









AGENDA

COUNCIL OF GOVERNORS – IN PUBLIC

Tuesday 05 June at 3 pm – 5 pm
Baths Hall, Scunthorpe, DN15 7RG (Hybrid Meeting)

No	Item	Lead	Enc
1	Chairman's welcome		
2	Quorum / Apologies for absence		
3	Declarations of Interest		A
4	Minutes and actions from the previous meetings held on: <ul style="list-style-type: none"> 20 February 2024 29 April 2024 		B
5	<p>Governor Roles and Responsibilities:</p> <p>5.1 Approval of the Quality Statement – circulated for consideration of the council of governors.</p> <p>5.2 Constitution amendment progress – presented to Board of Directors 30 May 2024 – Board paper included.</p>		C
6	<p>Governor Priority Areas</p> <ol style="list-style-type: none"> Volunteers Health Promotion Patient and Public engagement / FT membership <p><i>Links to</i></p> <ul style="list-style-type: none"> <i>Promise 1: Employ peer support workers at the heart of every service that we offer by 2027</i> <i>Promise 3: Work with over 350 volunteers by 2025 to go the extra mile in the quality of care that we offer.</i> <i>Promise 4: Put patient feedback at the heart of how care is delivered in the Trust, encouraging all staff to shape services around individuals' diverse needs.</i> <i>Promise 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)</i> 		D

7	Governor Activities Update		E
TRUST UPDATE			
8	Trust Update <ul style="list-style-type: none"> • Chair's Report • Chief Executive's Report • RDASH Performance – Committee Reports 	  	F
9	Any Other Business (to be notified in advance to the Chair)		
10	Public questions *		
11	Meeting close.		

	Kathryn Lavery Chair		Toby Lewis Chief Executive		Philip Gowland Director of Corporate Assurance
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*** Public Questions:**

Questions from members of the public are welcomed at the appointed time during the agenda. The following guidance is offered in respect of this item on the agenda:

- Questions at the meeting should relate to papers being presented on the day
- Members of the public are very much welcome to raise questions at any other time, on any other matter, through the office of the Chair and Chief Executive or other contact points such as:
 - PALS (Patient Advice and Liaison Service) – freephone 0800 015 4334 rdash.pals.email@nhs.net
 - Complaints – Chief Executive, RDASH, Woodfield House, Doncaster. DN4 8QN
- There is no need for questions to be submitted in advance, although this may mean that it is not always possible to provide an answer at the meeting. In that case, the questioner's contact details will be requested for response.
- Questions will be taken in rotation, to ensure those wishing to raise questions have equal opportunity, within the limited time available.

**PLEASE NOTIFY THE CORPORATE ASSURANCE TEAM OF ANY SPECIAL REQUIREMENTS AT
LEAST 48 HOURS IN ADVANCE OF THE MEETING**

rdash.corporate-assurance@nhs.net

**The next meeting of the Council of Governors will take place on
Tuesday 04 September 2024 at 3pm
Armthorpe Community Centre Doncaster DN3 3AG**

**ROTHERHAM DONCASTER AND SOUTH HUMBER
NHS FOUNDATION TRUST**

REGISTER OF INTERESTS OF THE GOVERNORS

ELECTED GOVERNORS

Name	Constituency	Interests Declared
Richard Rimmington	Public - Doncaster	Member of the Labour Party
Maureen Young	Public – Doncaster	None
Ruth Sanderson	Public – Doncaster	Business Development Manager, Volunteer Health Watch, Sales Rep at Turun UK Falls Technology.
Joy Bullivant	Public Doncaster	Retired employee of RDaSH
David Vickers	Public - Rotherham	Royal College of Nursing – Member Royal College of Nursing Yorkshire and Humber Region Retired Members' Group – Chair Rotherham Older People's Forum – Committee member Good News for Everyone (formerly Gideons) Rotherham Branch – Chair National Pensioners' Convention (NPC) Health and Social Care Working Party – member NPC Housing Working Party -Member Rotherham NHS Foundation Hospital Trust – Public Panel – Member South Yorkshire ICB Readers' Panel – Member AgeUK Policy Sounding Board – Policy Reviewer AgeUK Strategic Working Group – Member Star Housing Recovery, Bristol (Charity to support recovering addicts) – Vice Chair Rotherham Friends of Palestine – Co Chair The Rivers Team Church Council – Member/Trustee Rotherham Deanery Synod (Church of England - Member
Sally French	Public - Rotherham	None
Mohammed Suleman	Public - Rotherham	Member of: Conservative Party from 2012 Trustee/Director of: Rotherham Allotment Alliance from 2018 K Education Foundation from 1999
Kamlesh Vatish	Public – Rotherham	None
Ruth O'Shea	Carer - Mental Health	Retired employee of RDaSH
Mohammed Ramzan	Carer - Mental Health	Member of: REMA (Rotherham Ethnic Minority Alliance)

**ROTHERHAM DONCASTER AND SOUTH HUMBER
NHS FOUNDATION TRUST**

REGISTER OF INTERESTS OF THE GOVERNORS

		RotherFed MESH WEA
Joan Cox	Carer – Community Services	Employee of Her Majesty’s Prison and Probation – Probation Service Manager – The Service uses RDaSH ASPIRE Services
Alex Haig	Carer – Community Services	None
Ann Llewellyn	Service User – Mental Health	Nil declaration (updated 04/12/2023)
Ian Spowart	Service User – Mental Health	Newly appointed
Mark Johnson	Service User – learning Disabilities	Labour Party, Hadfield Parish Councillor. Member of CHAD Choice for all Doncaster.
Mike Seneviratne	Staff – Medical and Pharmacy	Trustee of SAGE Greenfingers charity in Sheffield Employee of RDaSH

NOMINATED / APPOINTED GOVERNORS

Lee Golze	City of Doncaster Council	Employee DMBC - Assistant Director: Partnerships, Early Intervention & Localities: Children, Young People & Families
Dr Dean Eggitt	Doncaster LMC	Partner - The Oakwood Surgery- Healthcare provider, Financial, Oct 2012 to present , CEO Doncaster LMC, Negotiating committee, Financial, 2011 to present, Director Pre Medical School, Healthcare education, Financial, Aug 2019 to present
Cllr David Roche	Rotherham MBC	Cabinet Member RMBC - Public Health and Adults, May 2015 to present, Chair Rotherham HWBB - Health inequalities – 2015 to present. Chair Joint S York HWBB - Sharing good practice and links with ICS -June 2020 to present, Board Member ICP -Setting strategic direction – Sept 2022 to present, Member of Board of trustees - Oversight of lake activities and surrounding land Wath – May 2020 to present.
Roxanne Kirby	North Lincolnshire Council	None received

**ROTHERHAM DONCASTER AND SOUTH HUMBER
NHS FOUNDATION TRUST**

REGISTER OF INTERESTS OF THE GOVERNORS

This Register is maintained by the designated Board Secretary and is available as a Public document in line with Paragraph 34.1.3 of the Constitution.

MINUTES OF THE COUNCIL OF GOVERNORS MEETING PUBLIC SESSION

TUESDAY 20 FEBRUARY 2024

CAST THEATRE DONCASTER & VIA MICROSOFT TEAMS

PRESENT

Kath Lavery	Chair
Joy Bullivant	Public - Doncaster
Joan Cox	Carer - Community Services
Mark Johnson	Service User – Learning Disabilities
Ann Llewellyn	Service User – Mental Health
Ruth O’Shea	Carer – Mental Health
Richard Rimmington	Public – Doncaster
Ruth Sanderson	Public – Doncaster
Micheal Seneviratne	Staff – Medical
Ian Spowart	Service User – Mental Health
David Vickers	Public – Rotherham
Maureen Young	Public - Doncaster

IN ATTENDANCE

Glyn Butcher	People Focus Group
Normi Cadavieco	Good Governance Improvement
Richard Chillery	Chief Operating Officer
Ian Currell	Director of Finance and Performance
Kathryn Gillatt	Non-Executive Director
Philip Gowland	Director of Corporate Assurance / Board Secretary
Dr Jude Graham	Director for Psychological Professionals
Janusz Jankowski	Non-Executive Director
Dawn Lees	Non-Executive Director
Sheila Lloyd	Director of Nursing & AHP
Nicola McIntosh	Director of People and Organisations Development
Justin Shannahan	Non-Executive Director
Sarah Fulton Tindall	Non-Executive Director
Paula Rylatt	Deputy Patient Experience and Involvement Director
David Vallance	Non-Executive Director
Pauline Vickers	Non-Executive Director
Susan Black	Corporate Assurance Officer (Notes)

Minute Ref		ACTION
1	WELCOME Kath Lavery, Chair, opened the meeting and welcomed all attendees.	
2	QUORACY / APOLOGIES FOR ABSENCE Kath declared that the meeting was quorate.	

	Apologies were received from Governors, Alex Haig, Sally French, Cllr David Roche, Lee Golze and from members of the Board of Directors, Toby Lewis, Graeme Tosh, Richard Banks, Jo McDonough.	
3	<p>DECLARATIONS OF INTEREST</p> <p>There were no changes to the declarations of interest and no further declarations were made in respect of the agenda items for this meeting.</p> <p>The Council of Governor's received the Declarations of Interest.</p>	
4	<p>MINUTES OF THE PREVIOUS MEETING HELD IN NOVEMBER 2023</p> <p>The Council of Governors approved the minutes of the previous meeting as an accurate record.</p>	
5	<p>GOVERNOR ROLES AND RESPONSIBILITIES</p> <p>Introducing the paper Philip reminded the governors about their roles and responsibilities explaining that the Committee's role included recruitment and remuneration of the Non-executive Directors and the Chair.</p> <p>Nominations Committee, 6 governors registered their interest in becoming members of the Nominations Committee there was still one vacancy for a partner or staff governor. Philip asked the Council of Governors to accept the applications that had been received.</p> <p>Joan Cox – Carer, Ruth O'Shea – Carer, Richard Rimmington – Public, David Vickers – Public, Mark Collins – Partner, Mike Seneviratne – Staff.</p> <p>The council agreed to accept the current applicants as members of the Nominations Committee.</p> <p>Lead Governor appointment, Philip explained the Lead Governor role and advised that the only formal application received was from Jo Cox our existing Lead Governor, support had been received from a number of current governors for this reappointment prior to the Council of Governors meeting.</p> <p>Philp thanked the governors who offered to stand for the role if Jo had not wanted to continue.</p> <p>Jo offered to leave the room ahead of the decision, all agreed this was not necessary.</p> <p>Kath thanked Jo for continuing in the role.</p> <p>The Council of Governors approved the reappointment of Joan Cox as Lead Governor.</p>	

<p>Committees, Phil explained that Governors were asked to register their interest in becoming members of 4 of the Board Committees. The following expressions of interest had been received.</p> <p>Finance, Digital and Estates (FDE) – Richard Rimmington, People and Organisational Development (POD) – Ian Spowart, Richard Rimmington, Quality (QC) – Maureen Young, David Vickers, Public Health Patient involvement and Partnerships (PHPIP) – Jo Cox, Ruth Sanderson</p> <p>Previously governors had observed meetings to help fulfil their role of holding the Non-executive Directors to account for the performance of the Board. RDaSH promise 5 aims to involve the community at every level of decision making in the Trust. Involving governors as members of Board Committees was a step towards fulfilling that promise.</p> <p>David asked about the changing role for the governors, from observer to member and wondered about the training and education. Also, if governors could continue to observe other Committees that governors were not invited to become members. Phil advised that prior to their first meeting, Governors would be invited to attend a meeting with the lead executive and chair of the respective committee. Dawn agreed that there should be a period of induction / training when joining the Committee, and what it means to be a member.</p> <p>Ian expressed concern that Committees were not being observed while the Board deliberated the success of governors becoming members of the selected Committees. Jo could see the benefits of Committee membership however mentioned that it was a shame to lose attendance at other Committees particularly the Mental Health Act Committee which was at the heart of the Trust's services. There may be difficulties in introducing membership of more Committees at a later date due to existing commitments. This subject was discussed at the pre-cog meeting.</p> <p>Maureen asked how many Board Committees there were. Phil advised that Committees not currently included for membership were: Charitable funds, MHAC, Audit and Remuneration.</p> <p>Richard C suggested that long term membership of a Committee was beneficial to gain knowledge and understanding, the term should be longer than a year.</p> <p>Ian S found the pre-CoG useful and asked if the notes could be shared.</p> <p>David Vi mentioned that future pre-CoG meetings should be held sufficiently in advance to form agenda items, David also highlighted the length of the Quality Committee papers at 240 pages being a lot to take in. Jo agreed that future pre-CoG meeting should be planned earlier to consider agenda items. All attendees at the pre-CoG agreed this was a good meeting.</p>	<p>Action PG</p>
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	<p>David Vi advised he was interested in abolition of Deprivation of Liberty Safeguards (DoLs) 4 years ago and wondered if RDaSH had come to terms with this. Sheila agreed that a written response would be prepared for David.</p> <p>Kath agreed and thanked David for raising this.</p> <p>The Council of Governors Approved the Committee members proposed and noted the paper.</p>	
6	<p>GOVERNOR PRIORITY AREAS</p> <p>Sheila thanked the governors for setting out the three priority areas of Volunteers, Health Promotion and Patient and Public engagement / FT membership. The priorities were linked to promises 1,3,4 and 5.</p> <p>Sheila reminded the governors of the challenge to recruit 350 volunteers by 2025 and introduced Paula Rylatt who gave an overview of the progress with volunteering.</p> <p>Paula advised there were now over 100 volunteers working within the Trust, undertaking roles as befrienders, drivers, administrators, training, and peer support. The Trusts model was to match the volunteers' skill set and interests with available roles.</p> <p>Bids had been submitted for central money from the South Yorkshire and North Yorkshire & Humber Integrated Care Boards. The bids were to support volunteer passporting. The North Yorkshire Humber bids were for young people, under 18's for career pathways and cadettes. Work was underway in North Lincolnshire mapping engagement in rural communities.</p> <p>Ann asked where RDaSH sourced the volunteers from, there appeared to be no communications within the local community. Paula advised that Trac is used, Ann was not aware of this system. Ann had offered to volunteer in the Hospice and had not been accepted.</p> <p>David Vi questioned RDaSH's engagement with Voluntary Action assisting with volunteers. Paula confirmed that they had contacted Voluntary Action Rotherham.</p> <p>Ian praised the good progress made with the volunteer recruitment and asked where this data was published for the public and governors to view. Shiela thanked Ian for the feedback.</p> <p>Ruth O asked if the growth referred to was in respect younger volunteers. Paula advised it included progressing younger people and patients into apprenticeships and the workforce. Richard C advised that under 16 required different safeguarding arrangements.</p>	

	<p>Richard R mentioned that RDaSH were not advertising enough for volunteers and asked if other Trusts were consulted for their expertise and experience with volunteers and if they were transferable between Trusts.</p> <p>Jo asked how much support Paula had received from the Communications Team in promoting recruitment of volunteers and wondered why the current model was chosen. Jo wondered why the decision was made not to have a pool of volunteers. Jo explained that the role of staff governor would also benefit from good communications. Jo championed contacting colleges with health care courses making them aware of volunteering and governor opportunities.</p> <p>Paula explained that if there were no positions for the volunteers once recruited this may be demotivating. Jo suggested a blended approach to volunteer recruitment.</p> <p>Mark J asked if there was promotional literature in GP surgeries, schools' colleges and universities, explaining that students on gap years may volunteer with a view to securing paid employment. Jo felt we may have missed opportunities to create interest for volunteers and governor roles at careers fairs as a route to employment, and that Governors could assist with this.</p> <p>Sheila agreed that more use of the Communications Team would benefit recruitment of volunteers and governors.</p> <p>The Council of Governor noted the paper for information</p>	
7	<p>GOVERNOR ACTIVITIES</p> <p>Phil introduced the paper and acknowledged the work of the Council of Governor thanking them for attending events and additional meetings which included the composition of the Council of Governors and the pre-CoG meeting to discuss the agenda.</p> <p>Having reviewed the governors' recommendations on the composition he agreed they would facilitate increased flexibility to recruit governors.</p> <p>Phil would now work with the Board to move the recommendations forward and make the agreed changes constitution. Both the Board of Directors and the Council of Governors needed to agree the proposed changes to the constitution.</p> <p>Phil explained the difficulties experienced in the past with recruitment of governors.</p> <p>Jo raised the issue of staff governors and the need to introduce governance at staff inductions. Many staff were not aware of how RDaSH was governed or the role of governor. This area would benefit from more promotion.</p>	

	<p>Kath asked Staff Governor Mike for his opinion, Mike agreed there was a lack of knowledge about the governor role, he was not aware of the position until approached to stand. He agreed that the removal of classes within the staff constituency would increase the flexibility to recruit more staff governors.</p> <p>David Vi recommended that all governors become involved with the peer review process that had just been circulated, this provided good insight into the workings of RDaSH. David was also involved in the peer review evaluation process.</p> <p>Richard R asked about the Rest of England governor position and if this could be utilised when there were too many nominations for other seats. Phil advised that the such flexibility didn't currently exist.</p> <p>Jude advised that as part of the new meeting structure a half day training and learning session had been introduced. With the concept of the human library, it would be an opportunity for a governor to attend to talk about the governor role. Ruth Sanderson agreed this would be an excellent opportunity for communicating the role. Richard C agreed that this was a good idea particularly with young people at the start of their careers.</p> <p>David Vi asked about the Trusts relationship with the ICBs and the requirement for governors to take a wider view. Phil advised that RDaSH updates were included in the reporting and the Chief Executive's report.</p> <p>The Council of Governors noted the paper for information.</p>	
8	<p>TRUST UPDATE</p> <p>Kath introduced the Chairs update and invited questions on the paper highlighting that a key area of focus had been the finance budget.</p> <p>No questions were raised, and the CoG accepted and noted the paper for information.</p> <p>Sheila introduced the Chief Executive's report and invited Ian Currell to give an update on the finance budget.</p> <p>Ian explained the financial year ran April to March and this year the budget available would be influenced by the election. Planning guidance had not yet been received for the new year which started 1 April 2024. It was anticipated that there would be few changes to Mental Health Services within the planning guidance.</p> <p>Nationally there were 6 key target areas: access for children and young people, access to community services, perinatal care Doncaster and Rotherham, virtual ward - physical health, restricting out of area placements and talking therapies.</p>	

Richard C explained that the targets were challenging however it was predicted that RDaSH would be successful in 3 of the key areas in 2024 then more in 2025.

Finance - Ian advised that RDaSH had spent £220 million with a deficit forecast at £6.2 million. At the year end the deficit would now likely be approximately £3.2 million - so better than planned. This year there had been more spend on clinical care. Across South Yorkshire ICBs there was an anticipated £48 million deficit on healthcare spending.

RDaSH were awaiting details of the funding allocation, once received the aim was to break even in 2025.

Maureen asked, with the current financial challenges would RDaSH be able to progress capital plans. Ian advised that the capital funding was separate and should not be impacted. The ICB may adjust the amount of funding available, dependent on overall performance.

Ruth S enquired how the savings had been made. Ian stated that £10 million in savings had been made across the organisation from, limiting the use of management consultants, reorganisation of clinical services. Richard C also mentioned that instead of using agencies for locum doctors, nurse consultants had been used, this initiative was working successfully.

Richard R asked about the possibility of a solar farm on RDaSH green space. Ian advised that there were no plans currently, a 5-year estate plan would be in place to agree how the estate will be used.

David Vi asked if revenue was received from the Grounded Research function, Ian C advised that some funds were generated.

Sheila reported that RDaSH came 8th in country for the flu campaign.

Nicola gave an update on the Education England audit. RDaSH passed the audit with very positive feedback. Kath congratulated Nicola on the fantastic result with Education England.

The committee accepted and noted the report for information.

Philip thanked Ian C for the Financial update and introduced the Committee reports inviting the Non-executive Directors who chair the Committees to provide overviews.

Kath invited questions on the Committee reports no questions were received.

The Council of Governors received the paper for information.

	No other business was raised.	
10	<p>PUBLIC QUESTIONS</p> <p>Questions were raised by the governors and the public.</p> <p>Ian S asked how RDaSH would receive public questions, he was not aware of any communications for attending this meeting. Phil agreed that there was work to be done to improve communications.</p> <p>David Vi asked if governors were involved in Care Quality Commission (CQC) meetings. Kath confirmed that yes, governors would likely be involved in any future formal inspection.</p> <p>Glyn asked about inclusivity and the need for an easy read document for the meeting to be available. Glyn raised the public's concern about abuse within Trusts and the need to be transparent about this. Jude acknowledged the concern and talked about the sexual safety charter that RDaSH have signed up to, the processes in place and actions taken.</p> <p>Glyn thanked the governors for their work and continued involvement with RDaSH.</p> <p>Kath summarised by confirming that the work the governors had undertaken on the constitution would be progressed. There was a theme throughout the meeting regarding the need for increased communications on a number of issues.</p> <p>Jo thanked Sheila for supporting the council of governors during her time with the trust.</p> <p>Kath thanked everybody for attending and closed the meeting.</p>	
11	<p>DATE, TIME, AND VENUE OF NEXT MEETING</p> <p>05 June 2024, 3pm Baths Hall Scunthorpe DN15 7RG</p>	

MINUTES OF THE COUNCIL OF GOVERNORS MEETING EXTRAORDINARY SESSION

MONDAY 29 APRIL 2024

VIA MICROSOFT TEAMS

PRESENT

Joan Cox	Carer - Community Services – Lead Governor
Joy Bullivant	Doncaster Public
Mark Johnson	Service User- Learning Disabilities
Ann Llewellyn	Service User – Mental Health
Richard Rimmington	Public – Doncaster
Ian Spowart	Service User – Mental Health
Mohammed Suleman	Rotherham Public
David Vickers	Public – Rotherham

IN ATTENDANCE

Philip Gowland	Director of Corporate Assurance
Dave Vallance	Non-Executive Director
Susan Black	Corporate Assurance Officer (Notes)

Minute Ref		ACTION
1	<p>WELCOME Philip Gowland opened the meeting and welcomed all attendees.</p>	
2	<p>APPOINTMENT OF NON-EXECUTIVE DIRECTOR (NED)</p> <p>Philip explained that the purpose of the meeting was the approval of the appointment of a Non-Executive Director (NED) and an Associate Non-Executive Director.</p> <p>The NED would effectively be the replacement for Justin Shannahan who left on 31 March 2024. The appointment of an Associate NED was part of the succession planning ahead of the departure of Dawn Leese on 31 October 2024 – which allowed for a NED with clinical – and in this case GP/Primary Care – experience to be retained on the Board.</p> <p>Jo gave an overview of the interview process and the governors involvement. Five candidates were interviewed and following feedback from the stakeholder group two candidates were recommended.</p> <p>Dave Vallance outlined the stakeholder group involvement, which included four Governors – Richard Rimmington, David Vickers, Kamlesh Vitesh and Maureen Young, acknowledging that Dr Richard Falk had the clinical expertise required but would need some development in the NED role, with the period before Dawn leaving providing an invaluable opportunity.</p> <p>David Vickers and Richard Rimmington provided their respective reflections on their involvement and the candidates that they saw. It was recognised by all that some of</p>	

	<p>the other candidates were 'above the line' and appointable but that there were only two opportunities. It was hoped that whilst unsuccessful on this occasion, candidates may apply again in the future. Philip confirmed that the potential conflicts of interest identified with Rachael Blake had been resolved.</p> <p>The Council of Governors was recommended to appoint:</p> <ul style="list-style-type: none"> • Rachael Blake as a Non-Executive Director for an initial three-year term; and • Dr Richard Falk as an Associate Non-Executive Director. <p>Governors in attendance supported the recommended appointments and together with the correspondence also received from Governors Maureen Young (Public), James Dickinson (Staff), Lee Golze (Partner) and Ruth Sanderson (Public) there was the necessary support to meet quoracy requirements. (12 governors, which is more than 20%, with at least two public governors, two service user/carer governors and one staff governor)</p> <p>Philip thanked the Governors for agreeing the appointments and noted that he would be liaising with the candidates to agree a start date and induction and training requirements.</p>	
3	<p>ANY OTHER BUSINESS</p> <p>There was no other business.</p>	
4	<p>CLOSE</p> <p>Philip thanked everyone for their attendance and closed the formal meeting.</p>	

ROTHERHAM DONCASTER AND SOUTH HUMBER NHS FOUNDATION TRUST

Report Title	Governor Roles and Responsibilities	Agenda Item	No 5 Paper C				
Sponsoring Executive	Philip Gowland, Director of Corporate Assurance						
Report Author	Philip Gowland, Director of Corporate Assurance						
Meeting	Council of Governors	Date	05 June 2024				
Suggested discussion points (two or three issues for the meeting to focus on)							
The paper is in two parts and represents decisions needed to be made by the Council of Governors as part of their roles and responsibilities.							
5.1 The first part relates to the Trust’s Quality Account – an annual summary of quality related matters that is shared before publication with a range of stakeholders in order for them to provide feedback, commentary and confirmation that the Account is reflective of their knowledge and understanding of the Trust. A draft statement has been shared with Governors alongside the draft Quality account and is presented today for approval.							
5.2 The second part relates to a proposed change to the composition of the Council of Governors – revising the number and type of seats on the Council, ahead of a refreshed membership recruitment campaign and Governor election process. The proposals were initiated in a series of Governor meetings and were presented to the Board of Directors on 30 May 2024. The Board supported the proposals and has itself made two further proposals which are presented for approval by the Council of Governors.							
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	
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 report has not been previously presented.							
Recommendation (indicate with an ‘x’ all that apply and where shown elaborate)							
The Council of Governors is asked to:							
X	APPROVE the Governor statement for inclusion within the Trust’s Quality Account 2023/24						
X	RECEIVE and CONSIDER the proposals from the Board of Directors regarding the composition of the Council of Governors						
X	APPROVE the revised composition of the Council of Governors						
Impact (indicate with an ‘x’ which governance initiatives this matter relates to and where shown elaborate)							
Trust Risk Register		(CA 12/23)					
Board Assurance Framework							
System / Place impact							
Equality Impact Assessment	Is this required?	Y	X	N		If ‘Y’ date completed	
Quality Impact Assessment	Is this required?	Y		N	X	If ‘Y’ date completed	
Appendix (please list)							
N/A							

Governor Roles and Responsibilities

The paper is in two parts and represents decisions needed to be made by the Council of Governors as part of their roles and responsibilities.

The first part relates to the **Trust's Quality Account** – an annual summary of quality related matters that is shared before publication with a range of stakeholders in order for them to provide feedback, commentary and confirmation that the Account is reflective of their knowledge and understanding of the Trust.

The draft statement below has been shared with Governors alongside the draft Quality account and is presented today for approval (Approval of the statement has already been received from Joy Bullivant, Ann Llewellyn, Richard Rimmington, Ruth Sanderson and Mohammed Suleman. No additional comments or suggested amendments have to date been received.)

Annual Quality Account 2023/2024

The Council of Governors is pleased to have the opportunity to comment on the Quality Report for 2023/24.

A range of governor engagement activities during 2023/24 have allowed for more face to face activities to be attended and more opportunities for the Council of Governors to be involved with initiatives to promote and be aware of quality services within the Trust. Listed below are brief details of some of the ways that Governors have been included and been involved:

- Governors identified and agreed three priorities in 2023/24 including volunteering, health promotion and engagement – all of which have close ties to elements of the Trust's Clinical and Organisational Strategy. Updates on progress have been provided at each Council of Governors meeting. (Strategic Objective 1, Promises 3 and 5)*
- The Council of Governors received update reports at its meetings that included specific updates on this quality objective and the work of the Quality Committee. This section is presented to the Council of Governors by the Chair of the Quality Committee (Dawn Leese, Non-Executive Director). During the meeting Governors provide feedback and ask questions in respect of the information provided, seeking where necessary additional explanation and / or confirmation to hold the Non-Executive Directors to account and also demonstrating a keen interest in areas of work that will benefit the patients, service users, carers and staff of the Trust. (Strategic Objective 1, Promises 1,3,4 &5)*
- In 2023 a number of Governors have attended (virtually) and observed the bi-monthly Quality Committee and had first hand opportunity to see the Committee undertake its business and to hear and observe the challenge, support and discussion between members of the Committee and to see the progress made throughout the year. In 2024 there will be an opportunity for a Governors to be members of the committee. (Strategic Objective 1, Promise 5)*

- *Safety and quality priorities include the requirement for each area to have a peer review .Governors have participated in peer reviews throughout the year. Governors, alongside colleagues from the Board of Directors have attended reviews and had the opportunity to meet staff and patients and to see and hear first-hand about the quality of service they have received, and the challenges faced by staff and their success in delivering care to those in need. (Strategic Objective 1, Promise 4)*
- *A number of Governors have attended (virtually and face to face) and observed the meetings of the Board of Directors held in public. This has also provided a valuable opportunity to see the wider business of the Board but also to see the input to the Board from the Quality Committee. Governors have engaged by asking questions relating to quality matters. This relates to quality priority “To improve the experience of care and the opportunities for involvement across all care groups and corporate departments”. (Strategic Objective 1, Promise 5)*

The Council of Governors support the content of the report as an open and honest reflection of the Trust’s position, in line with that presented to the Quality Committee and Board of Directors.

The Council of Governors are committed to working closely with the Board of Directors, staff, service users, carers and public over the coming year to support the delivery of the quality priorities contained within the Trust’s Clinical and Organisational Strategy and the achievement of the objectives and promises it contains.

The Council of Governors identified three focus areas in 2023/24 including Volunteering, Patient and Public engagement and Health promotion and it would like to continue to work closely on these areas with the Trust in 2024/25.

The Council of Governors welcomes and looks forward to continuing and enhancing its work, with support from the Trust, to more effectively hold the Non-Executive Directors to account for the performance of the Board of Directors. This includes active discussions between Governors who work with, and through, Non-Executive Directors and learn from the good practice of other NHS Trusts.

*Council of Governors
5 June 2024*

The Council of Governors is asked to APPROVE the Governor statement for inclusion within the Trust’s Quality Account 2023/24

The second part relates to a **proposed change to the composition of the Council of Governors** – revising the number and type of seats on the Council, ahead of a refreshed membership recruitment campaign and Governor election process.

The proposals were initiated in a series of Governor meetings. The rationale and changes were presented to the Board of Directors on 30 May 2024 – the paper presented to the Board by Philip Gowland with Joan Cox, Lead Governor is attached to this paper. To note, that any change requires the approval of both the Council of Governors **and** the Board of Directors.

The Board supported the proposals and has itself made two further proposals which are presented for approval by the Council of Governors. A summary of the proposals is below:

Current Composition of 41 seats

Public (12)	Doncaster (4), Rotherham (4) North Lincolnshire (2), NE Lincolnshire (1), Rest of England (1)
Patients (7)	Mental Health (3) Learning Disabilities (1) Specialist Services (1) Community services (2)
Carers (7)	Mental Health (3) Learning Disabilities (1) Specialist Services (1) Community services (2)
Staff (6)	(1) each for Nursing, AHPs / Psychology, Community Nursing, Medical/Pharmacy, Social Care, Non-Clinical
Partners (9)	(1) Each for City of Doncaster Council; Rotherham MBC, North Lincolnshire Council, University, Community Voluntary Sector, GP and (3) CCG

Council of Governors proposal of 36 seats

Public (12)	Doncaster (4), Rotherham (4) North Lincolnshire (2), Rest of England (1)
Patients and Carers (9)	No further breakdown
Staff (6)	(3) Clinical and (3) Non-Clinical
Partners (8)	(1) Each for City of Doncaster Council, Rotherham MBC, North Lincolnshire Council, University, GP, ICB, and Health-watch and (2) for the Youth forum

Board of Directors proposal of 37 seats - Board of Directors supported the Council of Governors proposals and made two suggested amendments:

Staff	To utilise the 6 proposed seats by affording (1) seat each to the five Care groups and (1) seat to staff from within the Corporate Services (Backbone services)
Partners	To retain the seat currently afforded to the Community Voluntary Sector

Subject to the Council of Governors accepting the proposals of the Board of Directors, the new composition of the Council of Governors will be:

Public	11	Doncaster (4), Rotherham (4) North Lincolnshire (2), Rest of England (1)
Patients / Carers	9	
Staff	6	(1) seat each to the five Care groups and (1) seat to staff from within the Corporate Services (Backbone services)
Partners	11	(1) Each for City of Doncaster Council, Rotherham MBC, North Lincolnshire Council, University, GP, ICB, Community Voluntary Sector and Healthwatch and (2) for the Youth forum
	37	

Once approved the Trust will be proactively seeking to fill all available and vacant seats.

The Council of Governors is asked to:

RECEIVE and CONSIDER the proposals from the Board of Directors regarding the composition of the Council of Governors

and

APPROVE the revised composition of the Council of Governors

ANNEX 1

Constitution Amendment (Paper presented to the Board of Directors 30 May 2024)

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.

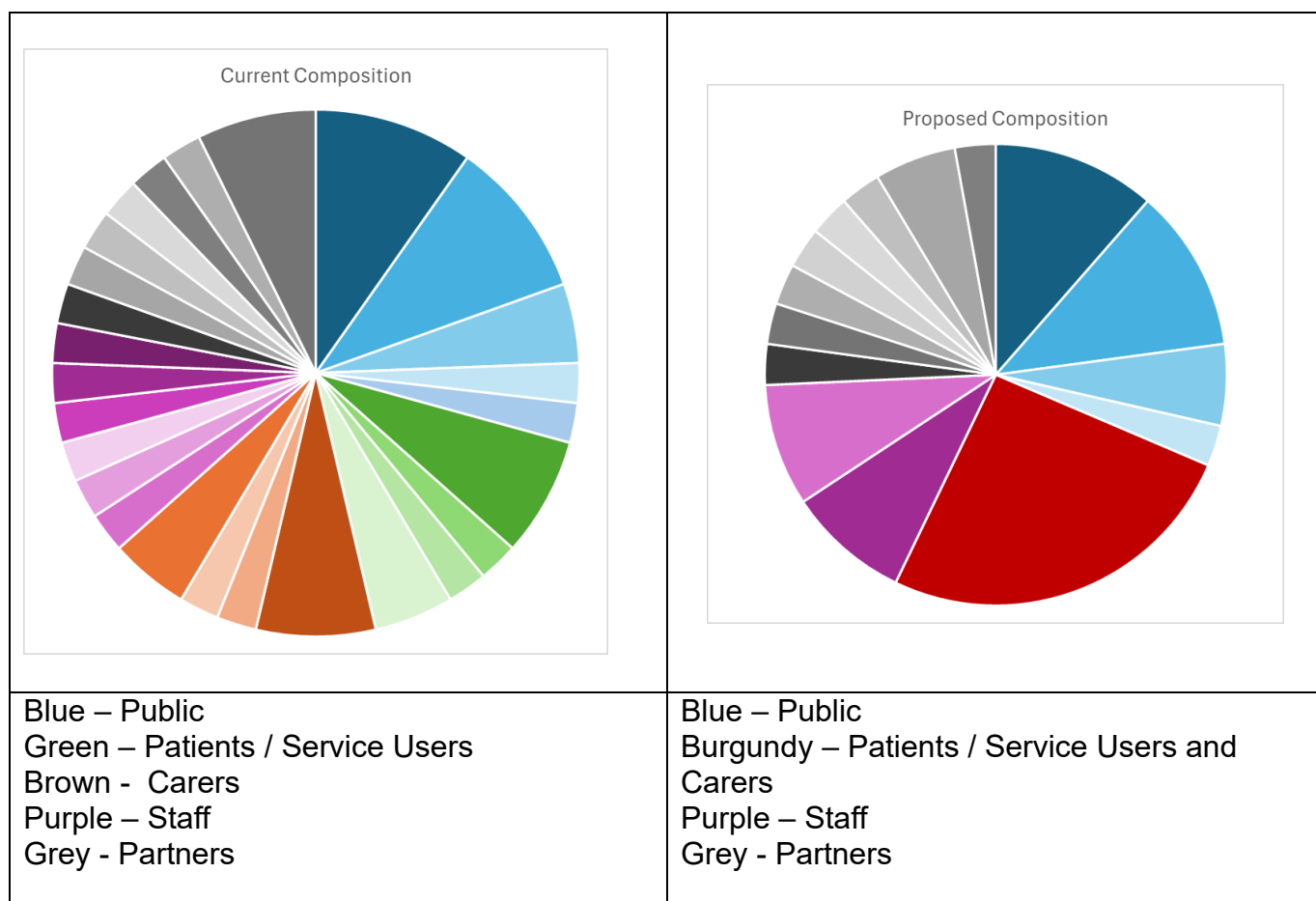
In order to ensure that the constitution / composition is workable and facilitates recruitment, a number of alternative arrangements, 9 in total, were considered by the council of governors. Partner governor arrangements were also debated, and

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)



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.

**Philip Gowland
Director of Corporate Assurance**

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 Lincolnshire	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		

6 Paper D

Governor Priority Areas - Presentation to be delivered on the day.

ROTHERHAM DONCASTER AND SOUTH HUMBER NHS FOUNDATION TRUST

Report Title	Governor Activities Update	Agenda Item	No 7 Paper E
Sponsoring Executive	Philip Gowland, Director of Corporate Assurance		
Report Author	Philip Gowland, Director of Corporate Assurance		
Meeting	Council of Governors	Date	5 June 2024
Suggested discussion points (two or three issues for the meeting to focus on)			
This report to the Council of Governors summarises the work and activities undertaken both individually and collectively by Governors between March 2024 and June 2024 and is presented to show how they link with the two most relevant of the statutory duties for NHS Foundation Trust Governors - Holding non-executive directors to account for the performance of the Board; and representing the interests of members and the public.			
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
SO5: Help to 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?)			
The report has not been previously presented.			
Recommendation (indicate with an 'x' all that apply and where shown elaborate)			
The Council of Governors is asked to:			
RECEIVE and NOTE the summary of Governor Activities			
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)			
N/A			

1a Attendance of Governors as observers at meetings of the Committees to the Board of Directors

(Aligns with Governor Responsibilities 1-Holding non-executive directors to account for the performance of the Board; and 2-Representing the interests of members and the public)

For Governors to be in a better position to hold the Non-Executive Directors to account and to know more about the workings of the Trust and its performance, Governors were afforded the opportunity to observe the Committee meetings. As noted at the November CoG, there was to be a change regarding the attendance of Governors at Board Committees, with a shift from 'observers' to 'members'

Over the last six months the Trust has implemented a new operating model resulting in a number of changes, including to the meeting structure. Furthermore, as the Trust seeks to progress with the delivery of Promise 5 (and therefore 'involve our communities at every level of decision making') it agreed that from June 2024 that Governors would be represented as members of four of the Board's Committees. At the Council of Governors meeting in February the following representatives were agreed:

- Finance, Digital and Estates (FDE) – Richard Rimmington
- People and Organisational Development (POD) – Ian Spowart and Richard Rimmington
- Quality (QC) – Maureen Young and David Vickers
- Public Health Patient Involvement and Partnerships (PHPIP) – Jo Cox and Ruth Sanderson.

In advance of the first of these meetings (19 June) we will invite the Governor representatives to meet the respective Committee Chair and Lead Executive. Following the second set of meetings in July, we will invite those Governors and Chairs to meet Kath, Toby and Philip for a reflective discussion about the first meetings. It is important that we work together to ensure that the change from 'observers' to 'members' of the Committees is effective and that everyone has the opportunity ahead of (and after) those first meetings to discuss and agree what it means to them and for the Committee.

1b Attendance of Governors at meetings of the Board of Directors (Public Session)

(Aligns with Governor Responsibilities 1-Holding non-executive directors to account for the performance of the Board; and 2-Representing the interests of members and the public)

The Board of Directors continues to hold a meeting in public every other month.

The March meeting was attended by Joan Cox.

The May meeting was attended by Joan Cox, Ann Llewelyn, Mohammed Suleman, Mohammed Ramzan, Dr Dean Eggitt and Ian Spowart.

Please contact Phil for the link and to receive the papers in advance of future meetings (next meeting 25 July 2024, Scunthorpe United Football Club from 10am.)

2 Non-Executive Director Appointments

(Aligns with Governor Responsibilities 2-Representing the interests of members and the public, 5- Appointing and removing the chair and other non-executive directors)

The Trust needed to recruit a Non-Executive Director (replacement for Justin Shannahan NED who left on 31 March 2024) and an Associate Non-Executive Director, with Primary Care/GP experience as part of the succession plan for Dawn Leese, NED who leaves October 2024.

2.1 Recruitment Process:

A shortlist of five candidates were invited to attend a stakeholder group and interview.

Governors attended the stakeholder group – Chaired by Dave Vallance, NED/VC the group consisting of four Governors (Richard Rimmington, Maureen Young, Kamlesh Vatish and David Vickers).

Lead Governor Jo Cox was a part of the Interview panel.

2.2 Appointment Process

The formal appointment of Non-Executive Directors (NED) and an Associate Non-Executive Director rests with the Council of Governors. Following the recruitment process above, the Council of Governors met and received two recommendations.

Governors supported the recommendations and approved the appointment of Rachael Blake as a Non-Executive Director for an initial three-year term, and Dr Richard Falk as an Associate Non-Executive Director.

Present at the meeting were Joan Cox, Joy Bullivant, Mark Johnson, Ann Llewellyn, Richard Rimmington, Ian Spowart, Mohammed Suleman, David Vickers, with written support provided from James Dickinson, Maureen Young, Ruth Sanderson and Lee Golze.

3 Chairs Appraisal Feedback

(Aligns with Governor Responsibilities 2 - Representing the interests of members and the public)

On an annual basis, the Senior independent Director (SID) Dawn Leese undertakes the annual appraisal of the Chair in line with a national framework. This incorporates stakeholder feedback from amongst others, the Board of Directors, the Council of Governors and a number of external stakeholders. Governors were therefore invited to meet to discuss and give feedback for the Chairs Appraisal. Governors also contacted Joan Cox direct.

The governors attending the meeting were Joan Cox, Ann Llewellyn, Ian Spowart, and Mike Seneviratne, with others sending to Jo their written feedback.

The appraisal process has been completed and a new set of objectives agreed for Kath for 2024/25. The final discussion and objective setting meeting involved Joan Cox. The 'return' to the NHS England representative has been submitted that confirmed the process and outcome. Whilst this appraisal is undertaken during Kath's first term (i.e. this is not a point at which re-appointment is considered) it is important that the Council of Governors is aware of the outcome - there are no matters of concern that need to be raised or escalated. Kath will work towards the achievement of the new objectives and in doing so will reflect on all the feedback received during this recent process.

4 Peer Reviews – May (ongoing to February 2025)

(Aligns with Governor Responsibilities 2 - Representing the interests of members and the public)

Peer reviews focusing on the patient experience, the reviews are ongoing with more dates now available. In May David Vickers attended The Brambles and Ann Llewellyn attended Cusworth. (Promise 4 & 5)

5 Volunteer Event - June

(Aligns with Governor Responsibilities 2 - Representing the interests of members and the public)

The event was to formally thank & recognise the current volunteers that volunteer in the Trust for their hard work & celebrate this. It showcased all and everything about our fantastic Volunteers, promoting the opportunities and appetite in the Trust to grow our Volunteer numbers in the future in line with Promise 3 (Work with 350 volunteers by 2025 to go the extra mile in the quality of service we offer)

As Trust volunteers Governors were invited to the volunteer event – registering for the event were Joy Bullivant, Joan Cox, Ian Spowart and Kamlesh Vatish. (Promise 3)

6 Pre-CoG Meeting – April

(Aligns with Governor Responsibilities 2 - Representing the interests of members and the public)

A Governor only meeting to review and discuss the June Council of Governors agenda. Suggestions have been recorded and reviewed with the Chair.

Present at the meeting were Joan Cox, Joy Bullivant, Mark Johnson, Ann Llewellyn, Richard Rimmington, Ian Spowart, Mohammed Suleman, David Vickers. (Promise 4 & 5)

7 Lead Governor Activities

(Aligns with Governor Responsibilities 2 - Representing the interests of members and the public, 8 -Preparing the forward plan)

Meetings with Chair Kath Lavery – monthly update and Chairs appraisal.
Meeting with Philip Gowland
Chaired meetings with governors – for the Chairs appraisal
Chaired pre-CoG meeting (April).

8 Forthcoming Events

RDASH Fun Day and Annual Members meeting The Trust will be hosting its first ever Fun Day at Clifton Park on Saturday 20 July (10am to 4pm) – as well a range of fun events, games and stalls the Annual Members Meeting (AMM) will also take place in The Garden Room. Governors, their families and friends are all invited to come along and enjoy the day and to attend the AMM, where we will present our Annual Report and Accounts 23/24 alongside the Quality Account 23/24; a Flourish Annual Statement and the Charitable Funds Annual Report. We will also hear from our communities about their perceptions of the progress that we have made in the year on our Strategy, our Promises and other matters.

Governors have been invited to participate **NHS Providers Governor Focus** 9 July 2024, 5 places have been allocated governors David Vickers, Ian Spowart, Ann Llewellyn, Mark Johnson and Kamlesh Vatish are registered to attend. Other governors who would like to have attended are Joy Bullivant, Richard Rimmington and Joan Cox.

Rotherham Pride 8 June 2024 an opportunity to engage with the public and encourage new members. Joan Cox will be attending

9 Governor Feedback

Governors are invited to feedback on any other meetings, events and other activities they have attended since their last meeting.

Philip Gowland
Director of Corporate Assurance
30 May 2024

ROTHERHAM DONCASTER AND SOUTH HUMBER NHS FOUNDATION TRUST

Report Title	Trust Update comprising: Chair's Report, Chief Executive's Report, Performance – Committee Reports	Agenda Item	No 8 Paper F
Sponsoring Executive	Philip Gowland, Director of Corporate Assurance / Board Secretary		
Report Author	Kath Lavery, Chair, Toby Lewis, Chief Executive Philip Gowland, Director of Corporate Assurance / Board Secretary		
Meeting	Council of Governors	Date	05 June 2024
Suggested discussion points (two or three issues for the meeting to focus on)			
<p>The Chair's Report summarises the key events, meetings and work undertaken in the last quarter.</p> <p>The Chief Executive's Report updates Governors on the key areas of Our Patients, Our People and Our Partners and Populations.</p> <p>The attached Performance report includes the latest position in respect of the work of the Board Committees. Representatives from the Board of Directors will be present at the Council of Governors meeting. The Non-Executive Directors that chair the respective Committees will provide an insight into their role on the Committees in receiving assurances and providing challenge and the latest position in respect of their Committee's work.</p>			
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?)			
The attached report presents a consolidated report on the Committee's most recent reports which have been provided to and discussed by the Board of Directors meetings which are held in public – most recently in January 2024.			
Recommendation (indicate with an 'x' all that apply and where shown elaborate)			
The Council of Governors is asked to:			
X	RECEIVE the paper for information		
Impact (indicate with an 'x' which governance initiatives this matter relates to and where shown elaborate)			
Trust Risk Register	x		
Board Assurance Framework			
System / Place impact	x		
Equality Impact Assessment	Is this required?	Y	N
Quality Impact Assessment	Is this required?	Y	N
		X	X
			If 'Y' date completed
			If 'Y' date completed
Appendix (please list)			

Chair's Report to the Council of Governors Meeting June 2024

This sixth report to the Council of Governors captures the meetings and events that I have attended during the period from February 2024.

My schedule continues to afford and require regular meetings with Toby Lewis, Chief Executive to understand the current issues, successes, and challenges at the Trust and how the Trust is participating in the system-based environment.

The report in February noted some changes to the Board of Directors over the last period and I do so again in this report now. As mentioned previously Sheila Lloyd retired at the year-end and it has been a pleasure to welcome Steve Forsyth as our new Chief Nurse. Also at the year-end we said goodbye to Nicola McIntosh, Director of People and OD and welcomed Carlene Holden to the role. Carlene was previously Nicola's deputy. Also, as noted in my last report, Justin Shannahan, NED left us at the end of March too. We rightly took the opportunity to say thank you to each of the three that left us.

As noted in the Governor Activities paper, the Governors have been involved in the NED recruitment process and I was very pleased that Governors supported and approved the appointment of Rachael Blake as Non-Executive Director and of Dr Richard Falk, as Associate Non-Executive Director from mid-May 2024. Both bring a great deal of individual experience and expertise that I am sure the Board and the Trust will benefit from.

Finally in respect of Board changes, we will be seeing a change in the Director of Finance role in the next month, with Ian Currell moving to a new role in the West Yorkshire ICB and Izaaz Mohammed, taking over the Director of Finance role following a recruitment campaign. Thank you to Ian for all his hard work whilst with the Trust and best wishes in your new role; Welcome to the Board Izaaz.

Other key aspects of my work in the last quarter are listed below:

I have furthered important relationships through multiple 1-2-1 meetings with individual members of the Board of Directors, senior staff and with our partners in particular, through the Yorkshire and Humber and National Chairs Networks and the South Yorkshire Mental Health, Learning Disability and Autism Collaborative - all have been interesting and extremely valuable in terms of understanding the role of the Trust within this wider system-based environment.

I meet regularly with my Non-Executive colleagues and have also now become a member of the Charitable Funds Committee.

The Aspiring Senior Women's Leadership Network was held in Warmsworth and was a fantastic event.

As noted above, it has been a busy period in terms of changes to the Board and I have participated in the recruitment campaigns for each new appointment.

The opportunity to attend Peer Reviews, this time on Cusworth Ward, is a great way to see the services and meet the staff and really triangulate what I know and read about into the reality of being on the ward. A really good process and glad that it also involves a Governor representative on each review too (see Governor Activities paper)

Another busy and rewarding period as Chair of RDASH.

Kath Lavery, Chair 30 May 2024

Chief Executive's Report to Council of Governors Meeting May 2024

This report summarises selected important activities and results within RDaSH over the period since the last COG, which has been the NHS planning period for 24/25, with a pending election.

I do not duplicate here the CEO report provided the Board of Directors meeting in public. I have asked for the last two reports to be made available with the issued papers given feedback in November.

The Trust ended 23/24 with a smaller deficit than the agreed plan. We will enter 24/25 with a deficit plan of similar dimensions, albeit out savings over the 23-25 period will total £16.7m, which is on a scale never before undertaken at the Trust (our success in 23/24 testifies to the emerging capability to accomplish real change). That sum is needed to permit some important investments in support both of safety and of our promises, and to manage a lack of external funding as ICB look to invest in national priorities. The Board in May approved the financial plan, which has also been submitted as part of the ICB's deficit plans.

1. Our patients

The continued focus of our work ranges across community based and inpatient services. Efforts to reduce and then eliminate **out of area placements** has been a significant and continued focus. One element of that is more effective management of our ward admitting and discharge processes; another is ensuring locally we have provision that is commissioned. In North Lincolnshire this means trying to get a community rehabilitation proposal funded. Trustwide this may mean the creation of a locked ward rehab service.

Led through RDaSH we have worked to focus more attention on **health based place of safety (section 136) provision**. There is acceptance in principle that South Yorkshire requires six suites not five, and that will help the Scunthorpe suite to be more commonly used only for local residents. These calculations are based on there being a maximum 24 hour length of stay within these suites, which is far from current practice. From July 1st this will become a key performance indicator within the Trust and wider system.

I reported last time on the work being done Trustwide to reduce **waits for CAMHS interventions to four weeks** as an early step towards our promise 14 commitment. The intent remains to achieve this before the end of July. There are specific and different difficulties in different places moving towards this self-imposed standard but we remain committed to the work needed to make it possible, notwithstanding the help and advice offered to Children and Young People while they do wait.

The capital plan for the Trust in 2024/25 contains significant investments to improve the quality of care and of environment: perhaps most notably a replacement programme across RDaSH for bathroom doors to use a more suitable salon door, and the major programme to **complete refurbishment of our Great Oaks facility** from summer 2024 to summer 2025.

2. Our people

COG colleagues will be aware of national and local concern over **measles**. This has had a significant impact in our communities, and considerable effort is being taken among our own staff to raise awareness and improve vaccine uptake.

In October, we will move our bank employees across to a new employer, **NHS Professionals**. Consultation will take place during July on the TUPE transfer, but the

intended benefit to care is an improvement in our 'fill rates' for shifts. NHSP has a far wider range of professionals available than our historic local bank arrangements. Trustwide our narrative is extremely clear – we are hugely supportive of people who wish to work flexibly through the bank, and entirely unsupportive of the use of very expensive agency staff, with a huge premium being charged by their suppliers.

Recruitment into **our 2023-2027 management structure** has been really successful in recent months. Psychologists, nurses, AHPs and managers have moved into roles at directorate and Care Group level, and our revised operating model is beginning to bed down. Gaps remain in some medical leadership roles, albeit the majority of our 13 clinical directorates are now fully appointed to. The key step here is that four times' more clinicians will be involved in the management of the Trust in 2024 than in 2022, which feels like an important shift.

In setting budgets for 24/25, we have fully revised and reconciled our staffing numbers, such that we can be clear we are seeking to recruit to 97.5% of all roles, and **a major recruitment drive** is underway in a number of areas, including counsellors, Crisis in Doncaster, some ward teams, and among district nursing. We have also been a successful part of an NHS England programme to improve retention.

3. Our partners and populations

Co-production is clearly a key feature of our strategy. We are finalised the full suite of work to deliver on our commitment under **promise 5**. In support of the governing body constitution changes, we are moving towards establishing our CYP forum with a shadow board proposal. Patient representatives are joining all executive committees, as governors join Board committees. The work though is much wider, as 80% of our engagement needs to come through our enrolment in other's discussions: mapping of options to do that is nearing completion and discussions internally and with our patient participation partner is likely to come to a conclusion in early July.

Each public health director has now spent time with the Board's new committee focused on patient involvement, public health and partnerships. The alignment between our promises and the Doncaster Fairness and Wellbeing commission recommendations is very evident. The first three poverty proofing pilots kick off in June. The Trust is joining the NL Health and Wellbeing Board, with a real focus on rural health and isolation, as depicted in promise 12. Dr Richard Falk joining our Board will enhance our insights in this field. Within Rotherham our focus in particular remains on dual diagnosis access to mental health support, and on ensuring that mental health needs among minority ethnic and faith communities are better served than presently.

Promises in 2024/25

I will happily talk further at the meeting about the delivery of our promises. I append the table reviewed with the Board of Directors in May setting out the ten of twenty-eight promises presently in or moving towards delivery. That represents a significant step forward. By the time of our annual members' meeting we would expect to have defined in full the route to meeting the other promises, and, more importantly perhaps, to have worked through how we 'sequence' delivery over the three years such that we are not trying to do everything all at once, which is likely to lead to a lack of progress.

Toby Lewis, Chief Executive – May 31st 2024

Promise	Progress since Q3 23/24	What's next? (highlights are recorded 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.
4. Put patient feedback at the heart of how care is delivered in the Trust,	<u>This month</u> sees the move from paper-based systems to a Trust-wide online system (Patient Opinion) as a primary route to	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

Promise	Progress since Q3 23/24	What's next? (highlights are recorded here – not everything)
encouraging all staff to shape care around individuals' diverse needs	gather and respond to feedback: this should increase the reach and analysability of our work in this space.	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.
6. Poverty proof all our services by 2025 to tackle discrimination including through digital exclusion	<u>From June</u> 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...

Promise	Progress since Q3 23/24	What's next? (highlights are recorded here – not everything)
<p><i>3. Work with 350 volunteers by 2025 to go the extra mile In the quality of care that we offer</i></p>	<p>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.</p>	<p>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.</p>
<p><i>25. Achieve Real Living Wage Accreditation by 2025, whilst transitioning significantly more of our spend to local suppliers in our communities</i></p>	<p>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.</p>	<p>The next steps are 'as left'. We should underestimate 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.</p>
<p><i>26. Become an anti-racist organisation by 2025, as part of a wider commitment to fighting discrimination and positively promoting inclusion</i></p>	<p>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 <u>from July</u> the red card procedure.</p>	<p>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...</p>

RDASH Performance – Committee Reports. June 2024

Introduction and Overview

This Report focuses on key performance information and the assurances provided via the Committees and the Board of Directors meetings. The Chief Executive's Report also provides further details of some of the key news and updates relating to the Trust and the wider environment in which it operates from the last quarter.

Of importance to the Council of Governors is the position reported and the input of the Non-Executive Directors in these meetings. Non-Executive Directors chair all Committees and as noted in the Governor Activities paper, from June 2024, Governor representatives will become members of four of the Board's Committees.

This report to the Council of Governors highlights the recent meetings of the respective Committees and the key items of business at each meeting. Governors should also note that at each Board of Directors meeting (public) there is a written report from each Committee.

The Board met most recently in public on 30 May 2024.

The papers from all Board meetings held in public are available via the Board Secretary and are available via the Trust website. [Link to Board papers](#)

Finance, Digital and Estates Committee

The Board of Directors receives a monthly report from the Director of Finance and Estates on the overall Trust financial position. This position is provided in more detail, and subject to scrutiny and challenge, on a bi-monthly basis through the relevant governance structure – in particular via the Finance, Digital and Estates Committee (FDE) and through other mechanisms including individual liaison between Finance Department representatives and individual budget holders.

The performance of the Trust in terms of the key performance indicators within the contracts with commissioners is routinely reported to FDE and actions to continually improve the Trust's performance agreed, monitored and overseen between the Trust's Performance Department and Service Manager.

Both the performance (against some of the KPIs) and the financial performance are included with the assessment made by NHS Improvement under its 'System Oversight Framework'.

Pauline Vickers, NED, is the Chair of the FDE – the other NEDs on the Committee are Kathy Gillatt and Sarah Fulton Tindall.

FDE met on 17 April 2024.

A report based on the 17 April 2024 FDE meeting was presented to the Board of Directors on the 30 May 2024. The key items of business related to:

1. Draft Digital Enabling Plan 2023 – 2028
2. Information Quality
3. Estates & Facilities Update
4. Performance against the finance domain of the IQPR – Month 11 & 12
5. Finance Plan 2024-2025 to 2029-2030 (including Savings Programme)
6. Vacancy Reporting and Budgeting
7. Agency Reduction Plan
8. Procurement Audit

Further to the FDE meeting and as reported to the Board on 30 May 2024, the financial position for the 2023/24 financial year (that is currently subject to external audit review) was that 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 services ended the year in an underspend position against their budgets, and the Trust achieved £8.5m of savings against a target of £10m.

The Finance, Digital and Estates Committee will meet again on the 17 June 2024.

Quality Committee

The position reported to the Board of Directors is provided in more detail and subject to scrutiny and challenge on a regular basis through the relevant governance structure, in particular by the Quality Committee and through other mechanisms including individual liaison between Nursing and Quality representatives, Chief Operating Officer, Medical Director and Care Group / service representatives.

Dawn Leese, NED, is the Chair of the Quality Committee – the other NEDs on the Committee are Dave Vallance and Dr Janusz Jankowski.

QC last met on the 20 March 2024 & 22 May 2024. The reports, based on that meeting, was presented to the Board of Directors on the 28 March 2024 and 30 May 2024. The key items of business related to:

20 March 2024

1. Quality Committee Workplan 2024/25
2. Patient Safety Report, December 2023 - January 2024 Data
3. Quality Peer Reviews 2023/24 – Evaluation Report
4. Annual Safe Staffing Declaration
5. Inpatient Safe Staffing Report, December 2023 - January 2024 Data
6. Mortality Report inc Regulation 28, November – December 2023 Data
7. Integrated Quality Performance Report – February 2024
8. Medicines Management Report Q2 & Q3 2023/24
9. Estates & Facilities Quality Assurance Report – response to 2023 Patient-Led Assessments of the Care Environment (PLACE) Audit Results
10. Resuscitation Update, January – March 2024
11. Quality & Safety Impact Assessment (QSIA) Activity Report
12. Eliminating Mixed Sex Accommodation Annual Declaration
13. Clinical Effectiveness / Clinical Audit Activity Q3 2023/24 Draft Clinical Audit Plan 2024/25.

22 May 2024

1. Draft Annual Quality Account
2. Patient Safety Report
3. Safe Staffing Stock Take
4. Learning from Deaths Annual Report 2023/24
5. Integrated Quality Performance Report
6. Resuscitation Update
7. Complaints Management Report Q4
8. Internal Audit Reports / Recommendations

Quality Committee will next meet on the 17 July 2024.

People and Organisational Development Committee

The position reported to the Board of Directors is provided in more detail and subject to scrutiny and challenge on a regular basis through the relevant governance structure, in particular by the People and Organisational Development Committee and through other mechanisms including individual

liaison between People and Organisational Development representatives, Chief Operating Officer and Care Group / service representatives.

Dave Vallance, NED, is the Chair of the People and Organisational Development (POD) Committee. The other NEDs on the Committee are Pauline Vickers and Sarah Fulton-Tindall.

POD last met on the 17 April 2024 and the report based on that meeting was presented to the Board of Directors on 30 May 2024. The key items of business related to:

1. Workforce Dashboard
2. People & Teams Plan Update
3. Staff Survey
4. Learning and Education Plan Update
5. Significant areas of concern or non-compliance at Trust level.
6. Partnerships
7. Freedom To Speak Up Biannual Update
8. Guardian of Safe Working Hours

The People and Organisational Development Committee will meet again on 19 June 2024.

Public Health, Patient Involvement & Partnership Committee

The position reported to the Board of Directors is provided in more detail and subject to scrutiny and challenge on a regular basis through the relevant governance structure, in particular by the Public Health, Patient Involvement & Partnership Committee and through other mechanisms including individual liaison between Public Health, Patient Involvement & Partnership representatives, Chief Operating Officer and Care Group / service representatives.

Dave Vallance, NED, is the Chair of the Public Health, Patient Involvement & Partnership Committee. The other NEDs on the Committee are Dawn Leese and Janusz Jankowski.

Public Health, Patient Involvement & Partnership Committee held its meeting on the 20 March 2024 and 22 May 2024 the reports based on those meetings were presented to the Board of Directors on 28 March 2024 and 30 May 2024 respectively. The key items of business related to:

20 March 2024

1. Draft Equity & Inclusion Plan
2. Flourish Enterprises
3. Poverty Proofing
4. Partners and Relationship Management
5. External Speaker - Diane Lee, Director of Public Health, North Lincolnshire
6. IQPR (exceptions)
7. Risk Register – related 'high' risks

22 May 2024

1. External speaker - Ben Anderson, Director of Public Health, RMBC
2. IQPR (exceptions)
3. Draft Research & Innovation Plan
4. Draft Equity & Inclusion Plan
5. Partnership Report - Adult Eating Disorders Provider Collaborative
6. Flourish Enterprises – Report from Shareholder Representative

The committee will meet again on 17 July 2024

The **Mental Health Act Committee (MHA)** – whose membership comprises of three Non-Executive Directors and is chaired by Sarah Fulton Tindall. The Committee focuses on ensuring that the Trust adheres to the Mental Health Act. This will include the work undertaken on a daily basis across a range of services in each geographical area and the work of the Trust Associate Managers – the lay

(independent) people who sit on panels to review the cases of patients detained under the Mental Health Act.

The Committee last met on the 17 April 2024 and the report based on that meeting was presented to the Board of Directors on the 30 May 2024. The key items of business relate to:

1. MHAC Workplan
2. Legislation Compliance Performance Report
3. Patient & Carer Feedback
4. CQC MHA Inspections Q4

The Mental Health Act Committee will meet on the 19 June 2024.

The **Commissioning Committee** – whose membership comprises of three Non-executives Directors and is chaired by Dawn Leese - primarily focuses on ensuring that there are arrangements in place for the Trust's Commissioning responsibilities in respect of the Adult Eating Disorder Service.

The Commissioning Committee met on the 3 April 2024 and the report based on that meeting was presented to the Board of Directors on 30 May 2024. The key items of business related to:

1. Highlight performance report
2. Ellern Mede update
3. Stepping Stones Evaluation
4. Contracting 2024/25 Update
5. Risk Register
6. Future Governance Arrangements

This was the final meeting of the Commissioning Committee, with the related business of the Committee now being via the PHPIP Committee.

The **Audit Committee** – whose membership comprises of three Non-Executive Directors and is chaired by Kathy Gillatt – primarily focuses on the oversight and delivery of the work of the external auditors, Deloitte (who are appointed by the Council of Governors), and of the internal audit team and counter fraud teams – both services are provided to the Trust by *360 Assurance*, an NHS internal audit consortium. Moving forward the role will expand to include clinical audit as well as research and educational governance.

The Audit Committee met on the 3 April 2024 and the report based on that meeting was presented to the Board of Directors on 30 May 2024. Key items of business related to:

1. Clinical Audit Plan 2024/25
2. Counter Fraud, Bribery & Corruption Progress Report
3. Annual Counter Fraud Plan 2024/25
4. Internal Audit Progress Report
5. Interim Head of Internal Audit Opinion
6. Internal Audit Plan 2024/25
7. External Audit Planning Report
8. Statement of Changes to Accounting Policies (& Key Estimates & Judgments)
9. Annual Accounts and Financial Statements
10. Annual Report Progress
11. Control, Management and AGS
12. Risk Management Framework Report
13. Audit Recommendations Progress Report
14. Audit Committee Effectiveness

The Audit Committee will meet again on 5 June 2024

The work of the **Charitable Funds Committee** focuses on the oversight and management of the Charitable Funds, of which the Trust is the Corporate Trustee. Pauline Vickers chairs the Committee.

The Charitable Funds Committee last met on the 6 March 2024. The key items of business related to:

1. Terms of Reference
2. Draft Charitable Funds Raising Plan
3. Charitable Funds Performance
4. Charitable Funds Committee – Applications Received
5. Charitable Funds Risk Register
6. Significant areas of concern or non-compliance at Trust level

The Committee will meet next on 05 June 2024.

The work of the **Remuneration Committee** – which comprises of all the Non-Executive Directors and is chaired by Kath Lavery, Chair – focuses on the remuneration and related issues of the Executive Directors and Senior Managers. The Committee meets on an 'as and when' basis but must meet at least once annually. The Committee met in March 2024 to review the Director of Finance and Director of People and Organisational Development appointment processes.