provision within this plan when compared to prior years. This reflects the

intention to proceed with finishing our investment in Great Oaks, and the potential need to prioritise door safety. Appendix 5 sets out the work to date on doors and the next steps which will be completed before Finance, Digital and Estates committee on the 19th June.

4.0 Phase 1 Capital Plan

At its meeting in March Board approved a phase 1 capital plan for 2024/25.

Appendix 1 details the plan approved by Board in March and the revised plan following further review. The changes are the transfer of Mental Health door spend into phase 2 to be part of the wider review, final spend on the refurbishment of Sandpiper and Osprey wards now expected to be lower and design fees for Great Oaks now to include phase 4 as well as phase 3. This results in a reduction in the phase 1 Capital Plan from £1,725k to £1,093k.

5.0 Phase 2 Capital Plan

Appendix 2 details the phase 2 Capital Plan total value £5,615k. When combined with the revised phase 1 plan that gives a total value of £6,708k against an allocation of £6,646k. It is felt that this level of over commitment is manageable in year either through in year bids for additional funding or through the management of slippage and phasing of schemes.

At present £1.9m has been set aside for the outcome of the mental health door review. As set out in appendix 5 the outcome of that review could require total investment of up to £3.3m. If that is the case then that may require a review of the Phase 2 capital plan.

6.0 Capital schemes omitted

Appendix 3 details those schemes that have been omitted at this stage but remain a high priority and will be a first call on funding if it becomes available in year, or the Board opt for a lower cost door option.

Appendix 4 details those schemes that have been omitted and will be reviewed again as part of the development of future years' capital plans. There is an understanding within the Clinical Leadership Executive that available funds in 2025/26 will be lower than prior years, given the run-through completion of Great Oaks phase 4, and the pre-authorisation of a scheme for Hazel and Hawthorn.

7.0 Great Oaks

The Great Oaks phase 3 scheme has been included as part of the overall Capital Plan phase 2. The final phase 4 of the Great Oaks scheme has been included as a priority scheme should further funding become available in year, but it is likely, due to timescales that the majority of this work will fall into 2025/26. The intention is to proceed as a single run through scheme across two years.

- Phase 3 works involve internal alterations to create two additional acute mental health beds, infilling of an unused courtyard to create additional multi-functional space for MDT's, training and meeting areas. Works also include the provision of new staff changing areas, MDT & ward receptions, sensory room and upgrades to Mulberry en-suites and ward kitchen/dining areas.

- Phase 4 works include the creation of a new reception area, Crisis Assessment Centre with four interview rooms, relocation of the 136 Suite and alterations to the existing main entrance and reception area to form a new lounge/waiting area.

Given the value a business case will be submitted, and the request is that the Board delegates approval of this confirmatory case to the FDE meeting in June. As stated above the phasing of this scheme is dependent on the outcome of the ligature risk and door safety review.

Recommendation

Board members are asked to:-

- Approve the revisions to the phase 1 capital plan set out in Appendix 1
- Approve the phase 2 capital plan set out in Appendix 2
- Approve the prioritised schemes which will be progressed when funding becomes available set out in Appendix 3
- Approve delegation of approval of the Great Oaks business case to Finance, Digital and Estates committee
- Approve the recommendations set out in Appendix 5 paragraph 17 regarding the ligature risk and door safety review

Ian Currell
Director of Finance and Estates
22nd May 2024

Appendix 1

Capital Plan 2024/25 – Phase 1

Scheme	Description of Works	Board Approved March 2024	Revised May 2024
		£	£
Clinical Developments			
SNC Sandpiper & Osprey Ward Refurbishments	Full refurbishment of Sandpiper & Opsrey Wards including decants - £2.69m expended 2023/24.	650,000	**490,000**
Great Oaks Alarmed, anti-ligature door replacements to Mulberry	Replacement AMH/PICU bedroom doors with alarmed anti-lig, anti-barricade doors. Now moved to Phase 2 due to timescales.	340,000	**0**
Great Oaks Ph.3 & 4 Design	Full design & construction fees costs for both phases.	50,000	**83,000**
Other Schemes			
Amethyst Lodge Minor Upgrades	To provide additional WC to enable property to be leased	15,000	**15,000**
Physical Health			
Increase space for SPA staff	Works to be confirmed, possible minor reconfiguration of Opal.	20,000	**20,000**
ADHD/ASD Basepoint	New team established, requiring central TRH base for adults & children's services. Potential option to relocate to alternative building to provide new base. Additional funding required if this is the preferred option. Transferred to Phase 2.	7,500	**7,500**
Mental Health & LD Doncaster			
Reconfiguration of 1 Bungalow at Emerald Lodge for PCMHH	Alterations to 1 bungalow to have 2 therapy rooms, provides North Doncaster location	30,000	**30,000**
Rotherham Care Group			
Kingfisher Bedroom Door Replacement	New anti-barricade alarmed door Installation to all bedrooms. Moved to Phase 2 due to timescales	165,000	**0**
Children's Care Group			
Acoustic improvement works at St. Nicholas House & Crystal	Installation of new sound absorbing panels, window & flooring upgrades to consult rooms	70,000	**70,000**
Reconfiguration of 2 Bungalows at Emerald Lodge	Provide agile work base for 0-5 Team based at Bentley Health Centre. Provides saving on lease costs	50,000	**50,000**
Reconfiguration of 2 Bungalows at Emerald Lodge Ph2	To relocate staff from Sprotbrough Health Centre to converted bungalows. Provides saving on lease costs	50,000	**50,000**
Estate Maintenance Allocation			
Building Management System	New BMS system & control panel equipment replacement	50,000	**50,000**
IT Projects			
Wi-Fi Infrastructure	WiFi equipment replacement programme - £380k expended 2023/24	40,000	**40,000**
Q&N/Informatics Integrated Risk Solution Software	New software	187,200	**187,200**
Grand Total		**1,724,700**	**1,092,700**

Appendix 2

Capital Plan 2024/25 – Phase 2

Scheme	Description of Works	Value
		£
Clinical Developments		
Great Oaks Phase 3	Mulberry Ward part refurbishment, creation of 2 additional beds, infill of courtyard to create MDT/multifunction room. Sensory room upgrade, en-suite refurb to Laurel, staff & kitchen area upgrades.	**1,830,000**
Bedroom Door Replacement	Mental Health and PICU Ward bedroom door upgrades, full review being undertaken.	**1,900,000**
Mental Health & LD - Doncaster		
Amber Lodge Patient ADL Kitchen Improvements	Refurbishment of patient kitchen area.	**25,000**
Additional Projects Transferred from Investment Fund Bids & Exec Group		
Refurbishment of Doctor's On-call Accommodation	Upgrade to extg. Doctor's on call accommodation at TRH.	**25,000**
Estate Maintenance Allocation		
Estates general works	Various maintenance & emergency repairs, boiler replacement etc.	**200,000**
Generator Diesel Tank Improvements	Increase storage tank size to diesel generator at TRH from 8hrs to 4 days.	**90,000**
Fire Door /Compartmentation Improvements	Prioritisation of fire compartmentation & fire door improvements.	**50,000**
Electrical Distribution	Annual upgrade works.	**50,000**
IT Projects		
IT end point replacement	Replacement programme of 5 year old laptops & equipment.	**750,000**
IT additional equipment	New IT equipment requests.	**120,000**
IT Security	Security software updates.	**150,000**
Front Line Digitalisation Programme	£250k DH funded IT Front Line Digitalisation Programme.	**250,000**
Clinical Equipment	Equipment supplies & replacement.	**75,000**
Uncommitted/Contingency	In year Capital bids - Estates & IT.	**100,000**
Total Phase 2		**5,615,000**
Grand Total - Phase 1 + Phase 2	**Phase 1 = £1,092,700**	**6,707,700**
ICB Allocation		**6,646,000**

Appendix 3

Schemes prioritised for when funding becomes available

Scheme	Description of Works	Value
		£
Clinical Developments		
Hazel & Hawthorne new wards	New modular wards on TRH site, exact funding mechanism to be developed. Some enabling works required	**TBC**
Great Oaks Phase 4	To continue from Phase 3 works on site, majority of works likely to be in 2025/26 financial year due to tight programme	**585,000**
Other Schemes		
TRH Laundry Equipment Replacement - TBC	Replacement of end of life industrial laundry machinery, £15K expended in 2023/24 + £110K	**110,000**
Rotherham Care Group		
Swallownest Court Reception Upgrades TBC	Replacement reception desk and screen following safety concerns	**12,000**
IT Projects		
IT Infrastructure - WAN	Possible external funding available gigabit pathway programme. TBC	**50,000**
Total		**757,000 +**

Appendix 4

Schemes not prioritised to be reviewed in the future

Scheme	Description of Works	Total Scheme Cost
		£
Clinical Developments		
HDU new ward (Relocate from Emerald Ward) TBC	Alterations & refurbishment of Coral/Sapphire to create new unit	**1,500,000**
Kingfisher- Former seclusion room alterations TBC	Convert to single bedroom to create 6th PICU bed	**90,000**
Magnolia Lodge Relocation TBC	Reprovision of new Neuro Rehab facility TBC	**2,200,000**
Amber Lodge Refurbishment TBC	Refurbishment of ward to update 13 bed unit & office space TBC	**1,500,000**
Other Schemes		
TRH Dining Room Upgrades	Flooring, serving counters, display units, seating, lighting & WC upgrades	**550,000**
TRH Production Kitchen Upgrades	Flooring, food prep, food islands, pan wash & extraction upgrades	**385,000**
Physical Health		
Oxevision Installation to Hazel, Hawthorn & Magnolia	Installation of Oxevision system to 3 wards.	**110,000**
New Patient Chairs to Hazel & Hawthorn, 48no.	Wheeled patient bedside chairs for use in evacuation	**48,000**
TRH Equipment Store & Wound Store Improvements/Relocation	Works to be confirmed, alterations or relocation	**20,000**
Space for delivery of Physical Health Clinics, IV delivery, gym	Utilise existing accommodation, minor alterations to be agreed	**7,500**
Magnolia & Hazel Window Glazing Installation	Installation of new high level glazing to provide natural ventilation	**77,000**
Garden Improvement Works Hazel & Hawthorn	External garden area improvement works	**50,000**
Kitchen Improvement/Minor Works	Ward Kitchen upgrades and minor improvement works to all wards	**50,000**
Decoration on Hazel & Hawthorn	New decoration to both wards	**30,000**
TRH Equipment Store & Wound Store Improvements/Relocation	Works to be confirmed, alterations or relocation	**20,000**
Mental Health & LD Doncaster		
Upgrades to Sapphire Lodge to relocate Emerald Lodge	Minor improvements & LED lighting, decoration - No clinical decision made, only option	**120,000**
Stainforth Clinic Roof Repairs & External Decoration	Repairs to soffits & fascias, external decoration of property	**40,000**
2 Jubilee roof covering replacement	New insulated roof covering	**160,000**
Rotherham Care Group		
Goldcrest Ward repurpose	Works to reconfigure vacant ward for alternate use TBC	**375,000**
Ferns alterations to create alternative use TBC	Minor alteration works to create alternative use TBC	**50,000**
Sandpiper & Osprey Internal Courtyard Upgrades	Refurbish 2 internal courtyards, planting, safety flooring	**185,000**
North Lincs		
Great Oaks Kitchen Upgrades	Replacement/new equipment to bring back in use	**100,000**
Additional Projects Transferred from Investment Fund Bids & Exec Group		
Diamond Lodge Hydrotherapy Pool Upgrade	To create new hydrotherapy pool, replacing the existing pool area	**215,000**
Learning Management System	Learning management system software platform 4 year licence	**140,000**
Vending Machines to Inpatient Sites	Purchase of 8no. vending machines to inpatient sites	**180,000**
Smart Glassess	Roll out to Children's Care Group and Adult Physical Health Group	**458,640**
Estate Maintenance Allocation		
Estates General Works - Part	Miscellaneous in year maintenance repairs, boilers, emergency works	**150,000**
Green Agenda	EVC works various sites 2022/23	**15,000**
LED Lighting	Replacement of new LED lights	**50,000**
Plant Room Door/Med Gas Store Door Upgrades	Replacement of damaged timber louvered doors with aluminium	**40,000**
IT Projects		
Other IT Schemes	Minor IT projects	**50,000**
Grand Total		**8,966,140**

Appendix 5

Ligature risk and door safety: mental health wards within RDaSH

1. Contained within our capital programme is a figure of £1.9m for door-safety. This briefing note explains the context for this and sets out the intended way forward if the Board approves the wider programme. It is testimony to a safety-first Trust.

2. Over the past three years, the Trust has sought to standardise some bedroom doors within our adult acute wards. The work has been completed in phases, and presently two adult wards are not completed. The completed wards are described herein as 'reformed' wards or doors.

3. The separation of phase 1 and phase 2 of our 24/25 capital programme was intended to allow space for a clinically led review of element of estate related safety. The wider paper deals with many of those: however, the expertise and "new pair of eyes" of our incoming Chief Nurse has helped us to re-examine the work done to date. The revised membership of the capital group under the incoming Director of Finance and Estate will build on learning from this work, as will our wider approach to risk identification and management outlined in the 23/24 annual governance statement.

4. Outside the proposed capital provision, and beyond this note, we are re-examining the future of seclusion spaces within our wards and PICUs and will need to examine the facilities we have in place. This thinking will be undertaken for completion by October 2024. This reflects national considerations, both with the CQC and inside the service.

5. We have in place en-suite bathrooms in our wards: we plan to invest circa £0.5m in full replacement of all salon doors within these wards during 24/25. This is because the existing provision, whilst NHS typical, is detachable and can be used to self-harm or in violence against our staff. If the capital programme is approved this will proceed at pace – clinical advice is that such 'unobserved' spaces as en-suite bathrooms are among our highest risk areas for harm. This work would encompass not only our adult wards, but forensics and our older adult wards too. It will not include changes in off-site facilities including open rehabilitation units.

6. We need then to consider our unreformed door provision in older adult wards, and whether what is in place in most adult wards is appropriate. We intend to approach this over the coming three weeks as follows:

    a) We have identified four potential weaknesses in our reformed existing door provision. These limitations have been tested with an on-site dummy door,

and accordingly by 28 Maywe will set out the revised requirements in writing that we have of our extant provider. For clarity, yet with brevity, these weaknesses relate to sensor/ligature pressure; key 'wearing'; potential ligature risk associated with door handles; and issues related to detachable parts. No more than ten days will be offered to find long-term solutions and short-term mitigations. This information will be jointly assessed by the CNO, Finance Director, COO and Chief Executive – if available a CNO from outside RDaSH will be invited to comment.

b) Professional advice suggests alternative provision which might mitigate these risks, but we want to be satisfied that this cannot be achieved with existing partners. Should an alternative supplier be required, we would expect to commit closer to £2.8m (in addition to £0.5m for ensuite doors) against the programme, managing the delta through slippage (notwithstanding that certain costs may be manageable as revenue). We are reviewing these costs with the aim of reducing them by up to £0.4m but that is not confirmed and will form part of the review presented to FDE in June (see paragraph 14 below). In addition, we will review what costs if any should be funded through existing revenue budgets which may bring the call on the capital budget down further.

c) Under the intended capital plan, we will provide new doors into the remaining two wards and our older adult provision. However, we would prefer to have a) whole Trust (and failing that b) within site) commonality of door provision, to allow for staff redeployment/familiarity and future estate flexibility of use. Given this we would not wish to proceed older adult ward purchase until a) and potentially b) above are completed. In 24/25 we will proceed older adult reform.

7. If we need to replace all doors in bedrooms across adult and older adult wards, we would need to replace 169 doors. If we only need to replace unreformed doors, the quantum is 61.

8. It is important to understand that, beyond these sums and these actions, there remain both doors in our wards, and wider ligature risks that need to be re-assessed. Not all of these are estate based, and our blanket restrictions practice (which reports into Q&S and MHAC) will be revisited through Q2. External advice will assess our ward areas during this period to consider what additional measures, either as mitigation or replacement, may be needed in 25/26, or exceptionally, sooner.

9. Though distinct from actions under 8 at the same time we will consider the wider environment of our wards, and whether measures taken over prior years have found the right balance between perceived staff safety and an environment

conducive to recovery, and the intent of strategic objective 4 around high-quality *therapeutic* care.

10. Phil Gowland and Steve Forsyth will work together during June to craft revised risk register entries to reflect the issues cited within this note. Completion and validation of this work will be apparent in our July Board meeting papers.

11. Board members may wish to understand from our CNO in more detail the specific mechanisms of harm alluded to in this paper. What is sought is acceptance in discussion that instances of such harm do not need to have occurred, or be numerous, for the Board to act: given that the impact score is 5. Mitigations that can remedy such risks (likelihood) in situ will be considered. Audits that simply document occurrence are not considered suitable mitigations for the medium term.

12. It is understood that any changes of approach for adult wards could raise questions about prior decision making, or processes of decision making, given that a seven-figure sum has been committed to that purpose. If we need to proceed to revise our reformed ward doors we will do so and, separately, discuss through the Chief Executive with our audit committee any look-back learning process that may add value to future decision-making.

13. The table below documents the potential cost exposure of the options outlined in this paper. If i) and ii) proceed then sums will be available for appendix 3. iii) will require rephasing of Great Oaks phase 3 vs 4 under appendix 2, and may prevail on external funding of some IT items as in the last few years.

Issue		**Cost (purchase, installation, delivery etc) [presently all assumed as capex]**	**Comment**
i)	Provision of revised bathroom doors into all ward settings	186 ensuite doors. Cost including installation and associated costs circa £0.5m	There is no necessity for en suite doors and bedroom doors to come from the same supplier as no key is involved in the former
ii)	Provision of new bedroom doors into all older adult wards within the Trust	61 doors. Cost including installation and associated costs circa £1.0m	The expectation is that this selection will follow the choice made about adult wards below
iii)	Provision of either final reformed doors into remaining wards	108 doors. Estimated replacement and associated costs circa £1.8m. If existing	Prior paragraphs outline the assessment process to be followed

	or replacement of all bedroom doors in adult wards	doors are modified costs will be significantly less.	

* outside these sums arrangements will be made to ensure alarm systems across all our wards are in place and suitable

14. By mid-June we expect to have completed final work, which commenced in early April, on these matters. The suggestion is that the Board agrees to support FDE in reviewing the outcome of these considerations in a presentation led by our CNO and attended by those Board members, including the CEO, who wish to contribute. This will serve as the 'business case' for the decisions outlined in this paper: in line with the wider capital plan process.

15. The Clinical Leadership Executive briefly discussed these matters when it met in May. There was an acknowledgement of the consequential effect, of investing further in this field, for other risks and possibilities. The summative message from that meeting to the Board was to ensure that we made a definitive decision and that expenditure in 2024/25 brought this longstanding matter to a conclusion. This note and capital plan supports that aspiration.

16. Under the auspices of the Board's audit committee during Q4 2024/25 it is intended that we commission wholly external input to assess *our residual ward-based ligature risk*, after the deployment of the spend and other adjustments within this paper. This would report before the Board agrees a 2025/26 capital programme or signs off our 2024/25 quality account.

17. The Board, in agreeing the capital programme, is specifically asked to endorse the actions cited here under the following paragraphs: 5 (bathroom doors), 6 (bedroom doors), 9 (immediate risk), 12 (learning), 16 (evaluation) – and 14 (approval).

Steve Forsyth, Chief Nursing Officer
Ian Currell, Director of Finance and Performance
Toby Lewis, Chief Executive
May 24th 2024

ROTHERHAM DONCASTER AND SOUTH HUMBER NHS FOUNDATION TRUST

Report Title	Productivity: where to start?	**Agenda Item**	Paper T
Sponsoring Executive	Toby Lewis, Chief Executive		
Report Author	Toby Lewis, Chief Executive and Izaaz Mohammed, Deputy Director of Finance		
Meeting	Board of Directors	**Date**	30 May 2024

Suggested discussion points (two or three issues for the meeting to focus on)

This paper comes to the Board because it was asked for (November 2023). It sets out thinking, and the paucity thereof, in this space nationally and recognises strong support from the South Yorkshire ICB, notably its Finance Director, for us to lead work in this area.

The Board is invited to consider the three suggested areas of 'importance', recognising that the language and framing of the work we wish to do over the next eighteen months requires careful consideration. The narrative of lower through-put and misapplied investment which some have characterised in considering the post 2019 NHS is not relevant to the circumstance we find ourselves in: and anyway, will not engage those whose ingenuity and effort we need in order to succeed for patients.

It is suggested that we return to this topic within our August Board timeout.

Alignment to strategic objectives (indicate with an 'x' which objectives this paper supports)

2. Create equity of access, employment and experience to address differences in outcome.	X
3. Extend our community offer, in each of – and between – physical, mental health, learning disability, autism and addition services.	X
4. Deliver high quality and therapeutic bed-based care on our own sites and in other settings.	X

Previous consideration
(where has this paper previously been discussed – and what was the outcome?)

n/a

Recommendation
(indicate with an 'x' all that apply and where shown elaborate)

The Board of Directors is asked to:

x	**CONSIDER** the issues raised within the paper
x	**AGREE** to discuss further the three key issues in our August timeout
x	**TAKE ASSURANCE** that an identified director (IM) will be leading this work in Q3

Impact (indicate with an 'x' which governance initiatives this matter relates to and where shown elaborate)

Trust Risk Register		
Board Assurance Framework		Prior BAF finance risk
System / Place impact		System financial sustainability

Equality Impact Assessment	Is this required?	Y		N	x	If 'Y' date completed	Not yet
Quality Impact Assessment	Is this required?	Y		N	x	If 'Y' date completed	Not yet

Appendix (please list)

Link to NHS England productivity papers:
https://www.england.nhs.uk/long-read/nhs-productivity/

NHS
Rotherham Doncaster
and South Humber
NHS Foundation Trust

Productivity: where to start?

NHS England's Board have latterly received a useful summative paper from Julian Kelly exploring productivity challenges within the NHS. The paper is cited in the cover sheet and is worth exploring. Consistent, however, with the planning guidance 24/25 productivity plan segment, the analysis offers no examples drawn from mental health and community trust organisations. This reflects the wider UK health literature, which focuses analysis of productivity on acute care, with occasional forays into general practice.

We know that productivity in the 'real economy' is adversely impacted by health and, amid a rising tide of such impacts, to impede work or prevent entering work, mental health conditions (be that wellbeing or treatable illness) are the largest single identified rising trend.

In South Yorkshire, as a MHLDA Collaborative, we have agreed a brief scope of work to begin to explore our own productivity as organisations, recognising the limitations of the data we hold, and the comparators that might applied. The ICB have agreed to fund this work, and it will shortly go to procurement.

Inside RDaSH we have recently renewed our engagement with the service-wide Benchmarking Network. The Trust has been a high-profile contributor to this work over several years. In agreeing to continue we are seeking to do three things differently:

- For key points of comparison, set a desired level of efficiency or productivity that we want to deliver, rather than simply comparing ourselves to above or below mean averages.

- Agree a small sub-set of peer organisations to micro study alongside the whole peer group – using the same cohort for measures across quality, workforce and financial markers.

- Better manage and target the output of our benchmarking work into our CLE sub groups, and other settings, to ensure that the data does not simply become background commentary.

In considering the 'productivity challenge' faced by the NHS, by RDaSH, and by the 'sector', we are therefore starting with some useful local enthusiasm, but little nationally by way of role modelling.
In that context the Board is invited to consider three facets of this work, which may, in due course, make more real our efforts and life the discussion from simply 'are we efficient', or more efficient than before, into a conversation of relevance to those who work inside the organisation, as well as those who seek to lead it.

1. Managing time well (not just 'ours')

For a little while within the clinical leadership executive space, we have been trying to focus attention on the time factor in our work. Whether that is the scale of meetings, or the manner in which work consumes the time of others. This is even more true of patient-

facing colleagues where the potential demands on peoples' time exceeds the foreseeable scale available. Choices need to be made and the use of time optimised.

Individuals and individual teams will have often worked hard to manage these choices and find balance and efficiency. But we need to explore how the institution presently gets in the way of that and, more positively, what can be done that facilitates this working well. We know, as one example, that significant variation in how individuals use our EPR is presently unmanaged, with the potential to create rework. At the same time, much of our use of technology and management of data is keyboard dependent: an activity in which speed varies starkly between employees (and may take people away from patient care or team working).

The impact of our work style on others is clearly not a topic confined inside the boundary of the Trust. Planning guidance includes for the first time, I believe, explicit expectations of work between primary care practices and Trusts to explore how we can avoid creating work for either party in the way in which we structure our clinical administration or our clinical care. Equally importantly, many of our current models of care make an assumption of planned daytime availability, which may not be realistic for some that we work with.

Phrases like "standard work" are probably an anathema to any advocacy for doing differently, but the concept that we seek increasingly to deliver care with an assumed consistency, and liberate individuals to vary that to meet need, is one that we should not assume we have mined to its fullest extent. Some time ago, Sunil Mehta led work in this space in respect of inpatient psychiatry at the Trust, and the work went unimplemented. Under the remit of our safety plan, and the work we are planning around inpatient quality, we want to seek to build on that legacy. We know that our 'in hours' time is hugely impacted by our out of hours behaviours, some of which are not presently in the control of our employees or organisation.

Rather than give further unstructured examples of the importance of time as a currency, or of work starting in that space, it is probably best to leave the Board to consider whether, and how we would wish, to begin to make time-calculations central to how we work. That includes how we work as a Board – each ask we make requires resourcing and defrays something else.

2. Focusing clinical expertise on those who most need specialist help

Our strategy is based on the assumption that our work is interdependent with others, and that the effectiveness of our work will be strengthened by the resilience and availability of the work of others. This does not mean that the Trust needs to seek to 'do everything'. Quite the opposite, there is work we do that might best be done by someone else, whose involvement we procure, and may take some measure of responsibility for.

It seemed timely to highlight three areas, in particular where, at scale, these discussions and considerations are being debated presently:

- During 2024 and 2025, we are deploying a replacement for the Care Programme Approach (CPA) called Dialog+. Sunil Mehta and Richard Chillery are spearheading this work, which has a significant training component within it. The relevance to the topic of this paper is, however, the focus on moving to ensuring CMHTs and others are providing defined interventions with patients, as distinct from emphasis on case management. Both of course are needed. This may introduce slightly greater

precision into the work we do, and will certainly offer data and evidence, including patient-led outcome evidence, by which to understand our work, and indeed compare to peers.

- Presently, in adult community nursing, but in areas of children's community services too, we are reviewing how we create workflows that are efficient, appealing to work within, cohered with the work of primary care colleagues, and affordable in the face of rising prevalence. Our plans for 2024/25 seek to address the longstanding issues of housebound patients' access to nursing care in Doncaster: but they do so in the context of a new joint piece of work between the Trust and GP colleagues to explore how we best manage workload and workflow together. Clearly, in the context of national primary care contract negotiations, there is a need to start some changes and conversations but, over the course of 24/25, we should expect to see revised arrangements between us. At the time in North Lincolnshire, we are looking to test whether the disposition, alignment, and distinction between primary care mental health teams, ARSS workers, and talking therapies/CMHT functions, is optimally set up.

- Shared care models are a critical feature of how the Trust works. Whether for specific medicines, or in managing long term health needs, much of what RDaSH offers is not episodic care. We are completing work to give visibility to our registers of shared care patients within the Trust, not simply of psychiatry, but clearly citizens with learning disabilities, and patients who may be deemed to have 'disengaged' from secondary mental health services. In the first instance, work is taking place to scope the visibility and scale of patients being duly managed, so that we can consider the governance, financing, efficiency, and skills sharing needed to make this work effectively.

Whilst the purpose of none of these areas of work is to 'release senior staff at the Trust'; a by-product of this work may be changed workflows in a range of directions. In common between the three above is enhanced clarity on what is done, who does what, and how it is best led together.

3. Looking after more patients within existing resources

This is, often, the principal focus of productivity conversations. Observed and apparent variation in throughput is used to suggest that processes can improve, and more patients can benefit from services offered by the Trust, or in partnership with us. Even though much of this paper has contended that a more nuanced framing is appropriate, we should resile from the reality that we will have opportunities to safely increase the scale of what we do.

Across very diffuse service lines, there will be varied approaches to this endeavour. But we can estimate some that can be deployed with impact across a majority of the care that we offer:

- We are developing expectations of *job planning models* across our senior clinical body, not only our medical colleagues, but AHPs, psychological professionals, and nurse consultants – and others in advanced practice. A key motivation for this is to better protect time ordinarily reserved for teaching, research, and development. But an effect of this work will be to put in place four-hour blocks of time for direct clinical care in a scheduled manner across the working week. This will be reinforced by

moving to a reasonable expectation that such sessions take place a minimum of 42 weeks of each year.

- There is a range of effort and work going on across the Trust to reduce the loss of time arising from *appointments that do not take place*. We know in the NHS that what are sometimes mislabelled 'do not attend' (DNAs) are typically driven by patients who did not know about an appointment or had not agreed to attend it or had sought unsuccessfully to cancel it or move it. The Trust has a wide range of current booking in models and has not yet deployed advanced practice scheduling solutions for community-based staff. Our poverty proofing work seeks to narrow the gap in missed appointments between different groups of patients. And we know that work is created for others by our processes that discharge and require re-referral of people who do not attend but still need our help.

- Aided by our hard work over the last four months to get consistent and cohered staffing establishments in place in our directorates, we are now able to begin to think through the *skill-mix within teams for the longer term*. There is a risk that this defaults to 'top of grade' narratives in which work is taskified and passed to lower banded colleagues. The history of these efforts in the NHS over thirty years is not encouraging, and it is important we build models of work that are rewarding and as simple as they can be.

- *Our digital offer* may represent a significant opportunity to make a difference to throughput. We will need to study the impacts of what we do, both on employees, patients and others. But there will be space to operate more rapidly in an online environment that sometimes occurs in clinic settings, or arrangements that mandate travel. Additionally, there are opportunities to provide care flexibly and asynchronously, which can add efficiency into busy working lives.

- We offer highly complex, *multi-agency, and intra disciplinary care*. That in itself needs coordinating and organising. We are also subject, and this appears to be increasing, to others' expectations of our contribution to such care. For example, the MARAC obligations we hold have grown exponentially over the past eighteen months. Both the extent of, and the style of, such MDT working (there are many examples) needs to be considered, properly resourced, and supported, and to a degree, gatekept. With some exceptions it is entirely unresourced work which represents, at best, a quality gain in our care pathways, and at when less effective, a considerable opportunity cost for professionals.

4. What's the plan?

There isn't one.

We want to spend time this summer, and into autumn, building the suite of work, measures and efforts that will be needed for 2025 – 2027 to make progress on the issues highlighted and others raised by colleagues, partners, patients, and communities.

We need to secure a coherent fiscal narrative and workforce expectation with our funders that can provide employees with confidence that their work to improve productivity will help to nurture and grow services. Absent that 'compact' we will struggle to engage at pace and scale. Consistent with one of our identified BAF risks for 2024/25, it will be important to work across our collaboratives to implement changes, where possible, in peer

organisations in concert, to avoid unintended consequences.

In August I would suggest we regroup, potentially with input from the advisors being sought by the collaborative, to consider and to construe this work, or the benefits of the work done under other guises.

Toby Lewis
Chief Executive,
23 May 2024

ROTHERHAM DONCASTER AND SOUTH HUMBER NHS FOUNDATION TRUST

Report Title	Board Assurance Framework	**Agenda Item**	Paper U
Sponsoring Executive	Philip Gowland, Director of Corporate Assurance		
Report Author	Philip Gowland, Director of Corporate Assurance		
Meeting	Board of Directors	**Date**	30 May 2024

Suggested discussion points (two or three issues for the meeting to focus on)

The board assurance framework (BAF) brings together in one place all of the relevant information on the risks to the achievement of the board's strategic objectives.

The Board received and discussed a paper at its March 2024 meeting that identified an initial set of proposed risks that would form the basis of the BAF. The Board subsequently spent time in its April timeout considering the risks further and the attached paper presents a framework that identifies:

- the key Strategy Delivery Risks that will be the Board's focus during 24/25
- a lead executive for each risk and a lead Board assurance Committee
- the first draft of key controls to be put in place and the sources from which the Board will seek assurance on the effectiveness of those controls in mitigating the risk

Alignment to strategic objectives (indicate with an 'x' which objectives this paper supports)

SO1. Nurture partnerships with patients and citizens to support good health.	x
SO2. Create equity of access, employment and experience to address differences in outcome.	x
SO3. Extend our community offer, in each of – and between – physical, mental health, learning disability, autism and addition services.	x
SO4. Deliver high quality and therapeutic bed-based care on our own sites and in other settings.	x
SO5. Help delivery social value with local communities through outstanding partnerships with neighbouring local organisations.	x
Business as usual.	x

Previous consideration (where has this paper previously been discussed – and what was the outcome?)

Two Executive Group sessions and a discussion with a Non-Executive Director representative were utilised to prepare the paper presented to the Board of Directors in March 2024.
Board of Directors timeout session – April 2024.

Recommendation (indicate with an 'x' all that apply and where shown elaborate)

The Board of Directors is asked to:

RECEIVE and NOTE the progress with the development of the Board Assurance Framework (Strategic Delivery Risks)

SUPPORT the proposed strategic delivery risks and their identified lead executive and Board assurance Committee

NOTE the planned next steps with the development of mitigation plans prior to the commencement of new monitoring arrangements via DoCA and AC Chair meetings; Board assurance Committee meetings; and at the Board of Directors.

Impact (indicate with an 'x' which governance initiatives this matter relates to and where shown elaborate)

Trust Risk Register	x							
Board Assurance Framework	x	All						
System / Place impact	x							
Equality Impact Assessment	Is this required?	Y	X	N		If 'Y' date completed		
Quality Impact Assessment	Is this required?	Y	X	N		If 'Y' date completed		

Appendix (please list)

None

Board Assurance Framework

1. Background

1.1 The board assurance framework (BAF) brings together in one place all of the relevant information on the risks to the delivery of the board's strategic objectives. It is important to distinguish the BAF from the risk register. The latter reflects the challenges to the organisation's functioning on a year by year, week by week basis. It is a live document that will show identification, mitigation and escalation of key risks faced by teams across the organisation. In contrast, the BAF predominantly identifies external factors which could interrupt delivery of the organisation's objectives over the medium term. The BAF presents and focuses on those risks that the Board has a unique ability to solve.

1.2 The intention is that the Board is focused on mitigating the likelihood, or more typically the impact, of these factors. Individual executive directors will be tasked with progressing actions to this effect, with a new oversight model in place to support the effectiveness of that work.

2. BAF 2024

2.1 The paper to the Board in March 2024, reflected the work undertaken with the Executive Group and separately with NED representation during Q4 2023/24.

2.2 The Board took the opportunity more recently at its April timeout to discuss the BAF further. That has guided this paper based on a series of themes from our discussions, specifically:

- 2.2.1 The BAF should present risks that are aligned directly to the strategic objectives and promises, and are organised as such for ease
- 2.2.2 The risks included should not be excessive in number; the Board were keen to develop a framework that had sharp focus on a manageable number of risks at a point in time; emphasis or focus may move to other risks as we progress with the delivery of the strategy and/or because circumstances change and new or alternative risks are considered necessary for inclusion in this framework
- 2.2.3 The BAF should present 'tricky' risks and be those that the Board has a unique ability to resolve – it isn't an extension of the operational risk register. The Board may wish to *reflect* on for example extreme operational risks, without the need to *connect* the BAF to them.
- 2.2.4 The BAF should be very much future facing, identifying what lies ahead and what might impact – not ongoing issues.
- 2.2.5 The BAF should sit alongside other key sources of information and assurance such as the IQPR and Strategy (Plans and Promises) Progress Reports to better enable the Board of Directors to fulfil its roles.
- 2.2.6 Whilst commonly referred to as the Board Assurance Framework, there was support for a different term to better represent what was being achieved hence it is proposed that these risks are referred to as the Strategy Delivery Risks.

2.3 Collective work in March and April had resulted in an initial set of forty risks, which through further discussion were refined to a sub-set of sixteen risks, described as being the 'key' risks – those that had a heightened possibility of impacting on delivery if they came to fruition.

2.4 Table 1 presents the 40 risks with the 16 'key' risks marked with  .

Step One: What could get in the way?	Key
SO1 – Nurture partnerships with patients and citizens to support good health.	
Competing 'offers' or opportunities to communities from other partners and organisations	
The Trust's inability to work effectively with a diverse population using diverse methods and create alignment between the Trust's agenda and that of the patients and communities	★
The challenge of delivering the new approach in a traditional NHS regulated organisation	
Lack of funding for, and space to integrate, a very large number of Peer Support Workers	
Sufficient opportunities are not created for an increasing and large number of volunteers	★
Digital inequalities prevent engagement and involvement and remove or hinder communication mechanisms	★
Ability to recognise and deliver against different nurturing requirements / Acceptance of ambivalence	
SO2 – Create equity of access, employment, and experience to address differences in outcome.	
The economic and workforce pressures to standardise and be uniform/consistent, work against our desire to make the differences necessary to tackle Health Inequalities	
Difficulty annually generating apprenticeship opportunities and jobs for apprentices because of a lack of turnover / career progression in 'lower' banded roles	★
Capability and capacity amongst RDASH leaders to work with communities, including marginalised groups.	★
Lack of diversity or inability to preference those who are excluded	
Regulatory / NHS E belief that Health Inequalities are not within the remit of providers to tackle	
Challenges generating data and / or evidence to support interventions to address Health Inequalities	★
Acceptance to the notion that we will actively introduce inequalities (e.g. red card)	
SO3 – Extend our community offer, in each of – and between – physical, mental health, learning disability, autism and addiction services.	
Capacity/Capability / Willingness of local primary care leadership cannot match the reform intended or at least implied by others' strategies	★
The aspiration to focus on clinical outcomes moves ahead of (or quicker than) the organisational capability to frame creditable measures	
Trust unable to fund and / or to deploy staff capacity / growth required by waiting time pledges	
Disagreement between public organisations leads to instability among the coalition that together, are required to take forward Home First work across our places.	
A lack of ambition and experimentation inhibits our ability to change early years' service offers where we need to depart from national universal norms	

Public acceptability of new models of care	★
Organisational capability to affect change	
SO4 – Deliver high quality and therapeutic bed-based care on our own sites and in other settings.	
Market failure prevents the development of independent sector alternative provision beyond the NHS inpatient wards	
Out of area placements continue because the funding and clinical model does not keep pace with demography	★
Scarcity of training places stands in the way of filling funded roles envisaged by the Trust's improvement plans	
Capital regime and approval processes make radical change too slow to match need and make timely progress	
Movement to seven-day working is poorly reflected in national terms and conditions and the Trust is therefore unable to shift to new models of care without major retention risk	★
Incongruence with other partners plans (in respect of their bed bases)	
A mis-understanding of difference in understanding of what is intended by 'high quality and therapeutic'	★
SO5 – Help to deliver social value with local communities through outstanding partnerships with neighbouring local organisations.	
University partners are not able to maintain or increase capacity and to support sufficient educational places	
The community's perception of social value is not aligned to that of the Trust	★
A lack of public transport or investment by local authority partners and the unavailability of 'green' transport infrastructure e.g. electric charging points	
The Trust's inability to identify and then nurture the 'right' partnerships to cause change, growth, improvement and progress	★
The future growth of the RLW means it becomes unaffordable	
The Trust lacks the cultural capability and competence on wider issues	★
The Trust is unable to tackle issues whilst operating in a hostile environment, nationally. (for example racism, homophobia, etc)	
Non-specific to the SOs, but taking the whole Strategy……	
Insufficient organisational capacity and capability	★
Organisational culture not in line with the agreed values	
Long term (five year) financial plan presents increased challenge, requiring action that removes the opportunity for investment and innovation	
The 'performance' (or risks) of other partners within the systems we operate deteriorates (or increases) with detrimental knock-on impact	
Not investing in digital skills, capacity and solutions to enable transformational improvements to improve clinical processes, drive efficiency, improve connectivity and facilitate greater use of data.	★

2.5 In its discussion, the Board supported further refinement (to the number of risks) but wished to maintain the alignment to the Strategic Objectives. For this reason, it is proposed that the following are those to be considered as the basis for the initial set of Strategic Delivery Risks:

- The Trust's inability to work effectively with a diverse population using diverse methods and create alignment between the Trust's agenda and that of the patients and communities (links to SO1)

- Challenges generating data and / or evidence to support interventions to address Health Inequalities (links to SO2)

- Capacity / Capability / Willingness of local primary care leadership cannot match the reform intended or at least implied by others' strategies (links to SO3)

- Movement to seven-day working is poorly reflected in national terms and conditions and the Trust is therefore unable to shift to new models of care without major retention risk (links to SO4)

- The Trust lacks the cultural capability and competence on wider issues (links to SO5)

Whilst this may appear to be a significant rationalisation from the initial set of risks identified by the Board, it is important to highlight that there is alignment and some commonality of focus with other risks, particularly from within the 16 key risks. For example, the two risks above that refer to our work with a diverse population and with primary care colleagues are part of a broader stakeholder management process that would also address the capability and capacity amongst RDASH leaders to work with communities, including marginalised groups, as well as public acceptability of new models of care, mutually agreed definitions for such as 'high quality and therapeutic care' and 'social value'. Likewise, the capability and competence risk above links to at least two of the other key risks. So whilst the focus will be specifically on the five risks, there will be intended and complementary progress on the mitigation of other risks.

The tables overleaf summarise each of the above, re-written to better articulate the risk faced. For each there are the first draft of the mitigating controls and the expected assurances which will be further developed by the lead executive and aligned where necessary to the workplan of the associated Board assurance Committee.

SO1: Nurture partnerships with patients and citizens to support good health				
What could get in the way? **The Trust's inability to work effectively with a diverse population using diverse methods and create alignment between the Trust's agenda and that of the patients and communities**	As a Strategic Delivery Risk:		**Lead Exec**	**Board Committee**
	If	our 'changed ways of working' with the diverse population (inc excluded communities) are not delivered by 2027		
	because	of the leadership's inability to identify, communicate and engage	SF	PHPIP
	then	it will lead to a loss of confidence locally and likely non-delivery of SO1		
Controls – What will we put in place to mitigate the risk?	• Stakeholder Management Matrix • Roles, Responsibilities, Authority and Capacity of identified leaders to participate • Reporting mechanisms to (CLE Groups, EG and the Board of Directors)			
Assurance – How will we know the controls are working?	• Internal Audit work on Partnership Governance and Risk management • PHPIP Report relating to implementation of Stakeholder Management matrix (confirming establishment and fulfilment of expected engagement – especially focusing on the diversity of those with whom we are engaging) • Patient feedback • Complaints profile • Strategy Progress Reports on related (promise) deliverables (multiple promises)			

SO2: Create equity of access, employment and experience to address differences in outcome				
What could get in the way? **Challenges generating data and / or evidence to support interventions to address Health Inequalities**	As a Strategic Delivery Risk:		**Lead Exec**	**Board Committee**
	If	we do not execute plans to consistently create, use and respond to data inside our services and with others		
	because	our leaders lack the time, skills or diligence to see through specific changes or are distracted by 'wider system' priorities	RB	FDE
	then	this will lead to a lack of precision in how the Trust reshapes services		
Controls – What will we put in place to mitigate the risk?	• Revised IQPR and associated Health Inequality measurements / indicators • Increased insight capacity and capability across teams • Joint Strategic Needs Assessment aligns and informs the planned work			
Assurance – How will we know the controls are working?	• Improved insights into our data, will create increased ability to 'move' services to respond and as a result see a reduction in the health inequalities within our communities. Demonstrating what those 'moves' are, the rationale for them and the impact that they have had for those that use our services will key. • Strategy Progress Reports on related (promise) deliverables - in particular with the delivery of Promises 6 and 8 will be important.			

<table>
<tr><td colspan="5">SO3: Expand our community offer, in each of - and between - physical, mental health, learning disability, autism and addiction services.</td></tr>
<tr><td rowspan="4">What could get in the way?

Capacity/Capability / Willingness of local primary care leadership cannot match the reform intended or at least implied by others’ strategies</td><td colspan="2">As a Strategic Delivery Risk:</td><td>Lead Exec</td><td>Board Committee</td></tr>
<tr><td>If</td><td>we cannot agree with local GPs and the wider primary care leadership how to coordinate care at PHCT/PCN/neighbourhood level</td><td rowspan="3">TL</td><td rowspan="3">PHPIP</td></tr>
<tr><td>because</td><td>there is not the skill to change, or confidence to experiment on both ‘sides’; or funding models are restrictive</td></tr>
<tr><td>then</td><td>we cannot deliver our new community offer with the effectiveness that our strategy requires and shared care will not be achieved and patients will suffer harm.</td></tr>
<tr><td>Controls – What will we put in place to mitigate the risk?</td><td colspan="4">• Stakeholder Management Matrix – focus explicitly on Primary care partners such as GP forums, confederations, PCNs
• Roles, Responsibilities, Authority and Capacity of identified leaders to participate
• GP leadership positions within the Trust’s structure</td></tr>
<tr><td>Assurance – How will we know the controls are working?</td><td colspan="4">• Feedback mechanisms with GPs confirm strong alignment on Primary and Community MH services and adult and children’s community nursing
• Internal Audit work on Partnership Governance and Risk management
• PHPIP Report relating to implementation of Stakeholder Management matrix (confirming establishment and fulfilment of expected engagement – especially focusing on the Primary Care partners
• Strategy Progress Reports on related (promise) deliverables – especially Promises 12, 15 and 21</td></tr>
</table>

SO4: Deliver high quality and therapeutic bed based care on our own sites and in other settings				
What could get in the way? **Movement to seven-day working is poorly reflected in national terms and conditions and the Trust is therefore unable to shift to new models of care without major retention risk**	As a Strategic Delivery Risk:		**Lead Exec**	**Board Committee**
	If	Seven day working and other bed based service alterations are not implemented fully		
	because	of resistance, inflexibility or affordability - with colleagues able to move elsewhere (where such difficulties are not occurring)	RC	QC
	then	we will continue to place patients out of area and see severe stress and burnout; and increased turnover, among our own employees.		
Controls – What will we put in place to mitigate the risk?	• Revised IQPR and associated HR / patient flow focused metrics			
Assurance – How will we know the controls are working?	• IQPR reporting improvements in sickness absence and turnover rates; also patient flow metrics • Staff Survey outcomes • Peer Reviews • Complaints • Regulatory Inspection reports • ROOT and Culture of Care metrics			

SO5: Help deliver social value with local communities through outstanding partnerships with neighbouring local organisations				
What could get in the way? **The Trust lacks the cultural capability and competence on wider issues**	As a Strategic Delivery Risk:		**Lead Exec**	**Board Committee**
	If	We do not achieve the step-up in institutional and system capability to deliver multiple time-bound simultaneous changes with impact by 2027		
	because	We do not develop and practice the skillsets required to make change occur	CH	POD
	then	The Trust's strategy will not achieve what it has promised and we will face reorganisation, frustration and turnover among employees		
Controls – What will we put in place to mitigate the risk?	• Leadership Development Offer • Leadership appraisal process • Deployment of Change function			
Assurance – How will we know the controls are working?	• Staff Survey outcomes – leaders able to deliver against the expectations placed on them; positive feedback in respect of the Leadership Development Offer • Feedback from stakeholders regarding the approach of the Trust • Internal Audit work on Partnership Governance and Risk management • consistent timely exit and delivery of time bound projects, • achievement of key measures with respect to the wider issues within the Strategy			

2. Next Steps

2.1 Because these are the major strategic risks we face, it is right that mitigating them should consume time and energy among the most senior management. Our 2024/25 approach will be different.

a) Each finalised Strategic Delivery Risk will have a mitigation plan developed by the responsible director, working with colleagues and across EG. The focus will be on what we can do, and are doing, to reduce the likelihood or mitigate the impact. The director will be asked to deliver that plan, mobilising colleagues as required. EG will be used routinely to peer-check our collective efforts. Directors' objectives explicitly recognise their BAF leadership.

b) As noted above, BAF risks will be held within a given Board assurance committee and routinely discussed.

c) However, there will also be three reviews across the year (July / November / February) where the director of corporate assurance and the audit committee chair meet the responsible director to review progress. These reviews will be purposive and supportive, but also anticipate not just progress of effort and actions, but difference.

d) As in c) above, the first meetings will be scheduled where the first mitigation plans are expected to be presented; subsequent to that reports will commence to the respective Board assurance Committee with planned updates being provided to the Board in September 2024.

2.2 It is recognised that the approach adopted and presented above is a variation on that previously utilised. Given the link to this framework and the work of internal audit, especially its Head of Internal Audit opinion work, we will liaise with 360 Assurance and ensure their support for the approach taken.

3. Recommendations

The Board of Directors is asked to:

RECEIVE and NOTE the progress with the development of the Board Assurance Framework (Strategic Delivery Risks)

SUPPORT the proposed strategic delivery risks and their identified lead executive and Board assurance Committee

NOTE the planned next steps with the development of mitigation plans prior to the commencement of new monitoring arrangements via DoCA and AC Chair meetings; Board assurance Committee meetings; and at the Board of Directors.

Philip Gowland
Director of Corporate Assurance
23 May 2024

ROTHERHAM DONCASTER AND SOUTH HUMBER NHS FOUNDATION TRUST

Report Title	Integrated Quality and Performance Report (IQPR) – April 2024	**Agenda Item**	Paper V
Sponsoring Executive	Toby Lewis, Chief Executive		
Report Author	Jill Fairbank – Head of Contracting, Performance & CQUIN Richard Chillery – Chief Operating Officer		
Meeting	Board of Directors	**Date**	30 May 2024

Suggested discussion points (two or three issues for the meeting to focus on)

The IQPR contains the fields previously seen by the Board, except some data currently held nationally in the MHSDS report (this will return to 'normal' in mid-June). Consultation on IQPR data items ends on 31/5 and an update on changes for 25/26 will be provided at the July Board – noting the prior commitment to health inequalities data as routine.

Performance is consistent with how 23/24 ended: sustained good performance for many national targets. The exceptions being, still, that the number of out of area placements of patients remains of concern. Talking Therapies (OP03) remains below the volume target (1915) with actual performance (1,359). The service continues to focus on increasing demand on the pathway with active engagement within communities who do not appear to access the support. Recovery rates above the target of 50% have been maintained across all 3 localities, which is the new national measure.

There are a number of quality indicators where improvement has not yet been achieved (VTE, MUST) – and these alongside other indicators form part of the safety plan discussions in May's Delivery Reviews. The 90% standard for PDRs has been met (at 91.09%) – and work with each team to understand year end close out is taking place. It is pleased to see a small drop in sickness rates from 4.91% to 4.53%.

Alignment to strategic objectives	
SO3: Extend our community offer, in each of – and between – physical, mental health, learning disability, autism and addiction services	X
SO4: Deliver high quality and therapeutic bed-based care on our own sites and in other settings	X

Previous consideration
Clinical Leadership Executive and relevant committees of the Board

Recommendation	
The Board of Directors is asked to:	
x	**NOTE** reported delivery and consider areas of prolonged under achievement

Impact (indicate with an 'x' which governance initiatives this matter relates to and where shown elaborate)

Trust Risk Register	X	O 10/19, O1/23, NQ 12/23, NQ 3/23, DCGMH 1/23, RCG 2/23, NLCG 1/23,POD 2/23, WF 1/20, FP 1/22, TT 3/23, O 1/20,						
BAF (prior)	X							
System / Place impact	X							
Equality Impact Assessment	Is this required?			N	X	If 'Y' date completed		
Quality Impact Assessment	Is this required?			N	X	If 'Y' date completed		

Appendix (please list)

Appendix 1 – SPC icon description
Appendix 2 – Finance Report – Month 12

Integrated Quality Performance Report

May 2024 Review

Data as at 30th April 2024

Contents

1.0 Executive Report

This report outlines the April position against the operational performance quality, workforce and finance data.

This report outlines the April position against the operational performance quality, workforce and finance data.
*data is not available the reporting of OP13C (CMHT 2 + contacts, aligned to MHSDS) and Op07 (Perinatal aligned to MHSDS) due to an ongoing national roll out of version 6 of the MHSDS report. Providers have been made aware in the week commencing 13th May that data cannot be submitted until after 24th May 2024, RDaSH plan to attempt submission on 28th May 2024.
As we progress through May the technical changes to the metrics, definitions and targets will be implemented with the aim to report from the 1st May based on the 2024/25 agreed RDaSH 9/10 metrics.
The Trust will continue to have a key focus during 2024/25 to deliver against the 9/10 metrics, that said we do have several of the key performances metrices where there are areas for development and action to be noted:
Physical health services continue to perform well against (OP05; OP08b). The number of available beds on the virtual ward is 60 with occupied beds remaining with a of peak of 46 on the 1st of April. As we move into 2024, our ambition is to explore options to further increase our bed base to meet the 130-bed target by the end of March 2025. The Care Group continue to seek community alternatives to hospital-based treatment and interventions such as the expansion of community IV.
Within Childrens services we continue to sustain our activity to achieve the children and young people (CYP) accessing services (OP13a) metric reporting 9,847 against the target of 9,830. This target remains one of the key metrics and the dedicated task and finish group continue to meet to ensure that future performance is sustained at this level. Our Children's Eating Disorder service continues to perform well with all most urgent cases received into the service seen within 1 week (OP15) and 95.24% of our children and young people referred into service seen within 4 weeks.
In terms of OP13d the metric in relation to adults and older people accessing community mental health services with 2+ contacts Trust wide we continue to achieve the target reporting 9,735 against the target of 8,533). In 2024/25 there is an additional metric where the focus is on transformed services only, reporting will commence from the 1st of June, but back dated. There has been a change of focus for the Nationally mandated Talking Therapies targets and these metrics to measure performance against reliable recovery and reliable improvement will be reported from the 1st of June however the challenging access rates have remained within the trust. (OP03) Performance for April remains below the target (1915) and actual performance (1,359). Demand on this pathway continues to remain below the capacity available and some localities continue to report available assessment slots some weeks. We continue to focus on increasing demand on the pathway with active engagement within communities who do not appear to access the support. Recovery rates above the target of 50% have been maintained across all 3 localities.
In terms of our inappropriate out of area placements at the end of April 24 patients were in a provider outside of the RDaSH footprint for a total of 945 days. As at the end of April the number of active patients out of area was 12. This remains an area of significant concern and will require a significant work programme in 24/25 to address the whole patient pathway.
The percentage of VTE assessments (QS08) completed within 24 hours has shown a decline in performance month on month against the target of 95% for the previous three months; 92% in February, 90% in March, 87.86% in April. Care groups are conducting weekly audits and regular deep dives which are acted on if the VTE assessment is not fully completed and continue to feed back to the individual staff concerned.

1.0 Executive Report

The number of episodes of seclusion receiving an internal MDT assessment within 5 hours has breached the Trust's 100% target for April (QS31) . Performance is deteriorating month on month against the target of 100% for the previous three months; 53.85% (7/13) in April, 61.54% for March and 83.33% in February. Following a deep dive by the Mental Health Act Manager we can report that (82%) 9/11 patients are receiving an MDT assessment within timescale showing a slight decline on previous month of 85.71% (12/14). The Executive Medical Director and Deputy Medical Director are receiving all information following the deep dive each month and driving clinicians to correctly input the data. The risk is highlighted on the risk register for each Care Group and whilst it is acknowledged that it is likely to be an ongoing risk, patients are given regular reviews as per policy and within the legal framework to meet the Mental Health Act requirements. This is documented on the electronic patient record and compliance is monitored by the Care Groups.

The total number of detained patients who abscond from acute adult and OP inpatient mental health units (QS20) has breached the zero target with 1 reported patient in April. Following a deep dive there is one individual case of a patient absconding from Mulberry ward on escorted leave that is subject to a patient safety investigation which is ongoing but within timeframe.

The number of Inpatients receiving a falls assessment within 72 hours (QS37) has declined in April to 95.45% from 97.78% in March. 6 patients didn't receive a falls assessment within 72 hours in April compared with 2 patients in March. The assessments were across 4 ward areas – 2 on Magnolia and Hazel, and 1 on Windermere and The Glade. Instability in Falls leadership at ward level on all 4 of these ward areas is not helping MFRA compliance. The strategic Falls lead is stepping in as her capacity allows. Recruitment and upskilling into these roles is underway.

There is an acknowledgement that the number of inpatients having received a MUST assessment (QS36) remains significantly below the Trust target. There is a slight decline in April to 59.59% from 63.58% in March. An audit was conducted by the clinical systems team which highlighted inconsistencies in clinical recording which are being addressed through training at Care Group Level. Care groups are conducting deep dives and weekly audits which are acted on if the MUST assessment is not fully completed and continue to feed back to the individual staff concerned. This has been escalated to the Quality and Safety group for a more focused approach across the Trust.

From a people perspective it is pleasing to report that we have seen an improvement in the number of our employees receiving a performance and development review with performance now at 91.09% and above the 90% target. In addition, our staff sickness rated have also reduced from 4.91% to 4.53%. The decrease was seen across all areas with the exception of Childrens Care Group (increase of 0.74%) . The largest reduction was in corporate services with a reduction of 0.8% followed by North Lincs and Talking Therapies with a reduction 0.67%.

2.0 - Performance – In Focus

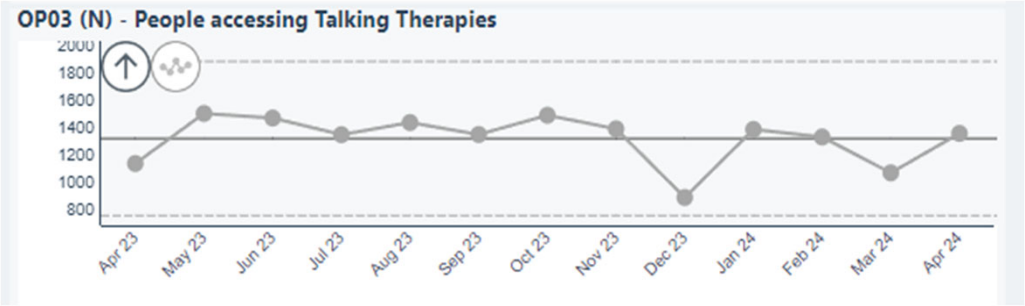
Indicators for April 2024/2025 TRUST — **Performance**

Indicator	Metric	Target	Actual	Value	QTD Target	QTD	YTD Target	YTD
OP01 (N)	People first episode in psychosis started treatment in 2 wks		10/14	71.43%		71.00%	>= 60%	71.00%
OP02 (N)	People completing Talking Therapies moving to recovery		319/632	50.47%		50.00%	>= 50%	50.00%
OP03 (N)	People accessing Talking Therapies			1359		1359	>= 1915	1359
OP05 (N)	People in physical health crisis assessed within 2 hours		69/75	92.00%		92.00%	>= 70%	92.00%
OP07 (N)	Women receiving support from perinatal mental health service			0		0	>= 60	0
OP08a (N)	18 Wks RTT for consultant led Learning Disabilities		40/48	83.33%		83.00%	>= 92%	83.00%
OP08b (L)	18 wks RTT for AHP led Physical Services		517/563	91.83%		92.00%	>= 92%	92.00%
OP10a (N)	>65 Wks wait for consultant led LD			0		0	= 0	0
OP10b (L)	>65 wks waits for AHP led Physical Services			0		0	= 0	0
OP12 (N)	People discharged from MH inpatients followed up in 72 hrs		48/59	81.36%		81.00%	>= 60%	81.00%
OP13a (N)	People accessing CYP services with >= 1 contact	>= 9786		9028		9028		9028
OP13b (N)	People accessing CYP services >= 2 contacts and paired score		817/4300	19.00%		19.00%	>= 20%	19.00%
OP13c (N)	Adults accessing community mental health services			0		0	>= 5805	0
OP13d (N)	Adults accessing community mental health services (DW)	>= 8533		9735		9735		9735
OP14 (N)	People (CYP) with routine eating disorders seen within 4 wks		100/105	95.24%		95.00%	>= 95%	95.00%
OP15 (N)	People (CYP) with urgent eating disorders seen within 1 wk		5/5	100.00%		100.00%	>= 95%	100.00%
OP17 (N)	Inappropriate out of area acute mental health bed days			945		945	<= 89	945
OP19 (N)	MHSDS score for data quality maturity index (DQMI)		986/1000	98.60%		99.00%		99.00%
OP54 (L)	People cared for on virtual wards	>= 130		60		60		60

Narrative

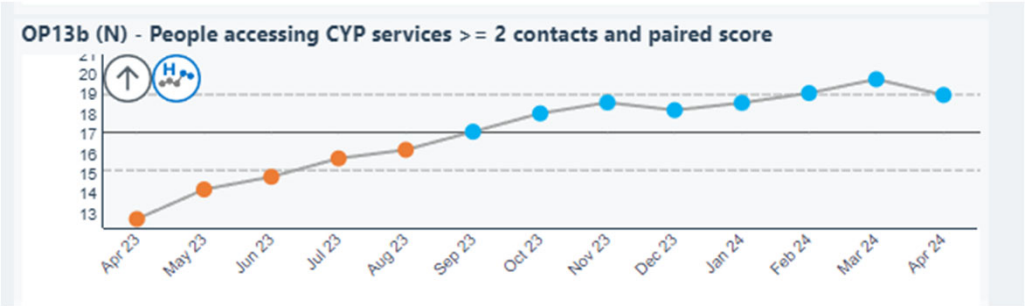
OP03 – This is a place target however, at present only includes RDaSH activity reporting 1,359 for April against a target of 1,915. Ieso are subcontracted to support with Rotherham place and will be included once received.
OP07 – This is a place target for Perinatal and Maternal Mental Health Service, April 24 data cannot be submitted until the window opens from 24 May 24. (As defined by the NHSE timetable)
OP08a and OP08b – Reporting as per the 23/24 definition, the Trust has reviewed the definition and the services reported across our RTT pathways, changes will be implemented from May onwards and "backdated". Any breaches >18 weeks will be investigated during May to establish if they are data quality related.
OP13a – reporting is currently measured against the 23/24 target current performance is reported as 9,863 (9,028 RDaSH, 774 Kooth and 61 Mind) and remains above the 24/25 target of 9,786
OP13b –Performance has improved slightly to 19% from 18.36% last month.
OP13c – Performance is as measured from the MHSDS, April 24 data cannot be submitted until the window opens from 24 May 24. (As defined by the NHSE timetable)
OP17 – This metric has been replaced by NHSE to the number of individuals placed out of area at month end. The revised definition will be reported from June onwards however it is noted that at the end of April 24 patients remained out of area.
OP54 - reporting is currently measured against the 23/24 target current performance is reported as 60 available beds against an ambitious target of 130 beds. This indicator will change its definition from the 1st June and bed occupancy will be reported.

2.1 Performance In Focus - Exceptions



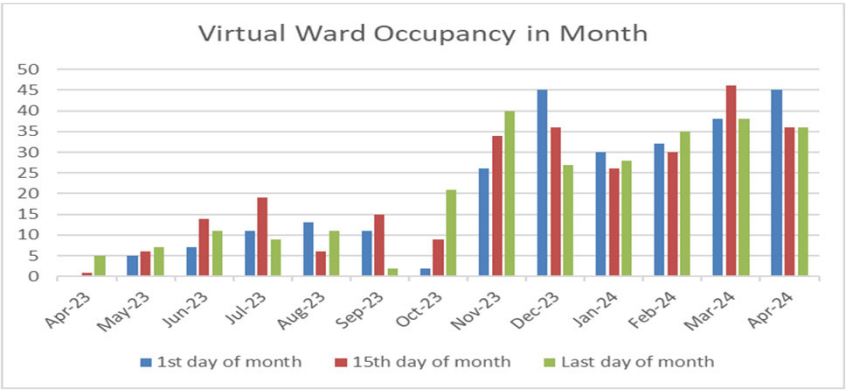
Trend, Reason and Action

The Talking Therapies access rate (OP03) has moved from 2024/25 from a national to local target with the target remaining. Performance for April remains below the target (1915) and actual performance (1,359).Demand on this pathway continues to remain below the capacity available and some localities continue to report available assessment slots some weeks. We continue to focus increasing demand on the pathway with active engagement within communities who do not appear to access the support. We also continue to strengthen the pathways with other services. As we move into the new year we continue with social media campaigns and the development of workshops and our Long Term Conditions Pathways . Recovery rates above the target of 50% have been maintained across all 3 localities.



Trend, Reason and Action

This measure identifies CYP within the service who have had 2 contacts and a paired score. Although we have seen a month on month improvement over the last 13 months we remain below the target of 20% reporting 19% in April. The service is currently redefining the pathway aligned to the Thrive model during quarter 1 and 2 of 24/25. This will support with capturing the second clinical contact resulting in a paired score.



Trend, Reason and Action

The number of available beds on the virtual ward is 60 with occupied beds remaining with a of peak of 46 on the 1st April. The graph provides a detailed breakdown of the month on month occupancy for our virtual wards on the 1st, 15th and the last day of the calendar month. As we move into 2024, our ambition is to explore options to further increase our bed base to meet the 130 bed target by the end of March 2025. We are also continuing to develop new pathways in order to expand utilisation of the sixty available beds.

3.0 Quality & Safety In Focus

Indicators for April 2024/2025 TRUST

Quality & Safety

Indicator	Metric	Target	Actual	Value	QTD Target	QTD	YTD Target	YTD
QS01 (L)	Overall CQC rating (1 outst, 2 good, 3 improv, 4 inadequate)			3		3	= 2	3
QS02 (L)	Employee Opinion Survey Results for Safety Culture							
QS04 (L)	% Patient Safety Alerts completed by the required deadline.	= 100%	100/100	100.00 %		100.00%	= 100%	100.00%
QS05 (N)	Number of MRSA infections (Monthly)	= 0		0	Q1 = 0	0	= 0	0
QS06 (N)	Number of Clostridum difficile infections (Monthly)	= 0		1	Q1 = 0	1	= 0	1
QS07 (N)	Number of gram-negative bloodstream infections (Monthly)	= 0		0	Q1 = 0	0	= 0	0
QS08 (N)	No patients aged >=16 admitted with completed VTE	>= 95%	123/140	87.86%	Q1 >= 95%	88.00%	>= 95%	88.00%
QS15 (L)	No of wards reporting registered staff on nights/days >90%		17/18	94.44%		94.00%	>= 90%	94.00%
QS19 (L)	Number of AWOL's from low secure units (Amber Lodge)			0		0	= 0	0
QS20 (L)	No detained patients absconded acute adult/OP inpatient MH			1		1	= 0	1
QS21a (L)	Physical aggression incidents mod or above to staff (%)		2/4	50.00%		50.00%		50.00%
QS21b (L)	Physical aggression incidents mod or above to staff/pats (%)		2/136	1.47%		1.00%		1.00%
QS23 (L)	Number of Suspected Suicides (Inpatient Settings)	= 0		0	Q1 = 0	0	= 0	0
QS27 (L)	Ligature incidents mod or above all inpatient areas		1/15	6.67%		7.00%	<= 10%	7.00%
QS29 (L)	Number of racist incidents against staff members			2		2	= 0	2
QS31 (L)	Episodes of Seclusion - Internal MDT within 5 hours		7/13	53.85%		54.00%	= 100%	54.00%
QS36 (N)	Inpatients that have a completed MUST assessment		87/146	59.59%		60.00%	= 100%	60.00%
QS37 (L)	Inpatients commenced with falls assessment in 72 hrs		84/88	95.45%		95.00%	= 100%	95.00%
QS38 (L)	Moderate/High falls requiring a structured review	= 0%	0/100	0.00%	Q1 = 0%		= 0%	

Narrative

QS06 –The one incident being reported is not an RDaSH acquired infection.

QS08 - IQPR is showing a decline in performance month on month against the target of 95% for the previous three months; 92% in February, 90% in March, 87.86% in April.

QS20 – IQPR is showing the 100% target has been breeched for April and is reporting 1 detained patient In April that has absconded from acute adult and OP inpatient mental health units. Following a deep dive there is one individual case of a patient absconding from Mulberry ward on escorted leave that is subject to a patient safety investigation which is ongoing but within timeframe.

QS29 – IQPR is reporting a decline to 2 racist incidents for April a decline from 3 reported in March.

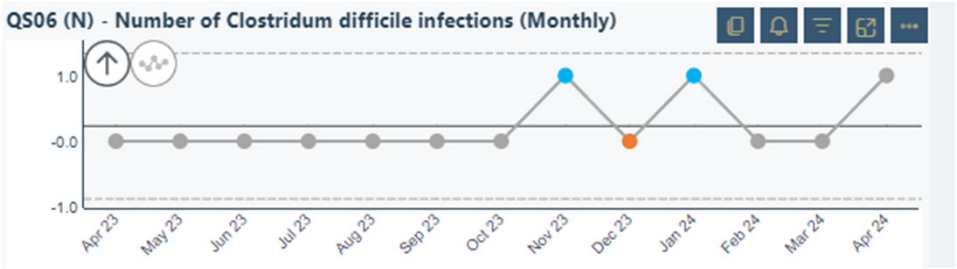
QS31 – The number of episodes of seclusion receiving an internal MDT assessment within 5 hours has breached the Trust's 100% target for April.

QS36 – There is an acknowledgement that current reporting is significantly below Trust target. IQPR is showing a decline in April to 59.59% from 63.58% in March.

QS37 – IQPR is showing a decline in April to 95.45% in the number of Inpatients receiving a falls assessment within 72 hours from the 97.78% receiving in March

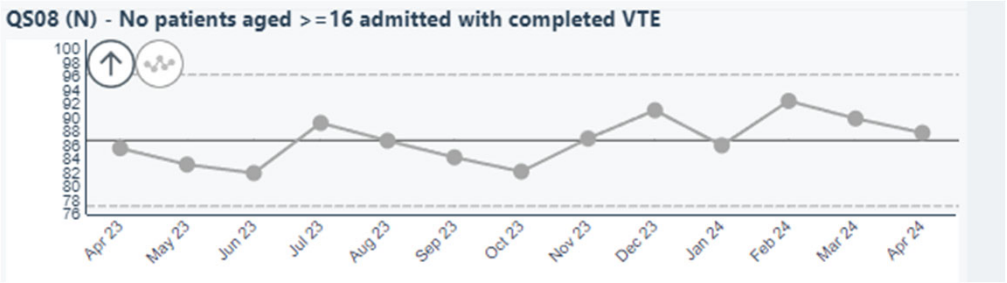
QS38 - It has been identified that 0 falls were reported as being moderate or above for April having been identified by the falls panel as requiring a structured review. 100% compliance for this metric.

3.1 Quality and Safety In Focus - Exceptions



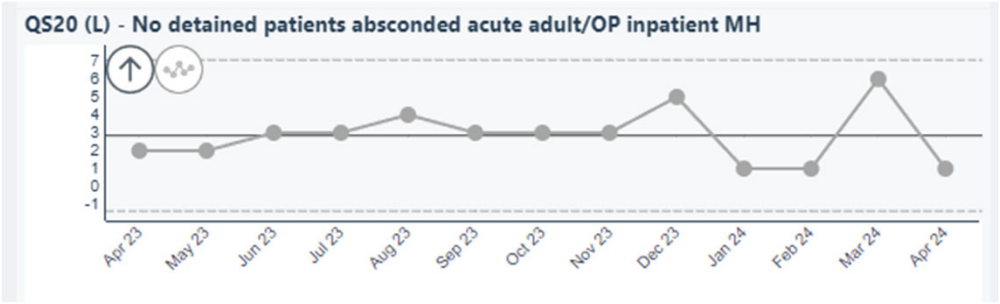
Trend, Reason and Action

IQPR is showing the total number of patients with a Clostridium difficile infection has breeched the zero target for April with 1 incident being reported. Following a deep dive this patient has been recorded on the IPC HCAI Report (under questionnaires) as having C.diff infection. However, as the patient tested positive less than 72 hours after admission this episode of infection is not RDaSH acquired and therefore not attributed to RDaSH. It will not be recorded on the IPC quality dashboard for this reason.



Trend, Reason and Action

The percentage of VTE assessments completed within 24 hours has shown a decline in performance month on month against the target of 95% for the previous three months; 92% in February, 90% in March, 87.86% in April. The deterioration in performance was escalated to the Quality and Safety group on the 14th May 2024 and approval was given to instigate the 'Performance Clinic' process. The performance clinic will be scheduled to be completed by the end of May and weekly task and finish meetings will be scheduled to identify the cause, initiate required actions and to track improvement.



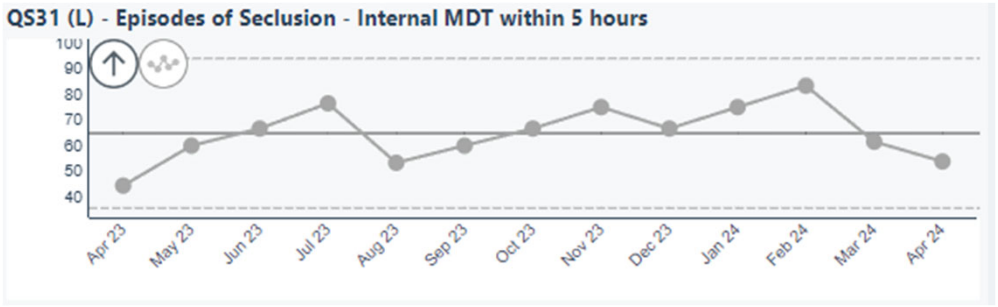
Trend, Reason and Action

IQPR is reporting 1 detained patient In April that has absconded from acute adult and OP inpatient mental health units which has breached the zero target. Following a deep dive there is one individual case of a patient absconding from Mulberry ward on escorted leave that is subject to a patient safety investigation which is ongoing but within timeframe.

3.1 Quality and Safety In Focus - Exceptions

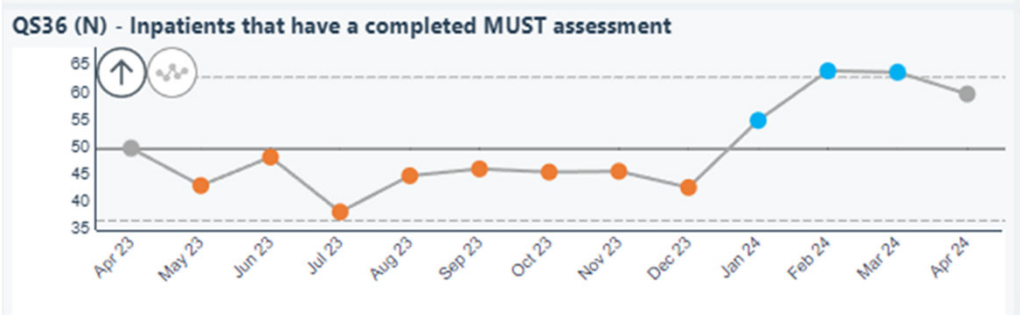
Trend, Reason and Action

IQPR is reporting a decline to 2 racist incidents for April a decline from 3 reported in March.
All incidents are discussed at the Daily Incident meetings which has created a greater awareness of reporting incidents. All incidents are reported via IR1 and discussed individually with staff members and warnings are issued where appropriate to patients. At ward level staff are supported by managers and encouraged to discuss issues and to report them to the Police as a hate crime.



Trend, Reason and Action

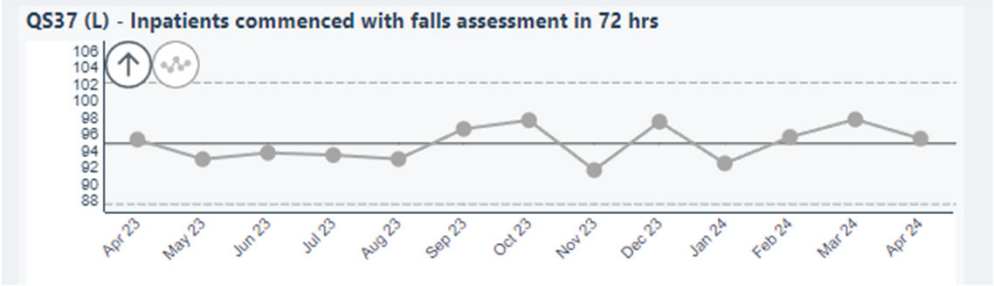
The number of episodes of seclusion receiving an internal MDT assessment within 5 hours has breached the Trust's 100% target for April. IQPR is showing a decline in performance month on month against the target of 100% for the previous three months; 53.85% (7/13) in April, 61.54% for March and 83.33% in February. However, following a deep dive by the Mental Health Act Manager we can report that (82%) 9/11 patients are receiving an MDT assessment within timescale showing a slight decline on previous month of 85.71% (12/14). The Executive Medical Director and Deputy Medical Director are receiving all information following the deep dive each month and driving clinicians to correctly input the data. The risk is highlighted on the risk register for each Care Group and whilst it is acknowledged that it is likely to be an ongoing risk, patients are given regular reviews as per policy and within the legal framework to meet the Mental Health Act requirements. This is documented on the electronic patient record and compliance is monitored by the Care Groups.



Trend, Reason and Action

There is an acknowledgement that current reporting is significantly below Trust target with a month on month deterioration in performance from February 2024. There is a concern that there may remain some data quality and reporting concerns. The deterioration in performance was escalated to the Quality and Safety group on the 14th May 2024 and approval was given to instigate the 'Performance Clinic' process. The performance clinic will be scheduled to be completed by the end of May and weekly task and finish meetings will be scheduled to identify the cause, initiate required actions and to track improvement.

3.1 Quality and Safety In Focus - Exceptions



Trend, Reason and Action

IQPR is showing a decline in April to 95.45% in the number of Inpatients receiving a falls assessment within 72 hours from the 97.78% receiving in March. 6 patients didn't receive a falls assessment within 72 hours in April compared with 2 patients in March. The assessments were across 4 ward areas – 2 on Magnolia and Hazel, and 1 on Windermere and The Glade. Instability in Falls leadership at ward level on all 4 of these ward areas is not helping MFRA compliance. The strategic Falls lead is stepping in as her capacity allows. Recruitment and upskilling into these roles is underway.

4.0 People and Organisational Development – In Focus

Indicators for April 2024/2025 TRUST — Human Resources

Indicator	Metric	Target	Value	QTD Target	QTD	YTD Target	YTD
POD09 (L)	Trust Retention Rate (Rolling 12 months)	<= 10%	10.23%		10.00%		10.00%
POD10 (L)	Working days lost to staff sickness absence	< 5.1%	4.53%		5.00%		5.00%
POD15 (L)	Number of Consultant Vacancies	<= 10	15		15		15
POD16 (L)	Qualified nursing vacancies	<= 10%	8.02%		8.00%		8.00%
POD17 (L)	Support worker vacancies	<= 10%	8.49%		8.00%		8.00%
POD18 (L)	Individuals Performance Development Review in 12 mnth	> 90%	91.09%		91.00%		91.00%
POD19 (L)	Individuals completed mandatory/statutory training	> 90%	90.85%		91.00%		91.00%
POD23 (L)	Number of individuals currently suspended from employment		5				
POD24 (L)	Average suspension length in calendar days	<= 150	98		98		98
POD25 (L)	Recruitment completed within 12 weeks	>= 95%	91.67%		92.00%		92.00%
POD26 (L)	Compliance for safeguarding children's training		80.21%		80.00%		80.00%
POD27 (L)	Compliance for safeguarding Adult's Level 3 training		81.75%		82.00%		82.00%

Narrative

POD09 Trust retention rate is reported at 10.23% above the 10% target. This follows previous years trend data as traditionally we have a high number of staff who retire or leave the Trust at the end of the financial year (March). However this is still considerably lower than April 2023 (12.2%)

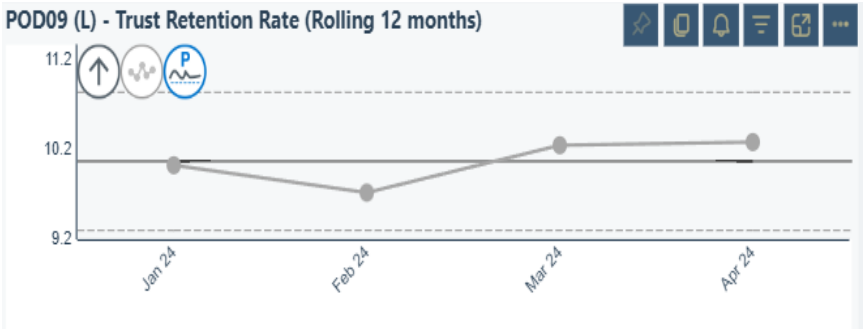
POD10 - In April the in-month sickness absence % reduced from 4.91% to 4.53%. The decrease was seen across all areas with the exception of Childrens Care Group (increase of 0.74%) . The largest reduction was in Corporate with a reduction of 0.8% followed by North Lincs and TT with a reduction 0.67%

POD15 – The Trust continues to experience challenges recruiting to Consultant vacancies. We have secured GMC sponsorship and have a pipeline of 12 ST4 doctors to join us through 2024. NHS professionals engagement is assisting with improved medical cover (and reducing significant costs too)

POD25 – Performance has dipped to 91.67% remaining below the 95% target. 72 posts were recruited during April 2024 – 6 of which breached the KPI. All of these were due to delays associated with DBS checks and candidate responses.

POD26 and POD 27 - Trust Level 1 and 2 (both adult and child are compliant) but level 3 for adult and child are amber. This is a focus for the CG Directors of Nursing and will continue to be monitored through delivery reviews.

4.1 People and Organisational Development - Exceptions



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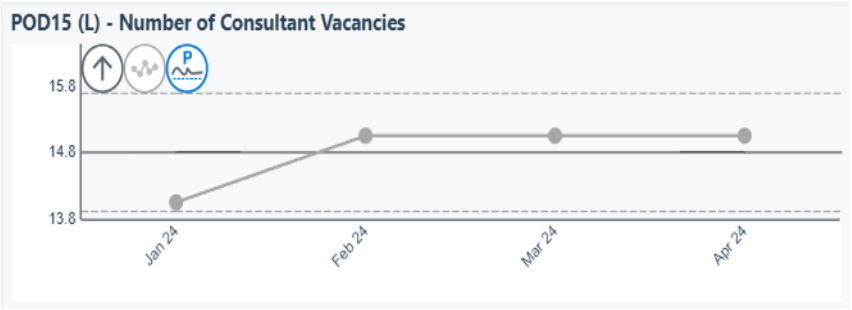

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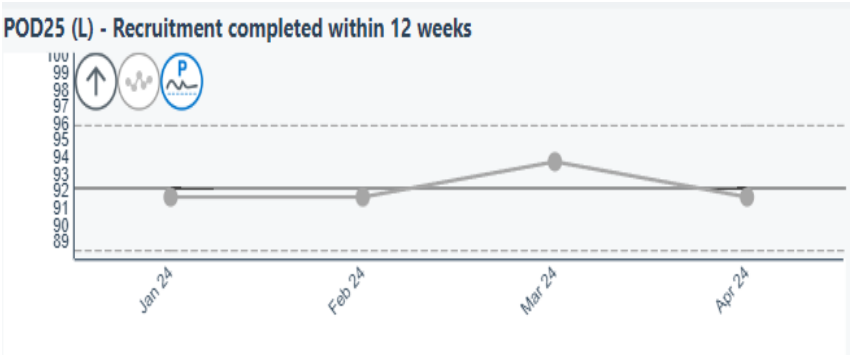

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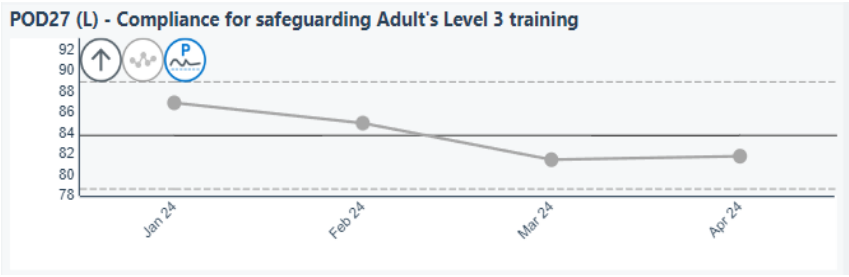

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4.0 Finance – In Focus

Finance information is providing final year end position for the 2023/24 financial year.

Finance

Indicator	Metric	Target £000	Actual £000	Variance £000
FIN01	YTD Actual vs Budget	6,150	3,545	- 2,605
FIN02	Forecast Outturn vs Budget	6,150	3,545	- 2,605
FIN03	In month actuals vs In Month forecast	1,921	118	- 1,803
FiIN04	YTD efficiency target vs actual savings	10,000	8,314	- 1,686
FIN05	Annual savings target vs forecast savings (R&NR)	10,000	8,497	- 1,503
FIN06	Annual savings target vs forecast savings (R only)	10,000	8,427	- 1,573
FIN07	Agency spend % of total pay bill (YTD)	3.6%	4.5%	0.9%

Narrative

FIN01 At the end of the year we are reporting a deficit position of £3.5m, £2.6m better than plan..

FIN02 At the end of the year we are reporting a deficit position of £3.5m, £2.6m better than plan..

FIN03 The in month favourable variance to forecast relates to a revaluation of the Trust's estate. This is a technical movement which is excluded from the Trust position by NHSE when measuring our performance to the plan.

FIN04 The Trust has continued to adopt a structured and measured approach to making financial savings, a programme of work is supporting the identification and delivery of saving opportunities.

FIN05 The total value of the savings delivered against the plan on a full year effect basis is £8.5m

FIN06 The vast majority of savings identified on the full year effect basis are recurrent (£8.2m)

FIN07 An agency cap has been set at a system level in 23/24, with the Trusts share being £6.3m, a reduction of 6% from last years figure. The Trust incurred costs over the agency cap of £1.5m in 23/24

5.0 Finance – In Focus

Narrative

Due to Year end Month 1 figures are not yet available at the time of reporting.

Appendix 1`

SPC Icon Description

Variation	Assurance: P	Assurance: ?	Assurance: F	Assurance: ○
H	Special cause variation of an **IMPROVING** nature where the measure is significantly **HIGHER**. This process is capable and will consistently **PASS** the target if nothing changes.	Special cause variation of an **IMPROVING** nature where the measure is significantly **HIGHER**. This process will not consistently **HIT OR MISS** the target as the target lies between process limits.	Special cause variation of an **IMPROVING** nature where the measure is significantly **HIGHER**. This process is not capable and will **FAIL** the target without process redesign.	Special cause variation of an **IMPROVING** nature where the measure is significantly **HIGHER**. Assurance cannot be given as there is no target.
L	Special cause variation of an **IMPROVING** nature where the measure is significantly **LOWER**. This process is capable and will consistently **PASS** the target if nothing changes.	Special cause variation of an **IMPROVING** nature where the measure is significantly **LOWER**. This process will not consistently **HIT OR MISS** the target as the target lies between process limits.	Special cause variation of an **IMPROVING** nature where the measure is significantly **LOWER**. This process is not capable and will **FAIL** the target without process redesign.	Special cause variation of an **IMPROVING** nature where the measure is significantly **LOWER**. Assurance cannot be given as there is no target.
~	Common cause variation, **NO SIGNIFICANT CHANGE**. This process is capable and will consistently **PASS** the target if nothing changes.	Common cause variation, **NO SIGNIFICANT CHANGE**. This process will not consistently **HIT OR MISS** the target as the target lies between process limits.	Common cause variation, **NO SIGNIFICANT CHANGE**. This process is not capable and will **FAIL** the target without process redesign.	Common cause variation, **NO SIGNIFICANT CHANGE**. Assurance cannot be given as there is no target.
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○				There is not enough data for an SPC chart, so variation and assurance cannot be given. Assurance cannot be given as there are no process limits.

ROTHERHAM DONCASTER AND SOUTH HUMBER NHS FOUNDATION TRUST

Report Title	Month 12 Finance Report	**Agenda Item**	Paper Vi
Sponsoring Executive	Ian Currell, Executive Director of Finance & Performance		
Report Author	Amy Denning & Rob Kirkby, Assistant Directors of Finance		
Meeting	Board of Directors	**Date**	30 May 2024

Suggested discussion points (two or three issues for the meeting to focus on)

The Trust has ended the year in a £3.55m deficit position, against the initial planned deficit of £6.15m. Included in this is £3.5m reduction of income from South Yorkshire ICB to help reduce the system planning gap.

All care groups and corporate ended the year in an underspend position against their budgets, and the Trust achieved £8.5m of savings against a target of £10m.

Alignment to strategic ambitions (indicate with an 'x' which objectives this paper supports)

SO1. Nurture partnerships with patients and citizens to support good health.	
SO2. Create equity of access, employment and experience to address differences in outcome.	
SO3. Extend our community offer, in each of – and between – physical, mental health, learning disability, autism and addition services.	
SO4. Deliver high quality and therapeutic bed-based care on our own sites and in other settings.	
SO5: Help deliver social value with local communities through outstanding partnerships with neighbouring local organisations.	

Previous consideration
(where has this paper previously been discussed – and what was the outcome?)

None

Recommendation

The Board of Directors is asked to:

X	Review and note the issues raised in the Financial Report.

Impact (indicate with an 'x' which governance initiatives this matter relates to and where shown elaborate)

Trust Risk Register	X	FP 1/22, FP 36/23, CA 5/23, DCGMH 11/23, HI 12/23, POD 7/23, RCG 26/23
Board Assurance Framework	X	SR3 – Financial Stability
System / Place impact	X	

Equality Impact Assessment	Is this required?	Y		N	X	If 'Y' date completed	
Quality Impact Assessment	Is this required?	Y		N	X	If 'Y' date completed	

Appendix (please list)

ROTHERHAM DONCASTER AND SOUTH HUMBER NHS FOUNDATION TRUST

FINANCE REPORT
FOR THE PERIOD ENDED 31 MARCH 2024

1 Introduction

This report sets out the financial position of Rotherham Doncaster and South Humber NHS Foundation Trust as of 31 March 2024, month 12 of the 2023-24 financial year.

Below is a summary of the key financial indicators the Trust is measured against:

31/03/2024	Executive Summary / Key Performance Indicators				
No.	Performance Indicator	NHSE Annual Plan	NHSE YTD Plan	NHSE YTD Actual	Narrative
		£'000	£'000	£'000	
1a	SURPLUS/(DEFICIT) FOR THE PERIOD/YEAR	£6.15m	£6.15m	£1.66m	The Trust position at the end of 2023/24 is a deficit of £1.66m, £4.49m better than plan. The position includes a balanced position for Flourish. The year to date underspend & the additional £0.75m received from NHSE for the Adult Eating Disorder Provider Collaborative has now been fully utilised. This is an improvement on last months forecast due to the reversal of previously impaired assets linked to the Trusts annual revalutation exercise. This is removed from the surplus/deficit for NHSE operational performance purposes.
	Adjusted performance (for system reporting purposes)	£6.15m	£6.15m	£3.55m	This position reflects the technical adjustments added or removed from the actual surplus deficit, for system reporting purposes.
1b	Income	£209.73m	£209.73m	£224.81m	Income received during 23/24 is higher than the plan submitted to NHSE at the beginning of the year by £15m. This is linked to additional pay award funding & other additional income received which is in part offset with additional expenditure.
1c	Expenditure	£215.88m	£215.88m	£228.35m	Expenditure at the end of 23/24 is £12.47m higher than the original plan, this relates to additional costs for the pay award and other service changes and is offset in income.
2	Agency Cap	£6.30m	£6.30m	£7.56m	NHSE guidance for 2023/24 states that the agency spend within a system should not exceed 3.4% of the total pay bill. This equates to an annual cap of £6.30m for the Trust. At the end of March the Trust is £1.26m behind the target. Targeted work is planning in 24/25 to reduce agency spend.
3	Cash	£46.59m	£46.59m	£33.6m	At the end of March 24 the Trust cash balance is £33.60m. For 24/25 Plan consideration has been given re the actual opening cash postion of £33.6m.
4	Capital	£6.66m	£6.66m	£6.97m	Capital Programme expenditure has a small overspend against the original plan. An additional allocation of £400k was made to cover this level of expenditure. Figures are exclusive of IFRS 16 adjusts.
5	Savings Programme	£10.00m	£10.00m	£8.24m	The Trust has delivered £8.24m of recurrent savings to date, the full year effect of which is £8.5m.
6	Better Payments	95%	95%	85.9%	The Better Payment Practice Code is a measure of the number of invoices that are paid within the 30 days. At the end of March the Trust was paying 85.9% of invoices within this timescale against a target of 95%. This expected deterioration was reported to FPIC in April 2023. There is a marginal monthly improvement over the final quarter [Dec 84.3%; Jan 85.0%; Feb 85.1%; Mar 85.9%].

Red	Adverse Variance from Plan greater than 15%
Amber	Adverse Variance from Plan ranging from 0% to 15%
Green	In line, or Greater than Plan

2 Income and Expenditure Position

The final position at the end of 2023/24 is a deficit of £3.55m, £2.60m better than plan. At month 11 the forecast was for a £3.2m deficit with risks identified that could increase that to £3.8m. The position includes £3.5m of system support, to help close the SY ICB planning gap. The other key drivers of this position are vacancies across the care groups, the delivery of the savings plans, and the planned contingency not being required in full.

2.1 Care Group and Corporate Service Positions

The budgets for 23-24 have been aligned to 22-23 actuals, with adjustments made for any underspends linked to transformation and service development funding. Funding for approved cost pressures and business cases has been allocated to relevant areas, and savings targets set based on actual spend. Pay & non pay inflation funding has been allocated out to department budgets. The table below provides a summary of the position by group as at the end of month 12.

Groups	YTD Budget £'000	YTD Actuals £'000	Variance £'000
Doncaster AMH & Learning Disabilities	45,368	44,883	-485
Physical Health & Neurodiversity	37,753	36,782	-971
Rotherham AMH	28,369	27,669	-700
North Lincs AMH & Talking Therapies	22,038	21,442	-596
Children's	28,324	27,838	-486
Total Operations	**161,852**	**158,614**	**-3,238**
Corporate	35,116	34,227	-889
Trust Central & Reserves	8,815	8,097	-718
Contract Income	-199,631	-199,241	390
Flourish CIC	0	0	0
AED Provider Collaborative	0	-33	-33
Group Position	**6,152**	**1,664**	**- 4,488**

System Performance Position	**6,150**	**3,545**	**- 2,605**

Operational services & Corporate departments continued to underspend at the end of March. The key themes being reported in month 12 continue to be staffing challenges in inpatients services and challenges in recruitment across various services. Work is ongoing to triangulate the pay budgets, with WTE and safer staffing levels. All block contracts have been paid in line with agreed block values including the pay award uplift. The overtrade on the contract income line has now been offset by the system support agreed with the ICB to help close the planning gap as expected.

Vacancy Factors

Each care group has a vacancy factor within their pay budget, the breakdown of these is shown below. The Trust will be rebasing vacancy factors as part of 2024-25 planning to ensure a consistent approach is taken across all areas.

Group	Pay Budgets excl VF	Vacancy Factor	VF %
Childrens	£27,984,767	-£381,405	-1.4%
Corporate	£21,791,052	-£69,049	-0.3%
Doncaster AMH & Learning Disabilities	£38,644,052	-£1,042,904	-2.7%
Estates & Facilities	£6,063,860	-£46,000	-0.8%
North Lincs AMH & Talking Therapies	£22,747,929	-£1,292,057	-5.7%
Physical Health & Neurodiversity	£32,997,951	-£1,247,275	-3.8%
Rotherham AMH	£28,332,684	-£1,225,449	-4.3%
Grand Total	**£178,562,295**	**-£5,304,139**	**-3.0%**

Slippage Reporting 23-24

The 23-24 budgets include significant levels of funding linked to transformation and service development. The Trust anticipates underspends associated with this funding throughout the financial year as roles are recruited to and services are mobilised to support and deliver pathway changes for our patients.

At month 12 we are seeing an underspend of £1.6m against these schemes, broken down as below.

	£000	£000
Description of investment above 22/23 outturn	Budget given above 22/23 outturn	YTD Slippage
Doncaster MH - Transformation	603	265
Doncaster MH - Crisis & Liaison Vacancies	800	658
Doncaster MH - Drugs & Alcohol Service Grant	314	26
Doncaster MH - ADHD Staffing	125	23
Doncaster MH - Rough Sleepers Initiative	46	0
Doncaster PH - Ageing Well	1,190	87
Doncaster PH - Virtual Ward	837	136
Doncaster PH - District Nursing Vacancies	400	0
Rotherham - CMHT Transformation	664	84
Childrens - Neuro Vacancies	533	0
Childrens - Crisis	469	26
Childrens - Epilepsy Staffing	51	34
North Lincs - Crisis & Liaison Vacancies	400	0
North Lincs - Inpatient Staffing	318	257
Total	**6,750**	**1,596**

Care Group	Budget given above 22/23 outturn	YTD slippage	YTD expected slippage	YTD variance to expected slippage
Doncaster MH	1,888	973	701	-271
Doncaster PH	2,427	223	643	420
Rotherham	664	84	240	155
Childrens	1,053	60	319	260
North Lincs	718	257	460	203
Total	**6,750**	**1,596**	**2,363**	**767**

* YTD planned slippage based on slippage forecast used for budget sign off meetings with CEO in July 23

2.2 Agency Staffing

An agency cap has been set at a system level in 23-24, with the Trust's share of this being £6.3m, a reduction of 6% from last year's figure.

- In total the Trust has spent £7.56m on agency in 23-24 which is 4.2% of the pay bill. This is a further increase in agency usage compared to the prior year.
- The Trust is over the agency cap by 11.7% (32.7% in month 11) or £1.5m year to date.
- Medical pay makes up 9.7% of the Trusts total pay bill but 55.9% of agency spend. 27.1% of the pay bill for medical staff has been spent on agency.
- The main drivers for nursing & medical agency are vacancies and rota gaps.
- A key element of the savings programme is a reduction in agency usage, plans are being developed to reduce this spend in year, any changes to the spend profile will be reported through the forecast spend in future months.

2.3 Savings

The Trust has commenced a structured and measured approach to making financial savings. With a target of £10m worth of savings, a programme of work has been created to support the identification and delivery of savings opportunities, improving monitoring of savings, and establishing a process for ensuring that quality of services and patient safety isn't impacted negatively because of any savings plans.

Throughout March there has continued to be dedicated focus on reviewing each savings scheme for any quality and safety impacts that may occur from delivering the savings. To date the quality and safety impact assessment panel have reviewed and supported 95% of all scheme assessments. There is 1 impact assessment still to be reviewed, and a further 12 assessments are either awaiting submission for review or have outstanding questions.

To date £8.24m worth of savings have been delivered recurrently, the full-year-effect of these is £8.5m. The table below provides a split of these savings by directorate:

Workstream	23/24 Target	YTD Target	YTD Recurrent Delivery	YTD Variance	FYE Savings Delivered to Date	FYE Recurrent Variance
Physical Health & Neurodiversity Care Group	£ 1,168,906	£ 1,168,906	£ 1,169,000	£ 94	£ 1,169,000	£ 94
Doncaster Adult Mental Health Care Group	£ 2,098,075	£ 2,098,075	£ 1,383,821	-£ 714,254	£ 1,386,960	-£ 711,115
Rotherham Adult Mental Health Care Group	£ 1,666,229	£ 1,666,229	£ 1,527,175	-£ 139,054	£ 1,657,702	-£ 8,527
North Lincolnshire Adult MH Care Group	£ 1,052,058	£ 1,052,058	£ 739,638	-£ 312,420	£ 859,624	-£ 192,434
Childrens Care Group	£ 1,073,119	£ 1,073,119	£ 1,074,001	£ 882	£ 1,074,001	£ 882
Finance	£ 180,956	£ 180,956	£ 201,185	£ 20,229	£ 201,185	£ 20,229
Estates & Facilities	£ 509,523	£ 509,523	£ 201,186	-£ 308,337	£ 201,186	-£ 308,337
Governance	£ 174,060	£ 174,060	£ 168,885	-£ 5,175	£ 168,885	-£ 5,175
Operations Management	£ 121,581	£ 121,581	£ 102,809	-£ 18,772	£ 102,809	-£ 18,772
Medical	£ 228,743	£ 228,743	£ 197,999	-£ 30,744	£ 197,999	-£ 30,744
People & OD	£ 308,949	£ 308,949	£ 296,750	-£ 12,199	£ 296,750	-£ 12,199
Nursing & Quality	£ 190,012	£ 190,012	£ 190,000	-£ 12	£ 190,000	-£ 12
Health Informatics	£ 253,243	£ 253,243	£ 254,000	£ 757	£ 254,000	£ 757
Strategy	£ 32,936	£ 32,936	£ 33,000	£ 65	£ 33,000	£ 65
Depreciation & Interest Costs	£ 500,000	£ 500,000	£ 703,951	£ 203,951	£ 703,951	£ 203,951
Consultancy Reduction	£ 441,612	£ 441,612	£ -	-£ 441,612	£ -	-£ 441,612
Total	**£ 10,000,000**	**£ 10,000,000**	**£ 8,243,399**	**-£ 1,756,601**	**£ 8,497,051**	**-£ 1,502,949**

The Trust operates within two Integrated Care Systems: South Yorkshire ICS and Humber and North Yorkshire Health and Care Partnership. Each year efficiency savings are applied to the Trust's income from each system, and the Trust also runs it's own savings programme to support in enabling the achievement if its financial plan. Each system may need to deliver additional savings and may request that the Trust supports in achieving additional savings to overcome any unforeseen pressures or risks. The Trust's Board of Directors will be informed if any such request is made by the systems.

3.0 Debtors

Outstanding debtors ageing for the Trust (including Flourish) to 31 March 24 was as follows:

Debtor Collection Period	Mar-24 Debtors	Feb-24 Debtors
Up to 30 Days	604	1,230
31 - 60 Days	564	111
61 - 90 Days	519	88
Over 90 Days	257	551
Totals	1944	1980

Overall total debtors are comparable for March 24 and February 24. Over 90 days debtors showed a decrease on the previous month.

3.1 Creditors

The Trust's overall Better Payment Practice Code (BPPC) for NHS and Non-NHS creditors for March 2024 is summarised below. The payment performance has been affected by the change in accounting system from Integra to Centros. There were invoices that took a long time to be uploaded as systems were stabilised and this affected payment runs through into Q4.

Public Sector Payment Policy	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
NHS - % by value paid within 30 days	92.08%	99.99%	94.50%	89.64%	85.29%	83.23%	85.14%	86.74%	87.18%	86.65%	86.89%	86.86%
Non-NHS - % by value paid within 30 days	90.22%	91.32%	90.00%	84.69%	84.10%	83.27%	83.54%	84.05%	83.69%	84.77%	84.73%	85.74%
Combined PSPP by value	**90.53%**	**92.50%**	**90.70%**	**85.41%**	**84.29%**	**83.27%**	**83.81%**	**84.51%**	**84.29%**	**84.97%**	**85.10%**	**85.92%**
NHS - % number paid within 30 days	99.19%	99.20%	96.60%	91.88%	89.95%	89.71%	89.84%	90.07%	90.56%	90.28%	90.28%	90.06%
Non-NHS - % number paid within 30 days	92.63%	87.16%	86.70%	83.43%	81.37%	80.75%	81.09%	80.93%	81.16%	81.40%	81.93%	82.70%
Combined PSPP by number paid	**93.43%**	**87.72%**	**87.40%**	**84.04%**	**81.96%**	**81.34%**	**81.67%**	**81.52%**	**82.00%**	**82.18%**	**82.64%**	**83.30%**
Cumulative % value paid within 30 days	**90.53%**	**91.47%**	**86.80%**	**85.4%**	**84.30%**	**83.27%**	**83.81%**	**84.51%**	**84.29%**	**84.97%**	**85.10%**	**85.92%**
Target	**95.00%**	**95.00%**	**95.00%**	**95.00%**	**95.00%**	**95.00%**	**95.00%**	**95.00%**	**95.00%**	**95.00%**	**95.00%**	**95.00%**

Recovery against the BPPC was expected throughout 2023/24 and can be seen to marginally improve from Dec 23 to March 24 (see above). Work is to take place in 24/25 to improve the performance.

The Creditors ageing is shown below.

The Creditors in March is significantly higher than February due to three large March dated invoices totalling £1m and a number of other smaller invoices being entered to the March ledger per year end processes.

Creditors Ageing Report	Mar-24 Creditors	Feb-24 Creditors
Up to 30 Days	876	171
31 - 60 Days	726	142
61 - 90 Days	252	49
Over 90 Days	409	81
Totals	**2,263**	**443**

3.2 Liquidity

At 31 March 2024, the Trust had £33.6m (£34.3m including third party funds) in cash against a plan of £46.6m. The original plan cash for 23/24 was incorrectly planned. This has been addressed for the 24/25 plan considering the closing actual cash for 23/24. Flourish Enterprises had a cash balance of £411k.

£'000	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Actual Cash	39,923	38,432	36,634	43,885	39,312	37,677	36,192	38,504	39,015	39,507	37,414	36,031	33,557

The cash balance at March is £2.5m lower than at February. This is due to capital payments of £1.3m in March and also the March 24 instalments of PDC for £1.0m and DHSC loan capital for £0.2m.

3.3 Capital Expenditure

Total capital spend to 31 March 2024 was £6,975k against an original plan of £6,660k. Capital allocations are determined by the ICB and the overall system cannot exceed the plan value. The Trust received additional capital funding to overspend on the original plan by £400k. This is shown in the table below. Figures exclude IFRS 16.

Performance at M12	YTD Plan	YTD Actuals	YTD Variance
	£'000s	£'000s	£'000s
Capital Programme	6,660	6,975	-315

4.0 Charitable Funds

The current Charitable Fund balances at 31 March 2024 market valuation were £2,292k. The book value balance is £2,110k and unrealised gain is £182k.

Charitable Funds are invested through Investec. The investments are monitored regularly by the Charitable Funds Committee.

5.0 Recommendations

The meeting is asked to:

Review and note the issues raised in this Financial Report.

ROTHERHAM DONCASTER AND SOUTH HUMBER NHS FOUNDATION TRUST

Report Title	Operational; Risk Report – Extreme Risks	**Agenda Item**	Paper W
Sponsoring Executive	Philip Gowland, Director of Corporate Assurance		
Report Author	Philip Gowland, Director of Corporate Assurance		
Meeting	Board of Directors	**Date**	30 May 2024

Suggested discussion points (two or three issues for the meeting to focus on)

There are now 5 extreme risks on the operational risk registers relating to:

- Patient flow and out of area placements
- Speech and Language Therapy Service rehabilitation outcomes
- Adult Inpatient Eating Disorder funding
- Service quality of specialist eating disorder service
- Insufficient community adulty eating disorder service

All are subject to regular review by the respective risk owner and to monthly scrutiny via the Risk Management Group.

Alignment to strategic objectives (indicate with an 'x' which objectives this paper supports)

Business as usual.	X

Previous consideration (where has this paper previously been discussed – and what was the outcome?)

Operational Risk Report to Board in March 2024 included reference to one extreme risk; Additional four were presented to and supported/moderated by Risk Management Group (RMG) and Clinical Leadership Executive (CLE) in May 2024. One further extreme risk has emerged since the RMG's last meeting.

Recommendation (indicate with an 'x' all that apply and where shown elaborate)

The Board of Directors is asked to:

x	**RECEIVE** and note the current extreme risks.

Impact (indicate with an 'x' which governance initiatives this matter relates to and where shown elaborate)

Trust Risk Register	x	As detailed in the report					
Board Assurance Framework							
System / Place impact	x	O10/19, S2/22, S4/24, 1493					
Equality Impact Assessment	Is this required?	Y		N	x	If 'Y' date completed	
Quality Impact Assessment	Is this required?	Y		N	x	If 'Y' date completed	

Appendix (please list)

None

Operational Risk Report – Extreme Risks

1. Current position

There are currently six extreme risks, one of which was previously reported to the Board in March. Four of the new extreme risks have been added in the month following review and support from RMG and CLE. One further new extreme risk has been added in the period since RMG last met and will be subject to moderation on 4 June.

Of the five new risks three are escalating risk and two are new risks. The five extreme risks are summarised below:

Risk		Risk Score	Owner
O 10/19 (Previously Reported)	If the patient flow into and through the Mental Health inpatient units is not improved then the trust will continue to place people in Out of area acute beds impacting on negative patient and family experience, increasing wait times and delivery against National KPIs.	I x 3 L x 5 RS =15	Richard Chillery, Chief Operating Officer
DCG 11/17 (newly escalated to extreme)	If the speech and Language therapy service is unable to meet the target for priority one referrals which indicate overt signs of aspiration and high risk of secondary health symptoms, this could lead hospital admission and possibly death.	I x 4 L x 4 RS = 16	Cora Turner, Physical Health & Neurodiversity Care Group Director
S 2/22 (newly escalated to extreme)	If there is insufficient funding available or demand exceeds the financial envelope then the Trust will incur a deficit in relation to the provider collaborative and the viability of the collaborative may need to be reviewed.	I x 4 L x 4 RS = 16	Jo McDonough, Director of Strategic Development
S6/22 (newly escalated to extreme)	If one of the specialist inpatient eating disorders service does not implement the recommended improvements, then there is a risk to patient safety and reputational damage for the collaborative and the Trust as lead commissioner.	I x 4 L x 4 RS = 16	Jo McDonough, Director of Strategic Development
S 4/24 (new)	If there are insufficient Community Adult Eating Disorder Services in each of the four ICB places, then demand and length of stay for specialist inpatient services will remain high, leading to a poorer experience for patients and an unaffordable model of care.	I x 4 L x 4 RS = 16	Jo McDonough, Director of Strategic Development
S 5/24 (proposed new, extreme risk)	If the Trust does not conclude the contract negotiations to satisfy main specialist in-patient eating disorder provider, then they will cease the contract and alternative placements will be required for the nine patients residing with the contractor.	I x 4 L x 4 RS = 16	Jo McDonough, Director of Strategic Development

All the above risks are subject to review by the lead Director and oversight at the Risk Management Group on a monthly basis. Risk leads will return to RMG in June to provide updates including the key actions that will sufficiently reduce the score from extreme and the associated time scale for such action.

2. Recommendation

The Board of Directors is asked to RECEIVE and NOTE the current extreme risks.

ROTHERHAM DONCASTER AND SOUTH HUMBER NHS FOUNDATION TRUST

Report Title	Board Annual Workplan 24/25	**Agenda Item**	Paper X
Sponsoring Executive	Philip Gowland, Director of Corporate Assurance		
Report Author	Philip Gowland, Director of Corporate Assurance		
Meeting	Board of Directors	**Date**	30 May 2024

Suggested discussion points (two or three issues for the meeting to focus on)

The attached draft workplan details the core cycle of business of the Board during 2024/25 (and indicative for the years beyond). This workplan will, when and where necessary, be added to as matters emerge or escalate during the year that require the Board's attention or decision. These may be unplanned matters, but they may also be current matters that need to continue based on current work – for example future reporting of matters currently being discussed by the Board such as CQC Preparation and the delivery of Strategic Objectives and the related Promises.

In addition, there is an intent to also consider a thematic focus for future Board's meetings – starting in July with an 'Education' focus. Over the coming weeks, proposed topics will be identified. These may also feature within Board Development / Timeout meetings (which take place in alternative months to formal Board meetings). A schedule of such themes will be presented at the next Board of Directors meetings.

The workplan attached identifies core items of business and includes where, on a monthly basis, the supporting papers from the Committees (that flow through to the Board), which are depicted in the orange font. These are matters discussed on behalf of the Board at Committee that are of sufficient importance (or are necessarily required) to warrant also being received at the Board of Directors meeting too.

Alignment to strategic objectives (indicate with an 'x' which ambitions this paper supports)	
SO1: Nurture partnerships with patients and citizens to support good health	X
SO2: Create equity of access, employment, and experience to address differences in outcome	X
SO3: Extend our community offer, in each of – and between – physical, mental health, learning disability, autism and addiction services	X
SO4: Deliver high quality and therapeutic bed-based care on our own sites and in other settings	X
SO5: Help to deliver social value with local communities through outstanding partnerships with neighbouring local organisations.	X
Business as usual.	X

Previous consideration
(where has this paper previously been discussed – and what was the outcome?)

N/A

Recommendation
(indicate with an 'x' all that apply and where shown elaborate)

The Board or Directors is asked to:

x	**CONSIDER** content and advise of any omissions and changes required to frequency
x	**AGREE** the workplan for 2024/25

Impact (indicate with an 'x' which governance initiatives this matter relates to and where shown elaborate)

Trust Risk Register		
Board Assurance Framework		
System / Place impact		

Equality Impact Assessment	Is this required?	Y		N	x	If 'Y' date completed	
Quality Impact Assessment	Is this required?	Y		N	x	If 'Y' date completed	
Appendix (please list)							

Agenda Item / Issue	Jan	Mar	May	Jul	Sep	Nov
Standing Administration Items						
Apologies	X	X	X	X	X	X
Quoracy	X	X	X	X	X	X
Declarations of Interest	X	X	X	X	X	X
Minutes of Previous Meeting	X	X	X	X	X	X
Matters Arising	X	X	X	X	X	X
Action Log	X	X	X	X	X	X
Standing Items						
Patient/ Staff Story	V	V	V	V	V	V
Chief Executive Update	X	X	X	X	X	X
inc SYMHLDA Collaborative Update	X	X	X	X	X	X
inc Summary CLE Report	X	X	X	X	X	X
inc Governing Body Priorities	X	X	X	X	X	X
inc Guidance Summary	X	X	X	X	X	X
Strategy						
Strategy Progress Update	X	X	X	X	X	X
Strategy Objective focus			**SO2 focus**	**SO3 focus**	**SO4 focus**	
System & Place Plans	X					
Business Planning, National Priorities and Operational Planning Guidance	X					
Performance /Risk Management						
Integrated Quality Performance Report (IQPR)	X	X	X	X	X	X
Board Assurance Framework	X		X		X	
Operational Risk Management Report (extreme risks by exception only)	X	X	X	X	X	X
Governance						
Board of Directors Terms of Reference / Workplan Annual Review	X					
Fit and Proper Person Test Framework Annual Declaration		X				
Standing Financial Instructions / Scheme of Delegation Annual Review	X					
Regulatory Compliance (CQC Registration / NHS Provider Licence)		X				
Quality Committee						
QC Report to the Board of Directors	X	X	X	X	X	X
EPRR		X				
Mortality Quarterly Report	X	X		X	X	X
Mortality / Learning from Deaths Annual Report			X			
Annual Quality Account				X		
Accountable Officer for Controlled Drugs Annual Report				X		
Health, Safety and Security Annual Report					X	
Safeguarding Annual Report				X		
Infection Prevention and Control Annual Report / IPC Board Assurance Framework						X
Eliminating Mixed Sex Accommodation Annual Declaration		X				
Annual Safe Staffing Declaration & 6 monthly Assurance (inpatient areas)		X				
PODC						
PODC Report to the Board of Directors	X	X	X	X	X	X
Staff Survey		X				
WRES / WDES Annual Report						X
Gender Pay Gap						X
Guardian of Safe Working Hours Report	X	X		X	X	
Medical Revalidation					X	
Freedom to Speak up			X			
Finance, Digital and Estates (FDE) Committee						
FDE Report to the Board of Directors	X	X	X	X	X	X
Financial Plan			X			
Capital Plan			X			
Audit Committee (AC)						
AC Report to the Board of Directors	X	X	X	X	X	X
Annual Report and Accounts				X		
External Audit Annual Report inc VFM Report				X		
Risk Management Framework Annual Report				X		
Mental Health Act Committee (MHAC)						
MHAC Report to the Board of Directors	X	X	X	X	X	X
Public Health, Patient Involvement and Partnerships Committee (PHPIP)						
PHPIP Report to the Board of Directors	X	X	X	X	X	X

Scheduled Matters to be taken within the private session						
Minutes of Previous Meeting	X	X	X	X	X	X
Matters Arising	X	X	X	X	X	X
Action Log	X	X	X	X	X	X
Reflection on Patient/Staff Story	V	V	V	V	V	V
Chief Executive' s Report	X	X	X	X	X	X
Draft Finance Plan		X				
Draft Capital Plan		X				

Meeting of the Corporate Trustee			X			X

2024 Venues	Scunthorpe	Doncaster	Rotherham	Scunthorpe	Doncaster	Rotherham
	Baths Hall	CAST Theatre	Unity Centre	Glandford Park	Bentley Pavillion	Brinsworth Community Centre