NHS

**Rotherham Doncaster
and South Humber**
NHS Foundation Trust

Annual Report
and Accounts
2018/2019

RDaSH *leading the way with care*

ROTHERHAM DONCASTER AND SOUTH HUMBER NHS FOUNDATION TRUST

ANNUAL REPORT AND ACCOUNTS 2018/19

PRESENTED TO PARLIAMENT PURSUANT TO SCHEDULE 7, PARAGRAPH 25(4)(a)
OF THE NATIONAL HEALTH SERVICE ACT 2006

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Annual Report and Accounts 2018/19

Performance report

Overview

This section provides an introduction to the Annual Report from the Chief Executive and Chairman. It describes the Trust and highlights some of the major achievements in the year, the risks we have faced and provides some facts and figures about the Trust.

Chief Executive and Chairman's Statement

Kathryn Singh
Chief Executive

Lawson Pater
Chairman

Welcome to our Annual Report and Accounts for 2018/19.

Writing this foreword has given us a timely opportunity to review and reflect on what has been another fast-moving year for the Trust, during which our staff have overcome the challenges they face on a daily basis and continued to deliver high quality patient care.

It hasn't been easy. The NHS is operating in a tough environment, trying to meet a rising demand for healthcare from stretched budgets and hard-pressed staff, who always try to do the very best they can for their patients.

But thanks to their skill, hard work and commitment, we can look back on another successful year.

We achieved all the financial targets we were set and are in a good position to face the future.

During the year, we launched our five-year strategy, Leading the Way with Care, that sets the direction for the Trust until 2024. The initial focus is on service improvement and development, underpinned by six strategic ambitions - explained further in this report - which put quality care, leadership and a well equipped workforce at the heart of all we do.

Today's NHS is about working together, with patients and a multitude of partners across a wide geographical patch, who share our commitment to strive to deliver better healthcare services for the many people we serve.

Our community interest company, Flourish Enterprises, has continued to develop and expand and generated many success stories.

As a Trust we are proud to play a key role in improving lives of all ages across Rotherham, Doncaster and North Lincolnshire. We are embedded in those communities, understand their needs and maintain close links with them through their representatives on the Council of Governors and the wider RDaSH membership.

The Board of Directors never forget that we owe an incredible debt of gratitude to our staff for their relentless dedication to their work and we use every opportunity to champion and celebrate their achievements through our annual awards ceremony and on-going personal recognition through our Going the Extra Mile (GEM) scheme.

A year passes very quickly in a Trust like ours and we often don't take enough time to remember our successes and how we are making a difference to the people and communities we serve. Here are just a few examples from the year.

We were judged as 'good' for the care we deliver after being re-assessed by Care Quality Commission (CQC) inspectors.

We pledged our support to carers by launching a Friends and Relatives Carers' Charter, which recognises the important role that friends and family play in the recovery and wellbeing of service users.

We became the first mental health trust to join the Northern Health Science Alliance, enabling our research team - Grounded Research - to enter more joint research partnerships on a range of topics.

Community health teams in Doncaster re-organised the way they work together to enable a range of health services to be provided closer to where people live.

Our staff have been invited to help co-design a Black and Minority Ethnic (BAME) Network, where they can share skills, knowledge and look at issues affecting their work and professional development.

We became a 'trailblazer' – our mental health teams in Doncaster and Rotherham signed up to become two of 25 areas in the country that will work with local schools to transform children and young people's mental health as part of the NHS Long-Term Plan.

Vulnerable people who use drug and alcohol services were able to access a new 'drop-in' physical health and wellbeing clinic, which provides health checks and general health advice.

We joined local NHS organisations and other partners in marking the NHS's 70th anniversary with a celebratory big birthday party for staff and public at Woodfield Park.

Our Aspire Drugs and Alcohol Team's Recovery Games, held at Hatfield's Outdoor Activity Centre, saw over 600 people from across the UK competing in gladiator style games and obstacle races to raise awareness that recovery from substance misuse is possible with the right support in place.

This annual report provides a flavour of a year in the life of Rotherham Doncaster and South Humber NHS Foundation Trust. We hope you enjoy reading it.

Kathryn Singh
Chief Executive

24 May 2019

Lawson Pater
Chairman

24 May 2019

About the Trust

Key facts

- We deliver services from approximately 100 locations across Rotherham, Doncaster and North Lincolnshire.

- Services include: inpatient and hospital-based services at The Woodlands and Swallownest Court in Rotherham, the Tickhill Road site and Emerald Lodge in Doncaster, Great Oaks in Scunthorpe, and community services in a wide range of community settings, including registered and supported living homes.

- Our headquarters, Woodfield House, is based on the Tickhill Road Site in Balby, Doncaster.

- We employ around 3,400 staff providing a wide range of clinical and non-clinical services

- We have over 150 committed volunteers of all ages and backgrounds who selflessly give up their time to help us, carrying out a variety of tasks, including helping out in art groups, driving patients to and from the hospital sites and providing trolley services to the wards. All of which helps support the staff in their clinical duties and offers additional help and activities for service users.

- Some 163,059 people accessed our services during the year.

- Operating income from patient care activities in 2018/19 was £149.7m (total Income for the year was £164.0m). We have achieved our financial planned outturn position every year as a Foundation Trust. Further details of financial performance are provided on page 20.

Our history

- On 1 August 2007, the Trust received authorisation under the NHS Act 2006 and was granted Foundation Trust status.

- Since June 2008, the Trust has been managing all North Lincolnshire Mental Health Services.

- On 1 October 2010, the transfer of tier 2 primary Child and Adolescent Mental Health Services (CAMHS) from Doncaster Council (DMBC) and tier 3 CAMHS from Doncaster and Bassetlaw Hospitals NHS Foundation Trust (DBH) took place.

- On 1 April 2011, around 1,700 staff transferred to the Trust from Doncaster Community Healthcare and Rotherham Community Health Services, under the Transforming Community Services programme.

- The Trust was renamed Rotherham Doncaster and South Humber NHS Foundation Trust to reflect the range of services provided.

- On 1 April 2016 the Trust and a charity consortium took over as the provider of drug and alcohol services in Doncaster, launching Aspire Drug and Alcohol Service.

- In April 2017 our Manchester Early Intervention Service was transferred to a local provider following a review of service provision in the city and our contribution to the North East Lincolnshire Drug and Alcohol Service, Foundations, also came to an end.

The services we provide

We have four care groups, with an emphasis on the 'place' within which the services are provided. Three care groups cover Rotherham, Doncaster and North Lincolnshire and a dedicated Care Group delivers our children's services across all three geographical areas. Our care groups and the services they provide are:

Doncaster Care Group

- All Age Inpatient and Community Mental Health Services
- Community Integrated Services
- Learning Disabilities
- Forensic Services
- Drug and Alcohol Services.

Rotherham Care Group

- All Age Inpatient and Community Mental Health Services
- Learning Disabilities

North Lincolnshire Care Group

- All Age Inpatient and Community Mental Health Services
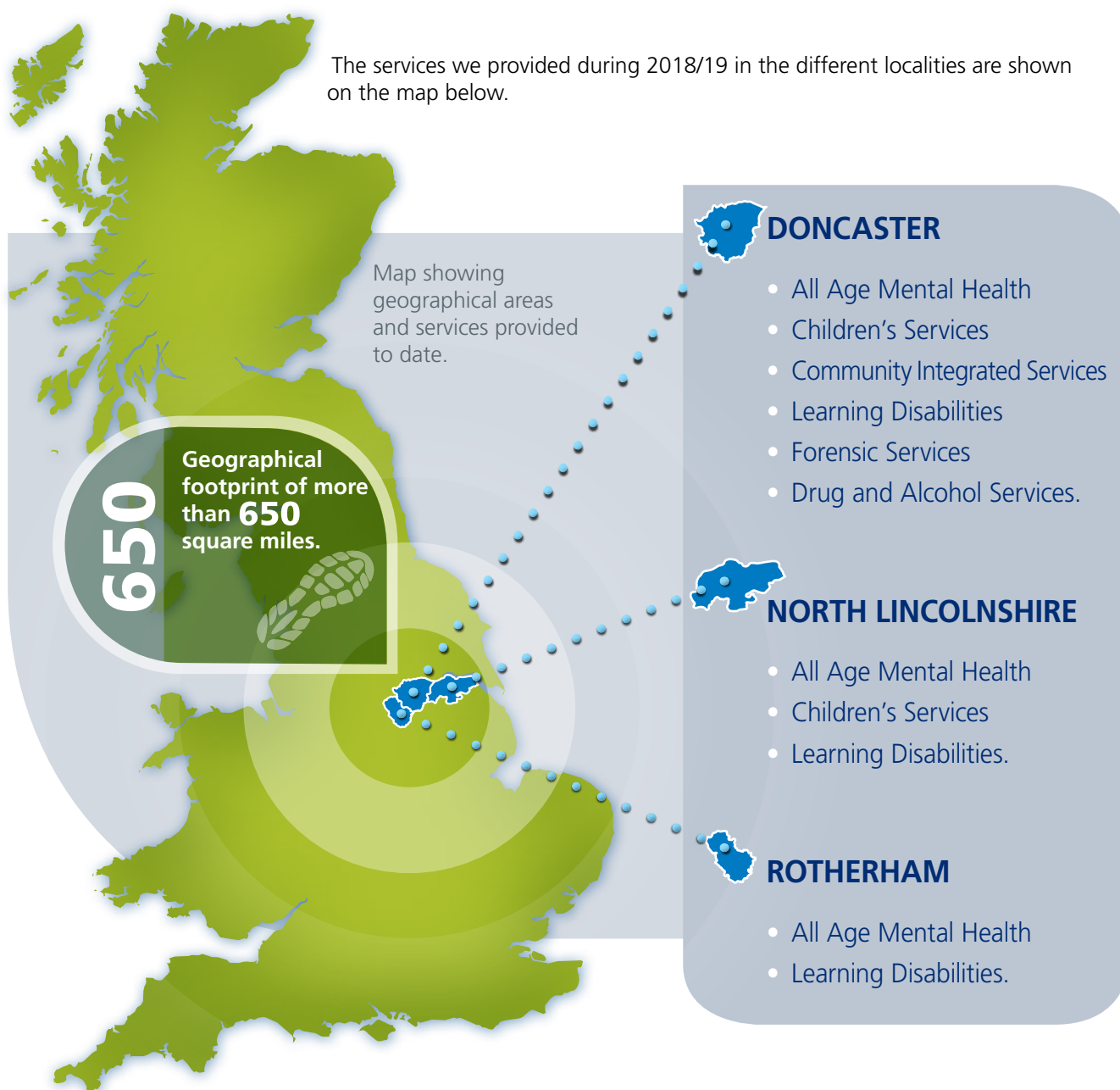- Community Learning Disabilities

Children's Care Group

- Children and Young People's Mental Health
- Community Integrated Services.

Descriptions of our services:

- **All Age Inpatient and Community Mental Health Services –** including crisis and home treatment, assertive outreach, early intervention in psychosis, community therapy, social inclusion, recovery, rehabilitation and dementia services. The core community mental health services are delivered through a number of care pathways designed to meet assessed needs. We also provide psychological therapies (Improving Access to Psychological Therapies, known as IAPT).

- **Children and Young People's Mental Health Services (CYPMHS also known as CAMHS) –** a range of psychotherapeutic approaches and interventions for children and adolescents with mental health needs.

- **Adult Community Learning Disability Services in Doncaster, Rotherham and North Lincolnshire -** services include assessment and treatment in community settings, supporting people in the community and helping people with complex needs, as well as providing leisure, recreational and educational activities. We also provide a low-secure unit and locked rehabilitation service on the Tickhill Road site for men with learning disabilities.

- A comprehensive **Drug and Alcohol Service** – operates across Doncaster in partnership with a range of agencies. This provides support through drug treatment, relapse prevention and a holistic approach to assisting people to regain fulfilling lives.

- **Community Integrated Services –** adult, children and family healthcare services are provided across Doncaster, including community and inpatient, district nursing and specialist community nursing services, rehabilitation services, hospice services, children and family nursing services and sexual health services. We also provide health visiting and school nursing in North Lincolnshire.

Our services

The services we provided during 2018/19 in the different localities are shown on the map below.

Map showing geographical areas and services provided to date.

Geographical footprint of more than 650 square miles.

650

DONCASTER

- All Age Mental Health
- Children's Services
- Community Integrated Services
- Learning Disabilities
- Forensic Services
- Drug and Alcohol Services.

NORTH LINCOLNSHIRE

- All Age Mental Health
- Children's Services
- Learning Disabilities.

ROTHERHAM

- All Age Mental Health
- Learning Disabilities.

In partnership with our commissioners, we continued to develop new services during 2018/19 and further improved existing services, in line with the needs of local people. Many of the services are delivered on an integrated basis with local authority and hospital based partners.

We have no overseas operations.

Further details about key events for our services can be found from page 26 onwards.

Our Vision, Mission, Values and Strategic Goals

Our Vision

Leading the way with care

Our Mission Statement

Promoting health and quality of life in partnership with people and communities.

Our Values

Passionate

Reliable

Caring and safe

Empowering and supportive of staff

Open, transparent and valued

Progressive

Our Five Year Strategy 2014-2019

The strategy sets out a comprehensive summary of our plan to:

- Maintain a focus on sustaining our core secondary care services in each area
- Develop Specialist Inpatient and Community Services
- Transform Community Services.

The strategy provided an assessment of the likelihood of achieving the plan, ensuring the sustainability of the Trust over the five years on a clinical, operational and financial basis. An Operational Plan for 2018/19 was produced to provide focus for the year (the final year of this Strategy) and to reflect the changing environment in which we are operating.

Strategic Goals

Our Strategic Goals in 2018/19 were to:

- Provide safe, effective, compassionate care
- Attract, retain, support and develop the finest workforce
- Maintain financial stability
- Work with partners to offer and deliver market-leading services
- Be an outstanding, well-led organisation.

Risks

As outlined at the start of the year in our Operational Plan, the key risks to quality for 2018/19 were identified as embedding the Mental Capacity Act and Clinical Risk Management practices.

From a financial perspective, the Operational Plan recorded the delivery of the cost improvement programme, and management of a number of cost pressures, as the most challenging of the associated financial risks.

The key risk to the delivery of the financial plan was the delivery of the efficiency savings plans.
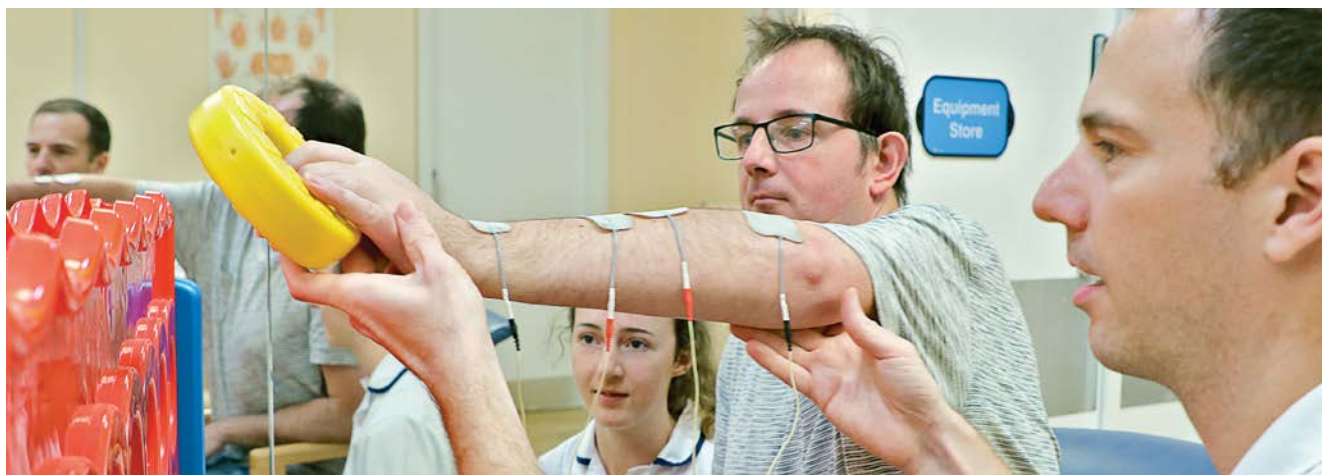
The way forward: Future developments

During 2018/19, the Board of Directors continued to consider the national, local and organisational context to inform the production of our new Trust strategy: Strategic Plan 2019-2024: Leading the Way with Care. The Board of Directors worked collaboratively with key stakeholders to define and set the focus for the Trust for the next five years. The new strategic direction informed the development of our 2019/20 operational plan which was approved by the Board of Directors in March 2019.

To achieve the delivery of clinically and financially sustainable services, the Board of Directors will be launching the new Strategic Plan in April 2019 outlining the focus for the Trust throughout 2019/20. This will be on service improvement and development, defined by our Six Strategic Ambitions, which are to:

- Be a leading provider of co-ordinated mental and physical healthcare services for people of all ages

- Develop and deliver services which have a focus on prevention and early intervention, building resilience and promoting recovery

- Take the lead with our partners to drive the development of accessible patient centred care services closer to people's homes

- Develop a healthcare workforce who are equipped to provide the highest level of clinical care

- Embrace technology to innovate and continually improve clinical services

- Maximise benefits to patients through ensuring a strong and sustained financial position to underpin the delivery of high quality clinical services.

In common with the wider NHS, we face financial constraints for the foreseeable future. This challenge has to be balanced with the level of services we can provide. In light of this, the clinical priorities and enabling corporate strategies' alignment with the financial plan is continually reviewed to maintain the sustainability and resilience needed to achieve our aims.

Our plans bring together the initiatives that will enable us to progress and mitigate risks we face. Relevant initiatives include:

- Harnessing the benefits of digital health technology to improve the quality of care

- Modernising care pathways and models; coordinating streamlined care, closer to home and more accessible

- Embedding our quality commitment through strong leadership and a culture of quality improvement

- Working collaboratively with partners over the next five years to maintain local, efficient, effective and targeted services

- Exploring the opportunities of new markets and growth in services aligned to the Trust's identity

In delivering the plans, it is imperative to its success, that the Trust can flex and support change as it happens

We will strive to always have the strategic agenda as a focal point in driving continuous service improvement, setting out to ensure we provide safe, effective and compassionate care through a well-supported and developed workforce.

Workforce Strategy 2016-2021

The workforce strategy was approved at the April 2016 Board of Directors meeting. It sets out the human resource framework to support the transformation of the workforce to enable the delivery of sustainable, safe, effective, caring, responsive and well led services. It has been developed to support and enable the delivery of the overall RDaSH vision, mission, values and strategic goals of the Trust, particularly strategic goal two: To attract, retain support and develop the finest workforce.

The following table outlines the key elements and workstreams required to achieve our goals:

Workforce Strategy – Key Elements	
1.0 Leadership & Management Development (at all levels/ formal and informal)	
2.0 Equality & Diversity (at all levels – staff and services)	
3.0 Attract	3.1 An employer of choice that attracts the best
	3.2 Selection and induction
4.0 Grow	4.1 Developing the workforce and succession planning
	4.2 Performing for excellence – continuous improvement and learning
	4.3 Health, wellbeing and resilience
5.0 Engage	5.1 Recognition and reward
	5.2 Service transformation – leading organisational and external change

Leadership and management and equality and diversity are overarching strategies.

The attraction, growth and engagement of our people will be undertaken through our leaders and managers at all levels throughout the organisation. We recognise therefore that the 'leadership' community is critical to the successful delivery of the five strategic goals. We also recognise that promoting difference, diversity and inclusivity is a requisite to creating a remarkable place to work.

We continue to pay almost all our staff in line with the national Agenda for Change pay, terms and conditions. Some staff receive pay in line with other frameworks for example Hospital Medical and Dental pay and conditions or, in a very small number of instances, pay is on a locally agreed level.

Information and Communications Technology (ICT)

The Trust's Information and Communications Technology (ICT) Strategy sets out an ambitious programme, which includes agile working, business intelligence and data warehousing solutions, improved Information Technology (IT) infrastructure and an upgraded network. The work programme is currently being revised to take further account of the requirements and ambitions within local Sustainability and Transformation Plans, digital roadmaps and digital maturity. To protect its infrastructure and ensure that digitally supported treatment and care is able to be delivered uninterrupted, the Trust has continued to invest in improving its cyber security capabilities.

The revised strategy commits the Trust to drive forward improvements in the use of information and technology to support the delivery of clinical services. We have also procured a new electronic patient record – SystmOne and we are currently working hard to roll out implementation across all our services. The system will provide clinical staff with a single patient record to support decision making. The Trust is also progressing with extending agile working across the geographies it covers, enabling care to be delivered in the most appropriate location, in the home or in the community.

Case study 1: Implementing an Electronic Patient Record for Rotherham Doncaster and South Humber NHS Foundation Trust (RDaSH)

The Trust had been using two different clinical systems which was identified as a clinical risk. We wanted to implement an Electronic Patient Record (EPR) that would enable clinicians in clinic and community settings to access consistent, reliable and up to date information about patients, with the ability to share appropriate clinical information with GPs. We also recognised the benefits of implementing Electronic Prescribing and Medicines Administration (EPMA) as an extension to the EPR.

Clinical and administrative involvement was a priority and took place across various parts of the Trust. We started by creating a project team incorporating experts in technology, clinical engagement, governance and system implementation. In order to test the market, over 80 Trust staff were involved in specifying their service-specific needs for the project.

Following a robust procurement process, we selected TPP's SystmOne to provide the EPR solution. SystmOne was already being used in Community Health Services across the Trust and by a majority of GPs in the geographical areas we cover.

Ten different workstreams were set up to manage the introduction of the EPR. This was phased through four implementations of increasing size across the four Care Groups. This approach also enabled the project to benefit from learning and improvement at each phase.

The EPR project go-live was completed in all In-patient and Community Mental Health settings, with EPMA built into the programme to maximise the benefits of digitising patient records.

Our clinical and medical staff can now view their patient's record. Where local GPs use SystmOne, they can also access appropriate parts of the community and/or mental patient record, including critical prescribing information, with the appropriate information governance in place. Crucially, a key outcome of this project is that staff are able to make more time for patient care.

Case study 2: Implementing E-Prescribing & Medicines Administration

Latest studies estimate that 237 million medication errors occur at some point in the medication process in England every year, of which 66 million are potentially clinically significant. As part of our Electronic Patient Record Implementation Programme, we wanted to implement an E-Prescribing and Medicines Administration (EPMA) system that would improve prescribing accuracy. The system went live in summer 2018.

It was a challenging task, as our Trust covers a wide area, providing services tackling complex medical conditions and associated medication requirements for children and adults in over 200 locations.

Historic reliance on local paper-based drug charts meant prescribing records risked being inconsistent. Consultants relied on lengthy uninformed conversations with junior doctors and nursing staff to support clinical decisions, rather than having all the information accessible in a shared digital record. We needed a single system EPR with EPMA that would enable clinicians in clinic and community settings to access consistent, reliable and up to date information about patients, with the potential to share some information with GPs.

We appointed Channel 3 Consulting to support us and in developing the case for change, we sought to:

- Improve speed and accuracy of prescribing, and reduce the number of prescribing errors arising from factors such as incompleteness and illegibility of records

- Provide decision support to clinicians by warning where prescribed medication is not suitable for certain patients (at the point of prescribing)

- Reduce clinical time 'lost' in faxing and telephoning GPs for information.

Implementation was phased across the four care groups with an initial focus on In-patient settings.

Consultation was embedded throughout the project, taking place across various levels of the organisation.

The EPMA project began in November 2017 and went live on schedule in all In-patient settings within eight months.

The potential for medication errors has been significantly reduced and pharmacy staff are spending far less time manually checking potential adverse reactions or allergies. The team is also able to review drug cards from remote locations, allowing quicker interventions and more time on the ward for multi-disciplinary teams. Thanks to the wider EPR programme, where appropriate, our clinical and medical staff have a single, complete view of the patient's record, enabling a whole person care approach to be adopted. A patient's prescribed drugs record can be updated, and consultants can view the full prescribing history. Where local GPs use SystmOne, they can also access parts of the community and/or mental health record, including EPMA information, with the appropriate information governance in place. This significantly reduces the likelihood of Adverse Drug Events with consequent risk to patient safety, especially in mental health where the drug regime is a critical element of the delivery of care.

Improving and rationalising our estate

We are always looking at the way we use all of our buildings as part of our Transformation process. This is to ensure that buildings are used to their full potential releasing savings where possible and supporting clinical services as they move into the new 'all age care groups'.

We are working with our clinicians and senior management to create a smaller, more efficient and better quality estate from which our services are delivered. This will mean that we are taking into account the current and future service developments. Where some under utilised buildings have been identified we have found alternative uses or made them available for rent to provide additional income and reduce running costs. Many of these buildings are now managed on our behalf by Flourish Enterprises on Woodfield Park, which neighbours Doncaster's Tickhill Road Site.

We continue to work with local authorities and other partner organisations across all localities to ensure every opportunity is explored to support joint working. Our aim is to release additional savings and enable more flexibility about how and where our services are delivered.

Some services within the Trust are already working in an 'agile' manner and the benefits of agile working will be shared across all our services.

Performance analysis

Performance analysis is central to managing service delivery and in various guises is embedded across the organisation, from the Board of Directors to individual services.

The year under review has seen further maturity in the approach we have taken, which is expected to see further development through 2019/20, particularly in seeking to explore digital opportunities. This is defined as a central ambition within our Strategic Plan 2019-24.

Monitoring delivery and management against the NHS Improvement Single Oversight Framework remains the core key performance dataset. In addition to this, we have evolved for 2019/20 the integrated dashboard key performance dataset which complements the Single Oversight Framework and builds in additional assessment criteria for enhanced assessment and assurance. Both of these use data across the four domains of quality of care, organisational health (workforce), financial performance and operational performance.

On a monthly basis, at every Board of Directors' meeting, there is a review of these key performance measures, as there is at the Finance, Performance and Informatics Committee. This is further focussed on at individual Care Group Assurance Meetings.

The Integrated dashboard is also reviewed at the Quality Committee to ensure a qualitative focus on outcome type data.

The focus across these two datasets is on individual metric performance and assessing the wider dataset to identify any broader themes, trends or correlating patterns that require identification and action.

Data is generally shown for a minimum of three months and a maximum of 12 months, metric dependent. Longer periods are ordinarily assessed where there are specific service 'deep dive' reviews either to support general service review or issues resolution.

Analysis more generally focuses on historic data review. However, during 2018/19 we started to demonstrate improvements in embedding basic predictive forecasting into the assessment position, a concept which we plan to develop further in the coming year to move into a more proactive position.

This overall approach allows for a more complex assessment to identify risk or uncertainty at an earlier stage, to support mitigating action and prevent non-compliance prior to emergence.

The delivery of these key performance measures enables the Trust to measure evidence to demonstrate delivery of safe, caring, effective, responsive and well-led services.

Operational Performance

As defined, within the Performance Analysis section, we measure our performance primarily through monitoring of compliance with the NHS Improvement Single Oversight Framework and the integrated dashboard key performance dataset which complements the Single Oversight Framework (SOF).

In addition, we have a comprehensive suite of service specific key performance Indicators within service contracts.

For 2018/19, our performance against the operational performance measures contained within the SOF was as follows:
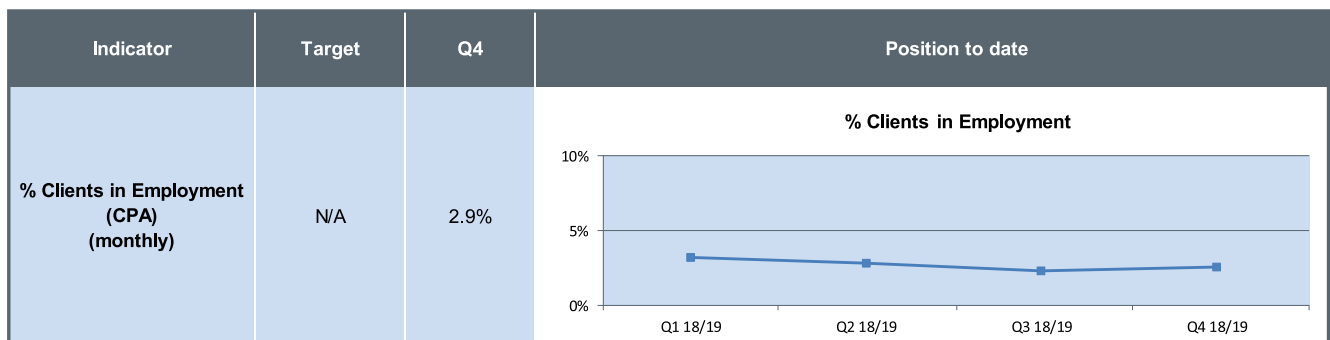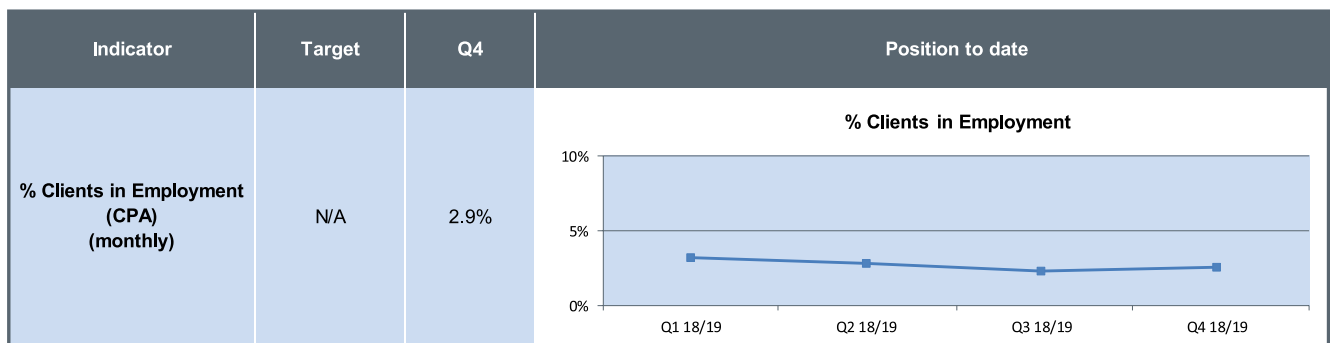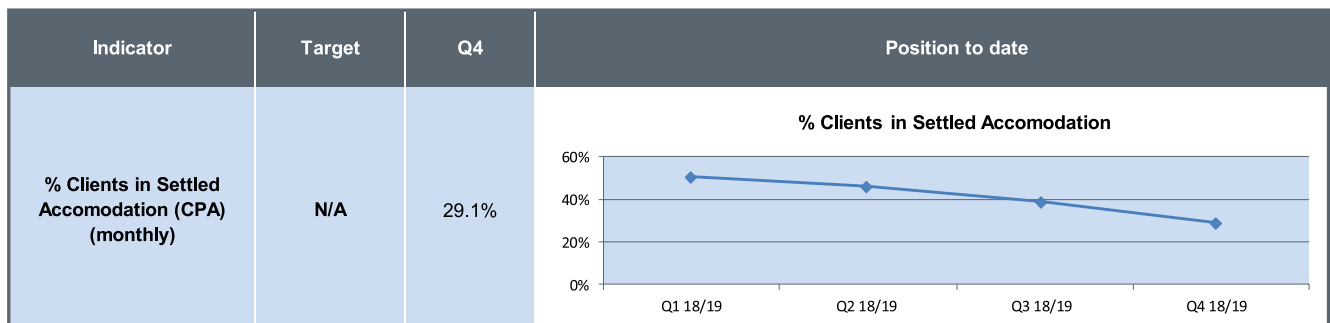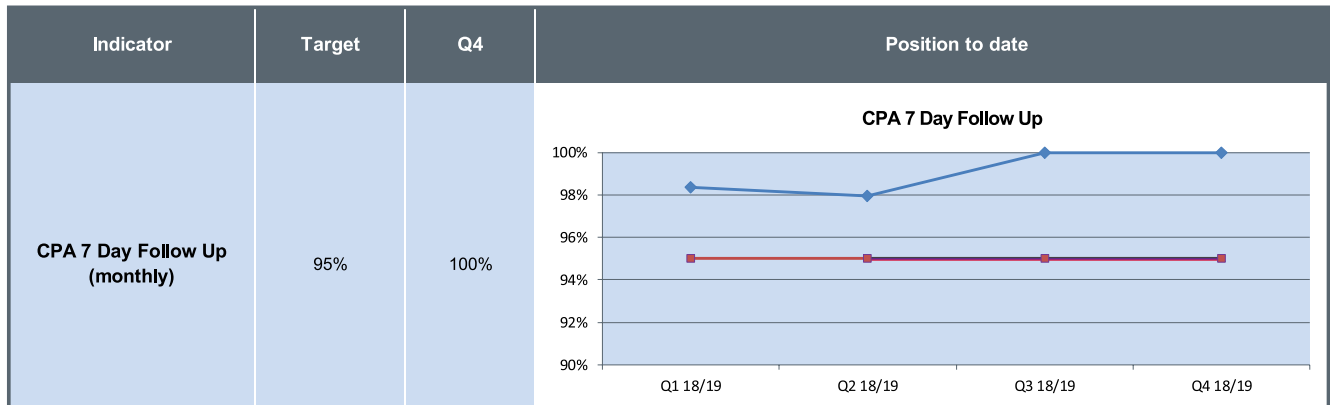
All are monitored on a monthly basis and reported through our governance structure. Both the SOF and Integrated Dashboard routinely flow through care group assurance meetings, Board committees and the Board itself. Additional commissioner key performance indicators are presented at care group level, and escalated through Board committees(where this reaches defined criteria that demonstrates significant, unwarranted or continued non-compliance). This is done so through a 'hotspots' escalation route.
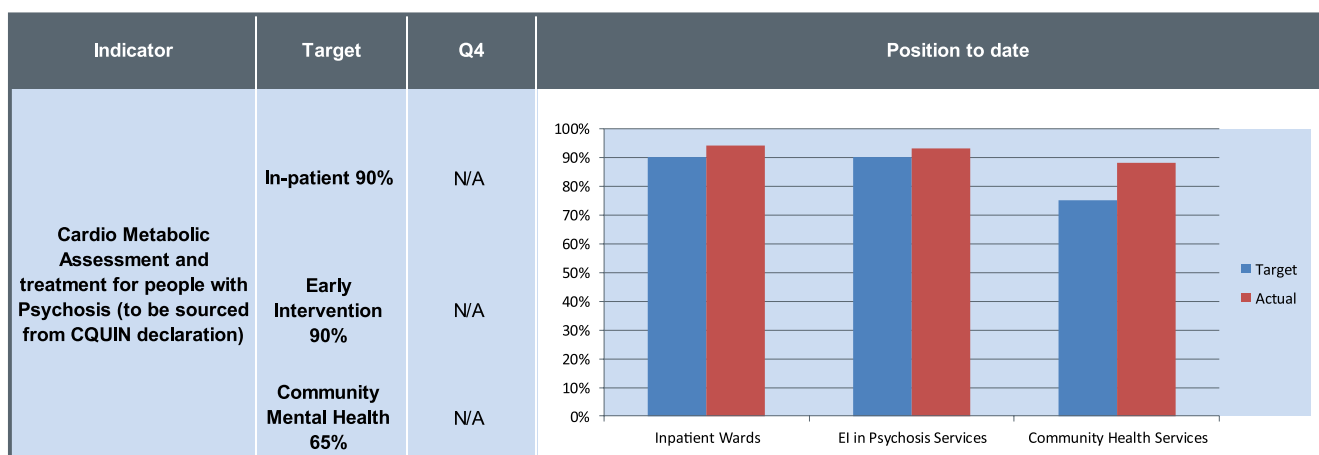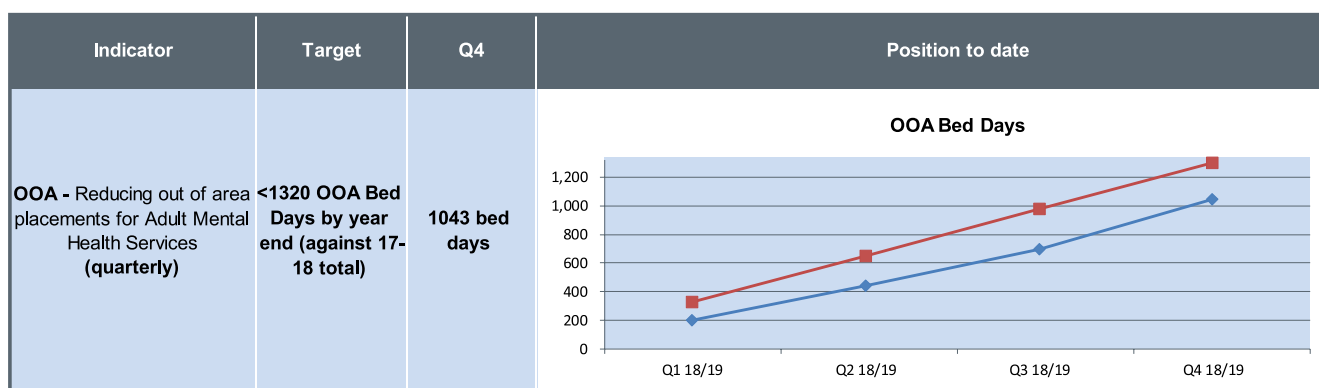

School Nursing Services

During 2018/19, there were 33 performance hotspots escalated. However, 11 of these were removed following successful management and de-escalation. The remaining performance hotspots remain under review by the respective Care Group with additional oversight and scrutiny, where necessary ('high' hotspots) through both EMT and the Finance, Performance and Informatics Committee on a monthly basis.

The charts below represent the performance over the year of the key performance indictors linked to the Single Oversight Framework.

Indicator	Target	Q4	Position to date
CPA 7 Day Follow Up (monthly)	95%	100%	**CPA 7 Day Follow Up**

Indicator	Target	Q4	Position to date
% Clients in Settled Accomodation (CPA) (monthly)	N/A	29.1%	**% Clients in Settled Accomodation**

Indicator	Target	Q4	Position to date
% Clients in Employment (CPA) (monthly)	N/A	2.9%	**% Clients in Employment**

Indicator	Target	Q4	Position to date
% Clients in Employment (CPA) (monthly)	N/A	2.9%	**% Clients in Employment**

			Position to date
Early Intervention in Psychosis: People experiencing a first episode of psychosis treated with a NICE approved care package within 2 weeks of referral **(quarterly)**	**53%**	**92%**	**% NICE Approved Care Package in 2 Weeks of Referral**

Indicator	Target	Q4	Position to date
IAPT - People with common MH conditions referred to the IAPT programme will be treated within **6 weeks of referral** **(quarterly)**	**75%**	**80%**	**% IAPT RTT 6 Weeks**

Indicator	Target	Q4	Position to date
IAPT - People with common MH conditions referred to the IAPT programme will be treated within **18 weeks of referral** **(quarterly)**	**95%**	**99%**	**% IAPT RTT 18 Weeks**

Indicator	Target	Q4	Position to date
IAPT - Proportion of people completing treatment who move to recovery **(quarterly)**	**50%**	**56%**	**% IAPT Moving to Recovery**

Indicator	Target	Q4	Position to date
IAPT - Percentage of people entering treatment with anxiety or depression **(quarterly)**	**19% by year end 4.75% Q4**	**18.57% by year end 5.43% Q4**	**% IAPT Access Rate**

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Indicator	Target	Q4	Position to date
OOA - Reducing out of area placements for Adult Mental Health Services **(quarterly)**	**<1320 OOA Bed Days by year end (against 17-18 total)**	**1043 bed days**	

Indicator	Target	Q4	Position to date
Cardio Metabolic Assessment and treatment for people with Psychosis (to be sourced from CQUIN declaration)	**In-patient 90%** **Early Intervention 90%** **Community Mental Health 65%**	N/A N/A N/A	

Key: Targets | Actual Performance

There were throughout 2018/19 four key areas of note:

Doncaster Speech and Language Therapy (SaLT) Service

At the end of 2018/19, the Doncaster SaLT service achieved 86.8% against the 18 weeks referral to treatment target of 92% due to capacity issues in the service which emerged through quarter four. This was escalated via our Risk Register and, in response, additional capacity was identified to support the service.

It is, however, noted that this service, due to its small size, has recurrent issues of this nature. Even very slight staffing pressures can have a significant adverse impact. As such, options to more sustainably deliver this service into the future are under consideration.

Doncaster Child and Adolescent Mental Health Service (CAMHS)

At the end of 2018/19 the Doncaster CAMHS service has experienced difficulty in sustainably achieving the local 18 weeks referral to treatment target. Improvements were noted at the point of the service transferring onto the new system but in the latter three months of the year, delivery again dipped.

Work continues with the service to review capacity,

demand and staffing data to ensure targeted action into quarter one of 2019/20.

Doncaster, Rotherham and North Lincolnshire Children's Attention Deficit Hyperactive Disorder (ADHD) Services

At the end of 2018/19 it was noted that patients are experiencing increased waiting times for this specific service area. Conversations are on-going with commissioners in recognising that issues emerge from a significantly increasing demand profile, and all areas are committed to exploring opportunities for initiating swift improvements in service during 2019/20.

Doncaster, Rotherham and North Lincolnshire Improving Access to Psychological Therapies (IAPT) Service

At the end of 2018/19 the Trust fell very slightly below the national access target of 19%, achieving 18.6%. A significant improvement in access was noted in quarter four. We know that the target in 2019/20 will increase to 22% and plans are being formulated to support the early achievement of this.

Financial performance

Introduction

This section provides a commentary on our financial performance for the financial year 2018/19. It provides an analysis of the key financial targets, capital expenditure and income activities for the year as well as an overview of our plans for future years. This has been a challenging year for all NHS organisations, however in light of this challenging environment we have delivered a strong financial out turn which is detailed in the next sections of this report

Consolidated accounts

The 2018/19 accounts included in this report show a position that consolidates our activities, Flourish Enterprises CIC (Subsidiary) and our Charitable Funds. The table below shows the consolidated (Group) position and the breakdown between Trust activities, Flourish Enterprises CIC and Charitable Funds.

A separate annual report is available for our Charitable Funds. This commentary focuses on the financial performance of RDaSH activities.

Financial Results 2018/19	RDaSH Activities £'000	Flourish CIC £'000	Charitable Funds £'000	Group Position £'000
Income from Patient Activities	149,695	0	0	149,695
Other Operating Income	14,345	199	141	14,685
Total Income	164,040	199	141	164,380
Operating Expenses	-150,017	-197		-150,214
Charitable Funds Expenditure			-585	-585
Finance Liabilities	-1,577			-1,577
Finance Income	199		70	269
Public Dividends Payable	-2,231			-2,231
Surplus / (Deficit) before impairment	10,414	2	-374	10,042
Gain / (Loss) from transfer by Absorption				0
Gain / (Loss) on Disposal of Assets			67	67
Movement in fair value of investment Property	-49			-49
Net Impairment	-906			-906
Surplus / (Deficit) after impairment	9,459	2	-307	9,154
Tax				0
Surplus / (Deficit) after impairment and Tax	9,459	2	-307	9,154
Provider Sustainability Fund Received (PSF)	7,468			7,468

Going concern

After making enquiries, the Board of Directors has a reasonable expectation that RDaSH has adequate resources to continue in operational existence for the foreseeable future. This was supported at Board by the sign off of the 2019/20 annual plan, which sets out to maintain a Use of Resources rating of 1. As a result of this declaration the Board continue to adopt the going concern basis in preparing the accounts.

Post Balance Sheet Events

There have been no important or significant events since the end of the financial year that require inclusion in the annual report.

Financial statements

The accounts presented in this annual report have been prepared under a direction issued by NHS Improvement under the National Health Service Act 2006.

Income and expenditure

The table below summarises the income and expenditure results for the period 1 April 2018 to 31 March 2019 (for the Trust ONLY activities).

Rotherham Doncaster and South Humber NHS Foundation Trust	Financial Results 2018/19 £'000	Previous Year's Results 2017/18 £'000
Income from Patient Activities	149,695	151,577
Other Operating Income	14,345	11,658
Total Income	164,040	163,235
Operating Expenses	-150,017	-153,706
Finance Liabilities	-1,557	-1,561
Finance Income	199	75
Public Dividends Payable	-2,231	-2,102
Surplus / (Deficit) before impairment	10,414	5,941
Gain / (Loss) from Transfer by Absorption	0	0
Gain / (Loss) on Disposal of Assets	0	150
Movement in Fair Value of Investment Property	-49	-16
Net Impairment	-906	-1,333
Surplus / (Deficit) after impairment	9,459	4,742
Overall Financial Use of Resources	**1**	**1**
Provider Sustainability Fund (PSF) Received	7,468	3,873

Surplus position

RDaSH, along with other NHS organisations, has faced some significant challenges in 2018/19. These include:

• A need to release a further 3.38% (£5.13m) in efficiency savings.

• £2.8m of our income was subject to delivery of quality targets agreed with the commissioner.

• Significant reductions in some local authority contracts and additional financial cost pressures relating to agency costs, service transformation and capital charges.

Despite these challenges, the Trust has delivered a surplus, before impairments of £10.414m. In addition, we have delivered a Use of Resources rating of 1 as planned, which is a strong financial rating. During the year, we carried out a review of our asset values. In some cases this has resulted in a reduction in the values of these assets, known as an impairment. The table above shows that during 2018/19 we incurred an impairment charge of £906,000. This impairment is not taken into account when our financial performance is assessed against the control total.

Control Total and Provider Sustainability Fund (PSF)

As part of the 2018/19 plan, we confirmed that we would accept a control total of £2.056m. By accepting and meeting the control total in 2018/19, we are eligible for the general element of the Provider Sustainability Fund (PSF) of £1.388m, which is then used to meet the control total of £2.056m. We also received incentive PSF of £4.578m, incentive PSF (general distribution) of £0.949m and a bonus PSF of £0.553m during 2018/19. In total we received £7.468m of PSF funding in 2018/19 and is included in the financial position reported above.

The financial plan for 2018/19 included an amount of £1.388m in relation to PSF; the additional £6.080m was made available from national allocations and was non-recurrent in nature.

Control total performance includes Flourish CIC but excludes the Charitable Funds. The actual control total performance was £10.440m against the control total of £8.356m. A reconciliation to the overall group position is detailed below:

Actual Control Total compared to Overall Group results	
	£'000
Planned control Total (Excl. STF)	668
Original Planned STF	1,388
Planned Control Total Incl. Original STF	**2,056**
Additional Surplus	2,304
Additional STF Bonus	6,080
Actual Control total Performance	**10,440**
Less : Impairments	-906
Less : Non-Cash Pensions	-73
Add : Departmental Expenditure Limit (DEL) Impairment	0
Add : Flourish Prior Period Adjustment	0
Add : Charitable Funds Surplus / (Deficit)	-307
Group Position	**9,154**

Financial rating as assessed by the financial regulator (NHS Improvement)

The Use of Resources risk rating measures our liquidity, in-year performance and our ability to pay our debts and is assessed on a scale of 1 to 4, where 1 is the best financial rating. At the end of 2018/19 we achieved a Use of Resources rating of 1, which is a strong financial rating, in line with our financial plan.

Income and expenditure analysis

Trust Total Income 2018/19

Childrens Care Group (£28.041m) 17%

North Lincolnshire Care Group (£14.812m) 9%

Rotherham Care Group (£30.237m) 18%

Doncaster Care Group (£90.951m) 56%

Total £164.040m
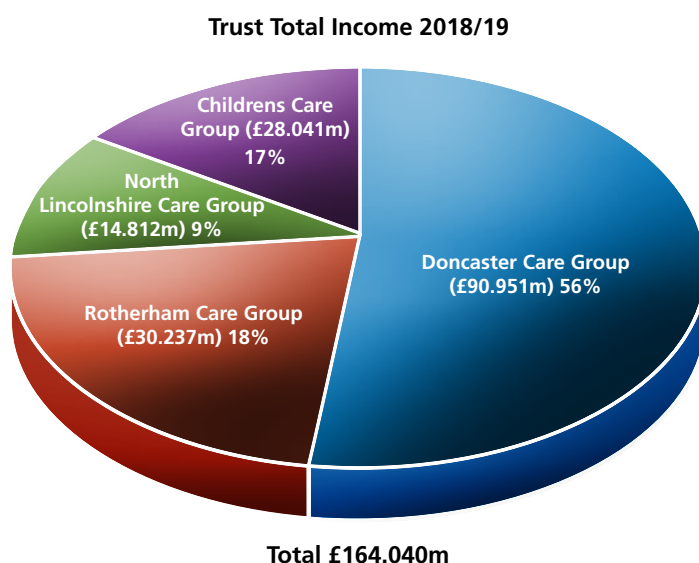
The analysis alongside shows the breakdown of how the Trust's total income has been used to deliver our services. In a challenging year, with a tariff increase of 0.1 per cent on all NHS contracts and higher reductions and market testing on the local authority contracts, we received income of £164.04m. In relation to expenditure, of the Trust's total operating expenditure of £150.017m (excl. Impairments), a total of £121.578m (81.04%) was related to the Trust's employee costs. The remaining £28.439m (18.96%) was spent on clinical supplies, drugs, non-clinical equipment and infrastructure costs.

In accordance with Section 43(2A) of the NHS Act 2006, we confirm that income from the provision of goods and services for the purposes of the health service in England is greater than our income from the provision of goods and services for any other purposes. We have, therefore, met this requirement.

Also, in accordance with section 43(3A) of the NHS Act 2006, we can confirm that the other income we received has had no impact on the provision of goods and services for the purposes of the health service in England.

Working capital

Treasury management policy - In 2018/19 we invested any short term surplus cash in line with NHSI's guidance on investments. Although interest rates remain low, £199,000 of additional investment income has been generated during the year.

Cash flow and liquidity

At the end of the 2018/19 financial year, we have a very strong liquidity position, which will assist in the management of risk in 2019/20 and further investment in relation to capacity and business development.

Overview of capital investment and asset values

During the financial year, we invested a total of £3.085m of capital in our assets. This included additional investment in information technology infrastructure to provide more flexible working approaches and estate infrastructure to further improve the environment for our service users and provide opportunities for service development.

Long-term borrowing

At the beginning of the financial year, our long-term debt totalled £16.113m (made up of the loan from the Foundation Trust Financing Facility and the PFI financing). At 31 March 2019, this debt had been reduced to £15.379m by repayments of the Loan and capital PFI repayments.

Public sector pay policy

We adopt a Better Payment Practice code in respect of invoices received from suppliers. The code requires the Trust to aim to pay all undisputed invoices within 30 calendar days of receipt of goods or a valid invoice (whichever is later), unless other payment terms have been agreed. Our performance against the target for the 12 month period 1 April 2018 to 31 March 2019 was 96.5% (by value paid in 30 days).

	By Number				By Value			
	Total Number of Invoices	Paid in 30 days	Not paid in 30 days	% paid in 30 days	Total £ of Invoices	Paid in 30 days	Not paid in 30 days	% paid in 30 days
NHS	1,476	1,451	25	98.3%	9,576,224	9,184,921	391,303	95.9%
Non-NHS	31,013	29,411	1,602	94.8%	58,561,675	56,600,057	1,961,618	96.7%
Combined Total	32,489	30,862	1,627	95.0%	68,137,899	65,784,978	2,352,921	96.5%

There has been no interest paid as a result of failing to pay within 30 days.

Countering fraud, bribery and corruption

The NHS Counter Fraud Authority provide the framework through which trusts like ours seek to minimise losses through fraud. The Finance Director is nominated to lead the work and is supported by the local Counter Fraud Specialist (LCFS). A work plan, approved by the Audit Committee, has been completed in the year by the LCFS. The work plan addresses the requirements of our Trust's Counter Fraud, Bribery and Corruption Policy. The key aims are to seek to proactively create an anti-fraud culture, implement appropriate deterrents and preventative controls and to ensure that allegations of fraud are appropriately investigated. Regular reports are received throughout the year by the Audit Committee.

Pensions and retirement benefits

Accounting policies for pensions and other retirement benefits is included in note 1.3 to the accounts and details of senior employees' remuneration can be found in the Remuneration Report.

Charitable donations

We continued to benefit from the receipt of charitable donations as detailed in the consolidated accounts. These are monitored and allocated separately through a Charitable Funds Committee. We are extremely grateful to fundraisers and members of the public for their continued support in providing these donations. The annual accounts and report on the use of these funds are detailed in a separate annual report.

Political donations

We made no political donations in 2018/19.

Overview of the Trust's financial plan for 2019/20

The financial environment of the NHS continues to be very challenging in 2019/20. In relation to our Trust, the particular challenges are:

- A further recurrent efficiency challenge of £5.564m (approximately 3.6%)

- £1.4m of our income being reliant on the delivery of quality requirements set by the commissioners.

- A significant restructure and transformation programme within the Trust.

- Further reductions in income from local authority contracts and through the NHS tariff.

As a result of this challenging environment the Board of Directors have agreed a financial plan that balances continued financial stability with the need to maintain quality and provide capacity for service re-design. The key elements of the 2019/20 plan are to:

- meet the control total set by NHS Improvement of £1.193m and agree that any additional surplus will be re-invested to manage risk

- deliver continuity of services ratio of at least 1

- forecast capital expenditure of £6.06m to further develop the IT strategy and the implementation of the EPR system and enhance the patient environment

- maintain a strong liquidity position.

Summary

The 2018/19 financial year has been a challenging year for us, with further reductions in our income base. Despite this difficult environment, we have again had a successful financial year. The achievements described in this section means that we maintained a strong financial base to manage future risks, whilst at the same time investing appropriately in the services we provide. The Trust will be operating in an even more challenging financial environment, at least for the next three to five years, and the Board of Directors have taken a decision moving forward to target a financial position that continues to achieve the balance between solid financial standing and appropriate investment in front line services.

Services that have moved elsewhere

1. Children's Diabetes Service
This service was transferred to Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust on 1 October 2018.

2. Know the Score
We transferred this service, a drug and alcohol service for young people, over to Change Grow Live on November 19, 2018.

3. Warren Nursery
The Trust ceased provision of this service for the public and staff and the nursery closed on 23 November 2018.

4. Criminal Justice Liaison and Diversion
We transferred this service to the South West Yorkshire Partnership NHS Foundation Trust from 1 April 2019.

Pictures from our Aspire Drug and Alcohol Service's 2018 Recovery Games

Other performance

Care Groups Review

We operate a structure comprising four care groups.

A number of updates from their services are below. All of their stories from the year can be found on our website at www.rdash.nhs.uk or in our Trust Matters magazines at www.rdash.nhs.uk/category/publications/newsletters/

Children's Care Group

£1,000 donation to help children and young people

Doncaster School Nurses received a £1,000 boost to invest in helping children and young people in the borough.

The Adwick Collaborative donated the money to purchase personal hygiene products for children and young people to support and meet their individual needs.

Health Improvement Practitioner Helen Brookes said: "Our team works closely with children and young people in Doncaster and one thing we recognise is that some children and young people don't have access to personal hygiene products which can be something that has negative effect on their self-esteem and confidence."

Colleague Katie Farmer, also a Health Improvement Practitioner, said: "Local Tesco stores were also approached for support in purchasing the products and both Balby and Edenthorpe stores kindly donated £30 each to help with this."

Pictured from left, Helen Brookes and Katie Farmer, Health Improvement Practitioners

Thousands of school children to be offered flu vaccination

More than 42,000 school children across Doncaster, North Lincolnshire and Bassetlaw were offered a free vaccination in school or community clinics last winter in a bid to stamp out flu.

The National Healthy Child Flu Vaccination programme, now in its fourth year, saw the vaccine being offered to all children in reception class and years 1 to 5. Evidence indicates that the flu vaccine has been very effective at reducing the incidence of flu within this age group, which then limits the spread of infection across the wider community.

Trust staff encouraged parents to take up the offer of protecting their child.

The vaccinations, which are given via a nasal spray, were carried out by our nurses and started in early October 2018.

The approximate breakdown of children eligible for vaccination is:

- Doncaster 22,000
- North Lincolnshire 12,000
- Bassetlaw 8,000

Some of the Vaccination and Immunisation Team are pictured

Sarah Thompson, the Trust's vaccination team clinical lead, said: "Flu can be a very unpleasant illness in children and some can develop serious complications. The nasal spray is painless and easy for children to have. It is proving to be very effective at reducing the incidence of flu in our community and by offering the flu vaccination to as many children as possible, we help to protect both children and their families in time for winter."

Any parents or guardians wanting further information about the flu immunisation programme for children in these areas should contact the team on 01302 566776.

Keeping children safe online

Members of our Child Sexual Exploitation team visited Doncaster's Frenchgate Centre to give some simple internet safety advice tips to local parents.

Do you know how safe your child is online? The internet contains a lot of inappropriate material for children but the biggest threat of all is other humans.

Four easy steps to keep your children safe online...

1 Install software on their devices that can filter inappropriate material and allow you to monitor what they are doing online.

2 Place a computer where you can see the screen

3 Teach them not to give out personal information about themselves, family or friends

4 Talk to them about being careful of friends online who might not be who they say they are and discourage them from meeting someone they have met online.

Doncaster mum aims to help others

A Doncaster mum-of-three has been involved in a national Start4Life campaign which recommends the best way to wean baby onto solid foods.

Health Visitor Sophie Uzelac saw a plea for parents to share their own weaning tips. In doing so, she was soon recruited to be involved in the Start4Life national weaning campaign. Sophie headed to London with her baby daughter Anna for a photoshoot and filming which was used to promote the campaign across England. She also appeared on BBC Breakfast and BBC 5 Live promoting weaning.

Sophie Uzelac is pictured with daughter Anna.

Alongside this she was promoting the Slurp, Burp, Munch, Crunch campaign locally in Doncaster. Her colleague Leana Gater, a NurseryNurse, asked Sophie to capture video and photography footage as she weaned Anna so they could help other Doncaster parents. Sophie and Leana have put together recipe ideas and tips to help parents make simple, healthy and affordable choices when weaning their baby onto solid foods.

To see the national campaign visit: www.nhs.uk/start4life/weaning

Have fun exploring new tastes and textures together.

Support for families living with substance misuse

A programme that gives families a safe place to talk openly about the effects of drugs and alcohol has been enhanced.

The Family Moving On Together (MOT), is an eight week programme designed for Doncaster families with young children aged between eight and 18 years old, where one or both parents or carers have experienced or are still living with substance misuse.

This scheme is co-ordinated by Project3, a young person's health and wellbeing service, and is run by our Aspire Drug and Alcohol Service and Doncaster Council's Stronger Families programme.

Family MOT Team are, from the left, Lindsay Taylor and Naomi Handley-Ward

Naomi Handley-Ward, one of our Specialist Substance Misuse Practitioners at Project 3, said: "The idea behind this programme is to bring families together, who have similar experiences, and to give them the opportunity to talk and listen to each other. We will show them how to make small but positive changes to help improve their family life. All we ask is that those attending the Family MOT are free from drugs or alcohol during each session."

The Family MOT sessions include a mixture of talking, listening, family friendly games and activities to help the family to have a better understanding of addiction, improve their communication, resilience, self-esteem, self-care and support for each other.

To take part in the Family MOT please telephone 01302 640032 or email fmot.referrals@nhs.net, a member of the team will arrange to visit you to discuss the scheme in more detail.

Health Visitors Launch Facebook page

Health Visitors in North Lincolnshire have launched their own Facebook page as a way to keep the mums, dads and families that they support up-to-date with local services and to pass on health information and advice.

RDaSH Health Visitors, parents and their children are pictured at the Facebook page launch

The Health Visitors, who work for our 0-19 years Health and Wellbeing Service - which also covers young people up to the age of 25 with special educational needs - support all families in North Lincolnshire from pregnancy until they handover to the School Nursing service.

They decided to publicise their support and information via social media as it means that parents can keep up-to-date with the latest news, top tips and share advice at any time of the day. The page promotes local groups, events in the local area and shares ideas for parents to try with their families at home.

The page was officially unveiled with local children and families at the Baby's First Friends Group held at Ashby Children's Centre. The group is run in partnership between our Health Visitors and local Children's Centres and offers health advice, play and stimulation opportunities and parenting information.

Karen Smith, from the Health Visiting Team, added: "It's great for mums and dads who are up in the middle of the night or at any other time of day when they are looking for tips and advice about their baby."

Rebecca Pease, Service Manager at North Lincolnshire, added: "We are committed to engaging with our local families in modern and innovative ways and look forward to hearing from local parents about the services we provide".

For more information visit the page at www.facebook.com/northlincshealthvisitors or search for North Lincolnshire Health Visitors on Facebook.

Marking World Breastfeeding Week in Doncaster

More than 70 mums of babies - including one via Skype in China - headed to Sandall Park in Doncaster to help celebrate World Breast Feeding Week.

The mums were joined by breastfeeding specialists and nursery nurses from our Trust and experts from Doncaster Public Health, as well as around 100 partners, children and grandmas.

Natalie Cocksworth, who has organised the event for the last three years, said: "To get over 70 Doncaster mums breastfeeding at once at this event helps us to celebrate their journeys and support normalising breastfeeding. Through the event we aim to support local mums to reach their breastfeeding goals and connect with each other."

Mums wanting breastfeeding advice can look at our website at: http://healthvisitors.rdash. nhs.uk/ breastfeeding/

Mums and staff from RDaSH and Doncaster Public Health are pictured at the World Breast Feeding Week event in Sandall Park

Doncaster Care Group

New therapy service launches in Doncaster

A new dynamic therapy service launched in Doncaster to support people to live well with chronic long-term physical health conditions.

The Improving Access to Psychological Therapies – Long Term Conditions service is provided by our Trust and started out in November 2018 from its base at Doncaster's Cantley Health Centre.

The service offers talking therapy support for adults who have illnesses like diabetes, respiratory, heart conditions, or who have chronic pain, as well as experiencing depression, low mood, anxiety or stress.

Photo shows: Joanne Goulding, Team Manager; (fourth left) with Stephen Emerson, Head of Mental Health Commissioning Doncaster Clinical Commissioning Group (fifth left) and colleagues at the launch event

Joanne Goulding, Team Manager for the service, said: "We promote person-centred care by taking a holistic approach through working with the individual to support both their physical and mental health needs to help them to better cope with their condition."

The service is provided by a team of specially trained therapists who work together with healthcare colleagues to bring about greater integration of people's mental wellbeing and physical care.

The service is available free to Doncaster residents aged 18 years and over. Local people can self-refer and access a range of talking therapies and information, including maintaining positive mental wellbeing and self-help literature. To self-refer into the service telephone 01302 566999 or for all other enquiries call 01302 379563.

Local group marks World COPD Day

A group that supports people with lung conditions held a fund-raising afternoon tea to mark World Chronic Obstructive Pulmonary Disease (COPD) and were joined by the nurses who care for them.

Breathe Easy celebrating World COPD Day

Breathe Easy Doncaster got together to mark the day in November 2018. The aim was to highlight COPD, which is progressive lung diseases including emphysema, chronic bronchitis, and non-reversible asthma. This disease is characterised by breathlessness.

The group meets monthly, organises social outings and members support each other.

Bill Dennett, Chairman of Breathe Easy Doncaster, said: "The aim of our group is to show that people with lung conditions are not alone. We ensure they are living life to the full and that there is life after being diagnosed with a lung condition."

Dr David Crichton, Chair of Doncaster Clinical Commissioning Group, said: "I am delighted to see that Doncaster's Breathe Easy group came together to mark this event; with Doncaster being an ex-mining community and having a high number of patients with chest complaints, raising awareness of the support available for patients with COPD is vitally important.

"In Doncaster, we have a number of specialist nurses working in the community, supporting patients with respiratory conditions and recently, they have become part of Doncaster's rapid response service, helping to prevent unnecessary hospital admissions, ensuring that those that suffer from the condition can be treated at home where possible."

Doncaster Breathe Easy Group meets on the third Thursday of every month, except January, and is open to new members. To find out more get in touch by telephone on 03000 030555 or visit www.blf.org.uk

Doncaster's most vulnerable benefiting from monthly pop-up hub

Vulnerable people and rough sleepers in Doncaster are benefiting from a monthly town centre pop-up hub, which provides support and an opportunity to reconnect with health services in a bid to help them turn their lives around.

The pop-up hub takes place on the first Thursday of each month from 11am to 1pm in the Hall Gate United Reformed Church in Doncaster and is open to anyone who is struggling to engage or receive services in Doncaster.

Photo shows: Aspire's Stuart Green (far left) and some of the Alliance members at Hall Gate United Reform Church pictured at the pop-up hub

It's a joint venture between Aspire Drug and Alcohol Services - which is run by our Trust - in partnership with the Alcohol and Drug Service (ADS), NHS Doncaster Clinical Commissioning Group, Doncaster Council and Hall Gate United Reformed Church.

The service follows a successful trial run which saw 18 people attend and receive support and advice from health, social care, financial and housing experts in one place. Nurses and a street doctor were on hand to provide mental health support and wound care treatment to help tackle addiction, mental and physical health issues.

Stuart Green, Aspire Service Manager, said: "The hub is a perfect example of reaching out to people with a range of complex inter-related issues that often present as change resistant and form part of addiction in the community. It shows what can be achieved by working together to break the cycle of complex substance addiction with one key aim to give people hope and a way to lead a healthier and better way of life."

Cllr Nigel Ball, Cabinet Member for Public Health, said: "The hub events are a great opportunity for all the services that are involved in the Complex Lives Alliance to once again engage and offer support to those who find themselves not engaged in services such as those who are homeless or rough sleeping."

The Doncaster Complex Lives Alliance is a partnership of support agencies working to engage with and help people who are caught in a cycle involving rough sleeping, addiction and mental ill health. Their goal is to aim to help people access accommodation and support and to help them on the road to recovery and re-integration into community life.

If you or someone you know is experiencing drug or alcohol issues and want to talk to someone in confidence please visit Aspire's live chat at: www.aspire.community or ring 01302 730956.

Health visitor and stop smoking in pregnancy team up

Photo shows: (left to right): Jessica Pursall, Megan Dowling, Bria Carroll and Jade West showing off their baby bumps

Doncaster mums-to-be are benefiting from a new joint venture between our stop smoking in pregnancy service and the health visiting service.

The two teams have joined forces and come up with a combined approach that prepares pregnant women in the borough for their pregnancy, birth and new baby, together with stop smoking advice and information.

Paula Mallen, Health Visitor and Smoking in Pregnancy Team Lead, said: "Even if they don't smoke themselves women still need to know about the impact that smoking can have on their pregnancy and new born infant. That's why we combined the Stop Smoking in Pregnancy service with the health visitor North Antenatal Solihull sessions.

"This means that expectant mums, fathers and partners now have everything they need to know about pregnancy, birth and their baby within a single group, while at the same time supporting those pregnant women to quit smoking. It also raises awareness among non-smokers of the impact that passive smoking has on pregnant mums and new born babies."

To celebrate this new partnership, mums-to-be attending the group were treated to hand, foot and back massages, make-up and an opportunity to have their baby bumps painted, courtesy of students of White Rose School of Health and Beauty in Doncaster.

Expectant mum Megan Dowling, who attended the five-weeks antenatal sessions, said: "It's been a great day and we've all really enjoyed being pampered. Although a non-smoker I do believe that it is important to understand how other people's smoke can affect my unborn baby and I am pleased that we now get this extra smoking advice."

The North Antenatal Solihull sessions are provided by our health visitor team and look after the emotional as well as physical health of the mum and baby. It weaves together the information that mothers, fathers and partners want to know about pregnancy and birth along with preparation for developing a relationship with the baby in the womb, during birth and after the baby is born.

Learning Disabilities Week at RDaSH

We supported Learning Disability Week, which took place from May 18-22 2018.

The focus of the week was 'health' and included lots of events to raise awareness of the importance of good health for people with a learning disability.

Our Learning Disability team started the week at Doncaster Royal Infirmary with a display stand which was visited by more than 120 people who made pledges showing their support of the week and reasons why.

Tuesday saw staff attend a Health Conference in Wakefield organised by their health team and a National Forum in London looking at primary healthcare for people with a learning disability and national figures for the uptake of Annual Health checks.

The team also visited the WellBean Coffee Lounge collecting pledges and selfies while promoting the service.

They also went to Stirling Day Centre in Doncaster and took their new Wheel of Fortune and played Health Eating Pairs using the Eatwell plate. Later they focused on men's health with a presentation in one of our homes.

North Lincolnshire Care Group

World Mental Health Day Talking Shop exhibition

To mark World Mental Health Day, on October 10 2018, the Talking Shop in Scunthorpe opened its doors and encouraged residents to call in and sample some taster sessions on the services it provides to help overcome common mental health conditions.

Local people had the opportunity to browse an exhibition by a range of services including Addaction, Blue Door, Options Recovery College, Carers Support, North Lincolnshire Veterans, Job Centre, Perinatal Service and the Early Interventions Team.

(left to right): Harriet Rose, Jessica Forshaw and Lisa Briggs, Psychological Wellbeing Practitioners

The Talking Shop provides free talking therapies to North Lincolnshire people over the age of 18 years who are experiencing feelings of depression, low mood, anxiety, and fears or problems coping with daily life and relationships.

Kate Ashley, Improving Access to Psychological Therapies Team Manager at the Talking Shop, said: "We are very excited to be able to offer this unique opportunity and using World Mental Health Day to showcase what we do. Just call in and have a cuppa and chat and pick up lots of information about managing your mental wellbeing." The Talking Shop's team of Psychological Wellbeing Practitioners and Cognitive Behavioural Psychotherapists were on hand to share tips and talk about how they can support people to better cope and manage stress, low mood and depression.

Boost to mental health services for new and expectant mums

We became part of the Humber Coast and Vale Health and Care Partnership, an alliance of more than 20 healthcare organisations, local authorities and voluntary sector organisations, to develop mental health services for new and expectant mums across the Humber and parts of Yorkshire.

Working collaboratively with NAViGO we have started to implement a new specialist community perinatal mental health service in North Lincolnshire.

This enhanced service follows a £23 million NHS England grant secured by the Humber Coast and Vale Health and Care Partnership in 2018. The service began to extend to ensure women who experience complex mental health needs receive the support they need and have access to treatments at the earliest possible stage. Providing support for families and signposting to relevant services who can help has also been part of the service improvements.

Improving the patient experience

Health teams in North Lincolnshire worked together to improve the experience of people who attend a range of clinics across Scunthorpe.

Together with North Lincolnshire Clinical Commissioning Group we planned the move of a number of clinics from 344 Ashby Road and Great Oaks Mental Health Unit into clinic rooms in the Ironstone Centre, West Street, Scunthorpe, DN15 7BH.

These clinics included the Depot, Clozapine, Lithium, Medicine Management, health check clinics and also the Occupational Therapy Function Assessments and Memory Services.

Graeme Fagan, Care Group Director for North Lincolnshire, said: "We are constantly striving to improve the service and experience we provide. We believe that our patients will benefit from attending their clinics in a bright and modern building.

"They will have access to a pharmacy, café and a wider range of health professionals including three GP practices. This new location will also give us the scope to offer more clinic slots and reduce waiting times.

The information and engagement process about the planned moves received the general support of North Lincolnshire Council's Overview and Scrutiny Committee (OSC). The health teams were keen to hear what people thought to their plans and shared the feedback with the OSC in September 2018.

Julie Warren, Interim Chief Operating Officer and Director of Commissioning at NHS North Lincolnshire Clinical Commissioning Group, said: "The moves will have a number of benefits for people using the services.

"The clinical commissioning group is keen to see people with mental health or memory difficulties access the services they need in settings that are appropriate for them and their carers."

Promoting health and wellbeing for patients and staff

The Early Interventions in Psychosis Team in Scunthorpe promoted good health and wellbeing for the people who use its service and also for their colleagues too.

Community Psychosis Nurse Scott Feeney, together with the support of his colleagues Richard Goodison and Emily Hardy, is the driving force behind the team's proactive approach which uses physical activity to complement the care that they deliver to patients and service users.

The team hold weekly badminton sessions at the local Pods leisure centre to encourage patients to take part in competitive sports. For those who enjoy something more relaxing they hold lots of walking groups, including mindfulness walks around Scunthorpe.

Scott is pictured (standing third left) with the Early Interventions in Psychosis Team

Scott is also one of our Health Champions, he said: "We encourage our patients to try some form of exercise and its fun and suits all abilities. All our walks are dog friendly too and initially many bring along a friend or relative. The aim is to introduce them to an activity and give them confidence to keep it up and experience the benefits for themselves."

Rotherham Care Group

Stress Awareness Month in Rotherham

Trust staff used Stress Awareness Month (April 2018) to urge Rotherham people who were feeling stressed out to enrol on one of their free courses.

The Improving Access to Psychological Therapies (IAPT) Team hold a series of stress control courses throughout the year.

James Bell, from Rotherham's IAPT Team, said: "One in six people will experience stress or anxiety during their lives, but people are still afraid to admit they need help.

"Our free six-week stress control group, which runs at the Unity Centre, St Leonards Road, teaches people to understand the triggers of their stress and anxiety while giving them the support and self-help techniques to be able to manage it. We also provide an information pack and activities for people to work through in their own time."

"Stress control is just one of a whole range of therapies we provide and I'd urge anyone to seek support and call us on 01709 447755.

"If one of our talking therapies is appropriate, we will book the person a more in-depth assessment appointment to start receiving help and set them on the right track to recovery."

The Rotherham IAPT service is for people aged 18 and over, who present with no risk to themselves or others. The service sees people experiencing common mental health problems, including: depression, general anxiety, stress, panic, phobias, social anxiety, low self-esteem, health anxiety, obsessive compulsive disorder, post-traumatic stress disorder, bereavement and mild eating disorders (not anorexia nervosa). The service is not suitable for those presenting with risk to themselves or others, those with substance misuse dependency or those with severe or organic mental health problems.

For more information about the help on offer, please ring 01709 447755.

Big hearted Rotherham NHS staff help others

Our big-hearted Rotherham staff donated 50 rucksacks to our annual Christmas appeal.

The Reverse Advent Calendar was launched again at Christmas 2018 following the success of the previous year's campaign.

Pictured with some of the rucksacks from the appeal are, from the left, Michaela Bateman, Rachel Perry and Claire Morgan, who all work at Swallownest Court in Rotherham

The appeal is a way of helping families and patients of the services who have limited resources over Christmas.

Generous teams in Rotherham donated items of food, toiletries, socks, hats, gloves and scarves and Christmas treats to fill rucksacks which were given to less fortunate NHS service users who need this kind of support.

Michaela Bateman, Services Manager, said: "The appeal was run in 2017 and was a huge success, the Trust helped around 120 families and patients across Rotherham Doncaster and North Lincolnshire who were in need at Christmas time."

Teams agile go live

During the year, the third 'wave' of Trust teams went live with agile working in Rotherham.

They included Community Therapies, The Recovery Team, Social Inclusion, and Physical Health Clinics, with service users set to benefit from a more flexible workforce.

As part of the roll out, the Trust consulted with service users through a Listen to Learn Event and organised several pop-up sessions in Rotherham clinics to gain their views about staff using technology as part of their care.

Pictured from the left is Dale Stepanowicz, one of the darts players and also a health assistant at The Woodlands, together with ward managers Angela Paterson and Kim Gostolo

Bullseye! Boost for patients on hospital units

Big-hearted ladies darts players donated £600 to a hospital which cares for people over 65 who have mental health needs.

Members of the Rawmarsh and Parkgate Ladies Darts Teams, who play in a number of pubs in the area, handed over the money to staff at The Woodlands, which is based behind Rotherham Hospital, off Moorgate.

The darts team play in a charity league which fundraises for various charities and they chose to hand money over to The Brambles and Glade Wards at The Woodlands. Over the last 12 months the ladies have raised a staggering £12,000 which has been donated to 21 local charities or organisations. The money was raised by holding raffles and events.

Debbie Smith, Chief Operating Officer is pictured (2nd from left, front row), with Matt Pollard, Rotherham Care Group Director (centre, front row) surrounded by colleagues from Rotherham Care Group

Angela Paterson, one of The Woodlands managers, said: "All of the staff want to thank these wonderful ladies for this donation. Every penny of it will be spent on our patients. It's fantastic that they wanted to make this donation to us. We really appreciate it."

Taking team working to the next level

More than 20 staff from community teams across Rotherham's health, social care and voluntary sectors came together at a workshop to help share how we can work more effectively together to support patients to live independently at home.

The workshop, part of the Rotherham Urgent and Community Place Plan, focused on adults who are due an annual social care review who are also known to community health teams. Case studies illustrated the range and number of interventions care can involve in practice resulting in lots of practical solutions to improve outcomes and reduce duplication.

With increasing demand and changing needs of patients, the need for closer links between health and social care teams in the community and hospital has never been greater. Work already underway in Rotherham regularly sees a wide variety of healthcare professionals, ranging from GPs and nursing teams to mental health workers and therapists, working closely together in localities to provide coordinated care closer to home. This is improving the experience of our patients, their families and carers which is helping reduce hospital admissions, increase independence and improve mental health and wellbeing.

Steph Watt, Programme Manager for the Urgent and Community Transformation workstream, said: "This workshop was a great opportunity to recognise and build on Multi-Disciplinary Team practice, which is working well and develop new approaches which are right for local needs.

"We already know it is having a positive impact on the way we work and the care our patients receive, and by continuing to build on this we can make sure our patients are living healthy lives at home and in the community. But when they do need care or rehabilitation, they get this in the right place, at the right time and by the most appropriate person."

Patient and public engagement

Flourish Enterprises

Flourish Enterprises based in Balby, Doncaster became a registered Community Interest Company in 2014. It established three arms to the enterprise:

- Flourish vocational and training

- Flourish commercial, made up of St Catherine's House, The Walled Garden and The Victorian Tea Room

- Woodfield 24 - care services.

More training opportunities at the newly refurbished Café Flourish

A popular Doncaster café has been given a total makeover and a brand new name and there are now even more opportunities for people wanting to learn vocational skills!

The former Victorian Tea Room at St Catherine's House at Woodfield Park, off Tickhill Road, Balby, re-opened following a complete transformation as Café Flourish.

Steve Gillman, Flourish's Operations Manager, said: "We are really excited about the transformation. We already train people in new skills but the revamped Café Flourish will enable us to train more people in more skills.

"We have created the opportunity for Doncaster residents wanting to gain experience or confidence through training in a wide range of areas including how to be a barista, customer care skills, using tills, food preparation, baking and cooking.

"Café Flourish creates an environment for learning that will be as near to working in business as possible to help those taking part to gain the vital skills they need to then look for work," added Steve. "Our ambition is to create a centre of excellence for vocational pathway training."

(left to right): Steve Gillman, Flourish Operations Manager, Kay Largent and Jane Wright, Catering Assistants and Paul Kendrew-Jones, Managing Director

Helping Graham to flourish

One of Flourish's core objectives is to help individuals on a pathway to education, training or employment.

Flourish achieves this through the vocational programme we offer along with volunteering opportunities. However, in 2017, Flourish were approached by Sheffield Futures to support the programme Talent Match. Talent Match is aimed at people aged between 18-24 who have been long-term unemployed and faced barriers to employment, such as a disability, lack of education or parenting responsibilities. Talent Match work with local organisations to help people find work, tailored to their needs and aspirations, with support to provide them with the skills and resilience they need to navigate a fulfilling career.

Flourish took the opportunity to partnership with Sheffield Futures and offer a placement on the Talent Match scheme. A placement was offered within the Walled Garden to Graham Fretwell, who started with Flourish in 2018 for a period of six months. Graham's enthusiasm and work ethic was there at the start and with some guidance and support he is now a valuable team member who contributes to not only how the Walled Garden looks and operates but is able to work with our pathway participants on their vocational journey. We were delighted to offer Graham a full time contract following his placement and he is now an integral member of the Flourish Team.

Graham said: "I love working for Flourish and appreciated the chance they gave me through the scheme."

Thank you

A big thank you to Kate Broadhead and friends who raised £735 in sponsorship for the Woodfield 24 service - in memory of Kate's mum - by taking part in Pateley Bridge's annual Pie and Pint Run.

Fun for all

Three times a year Flourish Enterprises staff and volunteers organise free to enter fun days for the community, usually at Easter, in the summer and at Christmas.

Visitors can have a go at a wide range of games, kids can have their faces painted, there's usually children's crafts to take part in, Easter egg hunts, Easter bunny or Santa o visit and much more.

Youngsters having fun at our Easter Flourish Enterprises fair

The wider NHS environment in which we operate

South Yorkshire and Bassetlaw Integrated Care System/ Sustainability and Transformation Plan

In June 2017 the South Yorkshire and Bassetlaw Sustainability and Transformation Partnership (STP) was named as one of the first Integrated Care Systems (ICS) in the country. It is a partnership of 25 organisations responsible for looking after the health and care of the 1.5 million people living in Barnsley, Bassetlaw, Doncaster, Rotherham and Sheffield. More information about the ICS can be found on the ICS website: https://www.healthandcaretogethersyb.co.uk/

ICS partners join forces where it makes sense to do so and where it makes a positive difference to patients, staff and the public. The aim is to break down organisational barriers so that it can wrap support, care and services around people as individuals and positively change lives.

Since inception the governance of the ICS has been and continues to be strengthened with updated interim arrangements expected to take affect from the 1st April 2019. Whilst the ICS does not replace any legal, or statutory, responsibilities of any of the partner organisations, a number of groups discuss regional issues and agree how best to take things forward in collaboration. The ICS Oversight and Assurance Group (OAG) is attended by chairs from clinical commissioning groups, hospital trusts and health and wellbeing boards. The OAG offers support and challenge to the ICS Collaborative Partnership Board which has continued in 2018/19 and is attended by chief executives and accountable officers from acute and mental health hospitals, primary care, commissioning groups, local authorities, umbrella voluntary action organisations, Healthwatch organisations, NHS England and other arm's length bodies. CCGs are also currently reviewing their terms of reference for the Joint Committee Clinical Commissioning Groups (JCCC) with announcements regarding future working expected to be announced in the coming year.

A number of workstreams have been identified as priorities for the ICS, they are: mental health and learning disabilities; urgent and emergency care; primary and community care; cancer; maternity and childrens; elective and diagnostic; and population health management. In 2018 -19 the workstreams have continued to work as networks, with key individuals from each partner organisation meeting on a regular basis to identify and develop opportunities to work together to improve health and care services.

In November 2017 the Treasury committed £3.5 billon of capital funding nationally for the period between 2017/18 to 2022/23 largely to support STP/ICS transformation schemes which will help to bring real benefits to patients including those across South Yorkshire and Bassetlaw. £10m had previously been set aside to support expansion of hyper-acute stroke services at Sheffield Teaching Hospitals and in February 2019 work began on the building of a £4.9 scanner facility at Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust. Following capital funding being received by Barnsley Hospital NHS Foundation plans have been put forward co locate and bring about close functional working of the Children's Assessment and Paediatrics Emergency Unit with a full business case expected to be completed by the Trust by March 2019.

The ICS commissioned independent review of hospital services concluded in 2018. The review looked at how hospital services are provided and what needs to happen to future proof them, taking into account local and national issues such as rising demand, workforce and resource challenges and consistently delivering quality standards.

Recommendations from the review, which were published in a report (including an easy read version) in May 2018, proposed that to continue providing high quality services, hospitals in Barnsley, Bassetlaw, Chesterfield, Doncaster, Rotherham and Sheffield must work together even more closely in a variety of different ways. This included ways for the hospitals to work together better with the development of hosted networks. It also included transforming the way we use our workforce, to make the best use of the staff we

have at the moment, and to ensure that people receive care as close to their own homes as possible. The report can be found here: https://bit.ly/2Xgrmoi

Following publication of the Independent report the Integrated Care System produced the Strategic Outline Case, which was accepted by all partners in August 2018. Since then modelling has taken place, hosted networks have been established, and next steps will be decided in March 2019.

Some of the South Yorkshire and Bassetlaw system achievements in 2018/19 have included:

- Be Cancer SAFE social movement campaign creating over 12,000 cancer champions in the five Places; raising awareness of signs and symptoms and encouraging conversations within communities

- 1,300 additional patients accessing support through the Living With and Beyond Cancer programme.

- Meeting the 18-week waiting times target for elective and diagnostics across South Yorkshire and Bassetlaw

- Improvements to the emergency out of hours ophthalmology service across the region to support a sustainable 7-day service

- Becoming a national exemplar on reducing out of area placements in adult mental health services

- Involvement in the national trial 'Working Win' which supports people with long term physical or mental health conditions into work, with over 2000 people already accessing the trial

- Social prescribing support has been extended to mental health services

- Mental health liaison services have been put in place in Rotherham and Sheffield Emergency Departments

- Extended GP access at evenings and weekends has been available for 100% of patients since 1 October 2018

- 21 clinical pharmacists - who are able to prescribe - have joined the workforce and are now working in general practice

- Establishing and developing 36 primary care networks covering 100% of the population, ensuring more joined up services at a local level

- A South Yorkshire and Bassetlaw Workforce and Training Hub has been established - recruiting local people into the NHS and helping them develop
- Reducing extended length of stay and delayed transfers of care (helping patients get home quicker when they are medically fit for discharge)

- Implementation of NHS 111 online, including direct booking and clinical assessment service

- Completed procurement for Integrated Urgent Care – due to start from March 2019

- Saved £4.3m by working with NHS organisations across South Yorkshire and Bassetlaw to procure some surgical supplies as a group rather than as individuals

- Set up and launched the first AHP Council in the country where a broad range of Allied Health Professionals, including physiotherapists, dietitians and paramedics, come together to develop new ways of supporting health and care services

- Gathered the views of over 14,000 people to help inform next steps for prescribing over the counter medicines

- Introduced 135 trainee nurse associates into health and care services in Doncaster and Sheffield to undertake more routine tasks while better utilising the time of registered nurses in focusing on patients with more complex needs

- Set up five "hosted networks" for the hospital services covered in the Hospital Services Review, with each one of our South Yorkshire and Bassetlaw acute trusts taking the lead for an individual service, co-ordinating its running and supporting the future planning in closer collaboration with partners

- 825 non-clinical members of staff are now working as Care Navigators across the system, freeing up GP appointments by signposting patients to different services that might be more beneficial to them so they get the quickest and best care that is appropriate for their needs

- Hospitals across the region have joined forces in a region-wide approach to support people to quit smoking. The initiative could see as much as a 40% reduction in smoking related deaths in two years.

Service User and Carer Focus

Patient Feedback

Patient feedback received via the Patient Advice and Liaison Service (PALS) and local Your Opinion Counts forms:

Indicator	2018/19	2017/18	2016/17	2015/16	2014/15
Patient Advice and Liaison Service (number of contacts)	425	350	425	413	277
Your Opinion Counts (number of returned forms)	2114	2730	3128	3783	3201
NHS Choices / Patient Opinion (number of contacts)	9	6	10	2	4

Complaints and Compliments

All the complaints we receive are taken very seriously and acted upon. Once complaints are made, we analyse them for themes and trends. We use this information to try to learn lessons and take action across the whole organisation, with the aim of improving quality. The numbers for each indicator are presented in the table below:

Indicator	2018/19	2017/18	2016/17	2015/16	2014/15
Compliments	942	1238	1166	1675	1612
Complaints	125	165	137	119	121
Non-formal complaints	0	0	0	2	3
Re-opened complaints	14	15	*	*	*
MP enquiries	72	53	59	47	38
Re-opened MP enquiries	4	2	2	4	0

* information not previously recorded and therefore no comparatives are presented.

Community Learning and Disability Services

Learning from Complaints

The main four categories for complaints in 2018/19 were Clinical Treatment, Communications, Patient Care, and Access to Treatment or Drugs. For each the key themes which were also identified are shown below:

Clinical Treatment

- Delay In treatment
- Delay or failure In observations
- Delay or Failure In treatment
- Delay or failure to follow up
- Dispute over diagnosis
- Failure to follow up on observations/recognise deteriorating patient
- Inappropriate treatment
- Incorrect procedure
- Mental Health Act: Access To Leave
- Mental Health Act: Disagreement with Section
- Other
- Post-treatment complications
- Wound dehiscence

Communications

- Breakdown In communication between staff
- Breakdown In communication re appointments
- Communication failure between departments
- Communication with patient
- Communication with relatives/ carers
- Conflicting information
- Inadequate information provided
- Incorrect/inaccurate interpretation
- Method/style of communications
- Other

Patient Care

- Care needs not adequately met
- Care pathway issues
- Inadequate support provided
- Other

Access To Treatment Or Drugs

- Access to services
- Length of waiting list
- Service not available
- Service provision
- Treatment delayed

Complaints

The table below shows those services which received five or more complaints in 2018/19.

Service	Number of complaints
Rotherham (Kimberworth Place) CAMHS	10
Doncaster (East Dene) Intensive Community Therapies Team	9
Rotherham (Swallownest Court) Access Team	7
District Nursing – Central	7

Weaning support group helping mums and dads in Rossington, Doncaster

Examples of actions taken include:

1. Complainant expressed concern about the lack of service provided to their client from East Dene Centre, who missed her first appointment and received poor communication, delay in returning telephone calls and lack of information regarding appointment options.

Care Group: Doncaster (Intensive Community Therapies)
Outcome: Upheld

Actions/learning:

- Duty calls received to be responded to (return call attempted) within four working hour time frame.

- Calls received to speak with team manager / lead professional to be returned within one working day, in the absence of team manager / lead professional call back to be passed to duty to make contact.

2. Complainant expressed her concerns over the waiting time for a diagnostic assessment of ADD/ADHD for her son. Advised current waiting time from point of referral to initial assessment is over 15 months.

Care Group: North Lincolnshire (CAMHS)
Outcome: Upheld

Actions/learning:

- To continue working with the Clinical Commissioning Group (CCG) to address the waiting time; a number of short term and long term solutions have been identified and are currently being considered.

- Ongoing discussions with the CCG to improve the situation.

3. Complainant raised issues on behalf of his partner, joint investigation with Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust (DBTH NHSFT) and Intensive Community Therapies, East Dene Centre, about the number of staff going on long term sick leave, poor response from Team and Manager; Manager did not communicate about an appointment and/or attend joint meeting, and pain management

Care Group: Doncaster (Intensive Community Therapies)
Outcome: Partially Upheld

Actions/learning:

- ICT manager at the time was off work (unplanned, long-term), new interim manager now in place.

- Following review on 20 November 2018, psychologist, has been requested to place patient on the Doncaster Emotional Coping Skills (DECS) waiting list for therapy.

- Application form for access to records to be sent to patient. (A form was sent out from the IG Department on 15 October 2018)

- ICT team will need to await the outcome of the next appointment with doctor at DBTH NHSFT to determine if further investigations are requested or if it is concluded that patient's pain may be psychosomatic.

4. Concerns raised by daughter regarding support for her parents and issues with medication prescribed.

Doncaster (Older People's Mental Health Service-Windermere Lodge)
Outcome: Upheld

Actions/learning:

- Patient medication charts are now displayed on television screen in all MDT meetings so the prescription is viewed by all professionals in the room, to reduce the scope for errors or omissions being missed.

- At the Multi-Disciplinary (MDT) Team meeting, nursing prompt sheets and handover sheets are now in situ which prompt nurses to discuss medications with medics and to handover clear plans from MDT at each handover to oncoming nurses.

- Tasks to nursing staff are now communicated via SystmOne Task Centre, to ensure clearer communication and an audit trail.

- Band 5 nursing staff have been updated on medicines with a respect package.

5. Complainant raised concerns about the lack of communication from the MS/Neuro Outreach Service. Issue relates to availability of disease modifying drug which is jointly managed with Royal Hallamshire Hospital and MS Service.

Care Group: Doncaster (DCIS-Neuro Rehab Outreach)
Outcome: Upheld

Actions/learning:

- To document the pathway to ensure that staff/patients are clear on what the MS Nurse role is within RDaSH.

- Staff to act in a timely manner. MS group email to be implemented.

- To discuss in team meeting so that all staff are aware and carrying out the same process.

6. Letter from daughter raising concern about her mother's stay on Hazel Ward. Prescribed medication on numerous occasions were missed

and patient had to ask for it, treated patient with lack of care and respect, only time patient encouraged to walk was at meal times. Food quality, particularly at teatime, was very poor.

Care Group: Doncaster (DCIS-Hazel Ward)
Outcome: Partially Upheld

Actions/learning:

- Admission and discharge coordinator role now in place. Part of role is to improve communication with patients & families.

- Input into food and nutrition working group. Every patient to be offered a choice at each mealtime.

- Email all staff to reinforce that patients cannot request any meals, we can ask the kitchens to come and talk to patients who are struggling with the meals provided.

- Completion of food charts to be monitored as part of the ward sister's checks.

- Discharge coordinator to ensure that evidence of MDT or establishment of estimated discharge date is documented for all patients. Ward sisters to check weekly.

Friends and Family Test

The Trust has formally undertaken and reported on the Friends and Family Test since January 2015 and has consistently shown high levels of satisfaction with services. The Friends and Family Test is part of the well-established Your Opinion Counts process.

The percentage of respondents who stated that they would be extremely likely/likely to recommend the Trust's services is shown in the tables here:

	Extremely likely/Likely to recommend	
	2018/19	**2017/18**
Community Health	97.3% (2872/2953)	97.0% (2775/2860)
Community Health Care: Inpatient	97.6% (160/164)	96.9% (154/159)
Community Health Care: Community Nursing Services	97.4% (488/501)	98.2% (663/675)
Community Health Care: Rehabilitation and Therapy Services	93.9% (230/245)	94.9% (241/254)
Community Health Care: Specialist Services	99.3% (140/141)	99.2% (132/133)
Community Health Care: Children and Family Services	97.7% (1818/1860)	96.8% (1559/1610)
Community Healthcare other	85.7% (36/42)	89.7% (26/29)
Mental Health	93.2% (1646/1766)	93.1% (1818/1952)
Mental Health Primary Care	98.2% (1042/1061)	99.0% (961/971)
Mental Health Secondary Care Community Services	92.2% (154/167)	92.8% (402/433)
Mental Health Acute Services	74.0% (71/96)	84.1% (90/107)
Mental Health Specialist Services	93.4% (141/151)	92.5% (246/266)
Secure & Forensic Services	83.3% (40/48)	50% (6/12)
Children and Young Persons' Mental Health Services	81.5% (198/243)	69.3% (113/163)

	Extremely likely/Likely to recommend	
	2018/19	**2017/18**
Other Mental Health Services	None in this category	None in this category
Grand Total	95.7% (4518/4719)	85.4% (4593/4812)

Sustainability

Our Sustainability Team continues to work hard to improve our carbon emissions – which in turn help improve the health of our local residents. By cutting our emissions, we create less pollution in the local atmosphere, improving the health of not only residents but staff, patients and their carers.

The Climate Change Act asks for a 34 per cent reduction in carbon emissions by 2020 and we are on target to achieve this.

Most of our emissions are from energy used in our buildings and over the last 12 months more of our staff have been working agile – meaning we have been able to reduce the amount of buildings in our estate. This results in using less gas and electricity and reducing our carbon footprint in this area. Staff using cars more does however add to the carbon footprint via their mileage but we continue to use our pool cars from Co-Wheels, which are low emission Toyota Aygos. A lot of agile staff now operate from home so reducing travel times and distance travelled. This process is continuing and route planning is being rolled out to reduce travel distances further.

Most of our premises have had upgraded controls to the building management system, bringing efficiencies to the heating systems and helping reduce gas consumption.

We have invested over the last few years in electric vehicles. Several of our fleet vans are now electric, we also need to develop more car sharing, increase the use of our pool car scheme and teleconferencing to reduce travel. This year will also see the installation of electric car charging points within the Trust, initially at the Tickhill Road site but with plans to roll out to Rotherham and North Lincs sites later in the year.

We continue with our Re-Food recycling – which sees our waste food taken away and used in an anerobic digestor to generate electricity. We also use water from the borehole on the Tickhill Road site, which supplies our laundry and other parts of our organisation and The Walled Garden, thus reducing our water usage and saving money. It is currently not used for drinking water.

We are also working towards zero waste to landfill and currently only send about seven percent of our waste to landfill. This is waste which is difficult to find a recycling route for, however we are working with our suppliers to try and rectify this.

We also continue to see success from our solar panels installed on buildings around the organisation. Most of these systems have paid for themselves within five years of installation and continue to provide us with free electricity and some income.

We are continuing to roll out LED lighting across the estate, as buildings are refurbished LED will be installed. Street lighting has already been changed to LED at most sites, so reducing our demand on electricity consumption.

Performance Report signed on behalf of the Board of Directors

Kathryn Singh
Chief Executive
24 May 2019

Accountability Report

Directors' report

Board of Directors

- **Lawson Pater**, Chairman

- **James Marr**, Non-Executive Director/
  Vice Chairman / Senior Independent Director
  (until 30 November 2018)

- **Alison Pearson**, Non-Executive Director/
  Vice Chairman

- **Dawn Leese**, Non-Executive Director

- **Jeffrey Hudson**, Non-Executive Director
  (from July 2018 to January 2019)

- **Tim Shaw**, Non-Executive Director

- **Justin Shannahan**, Non-Executive Director

- **Kathryn Smart**, Non-Executive Director
  (until 13 April 2018)

- **Kathryn Singh**, Chief Executive

- **Dr Nav Ahluwalia**, Executive Medical Director

- **Steve Hackett**, Executive Director of Finance and
  Performance

- **Rosie Johnson**, Executive Director of Workforce
  and Organisational Development/Deputy
  Chief Executive

- **Andrew MacCallum**, Interim Director of Nursing
  and AHPs (from October 2018)

- **Debbie Smith**, Executive Chief Operating Officer

- **Dr Deb Wildgoose**, Executive Director of Nursing
  and Quality (on secondment from July 2018)

- **Richard Banks**, Director of Health Informatics

- **Philip Gowland**, Director of Corporate Assurance /
  Board Secretary.

The role of the Board of Directors

The Board of Directors acts as a unitary board and has corporate responsibility for the decisions it makes. It is the legally responsible body for the delivery of high quality, effective services, and for making decisions relating to the strategic direction, financial control and performance of the Trust. It comprises both Executive Directors and Non-Executive Directors.

- Seven Non-Executive Directors (including the Chairman) – bring independent judgement and scrutiny to the Board to make sure that sound and well informed decisions are made.

- Six Executive Directors (including the Chief Executive) – responsible for implementing Trust policy and for the effective day-to-day running of the organisation.

In addition, the Director of Health Informatics and Director of Corporate Assurance / Board Secretary attend each Board of Directors meeting. The composition of the Board of Directors is in accordance with our constitution and it is appropriately composed to fulfil its statutory and constitutional function

and to meet the terms of the licence issued by NHS Improvement.

The Chairman is responsible for ensuring the Board of Directors focuses on the strategic development of the Trust and for ensuring that robust governance and accountability arrangements are in place, as well as undertaking an evaluation of the performance of the Board of Directors, its committees and individual Non-Executive Directors.

The Chairman also chairs the Council of Governors meetings and ensures that there is effective communication between the Board of Directors and the Council of Governors and that, where necessary, the views of the governors are obtained and considered by the Board of Directors. Executive and Non-Executive Directors attended the Council of Governors meetings and the Governor Information and Discussion Group meetings throughout the year. The Chairman, supported by the Senior Independent Director, also seeks to foster a strong, engaging relationship between the Board of Directors and the Council of Governors. There is regular attendance at the Board of Directors meetings by governors and further details of governors' involvement

at the Trust are provided at page 70. This engagement ensures that all parties maintain an understanding of the views and aspirations of the Trust and our members, and contribute to the future development of the organisation.

While the Executive Directors are responsible for the day-to-day operational management of the Trust, the Non-Executive Directors share the corporate responsibility for ensuring that the organisation is run efficiently, economically and effectively. Non-Executive Directors use their expertise, interest and experience, and attend the meetings of the Board and its committees to achieve this.

Whilst not formally part of their Non-Executive Director role, four of our Non-Executive Directors also performed the role of Trust Associate Hospital Managers in accordance with the requirements of the Mental Health Act 1983. In doing so, they attended managers' hearings and hear appeals from individuals who are subject to and detained under the Mental Health Act.

All directors undertake regular service and site visits, as well as work shadowing key staff, in order to gain a more rounded understanding of the services being delivered and the issues faced by the staff in those services.

Brief details of the expertise and experience of each director are presented from page 65.

The Chairman and Chief Executive continue to review the Board of Directors' balance, completeness and appropriateness, and ensure that this is maintained when new appointments are made.

Throughout the year the Board of Directors has continued to review the effectiveness of the governance structure and internal control, responding where appropriate to best practice and specific recommendations made, for example, by Internal Audit.

During the year, our performance - clinically and financially - was closely monitored by the Board of Directors through the presentation and discussion of key performance information at every one of its meetings. The Board of Directors acknowledges its responsibility for preparing the annual report and accounts and considers that, taken as a whole, they are fair, balanced and understandable and provide the information necessary for patients, regulators and other stakeholders to assess the Trust's performance, business model and strategy. As far as the Board of Directors is aware, there is no relevant audit information of which the auditors are unaware. Each of the directors has taken all the steps they ought to have taken as directors in order to make themselves aware of any relevant audit information and to establish that the Trust's auditor is aware of that information.

Attendance by directors at the Board's meetings in the year is presented in the Board of Directors' attendance table at the end of this section.

Staff marking the first national Allied Health Professionals day

Code of Governance

It is extremely important that the Board of Directors maintains the highest standard of probity and demonstrates adherence to best practice in corporate governance.

NHS Improvement publishes a Code of Governance, which assists with this aim.

Rotherham Doncaster and South Humber NHS Foundation Trust has applied the principles of the NHS Foundation Trust Code of Governance on a comply or explain basis.

The NHS Foundation Trust Code of Governance, most recently revised in July 2014, is based on the principles of the UK Corporate Governance Code issued in 2012.

Schedule A to the Code of Governance sets out the requirements in six categories and the Trust's response and declarations for each area are below:

All statutory requirements as per category 1 of Schedule A of the Code of Governance have been complied with, if appropriate in the year.

Area 2 of Schedule A in the Code of Governance requires a declaration and supporting explanation for the provisions set out in the table below. The declaration is made and an explanation is included or alternatively a reference is made to the relevant section of the Annual Report.

Provision	Requirement
A.1.1	The schedule of matters reserved for the Board of Directors should include a clear statement detailing the roles and responsibilities of the Council of Governors. This statement should also describe how any disagreements between the Council of Governors and the Board of Directors will be resolved. The annual report should include this schedule of matters or a summary statement of how the Board of Directors and the Council of Governors operate, including a summary of the types of decisions to be taken by each of the boards and which are delegated to the executive management of the Board of Directors.
	Comply – Board of Directors and Council of Governors – pages 47 / 59 Scheduled of Matters Reserved for the Board of Directors includes the roles and responsibilities of the Council of Governors and was reviewed during the year, no changes required.
A.1.2	The annual report should identify the Chairperson, the Deputy Chairperson (where there is one), the Chief Executive, the Senior Independent Director (see A.4.1) and the chairperson and members of the nominations, audit and remuneration committees. It should also set out the number of meetings of the board and those committees and individual attendance by directors.
	Comply – Board of Directors – page 47
A.5.3	The annual report should identify the members of the Council of Governors, including a description of the constituency or organisation that they represent, whether they were elected or appointed, and the duration of their appointments. The annual report should also identify the nominated lead governor.
	Comply – Council of Governors – page 61
n/a	The annual report should include a statement about the number of meetings of the Council of Governors and individual attendance by governors and directors.
	Comply – Council of Governors – page 61
B.1.1	The Board of Directors should identify in the annual report each Non-Executive Director it considers to be independent, with reasons where necessary.
	Comply - Board of Directors. – page 59 This matter is subject to annual review and approval - last reviewed April 2019.
B.1.4	The Board of Directors should include in its annual report a description of each director's skills, expertise and experience. Alongside this, in the annual report, the Board should make a clear statement about its own balance, completeness and appropriateness to the requirements of the NHS foundation trust.
	Comply – Board of Directors– page 56

n/a	The annual report should include a brief description of the length of appointments of the Non-Executive Directors and how they may be terminated.
	Comply – Remuneration Report, section, "Non-Executive Directors Remuneration" page 68
B.2.10	A separate section of the annual report should describe the work of the nominations committee(s), including the process it has used in relation to board appointments.
	Comply – Remuneration Report, section, "Non-Executive Directors Remuneration" page 68
n/a	The disclosure in the annual report on the work of the nominations committee should include an explanation if neither an external search consultancy nor open advertising has been used in the appointment of a chair or Non-Executive Director.
	Comply – Remuneration Report, Section, 'Non-Executive Directors Remuneration' page 68
B.3.1	A Chairperson's other significant commitments should be disclosed to the Council of Governors before appointment and included in the annual report. Changes to such commitments should be reported to the Council of Governors as they arise, and included in the next annual report.
	Comply – Publicly available register of interests available for the Chairman and all those on the Board of Directors, which is also presented at the start of each and every Board of Directors meeting. Reference to the Chairman is also provided in 'Board of Directors: expertise and experience' and 'Director independence and register of interests' page 56
B.5.6	Governors should canvass the opinion of the Trust's members and the public, and for appointed governors the body they represent, on the NHS foundation Trust's forward plan, including its objectives, priorities and strategy, and their views should be communicated to the Board of Directors. The annual report should contain a statement as to how this requirement has been undertaken and satisfied.
	Comply – Council of Governors page 59
n/a	If during the financial year, the governors have exercised their power under paragraph 10C of Schedule 7 of the NHS Act 2006 (the power to require one or more directors to attend a governors' meeting for the purpose of obtaining information about the performance of the Trust or the director's performance of their duties) then information must be included in the annual report.
	Comply – the governors were not required to use their power during the financial year. Every governors' meeting is attended by the majority of the Board of Directors.
B.6.1	The Board of Directors should state in the annual report how performance evaluation of the Board, its committees, and its directors, including the Chairperson, has been conducted.
	Comply – Board of Directors page 47
B.6.2	Where there has been external evaluation of the board and/or governance of the Trust, the external facilitator should be identified in the annual report and a statement made as to whether they have any connection to the trust.
	Not applicable for 2018/19 with the exception of the 'Well-led' review by the CQC, which provided a 'good' rating for the trust.
C.1.1	The directors should explain in the annual report their responsibility for preparing the annual report and accounts, and state that they consider the annual report and accounts, taken as a whole, are fair, balanced and understandable and provide the information necessary for patients, regulators and other stakeholders to assess the NHS Foundation Trust's performance, business model and strategy. There should be a statement by the external auditor about their reporting responsibilities. Directors should also explain their approach to quality governance in the Annual Governance Statement (within the annual report).
	Comply: Financial Statements declaration – Board of Directors page 48 External Auditors responsibilities page 107 Quality Governance – Annual Governance Statement page 96
C.2.1	The annual report should contain a statement that the Board has conducted a review of the effectiveness of its system of internal controls.
	Comply – through the work of the Audit Committee and Internal Audit. The Annual Governance Statement – provides details of the review undertaken.

C.2.2	A Trust should disclose in the annual report: (a) if it has an internal audit function, how the function is structured and what role it performs; or (b) if it does not have an internal audit function, that fact and the processes it employs for evaluating and continually improving the effectiveness of its risk management and internal control processes.
	Comply – Audit Committee page 53
C.3.5	If the Council of Governors does not accept the Audit Committee's recommendation on the appointment, reappointment or removal of an external auditor, the Board of Directors should include in the annual report a statement from the Audit Committee explaining the recommendation and should set out reasons why the Council of Governors has taken a different position.
	Comply – provision is not applicable.
C.3.9	A separate section of the annual report should describe the work of the Audit Committee in discharging its responsibilities. The report should include: • the significant issues that the Committee considered in relation to financial statements, operations and compliance, and how these issues were addressed; • an explanation of how it has assessed the effectiveness of the external audit process and the approach taken to the appointment or re-appointment of the external auditor, the value of external audit services and information on the length of tenure of the current audit firm and when a tender was last conducted; and • if the external auditor provides non-audit services, the value of the non-audit services provided and an explanation of how auditor objectivity and independence are safeguarded.
	Comply – Audit Committee page 53
D.1.3	Where an NHS Foundation Trust releases an Executive Director, for example to serve as a Non-Executive Director elsewhere, the remuneration disclosures of the annual report should include a statement of whether or not the director will retain such earnings.
	Comply – provision is not applicable.
E.1.4	Contact procedures for members who wish to communicate with governors and / or directors should be made clearly available to members on the NHS Foundation Trust's website and in the annual report.
	Comply – **www.rdash.nhs.uk** and contact details are included in the annual report under 'Director independence and register of interests' – page 59 and 'How to contact your governor' page 62
E.1.5	The Board of Directors should state in the annual report the steps they have taken to ensure that the members of the Board, and in particular the Non-Executive Directors, develop an understanding of the views of governors and members about the NHS Foundation Trust, for example through attendance at meetings of the Council of Governors, direct face-to-face contact, surveys of members' opinions and consultations.
	Comply – Board of Directors and Council of Governors – pages 48 / 64
E.1.6	The Board of Directors should monitor how representative the NHS Foundation Trust's membership is and the level and effectiveness of member engagement and report on this in the annual report.
	Comply - Foundation Trust Membership page 64

All information listed in area 3 of Schedule A is publicly available via the annual report, the Trust's website or via the Board Secretary.

In respect of area 4, the Chairman of the Trust will confirm to the governors, when considering the re-appointment of any Non-Executive Director (and in the case of the Chairman, the Vice Chairman will confirm), that following formal performance evaluation, the performance of the individual proposed for re-appointment continues to be effective and to demonstrate commitment to the role. This is achieved by the Chairman (or Vice Chairman) attending the Nominations Committee. This action was not required during the year.

In respect of area 5, the names of governors submitted for election or re-election are accompanied by sufficient biographical details and other relevant information to enable members to take an informed decision on their election. This includes prior performance information. This is achieved in the individual's election manifesto statement.

In respect of area 6, the Trust complies with all provisions with the exception of one – provision B.2.4 that states "the chairperson or an independent Non-Executive Director should chair the nominations committee." The Nominations Committee at the Trust that deals with the appointment, re-appointment and removal of the Chair and Non-Executive Directors comprises solely of governors and is therefore currently chaired by Christine O'Sullivan, North Lincolnshire Public / Lead Governor, as it is the governors' role and responsibility to undertake these key tasks. Where appropriate the committee engages with the Chairman of the Trust, as it did in 2018/19, in respect of the re-appointment of two Non-Executive Directors and the appointment of two new Non-Executive Directors.

Single Oversight Framework

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

- Quality of care

- Finance and use of resources

- Performance

- Strategic change

- Leadership and improvement capability (well-led)

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

Segmentation

During 2018/19 we were assessed in Segment 1. No enforcement action has been taken by NHS Improvement against the Trust.

This segmentation information is the Trust's position as at 31 March 2019. Current segmentation information for NHS trusts and foundation trusts is published on the NHS Improvement website.

Finance and use of Resources

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

Area	Metric	2018/19 scores				2017/18 scores			
		Q4	Q3	Q2	Q1	Q4	Q3	Q2	Q1
Financial sustainability	Capital service capacity	1	1	1	1	1	2	2	1
	Liquidity	1	1	1	1	1	1	1	1
Financial efficiency	I&E margin	1	1	1	1	1	1	1	1
Financial controls	Distance from financial plan	1	1	1	1	1	1	1	1
	Agency spend	1	1	1	1	1	1	1	1
Overall scoring		1	1	1	1	1	1	1	1

Cost Allocation and Charging

We have complied with the cost allocation and charging guidance issued by HM Treasury.

Fees and Charging (Income Generation)

We have not levied any fees and charges where the full cost exceeds £1 million or the service is otherwise material to the accounts.

Committee Structure

The Board of Directors has six committees; details of each are provided below:

Quality Committee (QC)

This committee gains and provides assurance to the Board of Directors that arrangements are in place for the delivery of high standards of care by the Trust across the three domains of quality: clinical effectiveness,

patient safety and patient experience and that these are working effectively.

The committee also gains and provides assurance to the Board of Directors in relation to all aspects of workforce, organisational development and learning development.

It is chaired by Alison Pearson, NED and its membership also includes two other NEDs – currently Dawn Leese and a vacant post which is being covered by the other NEDs. Other members are the Chief Executive, Director of Nursing and AHP's, Medical Director, Director of Workforce and Organisational Development, Chief Operating Officer, Deputy Director of Nursing and Quality and Director of Corporate Assurance / Board Secretary.

Attendance of directors at the Quality Committee's meetings in the year is presented in the Board of Directors' attendance table.

Finance, Performance and Informatics Committee (FPIC)

This committee gains and provides assurance to the Board of Directors that arrangements are in place for the delivery of the financial performance, infrastructure and business development and contractual performance of the Trust – in line with the Strategic and Operational Plans developed and approved by the Board of Directors.

It is chaired by Tim Shaw, NED and its membership also includes two other NEDs – currently Justin Shannahan and Nigel Smith. Other members are the Chief Executive, Director of Finance and Performance, Director of Health Informatics, Director of Workforce and Organisational Development, Chief Operating Officer and Director of Corporate Assurance / Board Secretary. Attendance of directors at the Finance, Performance and Informatics Committee's meetings in the year is presented in the Board of Directors' attendance table.

Audit Committee

On behalf of the Board of Directors, the Audit Committee provides a means of independent and objective review and seeks assurances on the effectiveness of the governance, risk management and internal control systems of the Trust. It also provides assurance of independence for external and internal audit.

The committee comprises four Non-Executive Directors and was chaired by Justin Shannahan. In line with NHS Improvement guidance, Mr Shannahan is a Non-Executive Director who has relevant and recent financial experience. Also in attendance at the meetings are

the Director of Finance and Performance, the Board Secretary / Director of Corporate Assurance, representatives from internal and external audit and our anti-crime specialist. A Trust governor also attends this committee.

For the 2018/19 financial year, our internal auditors were 360 Assurance. With over 40 clients and 50 employees, 360 Assurance is one of the UK's leading providers of internal audit, assurance and anti-crime services to the NHS. To reflect the needs of its client base 360 Assurance has configured its services into the following specialisms:

- Providers of healthcare including acute, ambulance and mental health services; and

- Clinical commissioning groups.

The Trust's Internal Audit Manager leads a team of mental health assurance specialists to ensure best practice and emerging risk in areas such as CQC compliance and data quality are shared with the organisation. The lead contact is Ruth Vernon, Client Manager. The role of internal audit is to provide independent assurance that the Trust's risk management, governance and internal control processes are operating effectively. An annual audit plan is agreed by the Audit Committee and an update on progress with the delivery of the plan is provided at each Audit Committee meeting.

For the 2018/19 financial year our external auditors were Deloitte. The engagement lead from Deloitte was Paul Hewitson and 2018/19 was the second year of a three year contract with company.

A protocol is in place following agreement with the Council of Governors for the engagement of the external auditors to undertake work outside of the audit code. The agreement includes provisions to ensure continued external auditor independence. During the year the Trust paid £58,300 for the statutory external audit service provision and non-audit work (Quality Account).

At its meeting in September 2018, the Audit Committee received a planning report from the external auditors. Within the report the following points were included in reference to the risk assessment process employed: "…consider a number of factors when deciding on the significant audit risks, those being where we consider the greatest risk of material misstatement in the accounts. These factors include:

- the significant risks and uncertainties previously reported in the annual report and financial statements;

- the IAS1 critical accounting estimates previously reported in the annual report and financial statements;

- the disclosures made by the Audit Committee in their previous Audit Committee report;

- our assessment of materiality; and

- the changes that have occurred in the activities and the environment the Trust operates in since the last annual report and financial statements.

Our audit planning process includes an on-going assessment of internal and external factors affecting the Trust, in accordance with the requirements of International Standards on Auditing (UK and Ireland) and Code of Audit Practice issued by the NAO. A key initial step in this process is considering the Trust's actual and planned performance on financial, quality and other governance metrics compared to its peers, to enable us to identify risks specific to the Trust. The significant risks that were anticipated and which would have focus during the external audit were:

- Risk 1 – Overstatement of the provisions balance

- Risk 2 – Accounting for Property valuations

- Risk 3 – Management override of controls

At its meeting on 24 May 2018, the Audit Committee received the 'Report of the External Auditors to those charged with governance' (ISA 260 report). The report provided the unqualified opinion on the accounts and also the conclusions drawn on the three key risks identified during the planning process.

The Audit Committee discussed the ISA260 and the issues arising and after due consideration it supported the accounts unchanged and as presented.

Additionally, the report confirmed that there would be no modification to the audit certificate following the work which was undertaken to confirm that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of the Trust's resources.

At the meeting the Audit Committee also received the management report on the Quality Report from the external auditors. This work was concluded and a modified qualified limited assurance report has been received in respect of that work. The Trust has noted the issues raised as a result of the data quality work and has provided its response to the recommendations made which are incorporated into agreed actions with designated leads and agreed implementation dates. The Audit Committee will receive updates in 2019/20 to ensure that the actions agreed have been implemented. Attendance of directors at the Audit Committee's meetings in the year is presented in the Board of Directors' attendance table.

Mental Health Legislation Committee

This committee is responsible for ensuring that:

- There are systems, structures and processes in place to support the operation of mental health legislation, in both inpatient and community settings, and to ensure compliance with associated codes of practice and recognised best practice.

- The Trust has in place and uses appropriate policies and procedures in relation to mental health legislation and to facilitate the publication, distribution and explanation of the same to all relevant staff, service users and managers.

- Trust associate managers and appropriate staff groups receive guidance, education and training in order to understand and be aware of the impact and implications of all new relevant mental health and associated legislation.

The committee is currently chaired by Dawn Leese, Non-Executive Director (from April to August 2018 it was Jim Marr, Non-Executive Director). Other members of the committee are three Non-Executive Directors, Chief Executive, Medical Director (designated Executive Director Mental Health Legislation Lead), Director of Nursing and AHPs, Deputy Director of Nursing and Quality and Chief Operating Officer. Also in attendance at the meetings are Mental Health Act Manager and the Mental Health Act Approvals Manager.

Attendance of directors at the committee's meetings in the year is presented in the Board of Directors' attendance table.

Charitable Funds Committee

The Charitable Funds Committee is responsible for overseeing the administration of the Rotherham Doncaster and South Humber NHS Foundation Trust Charitable Fund (registered charity number 1055641). These funds are held on trust for purposes relating to the National Health Service and Community Care Act 1990 by Rotherham Doncaster and South Humber NHS Foundation Trust, acting as the corporate trustee of the charity.

The committee is chaired by Justin Shannahan, Non-Executive Director. Other members of the committee are Dawn Leese, Non-Executive Director; Director of Finance and Performance, Director of Workforce and Organisational Development, Deputy Director of Finance/Charitable Funds Manager and the Assistant Finance Manager.

Attendance of directors at the Charitable Funds Committee's meetings in the year is presented in the Board of Directors' attendance table.

Charitable Funds are accounted for separately from revenue and capital funds, and a separate annual report and accounts are produced annually. However, in line with IAS 27 (revised) the Charitable Funds accounts have been consolidated with the revenue and capital funds for this annual report.

The most recent set of Charitable Funds accounts is available from the Board Secretary and are also available via the Charity Commission website: **www.charitycommission.gov.uk** – search for charity number 1055641.

Remuneration Committee

The Remuneration Committee of the Board of Directors comprises the seven Non-Executive Directors. The Committee is chaired by Dawn Leese, Non-Executive Director and has delegated authority for all aspects of remuneration and terms of service for the Senior Leadership Team.

The committee met on three occasions in the year. Further details relating to the work of the committee and the remuneration of the Board of Directors are provided in the remuneration report.

Attendance of directors at the Remuneration Committee's meetings in the year is presented in the Board of Directors' attendance table.

Board of Directors and Committee Attendance 2018/19

Director	Title	Board of Directors	Audit	Remuneration	Mental Health Legislation	Charitable Funds	Quality	Finance, Performance and Informatics
Lawson Pater	Chairman	12 out of 12		1 out of 1				
James Marr*	Non-Executive Director / Vice Chairman	4 out of 5		0 out of 1	4 out of 4	2 out of 2	11 out of 12	
Alison Pearson	Non-Executive Director/Vice Chairman	11 out of 12	4 out of 4	1 out of 1				10 out of 11
Tim Shaw	Non- Executive Director	12 out of 12	3 out of 4	1 out of 1	2 out of 4		11 out of 12	
Dawn Leese	Non-Executive Director	9 out of 12	4 out of 4	1 out of 1	4 out of 4			10 out of 11
Justin Shannahan	Non-Executive Director	12 out of 12		1 out of 1	4 out of 4	3 out of 4	11 out of 12	
Nigel Smith**	Non-Executive Director	3 out of 7	4 out of 4	1 out of 1	1 out of 1	3 out of 3		9 out of 11
Jeffrey Hudson***	Non-Executive Director	6 out of 6			1 out of 4		8 out of 12	9 out of 11
Kathryn Singh	Chief Executive	11 out of 12	3 out of 4			3 out of 4		9 out of 10
Steve Hackett	Executive Director of Finance and Performance	12 out of 12			4 out of 4		11 out of 12	
Dr Nav Ahluwalia	Executive Medical Director	11 out of 12			3 out of 4		11 out of 12	
Dr Deb Wildgoose****	Executive Director of Nursing and Quality	3 out of 6				3 out of 4	11 out of 12	9 out of 11
Andrew MacCallum*****	Interim Executive Director of Nursing and AHPs	6 out of 6			3 out of 4		10 out of 12	10 out of 11
Rosie Johnson	Executive Director of Workforce and Organisational Development/ Deputy Chief Executive	12 out of 12						10 out of 11
Debbie Smith	Executive Chief Operating Officer	11 out of 12	4 out of 4				10 out of 12	11 out of 11
Richard Banks	Director of Health Informatics	11 out of 12						11 out of 11
Philip Gowland	Director of Corporate Assurance / Board Secretary	12 out of 12	4 out of 4				11 out of 11	10 out of 11

*   Left the Trust in August 2018   **   Joined the Trust in September 2019   ***   Joined the Trust in July 2018 and left the Trust in January 2019
****   Left the Trust in July 2018   *****   Joined the Trust in October 2018

Board of Directors: expertise and experience

Lawson Pater
Chairman (term of office expires 30 November 2019*)

Lawson initially served as a Non-Executive Director, was appointed as Chairman of the Trust from 1 December 2013 and was successfully re-appointed in November 2017. He became one of the first people nationally to have served as a governor (Carer Governor – Learning Disabilities), Non-Executive Director and Chairman of a foundation trust.

He has previously held board positions in UK subsidiaries of international companies and ran his own executive recruitment consultancy. His board experience includes sales, marketing and manufacturing, together with strategic development and the management of change. Lawson is a Trustee of DARTS (Doncaster Community Arts), a charity, which through active participation in the arts, enables local people and organisations to grow in ability, confidence and skills, and so contribute to the regeneration of their communities.

 * Lawson announced during the year that he would leave his position prior to the end of his term, in November 2019. The Council of Governors are currently undertaking a recruitment process and It is anticipated that Lawson will leave his position by the end of June 2019.

Alison Pearson
Non–Executive Director/Vice Chairman (term of office expires 30 November 2019)

Alison joined the Board of Directors on December 1, 2014 and was reappointed by the Council of Governors for a second term in November 2016. She previously worked as an Operations Director for Royal Mail responsible for mail collection and production operations across the North of the UK. Her experience, gained in a number of regional and national roles in the UK and USA, features transformational change, customer service and employee engagement. Alison was also a Non-Executive Director for Quadrant Catering Limited.

Alison is Vice Chair of the Two Ridings Community Foundation and an Independent Member of the Parole Board.

Alison holds a BSc (Hons) in Geological Sciences, a Postgraduate Diploma in Business Studies and is a Chartered Fellow of the Institute of Logistics and Transport.

Dawn Leese
Non-Executive Director (term of office expires 30 November 2021)

Dawn joined the Board of Directors in November 2016. She is an experienced nurse and clinical leader with over nine years' experience working at board level within the NHS as an Executive Director and with recent experience as a commissioner and provider.

Her most recent role, before joining us as Non-Executive Director, was Director of Nursing and quality at Leicester City Clinical Commissioning Group.

Dawn is a qualified RGN, RSCN, and holds a BSc in Advanced Professional Practice and an MSc in Managing Quality and Healthcare.

Justin Shannahan
Non-Executive Director (term of office expires 30 November 2021)

Justin joined the Board of Directors in November 2016. He has a broad finance and purchasing background and previously worked for over 20 years in a number of roles at Rolls-Royce, most recently as Divisional Director of Finance.

As well as his current role with the Trust, Justin also works on a part-time basis as Head of Strategy and Processes at Derbyshire County Cricket Club.

He holds a BA (Hons) in Accounting and Financial Management and is a member of the Institute of Chartered Accountants in England and Wales.

Tim Shaw
Non-Executive Director (term of office expires 31 March 2021)

Tim was appointed to the Board of Directors from the 1 December 2013, re-appointed in November 2015 and again in November 2017. Tim qualified as a Solicitor and retired from full time practice in 2016 after 38 years in practice. He has significant experience of dealing with complex commercial projects, contracts, real estate and public law issues.

Tim has previously undertaken non-executive roles in both the regeneration and housing sectors. He served as a Non-Executive Director of one of the country's

largest social housing companies, Sheffield Homes, for a number of years. Tim was also Chair of a school governing body. Currently, he is trustee and Chair of local charity Doncaster Business for the Community.

Nigel Smith
Non-Executive Director (term of office expires 31 August 2020)

Nigel joined the Trust as a Non-Executive Director in September 2018. From April 2012 to March 2019, he was a Non-Executive Director at Derbyshire Community Health Services NHS Foundation Trust.

Nigel is a qualified accountant who has performed a variety of senior finance roles with the Post Office, Consignia and Royal Mail – where he went on to become the Head of Health & Safety for Royal Mail Group, which included responsibility for all Health & Safety compliance across all group companies.

Nigel has an honours degree in economics from Lancaster University, is a member of the Chartered Institute for Public Finance and Accountancy and has a National General Certificate in Health & Safety. He is also a Trustee of Age UK Sheffield.
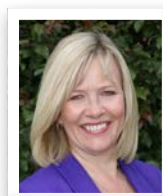
Kathryn Singh
Chief Executive

Kathryn joined the Trust in June 2015 from the NHS Trust Development Authority (TDA), now part of NHS Improvement, where for the previous two years she was a Portfolio Director. Kathryn's role at the TDA included working on the National TDA Accountability Framework, developing and piloting the Well Led Framework and supporting a range of NHS trust boards, including those in Special Measures.

Before joining the NHS TDA, Kathryn held a number of senior executive roles in the NHS including working at Deputy and Acting Chief Executive level for Derbyshire Healthcare NHS Foundation Trust, where she led the successful application for foundation trust status.

Kathryn has also held senior commissioning roles, including a secondment to the Department of Health to lead on the development of multi-agency guidance for Children's Services and culminating in the position of Director of Commissioning at Derby City PCT.

Kathryn holds a Post Graduate Diploma in Health Service Management.

Dr Nav Ahluwalia
Executive Medical Director

Nav took up the post of Executive Medical Director in April 2012 and has also been the Trust's Director of Research since 2013.

He graduated in medicine in 1992 and completed his postgraduate psychiatric training in 2002. He has worked as the RDaSH Consultant in Substance Misuse services since 2002. He has extensive experience of undergraduate and postgraduate education systems. He is a member of the Royal College of Psychiatrists, a Fellow of the Higher Education Academy, and has a postgraduate certificate in education and a postgraduate diploma in management.

Steve Hackett
Executive Director of Finance and Performance

Steve took up the position of Director of Finance in May 2017. Steve joined the Trust from Chesterfield Royal Hospital NHS Foundation Trust where he worked as Director of Finance and Contracting. He has worked in the NHS since 1990 having previously worked for NHS England and primary care trusts in the area. Steve qualified as a Certified Accountant in 1997 and has worked as a Director of Finance in the NHS since 2001.

Steve is also a voluntary Director of Flourish Enterprises Ltd which is the Trust's Community Interest Company providing domiciliary care and vocational pathways to individuals who need support to get back into employment.

Rosie Johnson
Executive Director of Workforce and Organisational Development / Deputy Chief Executive

Rosie joined RDaSH in September 2009 from Yorkshire Ambulance Service, where she was the Director of Human Resources and Organisational Development.

Since starting work in the NHS in 1992, Rosie has worked in a combined acute and community trust in Dewsbury, an acute trust (Pinderfields and Pontefract Hospitals NHS Trust) and a health and social care organisation (Bradford District Care Trust) in a variety of Human Resources (HR) and organisational development (OD) roles, including Assistant Director of HR, Assistant Director of OD, Personnel Manager and Training Officer.

Rosie has a Master's degree in leadership and management from Leeds University and is a Fellow of the Chartered Institute of Personnel and Development (CIPD).

Andrew MacCallum
Interim Director of Nursing and AHPs

Andrew joined the Trust in October 2018 as the Interim Director of Nursing and AHPs.

He has over 30 continuous years of experience in the nursing profession and has previously held board-level positions at Chelsea and Westminster Hospital NHS Foundation Trust and at Royal Cornwall Hospitals NHS Trust, where he was also the Interim Chief Executive on two occasions. He was Professional Advisor to Ruth May, Executive Director of Nursing at NHS Improvement, before being Interim Chief Nurse at Oxford University Hospitals and Interim Director of the Oxford School of Nursing and Midwifery.

Andrew holds an MSc in Nursing and a BSc in Nursing Studies and has undertaken the role of Visiting Professor to three different universities.

Debbie Smith
Executive Chief Operating Officer

Debbie joined the Trust in 2005 from Derbyshire Mental Health Services as Assistant Director (AD) for Older People's Mental Health Services where she supported the modernisation of the Rotherham and Doncaster services. Debbie was then appointed as Deputy Director of Specialist Services, which involved supporting the ADs for CAMHS, Forensic, Older People, Substance Misuse and Learning Disability Services.

After leading the Trust's One Team Working (OTW) project and the development of integrated community services for adult and children across Doncaster, Debbie was appointed as Service Director Mental Health in March 2013 and was subsequently appointed as Chief Operating Officer from June 2016.

She is a Registered Mental Health Nurse with a post graduate diploma in management and more recently a MBA through the Open University.

Debbie is also a voluntary director of Flourish Enterprises Ltd which is the Trust's Community Interest Company providing domiciliary care and vocational pathways to individuals who need support to get back into employment.

Richard Banks
Director of Health Informatics

Richard was appointed to his current role in 2016. Before this he was the Director of Business Assurance from 2009. He has had a number of senior roles since joining the Trust in 2000, including as the Director of Performance, Planning and Service Improvement, at the time the Trust achieved Foundation status in 2007.

Richard is the executive lead for the Unity programme, implementing a new electronic patient record, and is responsible for the provision of the Health Informatics function within the Trust.

Prior to joining RDaSH he worked in local government, the Sheffield FHSA, Health Authority and Community Health Sheffield, before joining RDaSH in 2000 as Head of Planning. Richard has a degree in economic and social history, a post graduate certificate in managing health and social care, and has completed the Kings Fund top manager programme. In 2016 Richard gained an MSc in Health & Social Care leadership.

Philip Gowland
Director of Corporate Assurance/Board Secretary

Philip was appointed as Director of Corporate Assurance in February 2016 having joined the Trust as Head of Corporate Affairs in 2007. He has been the Board Secretary since 2009.

Prior to joining the Trust Philip was Internal Audit Manager for a number of NHS organisations having worked for Internal Audit Consortia across both South and West Yorkshire.

Philip is a member of the Institute of Chartered Secretaries and Administrators (ICSA); a qualified accountant (Chartered Institute of Public Finance and Accountancy CPFA) and received an upper second class degree in Accounting and Management Control from Sheffield Hallam University.

Jeffrey Hudson, Non-Executive Director (resigned in January 2019)

Kath Smart, Non-Executive Director (term of office expired 13 April 2018)

James Marr, Non-Executive Director / Vice Chairman (term of office expired 30 November 2018)

Dr Deborah Wildgoose, Director of Nursing and Quality (until 27 July 2018, then on secondment until leaving the Trust on 31 March 2019).

Director independence and register of interests

Lawson Pater, Chairman, was initially appointed to the Board of Directors in September 2009 as a non-Executive Director. He was subsequently appointed as Chairman from 1 December 2013 and reappointed in year (until November 2019) and has therefore served in excess of six years, contrary to the provisions of the Code. In confirming his independence, the Board of Directors recognises the distinction between his roles as Non-Executive Director and Chairman and that with respect to the Code's provision and the '…first appointment', it now recognises December 2013 as the relevant date for Lawson. The Board of Directors also acknowledged that Mr Pater has no other significant external commitments and whilst he has two entries on the register of interests, neither individually or both collectively are considered to be a conflict, and he is therefore considered to be independent.

During 2018/19 Kath Smart, until her departure from the Trust in April 2018 was Chairman of Flourish Enterprises CIC, a wholly owned subsidiary of the Trust. An explanation of the relationship between the Trust and Flourish is provided in the Annual Report, which for the first time will also include the consolidation of Flourish accounts with those of the Trust.

Kath Smart, until her departure from the Trust, was also a lay member of the Audit Committee of Doncaster Metropolitan Borough Council.

Three Non-Executive Directors (Lawson Pater, Tim Shaw and Alison Pearson) - and until her departure Kath Smart - also performed the role of Trust Associate Hospital Managers in accordance with the requirements of the Mental Health Act 1983. The Trust provides the opportunity for all Trust Associate Hospital Managers to claim a sessional fee for their work in this role. Claims are not made by all Non-Executive Directors, but the Board of Directors has confirmed that it does not consider this additional role any associated sessional fee payment to compromise or impact on their independence. The Board of Directors has confirmed that it considers all Non-Executive Directors to be independent as per the requirements of the Code of Governance. In doing so, the Board of Directors acknowledged the following, which it considered not

to compromise the independence of the Non-Executive Director to which they refer:

Steve Hackett and Debbie Smith are also directors of Flourish Enterprises (Community Interest Company) a wholly owned subsidiary of the Trust. Flourish Enterprises is a Community Interest Company based at Woodfield Park, Balby that offers services to the Doncaster community through St Catherine's House Conference and Events Centre, Victorian Tea Rooms and The Walled Garden Centre. Flourish provides volunteering opportunities and practical vocational training for people who need support to gain skills and confidence on the pathway to employment. In respect of the transactions between the Trust and Flourish Enterprises:

- Flourish recharge the Trust for vocational referrals received from the Trust's services. In addition, Flourish provides tenant support services on behalf of the Trust for the buildings commercially leased on Woodfield Park

- The Trust provides corporate support services to Flourish (e.g. finance, HR and IT)

- Woodfield 24 is a subsidiary of Flourish and provides End of Life Care under a sub-contract arrangement to the Trust.

The Register of Directors' Interests is held by the Board Secretary. It is a public document which can be accessed by contacting the Board Secretary on (01302) 798129 and is presented to the Board of Directors at each and every meeting. Contact with directors can be made via the Board Secretary.

The Council of Governors

The Council of Governors comprises 41 individuals who are members of the public, service users/patients, carers, staff and representatives from partner organisations. Governors have responsibility for:

- Advising the Trust on its strategic direction

- Representing the interests of members and partner organisations

- Regularly feeding back to their constituency.

- Appointing (and removing) the Chair and non-Executive Directors

- Approving the appointment of the Chief Executive

- Appointing the Trust's auditor and receiving the Annual Accounts, Auditor's Report and Annual Report.

- Informing NHS Improvement (the sector regulator for health services in England) of any unresolved issues.

The Council of Governors provides an important link between the Trust, the local community and key organisations, sharing information and views that can be used to develop and improve services. The Council of Governors is chaired by Lawson Pater, Chairman of the Trust, who ensures that there is a strong link between the Council of Governors and the Board of Directors. The Lead Governor during 2018/19 was Alex Sangster, Rotherham Public Governor (up to November 2018). Christine O'Sullivan, North Lincolnshire Public Governor then took up this position.

The Board of Directors is responsible for the operational management of the Trust, the delivery of high quality, effective services, and for making decisions relating to the strategic direction, financial control and performance of the Trust. The Board of Directors takes account of the views of the governors, and all members of the Board of Directors have attended Council of Governors meetings in the last year. The table below sets out the composition of the Council of Governors.

Composition of the Council of Governors		
Public - 12 governors	**Service users - 7 governors**	**Carers - 7 governors**
4 Rotherham	3 Mental Health	3 Mental Health
4 Doncaster	2 Community Services	2 Community Services
2 North Lincolnshire	1 Learning Disabilities	1 Learning Disabilities
1 North East Lincolnshire	1 Specialist Services	1 Specialist Services
1 Rest of England		
Staff - 6 governors	**Partner organisations - 9 governors**	
1 Allied Health Professionals (AHP)/ Psychology	1 Doncaster Clinical Commissioning Group (CCG)	
1 Medical and Pharmacy	1 Rotherham CCG	
1 Social Care	1 North Lincolnshire CCG	
1 Non Clinical	1 Doncaster Council	
1 Community Nursing	1 Rotherham Council	
1 Community Nursing	1 North Lincolnshire Council	
	1 University	
	1 Community Voluntary Sector	
	1 GP	

At the start of the year, 31 governors were in post. Over the year there have been a number of changes to those holding positions on the Council of Governors, resulting in 28 seats being filled at the year end.

An election took place in 2018 for the following vacancies:

Eight Public Governors in the following constituencies:

- Doncaster (1 vacancy)

- Rest of England (1 vacancy)

- North Lincolnshire (2 vacancies)

- Rotherham (4 vacancies)

- Four Staff Governors in the following constituency:

- Nursing (1 vacancy)

- Allied Health Professionals / Psychology (1 vacancy)

- Non Clinical (1 vacancy)

- Medical and Pharmacy (1 vacancy).

Four Service Users and Carer Governors in the following constituencies:

- Service User: Community Services (1 vacancy)

- Service User: Mental Health (1 vacancy)

- Carer: Mental Health (1 vacancy)

- Carer: Learning Disability (1 vacancy)

- Carer: Learning Disability (1 vacancy).

Over the last year, the governors have continued to demonstrate their commitment and to show their enthusiasm in their role. Since April 2018, the Council of Governors has held four public meetings. All meetings were chaired by Lawson Pater, Chairman of the Trust and all meetings were attended by members of the Board of Directors. The Governors and their attendance at the meetings are shown in the table below:

Members of the Council of Governors and their attendance in 2018/19			
Name	Constituency	No. of Council meetings attended / possible total	Term expires/d
Christine O'Sullivan	Public: North Lincolnshire	3/4	June 21
George Baker	Public: North East Lincolnshire	2/4	June 20
Helen Ward	Public: Doncaster	3/4	August 20
John Carter	Public: Doncaster	3/4	August 20
Brendan Fox	Service User: Community Services	3/4	August 20
Eileen Harrington	Carer: Mental Health	3/4	November 21
Heidi Cheung	Partner: Universities	0/4	March 19
Peter Vargas	Service User: Mental Health	0/4	August 20
Karen Johnson	Partner: DMBC	2/4	August 20
Susan Hodgson	Service User: Specialist Services	1/4	August 20
Karen Biddle	Carer: Mental Health	1/4	August 20
Peter Barr	Service User: Learning Disability	0/4	August 20
Joan Cox	Carer: Community Services	0/4	August 20
Mohammed Ramzan	Public: Rotherham	1/4	June 21
Jayne Elliot	Partner: Rotherham MBC	3/4	August 20
Richard Rimmington	Public: Doncaster	3/4	August 19
Sally French	Public: Rotherham	2/3	May 21
Kathleen Green	Public: Doncaster	2/3	August 21
Daniel Marshall	Service User: Mental Health	2/3	August 21
Joanne Perkins	Staff: Non Clinical	1/3	August 21
Maerryn Richards	Public: Doncaster	2/3	August 21
Colin O'Neil	Staff: AHP & Psychology	1/3	August 21
Edward Ryder	Public: Rest of England	2/3	August 21
Joanne Forestall	Partner: Doncaster CCG	1/3	May 21
Stuart Wilson	Public: North Lincolnshire	1/2	November 21
Simon Mills	Staff: Social Care	0/4	August 20
Adam Foster	Carer: Mental Health	2/4	August 20
Governors that left in the year			
Alex Sangster	Public: Rotherham	0/2	
Gary Cooper	Public: Rotherham	0/2	
Roni Wilson	Public: North Lincolnshire	1/2	
Ian Fairbank	Public: Rotherham	0/2	
Alison Davies	Staff: Medical & Pharmacy	0/1	
Catherine Wylie	Partner: NL CCG	0/2	
Mike Young	Partner: Doncaster CCG	0/2	
Nigel Parkes	Partner: Rotherham CCG	1/3	
Allyson Vuli	Public: Doncaster	0/1	
Jane Knowles	Staff: Community Nursing	3/3	
Chris Grice	Carer: Specialist Services	2/2	
Melissa March	Service User: Mental Health	0/2	
Maggie McAndrews	Carer: Community Services	2/2	

Furthermore, the Council of Governors work over the last 12 months has included:

- Receiving the Annual Report and Accounts for 2018/19 and contributing to the Quality Report 2018/19

- Receiving and contributing to the Annual Plan for 2019/20 and the Trust's Five Year Strategy 2019/24.

- Patient Led Assessments of the Care Environment (PLACE) visits 2018

- Appointment of Nigel Smith and Jeff Hudson and the re-appointment of Justin Shanahan and Dawn Leese.

In contributing to the development of the Annual Plan the governors draw on their personal experiences, expertise and liaison with the members that they represent.

The governors have continued to participate in a programme of development opportunities over the last year. They have also engaged with members of their constituencies on a number of occasions. The list below provides some example of how governors have contributed to this in 2018/19, which have allowed governors to engage individually and collectively with fellow governors, the Trust's members and the wider public, service users and carers as well as staff and the Board of Directors:

- Election information events

- Monthly members' drop-In sessions

- Annual Members' Meeting

- Community events

- Regular attendance at the Listen to Learn Network and Carer Champion Network events

- Representation on the Trust's Triangle of Care Steering Group

- PLACE assessment visits

- Visits to service user/patient and carer user groups

- Visits to services

- Public Board of Directors meetings

- NED interview and (re)appointment

- Corporate Events at the Trust - Trust Graduation Ceremony, Trust official openings, Volunteers' Festive Lunch Trust and the Annual Awards Ceremony.

- Charitable Funds Committee

- Audit Committee

- Food and Hydration Forum

- Equality Diversity and Human Rights Steering Group

- Medicines Management Committee

- Annual Awards Ceremony Judging Panel

- LiA (Listening into Action).

Governors have also been invited to attend a number of external events including Governwell training and regional and national workshops

Register of interests

The register of interests for the Council of Governors is available from the Foundation Trust office on freephone 0800 015 0370 or email: **rdash.ftmembershipoffice@nhs.net**

Expenses

Governors receive no remuneration for their role. However, the Trust provides appropriate reimbursement, for example to cover travel expenses for governors who participate in events or activities arranged by the Trust. During the 2018/19 year, the amount reimbursed to governors was £3,650 (10 claimants).

How to contact your Governor

Governors represent the members of their respective constituencies. If you have any comments, concerns or questions, or if you have any other need to speak to the governor who represents you, contact them through the Foundation Trust office:

Telephone: Freephone 0800 015 0370

Post: FT Membership office
FREEPOST RSGC – RKYB – BCHH
Woodfield House
Tickhill Road
Balby
Doncaster
DN4 8QN.

Email: rdash.ftmembershipoffice@nhs.net

The Foundation Trust office is also the initial point of contact for members to make contact with the Trust or governors.

Foundation Trust membership

Becoming a member of the Trust offers local people a unique opportunity to have their say and to be involved in how we and our services are developed.

We want to build a meaningful and representative membership, and throughout 2018/19 we continued to work hard towards ensuring that there is appropriate representation in all areas.

Some initiatives have included attending a number of community events highlighting the benefits of membership to local people. During the year, we increased recruitment of and engagement with our members in the wider community (patients, service users, carers and public) through social media such as Twitter, Facebook and Instagram.

New employees automatically become members of the Trust. As with all members, they can influence plans for the Trust and our services for the benefit of service users and carers. They can elect to the Council of Governors and stand for election themselves. All staff are encouraged to be actively involved as members and to spread the word, highlighting the benefits of membership.

On-going communication with all members is through Trust Matters, the staff and members' magazine. A printed version is produced four times a year and each month is available as an e-newsletter to members. Communication is also via regular members' updates and other publications, and by providing opportunities to be more involved. The designated members' section of the Trust's website is continually updated with useful information. A monthly members' drop-in also takes place and is facilitated by governors and supported by the Foundation Trust Office.

Further engagement with members has also included the following initiatives:

- Election information events
- Monthly members' drop-in in Rotherham and Doncaster
- Public engagement through community events
- Public Council of Governors meetings
- Public Board of Directors meetings
- The Annual Members' Meeting
- Participation in surveys and consultations
- Trust website
- Trust Matters magazine
- Governor attendance at Acute Care Forum and Collaborative meetings
- Governor visits to service user and carer groups.
- Listen to Learn Network (the Trust's Patient and Public Engagement and Experience Strategy)
- Carer Champion Network

- Triangle of Care Steering Group
- PLACE Visits.

Membership constituencies

Anyone who is aged 16 or over is eligible to become a member. The Trust has four membership constituencies:

Public

To be eligible for membership to one of our public constituencies, people should live in the four electoral areas of either:

- Rotherham Council
- Doncaster Council
- North Lincolnshire Council
- North East Lincolnshire Council

Or

- Rest of England (Rather than defining a further boundary for those living in close proximity to our localities, the Trust chooses to add a 'Rest of England' to include those people in neighbouring boroughs who may be interested).

Service users

To be eligible for membership of the service user/patient constituency, a person should have accessed within the last five years any of our services as a service user/ patient in any of the following areas:

- Mental Health (incorporating Adult Mental Health, Older People's Mental Health and Children and Young People's Mental Health Services)
- Learning Disability Services (including Forensic Services)
- Specialist (e.g. Drug and Alcohol Services)
- Children, Young People and Families' Services
- Long Term Conditions Services for Adults
- Doncaster Psychological Therapy Service (formerly IAPT)
- New Beginnings and the Drug Intervention Programme (DIP)
- End of Life Services, including St John's Hospice.

Carers

To be eligible for membership to the carer constituency, you should have within the last five years cared for a service user in any of the services listed above for service user/patient membership.

Staff

A member of the staff constituency is a person who is employed by the Trust under a contract of employment which has no fixed term, or a fixed term of at least 12 months, or who has been continuously employed by the Trust for at least 12 months. New members of staff automatically become members of the Foundation Trust, although they are given the opportunity to opt out if they wish. Members of the staff constituency are allocated to the following areas:

- Non-clinical

- Social Care

- Medical and Pharmacy

- Allied Health Professionals

- Nursing

- Community Nursing.

On April 1 2018, the Trust had a total membership of 9,842. At the end of March 2019, the membership stood at 9,807. This represents a net reduction of 35 although there were 478 new members throughout the year. Whilst wanting to maintain membership levels in the year, a greater focus was provided to engagement and better understanding the composition of the membership. Continued effort will be made during 2019/20 to increase our membership.

Membership size and movements	
Public constituency	**2018/19**
At year start (April 1)	5,207
New members	42
Members leaving	81
At year end (March 31)	5,168
Staff constituency	**2018/19**
At year start (April 1)	3,393
New members	393
Members leaving	411
At year end (March 31)	3,472
Patient/ Carer constituency	**2018/19**
At year start (April 1)	1,242
New members	43
Members leaving	21
At year end (March 31)	1,264

Analysis of current Public membership		
	Number of members	**Eligible membership (local population aged 16 and above)**
Age (years):		
0-16	2	183,341
17-21	21	47,477
22+	5,145	671,327
Ethnicity:		
White	4,926	844,933
Mixed	26	8,302
Asian or Asian British	177	24,843
Black or Black British	16	5,354
Other	23	3,252
Socio-economic groupings:		
AB	1,090	37,599
C1	1,424	70,144
C2	1,225	68,935
DE	1,381	95,668
Gender analysis:		
Male	1,838	445,303
Female	3,330	455,194

Membership 2019/20

We will continue to recruit new members through some of the successful initiatives undertaken previously, particularly by attending local Trust events and local community events organised externally.

The increased use of social media such as Twitter and Facebook has shown an increase in the number of online applications and this will be further developed in the coming months. This has also proved positive in terms of engagement with members and the wider public. The membership remains broadly representative of the population and local communities served and there are continued efforts to engage and recruit members from all parts, especially younger members, where there is greatest scope to increase numbers.

In addition, our plans for membership and recruitment over the next 12 months will include considerable input from the Council of Governors. Governors are able to contribute a wealth of knowledge and experience, which in turn can be used as a tool to encourage and engage with new members. Their established involvement in community and voluntary organisations provides an ideal opportunity to reach out to potential members by highlighting the benefits of membership.

Governors form the 'Raising the Profile of the RDaSH Governor' working group and the focus of that group is to identify opportunities for the recruitment and engagement of members.

A joint post Patient and Public Engagement Lead (Membership and Governor Support) has meant that engagement and involvement functions at the Trust (of which Foundation Trust membership is one) has been more co-ordinated and has provided more opportunities for recruitment and engagement of members across the Trust and wider involvement for governors. Governors now have more influence over how they communicate and engage with members through the Governor Working Group, whose purpose is to raise the profile of the RDaSH governor both internally and in the wider community.

Kathryn Singh
24 May 2019

Remuneration Report

Introduction

A 'senior manager' is defined as 'Those persons in senior positions having authority or responsibility for directing or controlling the major activities of the Foundation Trust.'

The Remuneration Report contains details of senior managers' remuneration and pensions. It also sets out further information about the appointment of those senior managers (where these have occurred during 2018/19) as required by NHS Improvement's Code of Governance.

For the Trust, the report covers seven Non-Executive Directors (including the Chairman), six Executive Directors (including the Chief Executive), Director of Health Informatics and Director of Corporate Assurance – these are the 'senior managers' in post at the year end. Whilst the Annual Report is prepared on a group basis, Flourish CIC is not considered to be material and as such none of the senior managers of Flourish CIC meet the definition of senior manager above and are not therefore included in this Remuneration Report.

Details of the directors including their start date in their role and their relative experience and expertise are on page 66.

Annual Statement on Remuneration

The Remuneration Committee met on three occasions in the year. The key matters discussed at these meetings are presented below with the outcomes of the discussion and any agreed related action:

- Recruitment to the post of Director of Nursing and Quality (AHPs) - An interim Director of Nursing and AHPs was appointed in October 2018. Following a separate process a substantive Executive Director of Nursing and AHPs was appointed in February 2019 and will join the Trust from 1 July 2019.

- Recruitment to the post of Deputy Medical Director - Two Deputy Medical Directors were appointed in March 2019 and the Trust is currently securing the necessary back-fill arrangements in order to release the two Consultants to fulfil their Deputy Medical Director roles.

- Remuneration in respect of the role of Deputy Chief Executive – the Executive Director that fulfils this additional role will receive an annual allowance of £5,000 in recognition of the additional work required.

- Annual review of the remuneration paid to the 'senior managers' – the annual uplift awarded to 'senior' managers was agreed in line with the national guidance issued by NHS Improvement.

Executive Director Remuneration Policy

The Remuneration Committee makes decisions on the remuneration and terms of service of the Executive Directors and directors to ensure that they are fairly rewarded for their individual contribution to the Trust, having proper regard for affordability based on the corporate performance of the Trust.

In setting the remuneration, the Committee takes due account of any specific guidance issued (in relation to Executive Pay); to any guidance issued for NHS staff regarding the level of pay inflation which may be awarded - but does not consult with those employees; and takes due account of national benchmarking data collated and distributed by NHS Providers. This allows for sector and geographical comparisons to be made.

The component of the remuneration packages for these senior managers is shown in the following tables:

Element	Policy
Salary	A 'spot' salary which is reviewed annually. The setting of that salary and the subsequent review are undertaken with reference to relevant guidance and other related information as described above. This is the maximum amount that will be paid. There are no provisions for the recovery of sums paid nor for the withholding of the payments.
Salary (Medical Director)	Spot salary paid for the role as Medical Director. Postholder's total remuneration comprises of this 'spot' salary together with other elements relating to Consultant role, Clinical Excellence, On-Call and Intensity Supplements.

Element	Policy
Salary (Deputy Chief Executive)	Additional remuneration paid on an annual basis in respect of the fulfilment of the Deputy Chief Executive role. (introduced in 2018/19 to recognise the additional duties undertaken in fulfilling the role)
Percentage uplift (cost-of-living increase)	Reviewed annually by the Remuneration Committee taking into consideration national pay awards, benchmarking data and the related financial implications.
Taxable benefits	Travel and subsistence expenses are reimbursed and paid with salary via payroll
Annual performance related bonuses	No performance related bonuses are paid.
Long-term performance related bonuses	No long term performance related bonuses are paid.
Pension-related benefits	Executive Directors and directors can access the NHS Pension scheme.

The current senior managers are on substantive contracts that incorporate a three-month notice period, with the exception of the Chief Executive who has a six-month notice period and the Interim Director of Quality and AHP, who is on a fixed term contract to June 2019.

The contracts include no provisions or obligations which could give rise to, or impact on, remuneration payments or payments for loss of office.

Executive Director Remuneration

A committee of the Board of Directors, the Remuneration Committee is chaired by Dawn Leese, Non-Executive Director. The remaining members of the committee are the other six Non-Executive Directors. By invitation from the Chair of the committee, the Chief Executive attends meetings of the committee as does the Director of Corporate Assurance / Board Secretary and the Director of Workforce and Organisational Development.

The Committee has delegated responsibility for all aspects of remuneration and terms of service for the Executive Directors and directors. Its responsibility includes all aspects of salary, provision for other benefits including pensions, arrangements for termination of employment, and other contractual terms.

The Remuneration Committee met on three occasions in the financial year and details of the attendance are presented in the Board of Directors' attendance table.

The committee did not seek nor receive advice or services from any person that materially assisted its consideration of these matters.

In setting the remuneration, the committee takes due account of any specific guidance issued (in relation to executive pay); to any guidance issued for NHS staff regarding the level of pay inflation which may be awarded - but does not consult with those employees; and takes due account of national benchmarking data collated and distributed by NHS Providers. This allows for sector and geographical comparisons to be made.

The Chief Executive and the Medical Director are remunerated at a level greater than £150,000 (this equates to the Prime Minister's ministerial and parliamentary salary). The remuneration paid to these two directors is considered to be reasonable for the posts given the relative position in terms of benchmarking with similar foundation trusts.

Non-Executive Director Remuneration Policy

The Nominations Committee of the Council of Governors makes decisions on the remuneration and terms of service of the Non-Executive Directors including the Chairman to ensure that they are fairly rewarded for their individual contribution to the Trust, having proper regard for affordability based on the corporate performance of the Trust.

In setting the remuneration, the committee takes due account of any guidance issued for NHS staff regarding the level of pay inflation which may be awarded, but does not consult with those employees and of any relevant benchmarking information. The committee also takes due account of national benchmarking data collated and distributed by NHS Providers.

The component of the remuneration packages for these senior managers is shown in the table below:

Element	Policy
Fee Payable	A 'spot fee' which is reviewed annually. The setting of that fee and the subsequent review are undertaken with reference to national benchmarking data and national pay awards (Agenda for Change).
Additional Fee	The Senior Independent Director receives an additional £1,000 and the Chair of the Audit Committee an additional £2,000.
Percentage uplift (cost-of-living increase)	Reviewed annually by the Nominations Committee taking into consideration national pay awards and financial implications.
Travel	Travel and subsistence expenses are reimbursed and paid with remuneration via payroll
Pension Contributions	Non-Executive Directors do not have access the NHS Pension scheme.
Other remuneration	None

The Chairman and Non-Executive Directors do not have a notice period.

The letters of appointment include no provisions or obligations which could give rise to, or impact on, remuneration payments or payments for loss of office.

Non-Executive Directors Remuneration

The Council of Governors has responsibility for the appointment, re-appointment, remuneration and appraisal of the Chairman and Non-Executive Directors. The work to discharge that responsibility is undertaken by the Nominations Committee which comprises seven governors:

- Four service user/carer or public governors

- Three appointed or staff governors.

The Nominations Committee is chaired by the Lead Governor - Christine O'Sullivan, North Lincolnshire Public Governor and supported administratively by the Director of Corporate Assurance / Board Secretary.

Non-Executive Directors are appointed for a fixed term of office, following an open, advertised recruitment campaign in which three representatives of the Nominations Committee join the Chairman and an external assessor to form an interview panel that recommends an appointment to the full Council of Governors.

During the year, the Nominations Committee formally met on two occasions and as a result of its meeting

in November 2018 it recommended to the Council of Governors the re-appointment of Dawn Leese and Justin Shannahan (this was agreed by the Council of Governors in November 2018).

Representatives of the Nominations Committee were involved in a recruitment process that resulted in the Council of Governors appointing Nigel Smith and Jeff Hudson as Non-Executive Directors in May 2018. Jeff subsequently resigned from the position in January 2019 and at the year-end a further recruitment process, to appoint a new Non-Executive Director, had commenced.

Representing the Nominations Committee and the Council of Governors, Christine O'Sullivan, North Lincolnshire Governor made contribution to the annual appraisal of the Chairman and Non-Executive Directors.

The Nominations Committee did not undertake an annual review of the remuneration of the Chairman and Non-Executive Directors during 2018/19. A nationally imposed 'pause' on the review of the pay of senior managers ended in December 2018 when NHS Improvement issued its guidance (see above and enacted for Executive Directors via the Remuneration Committee in March 2019). Whilst Non-Executive pay was not referred to in the guidance and its recommendations were of relevance to the annual review of Non-Executive pay and as such the Nominations Committee will now consider the matter during the first quarter of 2019/20.

Details of the attendance at the Nominations Committee are presented in the table below:

Name	Position	Meetings Attended
Christine O'Sullivan	Public – North Lincolnshire	2 out of 2
Heidi Cheung	Partner - Universities	1 out of 2
Joanne Perkins	Staff – Non Clinical	2 out of 2
Helen Ward	Public - Doncaster	2 out of 2
Karen Johnson	Partner – Doncaster MBC	0 out of 2
Joan Cox	Carer – Community Services	2 out of 2
Adam Foster	Carer – Mental Health	1 out of 2

Assessment of performance of senior managers

Individual performance is reviewed through the Trust's performance and development review (PDR) process, using standardised documentation to evaluate the extent to which senior managers have met their objectives, and by so doing have contributed to the delivery of the Trust's strategic objectives.

The Executive Directors are appraised by the Chief Executive, who herself is appraised by the Chairman of the Trust.

The Chairman of the Trust appraises the Non-Executive Directors and is himself appraised by the Non-Executive Directors, led by the Senior Independent Director. Christine O'Sullivan, Chair of the Nominations Committee and Lead Governor, is part of the appraisal process of all Non-Executive Directors (including the Chairman).

While the Trust does not operate a formal system of performance-related pay, the review process is valuable in ensuring coherence between the achievement of individual and organisational objectives.

Expenses

Directors and Governors are provided with financial support in terms of the reimbursement of travel costs. The following amounts were paid in the year:

	2018/19			2017/18		
	Number in office	Number receiving expenses	Aggregate sum of expenses £00	Number in office	Number receiving expenses	Aggregate sum of expenses £00
Directors	18	17	185.42	15	15	172.33
Governors	35	10	36.50	31	12	43.36

Payments for loss of office

In the year to 31 March 2019, no payments were made by the Trust to senior managers for loss of office.

Payments to past senior managers

In the year to 31 March 2019, no payments were made by the Trust to past senior managers.

Remuneration Report signed by

Kathryn Singh
Chief Executive
24 May 2019

Grounded Research conference 2018

Salary and Pension Entitlements for Senior Managers
Salaries and allowances

Name and Title	2018-19				2017-18			
	Salary (bands of £5,000) £000	Benefits in Kind (Rounded to the nearest £100)	Pension related benefit (bands of £2,500)	Total (bands of £5,000)	Salary (bands of £5,000) £000	Benefits in Kind (Rounded to the nearest £100)	Pension related benefit (bands of £2,500)	Total (bands of £5,000)
Mr L Pater - Chair	40 - 45	0	0	40 - 45	40 - 45	0	0	40 - 45
Mr J Marr - Non - Executive Director (Vice Chair)	5 - 10	0	0	5 - 10	10 - 15	0	0	10 - 15
Mrs K Smart - Non - Executive Director	0 - 5	0	0	0 - 5	10 - 15	0	0	10 - 15
Mr T Shaw - Non - Executive Director	10 - 15	0	0	10 - 15	10 - 15	0	0	10 - 15
Ms A Pearson - Non - Executive Director	10 - 15	0	0	10 - 15	10 - 15	0	0	10 - 15
Ms D Leese - Non - Executive Director	10 - 15	0	0	10 - 15	10 - 15	0	0	10 - 15
Mr J Shannahan - Non - Executive Director	10 - 15	0	0	10 - 15	10 - 15	0	0	10 - 15
Mr N Smith - Non – Executive Director	5 - 10	0	0	5 - 10				
Mr J Hudson - Non – Executive Director	5 - 10	0	0	5 - 10				
Mrs K Singh - Chief Executive	155 - 160	0	20 - 22.5	175 - 180	150 - 155	0	20 - 22.5	175 - 180
Ms R Johnson - Deputy Chief Executive / Director of Workforce and Organisation	110 - 115	0	15 - 17.5	125 - 130	100 - 105	0	12.5 - 15	115 - 120
Dr N Ahluwalia - Executive Medical Director	185 - 190	0	17.5 - 20	205 - 210	185 - 190	0	17.5 - 20	205 - 210
Ms D Smith – Chief Operating Officer	110 - 115	0	15 - 17.5	130 - 135	110 - 115	0	15 - 17.5	125 - 130
Mr S Hackett - Executive Director of Finance and Performance	130 - 135	0	17.5 - 20	150 - 155	115 - 120	0	15 - 17.5	135 - 140
Dr D Wildgoose - Executive Director of Nursing and Quality	25 - 30	0	2.5 - 5	30 - 35	95 - 100	0	12.5 - 15	110 - 115
Mr A MacCallum - Interim Executive Director of Nursing and AHPs	70 - 75	0	0	70 - 75				
Mr R Banks - Director of Health Informatics	90 - 95	0	12.5 - 15	105 - 110	90 - 95	0	12.5 - 15	105 - 110
Mr P Gowland - Director of Corporate Assurance/Board Secretary	75 - 80	0	10 - 12.5	85 - 90	90 - 95	0	12.5 - 15	105 - 110

The 'Pension related benefit' is the employer contribution to the NHS Pension Scheme for that year

Mrs K Smart ceased to be a Non- Executive Director on the 13th April 2018 and Mr J Marr ceased to be a Non - Executive Director on the 31st August 2018. Mr J Hudson served as a Non - Executive Director from the 2nd July 2018 to the 18th January 2019.

Mr N Smith commenced as Non - Executive Director on 1 September 2018.

Dr D Wildgoose ceased to be the Executive Director of Nursing and Quality on the 27th July 2018.

Mr A MacCallum commenced as the Interim Executive Director of Nursing and AHPs on the 1st October 2018.

The benefits in kind relate to the amount that is taxable for the private use of a lease vehicle. All mileage is taxed at source through payroll and therefore is not a taxable benefit.

(This information has been audited).

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

The banded remuneration of the highest-paid director in Rotherham Doncaster and South Humber NHS foundation Trust in the financial year 2018/19 was £185,000 to £190,000 (2017-18 £185,000 to £190,000).

This was 8.02 times (2017-18 8.74 times) the median remuneration of the workforce, which was £23,363 (2017-18 £21,379)

In 2018-19, no (2017-18 none) employees received remuneration in excess of the highest-paid director.

Total remuneration includes salary and benefits-in-kind. It does not include severance payments, employer pension contributions and the cash equivalent transfer value of pensions.

Pension Benefits

Name and Title	Real increase in pension at pension age (bands of £2,500) £000	Real increase in lump sum at pension age (bands of £2,500) £000	Total accrued pension at pension age at 31 March 2017 (bands of £5,000) £000	Lump sum at pension age related to accrued pension at 31 March 2017 (bands of £5,000) £000	Cash Equivalent Transfer Value at 31 March 2017 (Rounded to the nearest £1000) £000	Cash Equivalent Transfer Value at 31 March 2016 (Rounded to the nearest £1000) £000	Real increase in Cash Equivalent Transfer Value (Rounded to the nearest £1000) £000	Normal retirement age
Mrs K Singh - Chief Executive	0 - 2.5	0	60 - 65	155 - 160	1,191	927	235	SPA
Ms R Johnson - Deputy Chief Executive/ Director of Workforce and Organisational Development	0 - 2.5	0	35 - 40	85 - 90	712	611	82	SPA
Mr S Hackett - Executive Director of Finance and Performance	0 - 2.5	0	50 - 55	120 - 125	873	738	112	SPA
Dr N Ahluwalia - Executive Medical Director	0 - 2.5	0	50 - 55	150 - 155	1,037	888	123	55
Ms D Smith - Chief Operating Officer	0 - 2.5	0	45 - 50	140 - 145	984	853	105	55
Dr D Wildgoose - Executive Director of Nursing and Quality	0	0	40 - 45	120 - 125	884	933	0	55
Mr A MacCallum – Interim Executive Director of Nursing and AHPs	57.5 - 60	177.5 - 180	55 - 60	175 - 180	1,387	0	1,387	60
Mr R Banks - Director of Health Informatics	0 - 2.5	0	35 - 40	85 - 90	677	576	83	SPA
Mr P Gowland - Director of Corporate Assurance / Board Secretary	0 - 2.5	0	20 - 25	55 - 60	401	331	61	SPA

Dr D Wildgoose ceased to be Executive Director of Nursing and Quality on the 27th July 2018 and Mr A MacCallum commenced as the Interim Executive Director of Nursing and AHPs on the 1st October 2018.

This information has been audited.

- As Non-Executive Directors do not receive pensionable remuneration, there are no entries in respect of pensions for Non-Executive Directors.

- A Cash Equivalent Transfer Value (CETV) is the actuarially assessed capital value of the pension scheme benefits accrued by a member at a particular point in time. The benefits valued are the member's accrued benefits and any contingent spouse's pension payable from the scheme. A CETV is a payment made by a pension scheme or arrangement to secure pension benefits in another pension scheme or arrangement when a member leaves a scheme and chooses to transfer the benefits accrued in their former scheme. The pension figures shown relate to the benefits that the individual has accrued as a consequence of their total membership of the pension scheme, not just their service in a senior capacity to which the disclosure applies. The CETV figures and the other pension details, include the value of any pension benefits in another scheme or arrangement, which the individual has transferred to the NHS pension scheme. They also include any additional pension benefit accrued to the member as a result of their purchasing additional years of pension service in the scheme at their own cost. CETVs are calculated within the guidelines and framework prescribed by the Institute and Faculty of Actuaries. The Government Actuary Department (GAD) factors for the calculation of CETVs assume that benefits are indexed in line with CPI which is expected to be lower than RPI which was used previously and hence will tend to produce lower transfer values.

- Real increase in CETV- this reflects the increase in CETV. It takes account of the increase in accrued pension due to inflation and uses common market valuation factors for the start and end of the period.

- SPA: State Pension Age. These are employees that have rights both in the 1995 Scheme and the 2015 Scheme.

Staff Report

Valuing our staff

The Trust values its employees and has over 3,500 staff working across our geographical footprint. It is a diverse workforce across the protected characteristic – see below regarding Equality and Diversity. The section below provides details of the support, development and engagement activities at the Trust.

Staff Costs

			Group	
				Restated
			2018/19	2017/18
	Permanent	Other	Total	Total
	£000	£000	£000	£000
Salaries and wages	85,898	11,899	**97,797**	96,835
Social security costs	7,486	682	**8,168**	8,050
Apprenticeship levy	457		**457**	454
Employer's contributions to NHS pensions	10,643	998	**11,641**	11,694
Pension cost - other	84		**84**	153
Other post employment benefits	2		**2**	3
Termination benefits	554		**554**	4,928
Agency/contract staff		4,661	**4,661**	3,614
Total gross staff costs	**105,124**	**18,240**	**123,364**	125,731
Of which:				
Costs capitalised as part of assets	107	22	**129**	47

Average number of employees (WTE basis)

	Permanent Number	Other Number	2018/19 Total Number	2017/18 Total Number
Medical and Dental	75	25	100	106
Administration and Estates	532	60	593	644
Healthcare assistants and other support staff	202	39	241	247
Nursing, Midwifery and Health Visiting staff	1,613	96	1,710	1,793
Scientific, Therapeutic and Technical staff	284	50	334	317
Social Care staff	33	4	37	27
Other	304	304	283	
Total average numbers	**2,738**	**579**	**3,317**	3,417
Of which:				
Engaged on capital projects	5	2	7	

The header "Group" spans the 2018/19 and 2017/18 columns.

Year End Analysis

At 31st March 2019, the profile of staff in post was

	Male	Female
Directors	9	5
Senior Managers (Band 8a and above)	22	67
Others	569	2841

Our sickness figure for 2018 was 5.1%. In total we lost 57,936 days due to sickness absence in 2018, which with an average 2,985 WTE equates to 11.97 days per employee (WTE)

The Multi Professional Placement Learning Team (PLT)

This team continues to monitor and maintain quality assured educationally audited multi-professional placements across the organisation maximising the learning experience for pre-registration and post registration learners. This team continues to review and evaluate educational activities to meet identified organisational trends, themes and learning needs such as the successful co-produced interactive multi-field workshops which has improved student and mentor evaluations whilst increasing engagement from educators, coaches in practice helping to maintain regulatory body compliance.

Tri-partite partnerships with regional higher education institutions (HEI) colleagues continues to flourish as learning and development explores growing and enhancing the learning environment, supporting recruitment and retention along with internal and external activities across the organisation. This has included developing a Level Seven distance learning CPD module to support our preceptees within their 12 month preceptorship programme.

Below is additional information related to the extensive work conducted by this team over the past year:

NMC Standards

Collaboration has continued this year with regional higher education institutions, placement providers and the placement learning team in order to regionally implement the new NMC standards including a regional online student assessment document in preparation for September 2019.

Trainee Nursing Associates

The placement team, higher education institutions and other local placement providers have been working in partnership to produce a trainee nursing associate placement pathway to maximise the TNA learning experience.

Student Police Officer placements

South Yorkshire Police have utilised placements

within our mental health and learning disability services ranging from a one day visit to a two week observational placement covering all age services both inpatient and community. These placements have evaluated excellently by the student police officers and practice partners with learning with from and about each other taking place for all involved.

Health Education England (HEE) RAMPPS collaboration with PLT & HEIs

We continue to deliver the HEE RAMPPS course led by the Placement Team and Medical Education Lead, and continue to host the Regional Steering Group at Almond Tree Court. In addition the Placement Team have assisted with RAMPPS at Leeds University and Sheffield Hallam. Hull University are exploring an increased use of simulation in their curriculum in line with the new standards for nurse education. The Placement Team are working with them to implement a simulated approach to risk management training and the introduction of RAMPPS. This collaborative approach has been put forward to be presented at the HEE Simulation Conference in the summer.

Recruitment and retention activities

Our placement team collaborate with practice and HEI partners to participate in many regional recruitment and retention activities accessible for multi professional students and members of the public to showcase the organisation as an employer and the benefits this

organisation offers such as apprenticeship pathways and preceptorship. Internal activities also include a multi professional Student Welcome and Orientation day which has been reviewed to enable students to obtain a greater knowledge and understanding of the Trust and what it can offer as an employer.

BPP University on-site School of Nursing

With the Government announcing changes to the funding system for university education in nursing, this drive led to the collaborative partnership with BPP University School of Health (an independent provider) to develop, implement and deliver an NMC approved undergraduate three year full time programme 'on-site' from September 2017. This is the first satellite Nurse Training School for BPP, who have subsequently opened two further campuses around the country.

The onsite training is in partnership with DBTH and offers training for both adult and mental health nurses. The uptake of the places has been positive over the three cohorts that have now successfully launched and a fourth is commencing in spring 2019. The joint work has provides an opportunity to support recruitment and retention whilst creating opportunities for people who may wish to study locally and gain vital onsite work based training. A celebration event was held with students, senior leaders from RDASH, DBTH and BPP in 2018 which demonstrated how the opportunity is not only supporting local growth of nurses, but also being requested as a course to transfer on to from other local HEIs

Staff from BPP University, RDaSH and DBHT are pictured at the launch of the new BPP University 'home

Listening into Action (LiA) and The RDaSHWay

We began our Listening into Action (LiA) journey in 2016, looking at what gets in the way of our staff delivering great care and what solutions could be enacted to overcome these barriers. Since this time we have had over 60 LiA teams complete targeted programmes of work and improvements using the LiA approach. All improvements have been detailed on our website and some of our LiA headlines from the past two and a half years can be found here: **https://www.rdash.nhs.uk/wp-content/uploads/2018/01/LiA-164-stories.pdf**

Trust teams, patients and carers have engaged significantly with this programme of work. This has been shown in 2018, where we gained 64% response rate in our 'Pulse Check' this placed us in the top two of the country in terms of engagement, and has followed through in terms of our heightened engagement with the NHS Staff survey in Autumn 2018 where we observed a significant rise from the previous year.

The improvements in 2018 focussed upon improving patient safety and some of these were showcased at our Annual Trust Conference which has a safety focus and as such was supported by keynote speakers – Yvonne Coghill CBE (Director – WRES Implementation in NHS England) and Dame Jackie Daniels (CEO - The Newcastle Upon Tyne Hospitals).

Since starting our LiA journey, we have seen much greater staff and patient engagement, with teams now organising their own 'conversations' outside of being an 'LiA team' as a way of tackling barriers and finding solutions, getting the right people round the table with a defined mission to accomplish. The outcome of holding such conversations often leads to quick wins being identified resulting in service improvements.

During 2018/19, not only have we continued to utilise the LIA Model for engagement and improvement, but we have also engaged staff, patients and carers in order to explore how we can take our improvement approach to the next level. This engagement has resulted in a redesign of our improvement approach leading to - TheRDaSHWay.

We have merged the Quality Improvement Team, LiA Team and Equality and Diversity Team to form the Cultural Improvement Team. We have worked with partners at NHS Improvement and been accepted to commence their ACT Academy (Advancing Change and Transformation) training programme through the QSIR College (Quality, Service Improvement and Review) commencing in January 2019. Working with this college and also with the Leadership and Culture programme will help us to build on our strong LiA foundations, enabling us to continue improving. It will also add to our LIA Brand ambassador status becoming accredited with the ACT Academy. This will mean we will be able to provide an accredited Quality Improvement Internal Training programme.

Throughout 2019/20 we will achieve our transition from LIA to TheRDaSHWay; our own organisational approach to quality and culture which cuts across all of our teams and services.

Some of the merged Quality Improvement Team, LiA Team and Equality and Diversity Team are pictured

We will be working together to align skills and effort, reduce bureaucracy and support decision making closest to front line services. We will review our support and governance for improvement using a stepped change framework and develop our Digital Improvement Hub, which will enable engagement at scale, and the sharing of knowledge, expertise and innovation!

We will transition and expand our LIA Champion Networks by developing the 'I-CAN' network; The Improvement and Culture Ambassador Network. This is an opportunity for staff and patient representatives who are champions and practitioners supporting organisational change at every level. Ambassadors will be provided with structured training and support to enable them to best fulfil their role.

The workforce is our greatest asset and we will be significantly investing in our workforce building both capability and the culture for continuous improvement in quality.

Freedom To Speak Up (FTSU)

Dr Judith Graham, Deputy Director for Organisational Development, is the Trust's FTSU Guardian and has been in post since May 2016. The senior FTSU team consists of the Chief Executive, the Director for Workforce and Organisational Development and a designated Non-Executive Director. In November 2018 a Deputy FTSU Guardian – Claire Wilson, was also recruited to support the work of the FTSU Team.

Freedom To Speak Up (FTSU) principles are contained within the NHS contract. Research connects good 'speak up' cultures with: improved patient safety, higher staff wellbeing and retention, lower levels of dissatisfaction and higher care quality.

The Freedom Speak Up concepts embrace the following Trust strategic goals. To:

- provide safe, effective and compassionate care;

- attract, retain, support and develop the finest workforce and

- be an outstanding, well-led organisation.

The FTSU Guardian provides monthly reports to all our services through the directorate management structure. A bi-annual report is also presented to the Board of Directors by the FTSU Guardian, submitting anonymised details of all concerns raised within the reporting period. This enables the Board to review the nature of the concerns and to identify and explore any themes or patterns. Within our FTSU approach we are all committed to everyone speaking up, we also have designated enhanced FTSU roles including the FTSU Guardian and Deputy Guardian, Board members and advocates from across the organisation have essential roles in:

- Ensuring all methods of raising concerns are promoted

- Raising the profile and visual leadership of FTSU

- Providing advice and support in exploring any concerns raised

- Ensuring FTSU training is available for all staff

- Ensuring that learning from patient and staff safety concerns is always at the heart of all we do

- Engaging with the National Guardian's Office and regional FTSU network to share learning and best practice

- Ensuring timely, clear and concise feedback is delivered to all who raise concerns.

Feedback from people who have raised concerns:

Below is detail in regards to the concerns raised during since the introduction of the FTSU Guardian role at the Trust.

Date Period	Quarter	No. of Concerns
April – June 2016	1	5
July – Sept 2016	2	2
Oct – Dec 2016	3	7
Jan – March 2017	4	6
April – June 2017	1	2
July – Sept 2017	2	8
Oct – Dec 2017	3	12
Jan – March 2018	4	3
April – June 2018	1	10
July – Sept 2018	2	12
Oct – Dec 2018	3	10
Jan – March 2019	4	2

Concerns per area	No. and %	No. of staff in locality (FTE)	Staff allocation in the Trust by %
Don Care Group	36 (46%)	1587	44%
Roth Care Group	13 (16%)	617	17%
NL Care Group	10 (13%)	242	7%
CYP Care Group	8 (10%)	528	15%
Corporate	12 (15%)	599	17%
Total	79 (100%)	3573	100%

The number of concerns raised is within the comparable range of neighbouring Trusts.

Who is speaking up?

Profession	% recorded cases	RDaSH Comparisons
Nurses	31%	16%
Allied Health Professionals	13%	8%
Administrative / Clerical workers	16%	8%
Healthcare Assistants	7%	8%
Doctors	6%	8%
Other*	11%	44%
Corporate Service Staff	5%	8%
Cleaning/Catering/Maintenance/ Ancillary Staff	5%	0%
Midwives	3%	Not Applicable
Board members	<0.5%	0%
Dentists	<0.5%	(Not Applicable)

*includes health visitors, psychologists, psychotherapists and anonymous reports.

The number of nurses speaking up is lower than the national average, and the level of 'other' staff in the Trust is higher. The 'other' figure appears higher due to the greater number of health visitors, psychologists and psychological therapies staff we employ compared to acute trusts. This heightened figure has been discussed with other mental health and community trusts who also show a similar profile to ours due to the different skill mix profile. Within the table, our Trust has also shown a 0% reported rating from cleaning, catering and maintenance staff in the 2017/18 period which is lower than average. This issue has been explored with teams, and two new FTSU advocates have been recruited in this area. As a result, in the 2018/19 data collected, two FTSU concerns have now been raised in these teams.

What are people 'speaking up about'?

FTSU processes are in place to proactively support patient safety and improve worker experience. Within national reporting, the NGO have demonstrated that more issues are raised through FTSU concerning staff experience than patient safety. This is consistent with the Trust's experience:

Each of the concerns raised in the Trust have been discussed and progressed at a team level, with learning then explored at an organisational level, triangulating learning and data through care group, directorate and organisational management meetings, identifying opportunities to learn and improve. Any case of detriment reported is explored within the case analysis and with the senior FTSU team, including the Non-Executive Director for FTSU.

Theme or experience	% reported Nationally	RDaSH Comparisons
% of Patient Safety Concerns	2266 (32%)	8 (32%)
% of Bullying / Harassment Concerns	3206 (45%)	10 (40%)
% reported anonymously	1254 (18%)	2 (8%)
% who reported perceived detriment	361 (5%)	2 (8%)

As a final point, within the Trust we encourage, where possible, people to raise concerns directly, protecting anonymity where appropriate. However, we acknowledge that we have reported a lower rate of anonymous concerns than other Trusts. As a response, in the past year, we have introduced the 'speak up' button on the Trust intranet site, meaning that people can raise anonymous concerns in this way as well as writing or speaking to the FTSU team. There is evidence within the past two quarters 2018/19 that this way of raising concerns is being used.

Action taken to improve FTSU culture

Specific work has been conducted over the past year to improve FTSU culture, specifically concerning visible leadership. This multilevel approach to cultural change, not only emphasises the role of the FTSU guardian team, but the role and responsibility of all in the organisation, which is consistent with NHSI recommendations published in May 2018.

Another reason for this focus was due to the findings in the CQC inspection conducted in January and February 2018 which highlighted that the inspection team interviewed two individuals who stated that they were unsure about FTSU processes and did not know who the Trust Guardian was. Therefore efforts have been focussed upon increasing the communication and leadership visibility of the role and concept in response to this.

Key actions taken to improve FTSU culture have included: employment of a Deputy Guardian; Increase in the number of FTSU Advocates; Presentation and Training provided at the Trust Safeguarding Conference showing how FTSU a core component of safeguarding processes; Board development of a FTSU Strategy; and an enhanced and targeted communication and induction campaign.

In addition to the increased communications campaign, a refreshed web-page has been developed promoting FTSU, which now has an 'Speak Up e-link' meaning people can enter their concerns using the webpage, either declaring their name or anonymously. This increases access and visibility for staff and is being increasingly used as a method to raise concerns by staff.

FTSU Month

FTSU month was in October 2018. Guardians throughout the country engaged in a number of events to enhance the profile of FTSU in Trusts. Within our Trust, a number of 'drop-in' events were held, a specific engagement event for staff was held on World Mental Health Day, producing a video concerning 'why

speaking up is everyone's role'. Additionally, within FTSU the RDaSH Guardian was invited, with a small number of other Guardians to the House of Commons for a FTSU event with Sir Robert Francis and Baroness Finn. The attendance of the event is detailed in the National Guardians Annual Report published in November 2018.

Widening Cultures via Communities of FTSU practice

The efficacy and impact of the FTSU approach is not solely about internal Trust processes, but also relates to across Trust relationships and supporting transient members of the workforce who may be bank workers, volunteers, students or other types of learners. Within our Trust FTSU approach, we ensure that we are fully linked into a number of networks to benefit from a collective approach to 'speaking up'.

The Trust FTSU Guardian is also the regional lead Guardian for Yorkshire and the Humber, holding the chair role for bi-monthly meetings and also participating in bi-monthly regional leads meetings facilitated by the NGO. Connected with this role and 2018's NHS 70 celebrations, a blog authored by the Trust Guardian concerning FTSU was published by the NHS Confederation in July 2018 as a part of the NHS Voices series and can be accessed: **https://www.nhsconfed. org/blog/2018/07/having-the-freedom-to-speak-up**

In November 2018 a presentation had been provided by the Trust Guardian about FTSU at the regional HR directors meeting and the Social Partnership meeting attended by regional staff side and professional body leads and HR and OD leads. In addition, work has been conducted with the regional Leadership Academy in Leeds to promote the FTSU concept with graduates on the scheme (pictured below) who will be the NHS future leaders and also current NHS, NHSE and NHSI leaders who provide placements for the range of management graduates throughout their learning journey.

In November 2018, the RDaSH Guardian also co-chaired a regional event with Dr John Hussain (Chair of the Regional 'Guardian for Safe working Hours'), reflecting upon the recent case of Dr Bawa-Garba concerning the impact this has had upon 'speaking up; reflecting upon the increase in reports of bullying seen with

certain medical staff and to explore how the two sets of Guardians could work more closely together in terms of improving patient safety and staff support, specifically regarding support for junior doctors pictured below are some of the Guardians in attendance.

In December 2018, the RDaSH Guardian hosted a virtual 'cultural conversation' for FTSU Guardians. This conversation focussed on the plans for alignment of FTSU Guardian networks to the new seven networks being formed between NHS England and NHS Improvement. Within this conversation other cultural development was reflected upon specifically in terms of the vanguard sites of FTSU Guardians within primary care and also the development of supervisory and support processes for FTSU Guardians recognising the need for support regarding 'psychological safety' considering these unique roles, specifically reflecting upon cases of staff suicide within the NHS, and also FTSU guardian leaver data.

Learning and improvement

Key learning points generated from FTSU concern processed in the last year are:

- To ensure the workplace wellbeing policy is considered with all staff affected by transformation

- To consider interview feedback development needs for unsuccessful staff at interview for 'at risk' posts

- To ensure staff at a senior grade have access to coaching and training concerning coroners court if required in their role

- For the single investigation team to ensure that investigations are fed back in a timely manner

- To ensure messages surrounding 'clustering' are considered in the care pathways work

- For all clinicians to be aware it is their responsibility to challenge direction if they feel that there is clinically inappropriate direction provided

- To ensure any staff base move or integration is reviewed with all staff involved

- To ensure that room use (especially where block booking' occurs) is reviewed regularly to ensure this usage is optimised rather than space becoming unused

- To ensure that managers are supported and arrangements are regularly reviewed where clinical vacancies or changes take place

- Within transformation processes the roles of across care group clinicians require consideration in terms of communications plans

- Office or hot-desking space should be considered for all across site workers

- To review the 'relationships at work policy' to ensure it has detailed guidance concerning staff/staff, staff/patient, patient/patient relationships

- To more actively display posters and banners about the different ways in which people can raise concerns in the area.

RDaSH Feedback

Feedback is obtained from all who speak up, except for those who speak up anonymously. The feedback that has been provided by staff and learners who have spoken up has been predominantly positive summarised with national comparators. Within the national data collection 2407 cases, which is 34% of all cases reported in the year provided feedback, to the single question "Given your experience, would you speak up again?". Within the Trust, all 100% of people who 'spoke up' provided feedback.

Table 8 – National Comparisons- question "Given your experience, would you speak up again?"		
Answer	**% reported Nationally**	**RDaSH Comparisons**
% stated 'yes'	2077 (87%)	23 (92%)
% stated 'no'	84 (4%)	0%
% stated 'maybe'	108 (5%)	0%
% stated 'don't know'	114 (5%)	2 (8%)

Alongside of the question on page 79, a specific questionnaire is provided to people who 'speak up' which is optional to return. Within the feedback received, the following are extracts of qualitative feedback that has been received:

Have your say

"The support whilst going through the process was really helpful, the response was really timely and I felt that all that could possibly be done to address my concern was facilitated."

"After worrying about it for a few days I asked my Line Manager to raise the issue and she raised it with her Line Manager. The feedback from them was that "it was in my job description and I had to do it. I disputed that the task was in my job description. I began having sleepless nights and I knew I had to do something when that happened and I wasn't getting any support within my own department. It was then that I approached Speak Up and I explained the above and gave examples of exactly what I was being asked to do and provided examples of mine and another job description to highlight where I saw a discrepancy. This helped Speak Up enormously. Speak Up approached HR on my behalf and HR gave an opinion which resolved the issue."

"I was initially very nervous and apprehensive about using FTSU. I did not know what to expect and was afraid my concerns might be viewed in the wrong light. The Guardian was warm and welcoming in her manner and I was immediately made to feel at ease. She took the time to listen to everything and I felt my concerns were being taken seriously. I am pleased I used the service."

"I was a little anxious at the start of this process. I had thoughts that speaking may make my situation worse. Having now gone through this process I would highly recommend it to others. Throughout I have felt supported, acknowledged, listened to and most of all valued."

Equality and Diversity (E&D) Annual Report 2018/19

We intend to further develop our performance on equality, diversity and human rights outcomes by taking full account of personal circumstances, including the protected characteristics and disadvantaged groups which form part of The Equality Act 2010 and NHS England's Inclusion Health Strategy to eliminate health inequalities. It will ensure that the services we provide are accessible and meet the needs of our service users, providing high quality health and social care.

As an employer, we are committed to recruiting, developing and retaining a workforce that reflects the local population and promote equality of opportunity for all employees. Everyone who comes into contact with the Trust can expect to be treated with respect and dignity, and have proper account taken of their personal, cultural and spiritual needs.

The Equality Diversity and Inclusion Team have recently integrated into the Cultural Improvement Team and are working on exciting new projects together. This integration has enabled a more diverse team with different skill sets to target the needs of our staff. All four of our care groups have their equality diversity and inclusion meetings established and are meeting quarterly to allow sufficient time for the completion of actions to be taken and then fed back into the group.

This structure enables local and national equality initiatives to be analysed and delivered in a more meaningful 'placed based' way and are more likely to make a difference in a local context within the care groups. Work is underway to determine how to maintain equality and diversity initiatives within the Care Groups and corporately.

Rotherham Equality, Diversity and Inclusion (EDI) Network

Rotherham Care Group, chaired by the Care Group Director and Associate Nurse Director, have been meeting since April 2017. Over the past year focussed work has been conducted and targeted changes have been made specifically focussed upon certain EDI issues of most significance in the locality. Below are two areas which highlight the positive work of the locality group:-

- Pregnancy and Maternity focus - Perinatal Health Services have been offered within the service, initially as a pilot and now as a South Yorkshire initiative

- Disability – Work with deaf service users has continued with a specialist worker addressing specific issues, raising awareness and providing training

- Disadvantaged groups - Work has been on-going with partners on place based plans to connect with specific disadvantaged groups in the locality, alongside of other health and social care providers in Rotherham 'place'.

Doncaster Equality, Diversity and Inclusion Network

Doncaster Care Group, chaired by the Head of Specialist Services, have focussed their efforts in the following areas for this locality:

- Offering support to GPs and practice nurses around smear tests and Mental Capacity Act issues around cervical screening as we were finding that nurses and GPs were not confident in this. We are trying to empower services to provide these services for the Learning Disability population. This has included offering support during Mental Capacity Act assessments conducted in practices to build confidence

- Health promotion and self-screening has been of significant focus in order to reduce the health inequalities within the community learning disability population. The "checking your balls and boobs workshops", (collectively named with service users) is now offered, and provided with the local authority services. Coffee mornings have also been hosted concerning this subject to offer an informal chat and demonstrations on self-checking techniques. These have been really well received and been a safe place for people to ask the questions and talk about things they have heard on TV etc. and not quite understood

- The British Sign Language (BSL) level 1 course has been completed for staff and volunteers in the locality and progress for many is now being made concerning BSL level 2

- The BSL interactive sessions at the 'Wellbean Café' are now held monthly where people drop in and informally learn a few signs from deaf staff and deaf volunteers. We now have five deaf volunteers undertaking a range of volunteering opportunities. To support this, the induction mandatory training leaflets have been translated into BSL to be given to deaf staff/volunteers on BSL or to access on the intranet

- We have strengthened our links with Doncaster's School and College for the Deaf and are starting to offer placements to students within the college

- We recently held safeguarding adult awareness sessions for the deaf community. These appear to have been a success and we have agreed to film short video clips in BSL about the different forms of abuse so this can be played in the Deaf Club to raise further awareness. We have also agreed to return to

run safeguarding children awareness sessions in the new year

- There are also sessions linked to mental health awareness being offered at the Deaf Club by the Psychological Wellbeing Practitioner for the Deaf Community.

North Lincolnshire Equality, Diversity and Inclusion Network

North Lincolnshire Care Group Network is chaired by the Service Manager on a quarterly basis. Work over the past year has focussed upon analysis of 'place based' information and also establishing actions and intentions considering this information. Example actions are provided below:-

- The census for North Lincolnshire related to the protected characteristic of age has been highlighted as significant in that the population of North Lincolnshire has a larger percentage of people aged 65 and over than regionally or nationally and one in every nine people in North Lincolnshire have a caring responsibility. Significant focus has therefore been placed upon supporting carers in all services. This work was recognised in our annual Trust awards, with the inpatient team in North Lincolnshire winning the overall Trust award for carer engagement and support

- The Care Group are working with the local commissioners and patient and carer focus groups to improve the patient journey through memory and assessment services for people with suspected dementia. This involves a move to more accessible appointments, venues and times and the development of a 'one stop shop' pathway for investigations, diagnosis and treatment. Staff are engaged in the Humber, York and Vale Accountable Care Programme (ACP) Dementia Task Force to improve post diagnostic services

- The Care Group have moved to an all age secondary mental health service where specialist older people's staff manage cases in which age impacts on presentation. This allows for the Care Group to deliver services recognising the need for the parity of esteem in which older adults should receive an equitable service to adults of a working age. Adjustments are made to the delivery of information to account for the needs of the person.

- Our staff in North Lincolnshire appear to be over represented at the older end of the age spectrum. The Care Group have readjusted some of the roles within their community services to promote job sharing/caseload sharing to enable staff to use flexible retirement and retire and return policies to retain experienced and knowledgeable staff whilst maintaining the whole time equivalent of substantive staff to deliver safe services

- The learning disability physical health promotion nurses have developed a medicines management clinic for people under their care prescribed anti-psychotic medications. This clinic provides an equitable approach to mental health services. Physical health is monitored as part of the clinic. Baseline testing of physical health is completed prior to the prescribing of medications. The STOMP (Stopping Over Medication of People with a learning disability) approach has been promoted by the team with the use of accessible information leaflets for service users to increase an understanding of baseline testing requirements and health promotion

- The BAME population is much lower than the national profile and of the communities that there are, 53% live in the northern part of Scunthorpe. Targeted support is provided for people in this area and an aim is to increase the understanding of the mental health needs of this population and provide enhanced community links to support preventative intervention

- As part of a move of clinical intervention services, staff from mental health and learning disability services have worked together to ensure signage, letters and information leaflets are accessible for service users and carers, taking in to account the needs of people with a range of disabilities, impairments and/or sensory loss.

Children's Care Group

Over the past year, the Children's Care Group has formed a health, wellbeing, equality and diversity group. The Group draws its members from staff who have undertaken our Trust's health champions training and who have made a commitment to the promotion of staff wellbeing, diversity and equality.

The group reports to the Care Group's Quality meeting and meets every six weeks. A particular focus of the group is the recognition and support of staff that have caring responsibilities and the support, strategies and projects that might enable staff to achieve a healthy balance between their work life and caring responsibilities.

The Children's Care Group is primarily an agile workforce, which can create additional pressures; the group is developing a wellbeing charter which will outline alongside the Trust ambitions for equality, diversity and wellbeing for our workforce, aspirations to support a culture of equality, diversity and wellbeing in the Care Group.

The Public Sector Equality Duty (PSED) – Equality Act 2010

We publish our Public Sector Equality Duty (PSED) annually. This can be viewed on our website or copies may be requested from the Equality and Diversity team.

Equality Objectives 2016-2020

NHS Organisations have a statutory requirement to prepare and publish equality objectives in support of the Public Sector Equality Duty (PSED) every four years. This requirement arose from the Equality Act 2010 (Specific Duties) Regulations 2011.

The Equality Act Guidance on publishing Equality Objectives recommends that NHS organisations use the Equality Delivery System 2 (EDS2) and choose around 4 or 5 Equality Objectives, at least one per EDS2 goal. Our equality objectives for 2016 to 2020 are updated annually with progress and published within the Public Sector Equality Duty on 31st January annually.

Equality Delivery System (EDS) / EDS2

The NHS Equality Delivery System (EDS) was introduced nationally by the NHS Equality and Diversity Council as an optional tool for both current and emerging NHS organisations to support them to meet their General Public Sector Equality Duties as required by Section 149 of the Equality Act 2010. Compliance with the below duties is across the nine protected characteristics under the Equality Act.

Implementation of EDS2 is a requirement on both NHS commissioners and NHS provider organisations. In light of the inclusion of EDS2 in the NHS standard contract and in the CCG Assurance Framework, NHS organisations are required to use the EDS2 summary report template to produce and publish a summary of their EDS2 implementation. Our approach to EDS2 is that each Care Group has completed an EDS2 template as the framework for their Equality and Diversity priorities. Each Care Group then produce an electronic evidence base. We compare favourably with other NHS Trusts nationally in that Developing / Achieving are the most recorded grades on the templates and our rating is that of Developing and Achieving. The summary report will be discussed with stakeholder groups such as the Council of Governors, Foundation Trust Members, and 'Listen to Learn' stakeholder meetings.

When using EDS2, it is suggested that, based on evidence and insight, organisations may wish to be selective in their choice of services they review and, may wish to prioritise in line with local needs and populations. Organisations might also look at particular aspects of protected characteristics. The premise is that a focus on all services across all outcomes for all aspects of all protected characteristics can be overwhelming and unmanageable. It is much better to manage a comprehensive implementation of EDS2 over three to five years, through the use of informed selective choices at any one time.

Each of our care groups has established an Equality and Diversity Group and has undertaken an exercise to examine the demographics of the area, to establish local priorities in terms of work linked to Equality, Diversity, Inclusion and the protected characteristics and disadvantaged groups which are prevalent in the local area.

Where such choices are made, organisations should not just focus on challenges, problems and concerns but also on situations where progress is being made and good practice can be shared and spread. Often as much can be learnt from what is working well as from what is not working so well. Spreading good practice should become a key part of EDS2 implementation, as well as tackling problems; organisations should seek the agreement of local stakeholders including advice on the selections that are made. Choices should embrace a proportionate mix of progress and good practice, on the one hand, and challenges, problems and concerns, on the other. Otherwise a distorted picture of an organisation's performance may be given.

As a Trust we are actively aware of the developments in regards to the EDS2 system and the intention to move towards EDS3. The Director for Workforce and Organisational Development has attended a regional workshop in regards to the expected new framework. Following this workshop we have reviewed our internal actions in terms of EDI and are aligning actions within the three core areas which are described as central within the anticipated EDS3: EDI issues in regards to care provision, EDI issues in terms of workforce support and EDI support from Trust leadership and organisational structures.

Workforce Race Equality Standard (WRES)

Workforce Race Equality Standard (WRES) was introduced nationally in July 2015 and is being undertaken annually. The proportion of BME staff employed with the organisation is 3.9%, the proportion of staff who have self-reported their ethnicity is 95%.

There has been a slight percentage increase 0.2% in BME staff appointed in the current reporting year when compared with the previous reporting year and the percentage involved is higher than the census information for the populations served by the Trust.

The 2017/18 WRES data indicated that the number of BME staff experiencing harassment, bullying or abuse from patients, relatives or the public within the 2017 staff survey has increased significantly by 8% from the previous year.

There has been a decrease in the overall response rate for the current reporting year, which may have impacted on the results. The Trust percentage is similar when compared to our comparator group of combined Mental Health / Learning Disability and Community Trusts in 2017 staff survey (25.11% White and 28.21% BME).

We will continue to review the work experience of BME staff through the WRES action plan, and also changes will be supported via the Trust BAME Network.

Equality Impact Assessments

Equality Impact Assessments (EIA's) are undertaken routinely on all new and reviewed services, policies, strategies, events held for the public and services provided for the public.

The Equality Impact Assessment tool has been revised to incorporate all of the protected characteristics, although Social and Health Inequalities was not brought into force with the Equality Act, we considered the implications of this and decided that this would be best practice for the population it served to be incorporated as 'Disadvantaged Groups' as part of the equality impact assessment process.

A tracking document is completed for all policy proposals to ensure that decisions are informed and take account of actual or potential impact on our staff, communities or stakeholders.

A Policy Review Panel meets regularly to scrutinise all policies for content, formatting and monitoring of the tracking document prior to policies being presented at the relevant approval groups. In circumstances where the panel have difficulty in meeting together, the work is undertaken in a virtual context.

- All procedural documents and strategies should have an Equality Impact assessment (EIA) which can be found with the corresponding policy / strategy on the Trust website: **http://www.rdash.nhs.uk/category/publications/policies/**

- Equality Impact Assessments are also carried out on all our Services and can be accessed on the following link: **http://www.rdash.nhs.uk/category/publications/service-equality-impact-assessments/**

- Further information on equality impact assessments can be found on our website: **http://www.rdash.nhs.uk/about-us/equality-and-diversity/**

Equality, diversity and the RDaSH workforce

The electronic staff record (ESR) is the integrated human resources and payroll system within the Trust. It enables relevant data on staff to be collated and facilitates up to date reporting for workforce monitoring purposes. A data cleansing exercise is undertaken each year to ensure that accurate information is reported.

An Equality and Diversity monitoring information report is produced and published by the Human Resources Department annually presenting workforce equality data. The report contributes to demonstrating the Trust's compliance with our Public Sector Equality Duty as outlined in the Equality Act 2010.

The data is analysed against demographic information for each of the localities we serve (which is taken from the 2011 National Census data –the most recent census published) and any actions or recommendations are implemented and reviewed as appropriate, in order to ensure that, as far as possible, our workforce is representative of the communities we serve.

It should be noted that there has been two changes to the national data this year – within the Ethnic Origin, Chinese has been moved from 'Other' to 'Asian' and gay and lesbian has been changed to gay or lesbian.

The report will provide comparative data in relation to the protected characteristics, namely age, gender, ethnicity/race, disability, sexual orientation and religion/belief.

The data is published within the Public Sector Equality Duty.

Equality and Diversity training

We have a Learning and Development Service that maintains and publishes a programme of training available to staff. Attendance is monitored through the Electronic Staff Record (ESR) system. On review the data in relation to staff accessing training in relation to all of the protected characteristics approximately reflects that of the Trust profile.

Equality and diversity awareness training is mandatory and forms part of all new employees induction programme and is required to be updated on a three yearly basis, updates are available either by:

- E-learning; or
- Face-to-face training.

Places on face-to-face training sessions can be booked through the Learning and Development Service. The service also supports staff to access and complete E-Learning packages which include Equality and Diversity training.

The compliance rate for mandatory Equality and Diversity training at the year-end was 87.25% Work is being conducted within Care Group teams in order to promote this training and increase the Trust's overall compliance. Training is evaluated and this feedback is generally very positive for both Trust induction and update training.

During the year, the Equality and Diversity team held additional in house awareness training for staff on topics that are enhanced from core training, these included:

- Equality Impact Assessments / analysis
- EDS2
- Deaf Awareness
- Transgender Awareness
- Unconscious Bias.

The Accessible Information Standard (AIS) awareness raising reached over 90% compliance in 2017/18 and is no longer stand-alone training but has been incorporated into the induction programme and the Equality and Diversity mandatory training.

The key principles of the Accessible Information Standard and Unconscious Bias training are now included within mandatory Equality & Diversity training, which is delivered via the monthly Trust induction and via update training.

Chaplaincy / Spiritual Care

We have due regard to the NHS Chaplaincy guidelines 2015 'Promoting Excellence in Pastoral, Spiritual and Religious Care'.

Chaplaincy is defined as:
'…the pastoral and spiritual care provided to patients, family and staff…'

It includes 'religious care provided by and to religious people. The term 'chaplain' is intended to also refer to non-religious pastoral and spiritual care providers who provide care to patients, families and staff'. It says that ' Spiritual care is care provided in the context of illness which addressees the expressed spiritual, pastoral and religious needs of patients, staff and service users' [NHS 2015:1]. The document also declares that modern healthcare chaplaincy'… is a service and profession

working within the NHS that is focused on ensuring that all people, be they religious or not have the opportunity to access pastoral, spiritual or religious support when they need it [NHS 2015:1.1]

Our commitment to the health, wellbeing and recovery of our service users is expressed within a person-centred approach. Spiritual care is essential to this approach.

All members of care teams have a responsibility for spiritual care and can call on any member of the Chaplaincy team for consultation. The Chaplaincy team gives support to increase understanding of this aspect of care.

The chaplaincy handbook is available on our website: **http://www.rdash.nhs.uk/22412/spiritual-and-religious-care-in-the-trust-information-for-service-users-and-carers/?doing_wp_cron=1560258215.250 14305114746093750000on/**

A new head of spiritual care has been appointed– Hassan Jamil. Hassan started in February 2019 and is working with the spiritual care and care group services to review and enhance the support provided for staff and volunteers.

Training for volunteers and paid staff has continued throughout the year to ensure the department keeps in line with an ever changing environment locally and nationally. Staff and service users in Rotherham are all familiar with the chaplain who works tirelessly in this area, conducting services, listening and supporting service users, patients and staff, to ensure the spiritual needs of all are met. The chaplain based at Great Oaks is a valued member of the team there. Her work continues to take her out into the community and she visits patients in their own home or other Trust bases within North Lincolnshire. The Doncaster based mental health chaplain regularly visits patients on site and has developed a relationship of trust and comradeship with them. They regularly ask for him to attend reviews and other meetings to support them.

Supporting staff and helping them improve their wellbeing is a very important part of meeting the spiritual needs of the chaplaincy team. They have an open door policy for anyone who wishes to speak with them on any matter, be it home or work related. Appointments are available for staff with more in-depth issues to discuss and follow up sessions are arranged to ensure continuity of care. The chapel at Tickhill Road Hospital in Doncaster ensures staff have access to support and a peaceful quiet environment if needed away from the hustle and bustle of hospital life.

The Spiritual Care Department runs Spiritual Awareness and Loss and Bereavement Workshops bi-monthly which any member of staff may attend. The Spiritual

Awareness Workshop gives an introduction to the chaplaincy team – who they are and what they do, talks about their ethos and the difference between spirituality, religion and introduces a spiritual assessment tool. The Loss and Bereavement Workshop begins by giving an overall introduction to spirituality, looks at what constitutes loss, considers the place of masks and the roles we inhabit and concludes by explaining the grief wheel. The chaplains also lead a session on spirituality and spiritual care for specialist palliative care nurses and nurses who work in the community. They also provide sessions on mindfulness for groups of staff and are piloting a residential Spiritual Awareness residential workshop in May 2019 to support staff.

Contacts with leaders of other faiths are well established and should the need arise the appropriate faith leader will be asked to give the relevant level of support to patients staff, family and carers. The work conducted by our Trust chaplains is not just highly regarded locally, but also nationally. One of our chaplains, Rev Meg Burton, was invited to the House of Lords and Westminster Abbey as a part of a special service to celebrate the 70th Anniversary of the NHS.

Learning and Development

Our Learning and Development Services continue to adapt and improve the way training is delivered in order to provide quality and efficient services that support the development, recruitment and retention of our workforce, which demonstrates our staff have the required competence skills, knowledge and behaviours that reflects our organisational values and strategic goals.

The Learning and Development team comprises experienced team members, who maintain their own Continuing Professional Development (CPD) and take the opportunity to network internally and externally to share ideas, lessons learnt and good practice to ensure training is relevant to the workforce. The team continues to provide access to a wide range of mandatory/statutory and organisational development and educational opportunities, that reflect the needs of the Trust and the communities we serve.

Key developments throughout 2018/19 include:

Re-location of Learning & Development Services

Learning & Development Services re-located from Tickhill Road Hospital to Almond Tree Court on Woodfield Park and co-located with Grounded Research to create a new learning and research hub and continue to work closely with BPP University to have an onsite School of Nursing.

Trainee Nursing Associates

In November 2018, we recruited 20 staff from our existing workforce to be the first RDaSH cohort of Trainee Nursing Associates (TNAs). This is a new Nursing and Midwifery Council (NMC) registered role, designed to complement the staffing skills mix. In January 2019, the 20 staff started the two years apprenticeship training programme, which is being delivered by the University of Sheffield and when successful, they will graduate in January 2021, with a Foundation Degree, be ready to undertake a role as a Nursing Associate and be on the pathway to becoming a registered Nurse.

Mental Health First Aid (MHFA)

Throughout 2018/19, the trust invested in up-skilling a pool of employees to access an on-site Mental Health First Aid (MHFA) train the trainer course to become qualified MHFA Instructors. The MHFA Instructors have facilitated trust wide place based MHFA workshops to a diverse target audience including volunteers, carers and lived experience colleagues, Governors as well as external organisations across the integrated health and social care systems.

The Skills Network

Our Learning and Development Services have been working with The Skills Network to give our staff access to free Level 2 training opportunities, relevant to the healthcare setting. As part of this work, The Skills Network have created a microsite that allows staff to access and undertake the courses through this web portal or via booklet, if necessary. The microsite can be accessed at **https://rdash.theskillsnetwork.com/** There are 29 Level 2 courses for staff to access, these include;

- Principles of Dementia Care
- Working with individuals with Learning Disabilities
- Principles of End of Life Care
- Principles of Business Administration
- Understanding Autism
- Certificate in Equality & Diversity
- Improving Personal Exercise, Health and Nutrition
- Principles of Care Planning
- Improving Service User Experience in Health and Social Care
- Principles of Customer Service.

Apprenticeship Levy

Learning and Development Service continues to support the up-skilling staff by using the apprenticeship levy to support 'approved' educational and training courses. We continue to receive apprenticeship levy income and are working with care groups to identify opportunities where the apprenticeship levy can be used to attract, grow and retain staff.

Recovery Strategy

We continue to support the organisation with the recovery strategy by improving our engagement with volunteers, service users and staff with lived experiences to access Learning and Development services including collaborating and co-producing training packages. We have also focussed on developing and implementing co-produced service user led scenarios within our educator/mentor update and interactive workshops and student welcome and orientation sessions.

Continuous Service Improvement

Learning and Development Services are committed to improving customer service by listening to feedback and evaluations to make necessary changes and ensure we have a skilled workforce. Throughout 2018/19, we have worked with care groups to take more training out to staff and in the forthcoming year, this will continue to be a priority as we deliver more place based training.

The first pilot of the risk room training took place in March 2018 and was well received. This initiative has developed further into a more scenario-based integrated training, allowing the easy transference of knowledge and ability to use that knowledge appropriately in work situations. We have listened to feedback and the risk room is changing into integrated mandatory and statutory training, or iMAST.

Working Together Project

We are working with trusts in the region to implement cost effective quality models of mandatory and statutory training. The Working Together project will enable training compliance to be pass ported across trusts reducing new starter training and aims to reduce the time spent in refresher training.

Clinical skills: Emergency & Non-Emergency

The Emergency Clinical Skills team are the Trust Subject Matter Experts (SME) for resuscitation, emergency healthcare management and Do Not Attempt

Cardiopulmonary Resuscitation (DNACPR) protocols. The team has placed significant emphasis on:

- Policy – participating in the review and audit of the Resuscitation and DNACPR policies.

- Supporting the organisational adoption, implementation and awareness of the Recommended Summary Plan for Emergency Care and Treatment (ReSPECT) This includes the identification and formulation of teaching materials for all staff.

- Review and audit of policy Early Warning Score (EWS) and developmental work on the NEWS 2. The consultation period between the resuscitation service and clinical areas is now complete, and the NEWS 2 form is currently in the final design stages

- Liaison and communication with staff teams, providing advice, information and support.

They have worked closely with some of the wards to provide bespoke training sessions. This may be in response to incidents, debriefs or lessons learned, or to equip particular teams with meaningful learning and development opportunities.

The continued implementation of the Recognising and Assessing Medical Problems in Psychiatric Settings (RAMPPS) initiative has been extremely well received and places high emphasis on the importance of scenario based credible learning.

Clinical Skills Non-Emergency

The Clinical Skills Team has continued to develop, deliver, and integrate a diverse range of clinical skills packages across the organisation and wider community. The Care and Clinical Assessment Tool (CCAST) has been fully adopted by the organisation, and is a process of assessing and recording the competence of a health/care professional. This supports the integration of theory into practice and develops both skills and confidence, the tool has also been adopted by the Doncaster acute trust.

This highly skilled and responsive service has been developing simulation based learning within their sessions, to replicate the multifaceted elements of the role of clinical staff across the Trust. The team have been working in collaboration with the Emergency Clinical Skills team to develop fundamental skills opportunities, and has contributed to the progression of an integrated and patient centred training experience with the Prevention and Management of Violence and Aggression team.

Clinical Risk Assessment, Management and Formulation

The clinical risk assessment and management training has been reviewed in 2018 following consultation with care group staff, taking into account recommendations from LIA Big Conversation. This review and change has focussed upon enabling the principles of risk assessment and formulation to be addressed in a truly multi-disciplinary forum. The training is interactive and is relevant across all disciplines, having been well received and positively evaluated by a diverse audience; it has been informed by lived experience and over the coming year will incorporate input via video from a service user.

Bespoke training has also been provided to a number of teams, successfully incorporating Healthcare Record Keeping training and Clinical Risk Management and Formulation.

Skills Training On Risk Management (STORM)

STORM is a skills based training package for assessing and managing suicide risk. Over three days staff engage in a range of activities including videoed role play to promote their competence and confidence in this complex area of work. Learning & Development have been working in partnership with Nursing & Quality to train more staff to be STORM trainers as we continue to raise awareness of suicide and deliver appropriate training within the staff groups. The focus upon suicide prevention training is supportive of the Trust priorities and also the priorities in the NHS 10 year plan.

Mental Health Act (MHA) & Mental Capacity Act (MCA)

Learning and Development Services and Nursing and Quality Directorate, continue to provide different levels MHA and MCA training, designed to meet the needs of staff and the services. This training is continuously kept up to date by incorporating significant case law decisions as the interpretation of the act evolves.

Manual Handling Team

The team continue to deliver both patient and object handling training to ensure that patients and staff are kept safe in the practice areas. This is supported by local key trainers who update their staff without having to leave the work area, thus reducing time away from patient care.

Work within the team continues to develop this role, with a vision that all areas will have a 'manual handling champion' for their area within the next year.

The team has continued to contribute to integrated learning within Community Life Support Training (CLS) and most recently Prevention and Management of Violence and Aggression (PMVA).

The team has had the opportunity to work alongside 'Health and Wellbeing' promoting and advising on the 'ergonomic workstation' to ensure staff are working comfortably. Advice and on-going support has also been given to areas that are now 'agile', some of which recommendations include workbags, office chairs and sit- stand desks.

The team has also continued to work on staff training compliance by providing regular training sessions throughout the year.

Preventing and Managing Violence and Aggression (PMVA) Team

The team has provided numerous courses over the past year. These courses include conflict resolution training, which is a theory package around the basic principles of managing conflict; a disengagement course addressing personal safety, and practical breakaway techniques for community staff and other patient facing non-clinical staff. For inpatient areas clinical staff are required to attend either a three day comprehensive course on Induction, which looks at how staff can reduce restrictive interventions using primary, secondary and tertiary strategies to prevent and 'manage' times of crisis. The update of this course has now been reduced to a two day comprehensive refresher course – this has reduced the time that clinical staff are away from patient care; to promote staff autonomy in the assessment of their own competence, then there is the option of attending the three day induction comprehensive course if staff feel they require additional support to achieve competence.

There is also a one-day annual core course covering the competencies included in the comprehensive course at a lower intensity to address the needs of a more frail inpatient group.

As part of a more integrated approach healthcare record keeping has been successfully embedded into both the core and comprehensive courses using simulation, with manual handling and resuscitation being piloted over the coming year.

Simulation days have been facilitated to support the staff in their movement of patients from Amber ISU Forensic unit to Sapphire ISU; other bespoke training sessions have been provided at the request of a number of services for example the emergency transfer of patients for treatment, facilitation of debriefs, and place based assessment of competence.

Plans are in place to produce a video addressing the difficulties faced by hearing impaired patients/service users; this will facilitate staff understanding of the communication difficulties encountered by all patients/service users not only with hearing impairment, but also those whose first language is not English.

The team has also been able to provide some of this training to teams in their own working environments to aid staff attendance and compliance.

Staff Support

Occupational Health is provided by People Asset Management (PAM) across all sites and have close links with the Health and Wellbeing Co-ordinator and the Sickness Absence Co-ordinators in ensuring that the Trust provides an holistic approach to staff wellbeing.

As well as providing support to staff and managers in relation to sickness management or disability issues, during 2018/19 Occupational Health provided 540 appointments to staff for mental wellbeing including resilience, counselling and CBT and 228 appointments to staff for musculoskeletal issues.

Health and Safety

The Health and Safety of our staff, patients, services user and the general public that use our sites and services is of great importance. Our Health and Safety Team provide health safety fire and security services with the aim of creating a safe and secure environment from which we can deliver our services. Their work includes :

- Health and safety workplace inspections
- Security audits
- Fire risk assessments
- Health safety, fire and security training
- Review of incident reports.

Equality Analysis

Equality Impact Assessments (EIA's) are undertaken routinely on all new and reviewed services, policies, strategies, events held for the public and services provided for the public, with regard to the protected characteristics and disadvantaged groups.

A tracking document is completed for all policy proposals to ensure that decisions are informed and take account of actual or potential impact on our staff, communities or stakeholders.

A Policy Review panel meets monthly to scrutinise all policies for content, formatting and monitoring of the tracking document prior to policies being presented at the relevant approval groups. In circumstances where

the panel have difficulty in meeting together, the work will be undertaken in a virtual context.

Further information and completed equality impact assessments can be found on our website: **http://www.rdash.nhs.uk/about-us/equality-and-diversity/**

Recruitment

We have a comprehensive recruitment and selection policy which conforms to the Equality Act 2010 and ensures that full and fair consideration is given to applications received from disabled people. We provide a fully inclusive and accessible recruitment process, both for external applicants via the Guaranteed Interview Scheme, as well as existing staff who may have become disabled through a redeployment process.

We also have a large array of volunteering opportunities for people with disabilities with a view to providing a career pathway into employment either with our organisation or other employers.

Currently some services within our organisation include the involvement of patients in recruitment and selection and it is hoped to expand this to as many services as possible.

We request occupational health advice for employees who may have a recognised disability which is covered by the Equality Act where reasonable adjustments should be considered to ensure, wherever possible, they can continue to work, in their substantive role or an alternative role where they have a long term or enduring condition. Managers, supported by HR Advisors, ensure that there is on-going and proactive engagement and discussion between all parties to ensure that the appropriate support, including training, is put in place as quickly as possible along with reasonable workplace adjustments.

Our annual appraisal process provides the opportunity to discuss and agree support for any career progression, training and development needs for all our employees. Our policies are equality impact assessed at the point of development to ensure all equality strands are assessed and evidenced prior to policy implementation. Reasonable adjustments can be made to accommodate the needs of disabled staff attending training, such as access to a loop and reasonable adjustments within the workplace.

Modern Slavery Act 2015

Although the Trust is not classed as a "commercial organisation" for the purpose of the Modern Slavery Act 2015, we have taken a number of steps to ensure that slavery and human trafficking is not taking place in any of our supply chains or in any part of our business to the best of our knowledge, through recruitment and payroll processes and the inclusion of a statement in contracts we enter into with providers that states that the supplier agrees that it is responsible for controlling its own supply chain and that it shall encourage compliance with ethical standards, human rights, health and safety and environmental standards by any subsequent supplier of goods and services that are used by the supplier when performing its obligations under this agreement.

Anti-Bribery

We are committed to applying the highest standards of ethical conduct and integrity in our business activities and every employee and individual acting on our behalf is responsible for maintaining the organisation's reputation and for conducting Trust business honestly and professionally.

The Board and senior management are committed to implementing and enforcing effective systems to prevent, monitor and eliminate bribery, in accordance with the Bribery Act 2010. The Trust has ensured related policies including, the Counter Fraud, Bribery and Corruption Policy, Standards of Business Conduct and Whistleblowing outline our position on preventing and prohibiting bribery.

Employees and others acting for or on behalf of the organisation are strictly prohibited from making, soliciting or receiving any bribes or unauthorised payments. We will not conduct business with service providers, agents or representatives that do not support the organisation's anti-bribery objectives.

Health and Wellbeing

The Trust has a dedicated Health and Wellbeing Co-ordinator who provides a varied programme of information and activities throughout the year and ensures staff are kept up to date through the Trust health and wellbeing facebook page and twitter.

The Trust has the Workplace Wellbeing Charter awarded by Public Health across all localities of the Trust which demonstrates our commitment to the health and wellbeing of our workforce. The Charter has been relaunched by Public Health and the Trust is aiming to achieve their new Silver Award in 2019.

Health Champions

During 2018, the Trust introduced Health Champions across all areas of the Trust. Each of 60 Champions were provided with training in relation to wellbeing and the support mechanisms available both internal to the Trust and also external agencies. The Champions are vital in providing two way information throughout the organisation on health and wellbeing issues.

Staff Awards

The Health and Wellbeing staff award was launched in September to identify staff, managers or teams who have been instrumental in the support of health and wellbeing initiatives for their team or colleagues.

Increased Activity

Following feedback from staff, the Trust has increased the number of physical activities it provides to staff including:

- Steptember Walking Challenge which had a total of 128 teams who walked 60,000 miles during September

- Mindful Movers – a 0-5k programme was introduced to encourage staff to take up the challenge of going from walking to running 5k in 10 weeks

- Free exercise classes including Yoga, Body Conditioning and Circuit Training.

Expenditure on consultancy

As per note 6.1 to the accounts, the Trust spent a total of £168,000 on consultancy in the financial year. (2017/18 £158,000) The key pieces of consultancy work commissioned related to Mazars (£72,000) for development of patient care; 4C Strategies (£44,000) for telecommunications consultancy; and VAT Liaison (£26,000) for VAT advice and recovery.

Off payroll

As part of its commitment to tackling tax avoidance and ensuring everyone pays their fair share, HM Treasury reviewed the tax arrangements of senior public sector employees and published its report in May 2012. The review recommended that, in central government departments and their arm's length bodies, for all new engagements and contract renewals that board members and senior officials with significant financial responsibility should be on the organisation's payroll, unless there are exceptional circumstances – in which case the Accounting Officer should approve

the arrangements – and such exceptions should exist for no longer than six months. The Trust's current position is presented below:

Table 1: For all off-payroll engagements as of 31 March 2019, for more than £245 per day and that last for longer than six months Number of existing engagements as of 31 March 2019	3
Of which...	
No. that have existed for less than one year at time of reporting	0
No. that have existed for between one and two years at time of reporting.	2
No. that have existed for between two and three years at time of reporting.	0
No. that have existed for between three and four years at time of reporting.	1
No. that have existed for four or more years at time of reporting.	0

Table 2: For all new off-payroll engagements, or those that reached six months in duration, between 1 April 2018 and 31 March 2019, for more than £245 per day and that last for longer than six months Number of new engagements, or those that reached six months in duration, between 1 April 2018 and 31 March 2019	2
Of which:	
Number assessed as within the scope of IR35	0
Number assessed as not within the scope of IR35	2
Number engaged directly (via PSC contracted to trust) and are on the trust's payroll	0
Number of engagements reassessed for consistency/assurance purposes during the year	0
Number of engagements that saw a change to IR35 status following the consistency review	0

Table 3: For any off-payroll engagements of board members, and/or, senior officials with significant financial responsibility, between 1 April 2018 and 31 March 2019 Number of off-payroll engagements of board members, and/or, senior officials with significant financial responsibility, during the financial year.	0
Number of individuals that have been deemed 'board members and/or senior officials with significant financial responsibility' during the financial year. This figure must include both off-payroll and on-payroll engagements.	15

Exit packages

The Trust actively manages services to ensure effective care for patients/service users within the resources available, which may necessitate organisational changes to the workforce as a result of the external environment or an internal review of service requirements. Where the redeployment of employees cannot be facilitated there are occasions when the efficiency programme leads to the need for redundancy payments.

Information below provides an analysis of exit packages agreed during the year. Redundancy and other departure costs have been paid in accordance with the provisions of the agenda for change terms and conditions.

Staff Exit Packages 2018/19				
	Number of compulsory redundancies	Cost of compulsory redundancies (£000)	Number of other departures agreed	Cost of other departures agreed (£000)
Exit package cost band (including any special payment element)				
<£10,000	21	96	-	-
£25,001 - 50,000	12	199	1	17
£50,001 - £100,000	3	86	3	77
£100,001 - £150,000	3	212	-	-
£150,001 - £200,000	-	-	-	-
>£200,000				
Total number of exit packages by type	39			
Total resource cost £000		593		94

Exit packages: other (non-compulsory) departure payments 2018/19		
	Number of payments agreed	Total value of agreements £000
Voluntary redundancies including early retirement contractual costs	4	94
Total	4	94

NHS Staff Survey

The NHS staff survey is conducted annually. From 2018 onwards, the results from questions are grouped to give scores in ten indicators. The indicator scores are based on a score out of 10 for certain questions with the indicator score being the average of those.

The response rate to the 2018 staff survey among Trust staff was 45% (2017: 39%). Scores for each indicator together with that of the survey benchmarking group (31 organisations across Mental Health/Learning Disability and Community Trusts) are presented below.

	2018/19		2017/18		2016/17	
	Trust	Benchmarking Group	Trust	Benchmarking Group	Trust	Benchmarking Group
Equality, diversity and inclusion	9.3	9.2	9.4	9.2	9.5	9.2
Health and wellbeing	6.3	6.1	6.1	6.1	6.3	6.2
Immediate managers	7.1	7.2	7.1	7.1	7.2	7.1
Morale	6.3	6.2	*	*	*	*
Quality of appraisals	5.3	5.5	5.1	5.4	5.2	5.4
Quality of care	7.6	7.4	7.4	7.4	7.6	7.5
Safe environment – bullying and harassment – bullying and harassment	8.5	8.2	8.6	8.3	8.5	8.2
Safe environment – violence	9.4	9.5	9.5	9.5	9.5	9.5
Safety culture	6.7	6.8	6.6	6.7	6.8	6.7
Staff engagement	7.0	7.0	6.8	7.0	7.0	7.0

3.0 Performance against Benchmarking group

A breakdown of the Trust's performance against the benchmarking group for the 10 key themes in 2018 is detailed below.

	Best	RDaSH	Average	Worst
Equality, diversity and inclusion	9.4	9.3	9.2	8.5
Health and wellbeing	6.6	6.3	6.1	7.2
Immediate managers	7.4	7.1	7.2	6.9
Morale	6.7	6.3	6.2	6.0
Quality of appraisals	6.0	5.3	5.5	4.8
Quality of care	7.7	7.6	7.4	7.0
Safe environment – bullying and harassment – bullying and harassment	8.6	8.5	8.2	7.6
Safe environment – violence	9.7	9.4	9.5	9.2
Safety culture	7.4	6.7	6.8	6.4
Staff engagement	7.5	7.0	7.0	6.7

The results demonstrate that we are performing the same as or above the national average in six of the key themes, which are:

- Equality, Diversity and Inclusion – above national average

- Health and Wellbeing – above national average

- Morale - above national average

- Quality of Care - above national average

- Safe environment – bullying and harassment - above national average

- Staff engagement – same as the national average.

There are four areas for improvement, which are detailed below. However, it is important to note that these are only marginally below the national average;

- Immediate Managers – same as 2017

- Quality of Appraisals – positive increase compared to 2017

- Safe environment – violence – negative decrease compared to 2017

- Safety Culture – positive increase compared to 2017.

In summary the results are positive in that five of the 10 key themes have increased in comparison to 2017 and one remained the same.

There will be detailed focus on the areas where our score has decreased since 2017 which are Equality, Diversity and Inclusion, Safe environment – bullying and harassment and Safe environment – Violence as well as the areas where we were rated below the national average against the 2018 results, which are Immediate Managers, Quality of Appraisals and Safety Culture.

This work has commenced with a further campaign in 2019 (Q1) linked to Freedom to Speak Up and a re-launch of the Personal Harassment Contact Officers to facilitate employees raising concerns in a timely manner and embracing a culture of open reporting. In addition, there has been a disability awareness course, which may help with managers understanding their requirements associated with reasonable adjustments, though training and guidance documents will be provided to managers to further support this requirement. To further support this work stream, a Board development session will be supported specifically focussing on FTSU and the staff survey feedback associated with the six FTSU questions.

An urgent and dedicated piece of work will be undertaken to understand the significant increase in staff reporting experience of harassment, bullying or abuse from patient, service users or their relatives to identify further work which can be undertaken to manage this client group and to equip employees with the skills to further manage situations to prevent them from escalating and also to manage situations where they are experiencing this unacceptable behaviour. The lead(s) for this piece of work need to be identified from within the Trust, alongside a review of the national material which is available to support this work stream, zero tolerance.

Health and Wellbeing at Swallownest Rotherham

Quality Governance

During the period 11 January to 15 February 2018, the Care Quality Commission (CQC) undertook a planned 'Well Led' inspection of Rotherham Doncaster and South Humber NHS Foundation Trust; with unannounced visits taking place from January 2018 and the inspection week 13-15 February 2018.

Following this inspection the Trust received an overall rating of 'Good', with ratings of 'Good' for the four domains of Effective Caring, Responsive, and Well-Led and a rating of 'Requires Improvement' in the domain of Safe. In addition, the Trust received a total of five updated service level reports.

The inspection report was published in June 2018 with an overall rating of 'GOOD'. The inspection report can be accessed via:
https://www.cqc.org.uk/sites/default/files/new_reports/AAAH1451.pdf

Further details on the CQC Inspection and our current ratings can be found in the Quality Report.

Quality remains at the core of the Trust's business and governance structure. The reporting structure from the committees of the Board has created a stronger and more prominent focus on Quality at the Trust. It supports risk management and the Board Assurance Framework as well as providing greater scrutiny of performance. Work has continued to refine the governance structure, including quality governance. During 2018/19, the quality dashboard reports have been reviewed and work carried out to integrate and report on the 'Quality of care' metrics (in line with and

additional to the Single Oversight Framework 2019/20) as part of the Trust's Integrated Performance Dashboard from April 2019 via the following reporting framework:

- Level 1 – Regulatory (SOF)

- Level 2 – Internal assurance e.g. From Board, committees and Care Group assurance meetings

- Level 3 – Operational management/reporting (via real time reporting). The Quality Committee provides a monthly report on quality assurance to the Board.

Following its launch the previous year, the new structured review approach to incident reporting, including serious incidents and recording, reporting and investigation of all patient deaths has continued to develop and strengthen.

Further information relating to Quality at the Trust can be found in the Quality Report. This includes details in relation to:

- Key achievements in delivery of high quality care;

- Performance against key quality targets; and

- Performance relating to patient and public experience and engagement.

Rated as GOOD...

RDaSH Black Asian Minority Ethnic group

Statement of the Chief Executive's responsibilities as the Accounting Officer of Rotherham Doncaster and South Humber NHS Foundation Trust

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

NHS Improvement, in exercise of the powers conferred on Monitor by the NHS Act 2006, has given accounts directions which require Rotherham Doncaster and South Humber NHS foundation trust to prepare for each financial year a statement of accounts in the form and on the basis required by those directions. The accounts are prepared on an accruals basis and must give a true and fair view of the state of affairs of Rotherham Doncaster and South Humber NHS Foundation Trust and of its income and expenditure, total recognised gains and losses and cash flows for the financial year.

In preparing the accounts, the Accounting Officer is required to comply with the requirements of the Department of Health Group Accounting Manual and in particular to:

- Observe the accounts direction issued by NHS Improvement, including the relevant accounting and disclosure requirements, and apply suitable accounting policies on a consistent basis

- Make judgements and estimates on a reasonable basis

- State whether applicable accounting standards as set out in the NHS Foundation Trust Annual Reporting Manual (and the Department of Health Group Accounting Manual) have been followed, and disclose and explain any material departures in the financial statements

- Ensure that the use of public funds complies with the relevant legislation, delegated authorities and guidance

- Confirm that the annual report and accounts, taken as a whole, is fair, balanced and understandable and provides the information necessary for patients, regulators and stakeholders to assess the NHS foundation trust's performance, business model and strategy; and

- Prepare the financial statements on a going concern basis.

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

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

Kathryn Singh

Kathryn Singh
Chief Executive
24 May 2019

Annual Governance Statement

1 Scope of responsibility

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

2 The purpose of the system of internal control

The system of internal control is designed to manage risk to a reasonable level rather than to eliminate all risk of failure to achieve policies, aims and objectives; it can therefore only provide reasonable and not absolute assurance of effectiveness. The system of internal control is based on an ongoing process designed to identify and prioritise the risks to the achievement of the policies, aims and objectives of Rotherham Doncaster and South Humber NHS Foundation Trust, to evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively and economically. The system of internal control has been in place in Rotherham Doncaster and South Humber NHS Foundation Trust for the year ended 31 March 2018 and up to the date of approval of the annual report and accounts.

3 Capacity to handle risk

3.1 Risk management leadership and structure

As Chief Executive I take personal responsibility to oversee the reporting and assurance system to keep the Board of Directors informed on all matters of a relevant nature. I chair the Executive Management Team (EMT) and attend the Finance, Performance and Informatics Committee (FPIC), Quality Committee (QC) and Mental Health Legislation Committee (MHLC) and receive reports on all aspects of corporate and clinical risk management and health and safety.

The individual responsibilities of the lead directors, managers and staff include:

- The Director of Corporate Assurance/Board Secretary who is director designated with lead responsibility for corporate governance and risk management

- The Director of Health Informatics who is the director designated with lead responsibility for information governance (SIRO)

- The Executive Director of Nursing and AHP has the designated lead for clinical governance, safeguarding and infection prevention and control

- Directors (both executive and other directors) have the delegated authority for ensuring that risk is managed appropriately in their area of responsibility; where risks are included on the extreme operational risk register, directors are responsible for completing updates.

The Trust's Board Assurance Framework (BAF) is reported bi-annually to the Board of Directors. The BAF is continuously updated in order to ensure that it covers all areas on which the Board of Directors should be seeking assurance and has undergone a quarterly review at FPIC, QC and MHLC and a quarterly overview of the process is received by the Audit Committee.

Our Risk Management Framework and its supporting documentation provide overarching guidance to all our staff about identifying, managing and reporting risks.

3.2 Risk management structure

The Board of Directors is supported by six committees (Audit; Quality; Remuneration; Charitable Funds; Mental Health; Legislation and Finance; Performance and Informatics). Three of the committees have a supporting committee structure.

Risk management features throughout this structure and the key elements of the structure are described below:

3.2.1 The Board of Directors

The Board of Directors is responsible for ensuring that the organisation consistently follows the principles of good governance applicable to the Trust. This includes the development of systems and processes for financial control, clinical quality, organisational control, governance and risk management.

Compliance with the Code of Governance is reviewed and specific statements of compliance are included in the Annual Report. The Board of Directors is also responsible for reviewing the extreme operational risk register on a regular basis, and all risk registers are reported to it on a regular basis.

The Board of Directors receives and considers the BAF bi-annually. There are 14 strategic risks within the BAF, seven of which remained under the remit of the Board of Directors to monitor and review.

3.2.2   The Executive Management Team (EMT)

The EMT receive, review and moderate new extreme operational risks and approve entry and exit (escalation and de-escalation) onto the extreme operational risk register.

The EMT undertakes a regular review of all our risk registers, moderating the risks for consistency, looking at the reviews undertaken by the risk leads, movement of risks, all long standing risks and to escalate any themes for further discussion. In addition, the work of EMT provides the opportunity on a weekly basis to identify any new service risks for inclusion on the risk registers.

3.2.3   The Audit Committee

A committee of the Board of Directors, the Audit Committee's responsibilities include:

- To provide the Board of Directors with a means of independent and objective review of financial, clinical and corporate governance, assurance processes and risk management across the whole of the Trust's activities (clinical and non-clinical)

- Review the adequacy of all risk and control related disclosure statements together with any accompanying Head of Internal Audit statement or other appropriate independent assurances

- The underlying assurance processes (BAF) that indicates the degree of the achievement of corporate objectives, the effectiveness of the management of principal risks and the appropriateness of the above disclosure statements

- Seek assurance from reports from directors and managers concentrating on the overarching systems of governance, risk management and internal control, together with indicators of effectiveness.

The Audit Committee provides an update report to the Board of Directors after each meeting and an Annual Report in June each year demonstrating how it has discharged its terms of reference.

3.2.4   The Quality Committee (QC), Finance, Performance and Informatics (FPIC) and Mental Health Legislation Committee (MHLC)

These are committees of the Board of Directors with formal responsibility for overseeing the management of risk within our organisation.

The committees receive their own extracts of the BAF in line with their terms of reference and their key responsibilities include:

- Monitor, review and provide assurance on the risk, control and governance processes identified in the Board Assurance Framework, delegated to the committee by the Board of Directors, providing reports to the Board of Directors and Audit Committee as requested

- Receive, manage and monitor risks on the operational risk registers.

Each committee provides a report to the Board of Directors following each of its meeting highlighting the key risks and assurances it has received. In addition an Annual Assurance Statement is provided to the Board of Directors that demonstrates how each committee has discharged its terms of reference during the year and delivered its individual workplan.

3.3   Staff training and empowerment

As an employer we recognise that getting the induction process right will help new employees get up to speed and become productive as quickly as possible. Through the induction process we welcome new employees and aim to build on their positive attitude and enthusiasm for their new job. Our induction programme covers many areas, including an overview of the Trust; health, safety and security; risk management awareness, information governance; and equality and diversity. Additional training is provided which is essential to differing roles.

For existing staff there is a comprehensive training needs analysis as part of their personal development. Appropriate training is provided to meet the needs identified.

During induction both the Chairman and Chief Executive emphasise the importance of raising concerns, alerting potential risks and the personal responsibility that all staff have towards the risk management agenda.

We have a system in place that records incidents which is supported by a multidisciplinary risk and safety training programme. The information is analysed and this ensures that appropriate action is taken to address the risks identified. We also use a comprehensive environmental risk assessment tool.

Our Risk Management Framework sets out how major incidents and concerns are escalated within the organisation. This is being further strengthened by the development of an approach to the review of all incidents identified as moderate harm or above, that seeks to support local, operational review and the identification of immediate learning.

We have also developed a range of guidelines, policies and procedures to assist managers in the assessment, control and investigation of risks. These procedures set out the levels of risk and identify where in the organisation each should be managed. The key policies and procedures are:

- An organisational-wide policy for the development and management of procedural documents

- Serious incident management policy

- Being Open and Duty of Candour policy

- Clinical Risk Assessment and Management policy

- Policy and procedure relating to the handling of formal complaints

- Incident reporting policy

- Learning from deaths.

We have a Freedom To Speak Up (FTSU) Guardian who has two key components to their role. The first concerns conveying to all avenues of the Trust, where staff can raise concerns, primarily within their own line management structure, or outside of this if required. The second component is to be the point of contact for people who do not feel that they can raise concerns within their own line management structure.

The FTSU concept has been promoted and significant effort has been focussed upon reaching all parts of our organisation via the recruitment of FTSU advocates who work alongside the Guardian and Deputy Guardian. Also the development of systems which mean that FTSU information is conveyed sensitively and in a timely manner in order to support the triangulation of risk and improved patient safety and staff wellbeing.

The FTSU approach concerns supporting people to "raise concerns", and provides them with protection to do so confidentially or anonymously if required. The FTSU Guardian provides monthly reports to all services in RDaSH through the Care Group / Directorate management structure. A biannual report is also presented to the Board of Directors by the FTSU Guardian, submitting anonymised details of all concerns raised within the reporting period. This enables the Board of Directors to review the nature of the concerns and to identify and explore any themes or patterns.

Key actions taken to improve FTSU culture over the past year have included:

- Employing a Deputy Guardian;

- An increase in the number of FTSU Advocates;

- Presentation and training at the RDaSH Safeguarding conference showing how FTSU is a core component of safeguarding processes within the organisation; and

- Board development of a FTSU Strategy and an enhanced and targeted communication and induction campaign.

In addition to the increased communications campaign, a refreshed web-page has been developed promoting FTSU, which now has an 'Speak Up e-link' meaning people can enter their concerns using the webpage, either declaring their name or doing so anonymously. This increases access and visibility for staff and is being increasingly used as a method to raise concerns by staff.

Arrangements have been put in place to communicate our Risk Management Framework and associated issues to staff. This has been achieved through the induction process and through the Trust intranet that supports timely and accessible reporting (e.g. incidents) and communication (e.g. alerts) processes. In addition the leaflet, 'Identifying and Managing Operational Risk' has been refreshed to broaden the scope to all staff. It was published in March 2018 and again in March 2019.

Risk management is embedded in the Trust through the governance arrangements that cover clinical and non-clinical risk. While ultimate responsibility for risk management rests with the Board of Directors, the committees of the Board and the Executive Management Team provide the opportunity for identification, monitoring and oversight of the management of the risks, both clinical and non-clinical in nature.

Organisational Learning pertains to learning gained from patients, carers staff, incidents, events and innovations. Operationally, currently Organisational Learning takes place within Care Group quality meetings and locality Care Group/team meetings, through manager analysis of local trends and reporting to committees that focus upon quality, safety, financial regulation and staff management. In addition, it is informed by a cross-locality leaders work (i.e. Lead for Safeguarding, Lead for Patient Safety and the Lead for safe staffing).

Twice yearly practice development learning events started in early 2019 to build consensus on priorities for improvement based on learning from incidents, events, best practice, and research and patient/staff feedback. This will provide a venue for specific learning and is

currently under development by the Nursing and Quality Team. In addition to this the development of a monthly learning group to share and triangulate learning from a number of investigation sources including litigation, coroners, PALS and serious incidents.

In April 2017 the Government launched a national initiative to enable all NHS organisations to implement and embed systems and processes to ensure that deaths were appropriately investigated and that any lessons learned were disseminated both within individual organisations and the wider healthcare community.

The Executive Medical Director chairs the monthly Mortality Surveillance Group. This group is charged with a number of roles and responsibilities but in particular to receive assurance from Care Groups regarding mortality data and to ensure that trends or areas of concern are flagged up both to the Quality Committee and also to individual Care Groups.

During 2018/19 further work has been undertaken to strengthen that mortality review process. This has included reporting of a death on a mortality module provided in the electronic risk management system the Trust uses. This will help coordination of reviews, reporting and learning. In addition we will be creating a weekly mortality group chaired by one of the two Deputy Medical Directors that will identify deaths that require further investigation, such as a more in depth review, or trigger the serious incident process.

4   The Risk and Control Framework

4.1   Corporate Governance

The Board of Directors has six committees and all have clear terms of reference. The committees are chaired by Non-Executive Directors and have at least two further Non-Executive Directors as members. Membership also includes the Chief Executive and other executive directors – one of which will be the designated lead director, taking a pivotal role in the functioning of the group. All meetings are scheduled to ensure that the scrutiny, decision making and reporting and accountability requirements are timely and allow for them to discharge their responsibilities in line with all internal and external reporting requirements.

These arrangements ensure there are effective governance structures in place with clear responsibilities of directors, committees and appropriate reporting lines and accountabilities between the Board, its sub-committees and the executive team. This ensures the Trust responds to compliance requirements through appropriately timed and accurate information to assess emerging risks and for the Board to receive, challenge and respond to performance information.

4.2   Internal Control and Risk Management

The system of internal control is based on an ongoing risk management process that is embedded in the organisation and is presented in the Trust's Risk Management Framework and combines the following elements:

- Risk identification - we implemented risk management software which is a module within a commercial system produced by Ulysses and known as 'Safeguard'. We also use the other system modules for the reporting and management of patient safety incidents, staff/visitor incidents, customer services, alert distribution and monitoring of medical devices

- Risk reporting – Ulysses Safeguard risk management module provides an effective risk reporting system which uses a single reporting pro-forma for all types of clinical and non-clinical incidents

- Risk analysis – to ensure consistency of analysis and assessment of risks, the Trust has implemented the Risk Management Framework

- Risk evaluation – risk evaluation is carried out using the Trust's risk-rating matrix. This was developed from the system used by the National Patients Safety Agency and is included in our Risk Management Framework

- Risk treatment – for risks other than those considered as 'tolerated', managers are required to develop and implement a specific risk management action plan which includes consideration of the funding required

- Risk monitoring and review – action plans are monitored and reviewed by the sub-committees and upward to the committees and Board of Directors

- The Executive Management Team review all risks scored 15 or above (extreme risks). These are entered onto the Extreme Operational Risk Register and are reported monthly to the Board of Directors.

- We have identified key risks which are recorded on the Extreme Operational Risk Register. These risks are the most extreme and would have the highest impact on the organisation. As at 31 March 2019 there were three extreme operational risks on the Extreme Operational Risk Register the themes of which related to:

- Learning from Deaths

- Staffing on inpatient wards

- Medical staffing.

The Risk Management Framework is in place throughout the organisation and was reviewed most recently in March 2019, where a refresh was

undertaken following a full review that was undertaken in March 2018. An annual review and report at the end of the year 2018/19 was reported to the Audit Committee. This report provided significant assurance of its implementation and confirmed that the Trust was operating in accordance with the Framework.

There are also detailed policies for 'Management of serious incidents', 'Being Open and Duty of Candour' 'Whistleblowing' and 'The handling of informal and formal complaints'.

The Trust is committed to making the best use of the information it holds to provide efficient healthcare and services to its patients and the local health economy while ensuring that adequate safeguards are in place to keep information secure and to protect Data Subjects' right to privacy.

We recognise that information handling represents a corporate risk in that failures to protect information properly, or use it appropriately, can have a damaging impact on its reputation. Furthermore, failure to protect information adequately can attract the attention of the Information Commissioner's Office (ICO), which regulates DP and has access to a range of sanctions including significant fines. IRM complements our risk management framework. As part of this, information risks are clearly recognised and the appropriate controls implemented through a Board-approved corporate risk management strategy and policy.

Information risk is intrinsic in all administrative and business activities and all staff must continuously manage it. We recognise that the aim of IRM is not to eliminate risk, but to provide the structural means to manage it, by balancing its treatments with anticipated benefits that maybe derived.

We acknowledge that IRM is an essential element of broader IG and InfoSec arrangements and is an integral part of good management practice; it should not be seen as an additional requirement. The risk management framework is dependent on allocating clear organisational responsibilities, identifying all the IAs, assessing the associated risks and managing any incidents arising from them.
This will:

- Protect our organisation, staff and patients from information risks where the likelihood of occurrence and the impact is significant

- Provide a consistent risk management framework in which information risks will be identified, considered and addressed

- Encourage proactive rather than reactive risk management

- Inform decision making throughout the organisation

- Meet legal and statutory requirements

- Assist in safeguarding the Trust's IAs.

Information Risk Assessments are performed for all information systems and critical IAs at the following times:

- At least annually, as an integral part of the IAM process

- Ahead of introducing new systems, applications, facilities, etc. that may impact the assurance of Trust information or systems, using a DPIA (see Section 6.h)

- Ahead of agreeing enhancements, upgrades, and conversions associated with critical systems or applications. Those containing or which involve personal information will also require a DPIA

- When NHS policy, legislation or associated guidance requires risk determination, or when that legislation and guidance is changed or updated

- When required by the Trust, as directed by the SIRO, Caldicott Guardian, Head of Information Governance or Data Protection Officer.

Information incident reporting is in line with our overall risk management incident reporting processes, utilising the Ulysses software. Additional guidance is drawn from NHS Digital's (NHSD) Checklist Guidance for Reporting, Managing and Investigating Information Governance and Cyber Security Serious Incidents Requiring Investigation.

Indicators that IRM is being positively enacted include, but are not limited to, successful completion of the DSPT and there having been no involvement from the ICO as a result of significant DP breaches.

An annual review will be carried out by the IG team on behalf of the SIRO and reported to IGG or other suitable management route. Overall responsibility for action plans lies with the SIRO, to be completed by relevant IAO and monitored by IGG. We reported two Personal Data Breaches to the ICO during 2018/19. Neither report has resulted in further action being taken by the ICO.

Compliance with the Care Quality Commission (CQC) fundamental standards of quality and safety is one of the elements of the organisation's risk management process. We are registered with the CQC without conditions. We have systems and processes in place which provide internal and external assurance of its compliance with CQC and maintain regular communication with CQC colleagues including monthly telephone/face to face CQC engagement meetings.

This involves a service level review of compliance with the fundamental standards, and Care Group level responsibility for continually reviewing and updating compliance for each service within their Care Group by various methodology e.g. Care Group Assurance meetings (Quality), CQC Action plan review and monitoring.

During the period 11 January to 15 February 2018, the Care Quality Commission (CQC) undertook a planned 'Well Led' inspection of Rotherham Doncaster and South Humber NHS Foundation Trust; with unannounced visits taking place from January 2018 and the inspection week 13-15 February 2018.

Following this inspection, we received an overall rating of 'Good', with ratings of 'Good' for the four domains of Effective, Caring, Responsive and Well-Led and a rating of 'Requires Improvement' in the domain of Safe. In addition, the Trust received a total of five updated service level reports.

The inspection report was published in June 2018 with an overall rating of "GOOD".

Contained within the published reports (June 2018) were a numbers of actions for the Trust to take forward, categorised as follows:

- Actions that we MUST take to improve

- Actions that we SHOULD take to improve.

This action plan has therefore been developed to present our progress against these actions and provides assurance to our patients, carers and communities that these actions have been taken forward.

The progress of this action plan has been regularly reviewed and monitored both internally and externally through the following groups:

- Board of Directors

- Quality Committee

- Executive Management Team

- Local Safeguarding Boards

- Commissioner Quality Meetings

- CQC Engagement meetings.

4.3   Quality Governance Framework

The Single Oversight Framework (SOF) introduced by NHS Improvement (NHSI) aims to provide an integrated approach for NHSI to oversee both NHS foundation trusts and trusts, and identify the support they need to deliver high quality, sustainable healthcare services. It aims to help providers attain and maintain CQC ratings of 'good' or 'outstanding'.

Foundation trust boards are responsible for ensuring that governance arrangements remain fit for purpose and there is an expectation that NHS foundation trusts should carry out an external review of their governance every three years. Upon completion of the review, trusts would be required to declare any material issues arising from the review. The CQC Well Led inspection in 2018 replaced this process and it is expected that this will continue in the future.

The governance around quality reporting is via monthly and quarterly quality dashboards and through an enhanced governance structure to ensure that there is visibility from the Board of Directors to the operational service delivery in each Care Group and vice versa. This includes the Care Group governance arrangements, through the Operational Management Meeting (OMM), the Executive Management team (EMT) the committees of the Board (eg: Quality Committee and FPIC) to the Board of Directors. A patient safety dashboard is produced monthly for each Care Group, with their local specific data. This is supported by an overarching Trust patient safety dashboard, quarterly clinical effectiveness quality dashboards and biannual PPEE dashboards.

The dashboards are principally a thematic means of drawing together a number of interrelated sources of intelligence in the domains of patient engagement, patient safety, clinical effectiveness, Professional Leadership and CQC. The dashboards are continuously developed to reflect our performance in each of the identified sections. These Quality Dashboards are shared and discussed with all our staff, stakeholders and commissioners and contribute to a new Integrated Performance Dashboard.

4.4   Communication and consultation

A number of forums exist that allow communication with stakeholders.   The forums provide a mechanism for risk identified by stakeholders that affect the organisation to be discussed, and where appropriate action plans can be developed to resolve any issues. Examples of the forums and methods of communication with stakeholders are in the following table.

Stakeholder engagement methods

Council of Governors

- Regular newsletters
- Minutes of the Council of Governors meetings
- Website Information.

Staff

- Staff Council
- Professional Networks
- Leadership Development Programme
- Big Conversations
- Listening into Action
- Information on the intranet
- Trust Matters magazine
- Improvement Matters magazine
- Social media.

Networks

- Chief Executive's email
- RDaSH Daily Communications email
- Staff meetings and team briefings
- Staff surveys/Pulse checks
- Staff governors
- Written staff communications, public and service users
- Workshops
- Intranet.

Public and service users

- Patient surveys
- PALS service
- Listen to Learn Network
- Meetings with voluntary and self-help groups
- Face to face interviews
- Public, service user and carer governors.
- Information on website
- Information shared on social media
- Information sent to the press via press releases.

Partner organisations

- Other health and social care community groups (e.g. Clinical Leaders' Group, Whole Systems Capacity Group)
- Clinical and professional networks
- Partner organisation governors.
- GPs – receive regular newsletters
- Information on website.

The staff survey results have been shared with our managers and cascaded to the respective teams. We will utilise the Listening into Action methodology for further discussions with staff regarding the emerging themes and the areas where it is clear that further action is needed.

5   Workforce Strategy

We have produced a workforce strategy which extends until 2021. However, following review of our Operational Plan and the national long term plan, dates have been set to engage with and consult all staff with the development of a revised workforce strategy during the summer of 2019 for completion in quarter three of 2019.

The workforce strategy defines specific areas of focus centred on attracting, growing and engaging our workforce and a biannual report setting out progress and achievements against the workforce strategy is presented through our Quality Committee.

E-Rostering and the Electronic Staff Record (ESR) are the staffing systems in place which are used to monitor clinical staffing levels primarily in our in-patient environments and manage our staff in post position, training and PDR compliance respectively. The numbers of staff on our wards are monitored and managed operationally through the Chief Operating Officer and the Care Group structures. The safe staffing requirements are determined and monitored by the Executive Director for Nursing and Allied Health Professions and locally at 'place level' by locality Associate Nurse Directors. Staffing levels have been published on our website since June 2014. Safe staff reporting is a requirement for health trusts and we have published the data in line with national requirements set by NHS England.

As with many other trusts in the country, we have staffing pressures in terms of specific clinical roles in certain areas. We have been working with the NHS Improvement retention team to identify these areas, and also work upon interventions which reduce turnover in these areas and improve recruitment processes,

to ensure a more sustainable workforce. Key focus areas over the past year have been the retention and recruitment of qualified nursing staff, specifically working upon inpatient mental health settings. Short term actions taken in order to respond to these pressures have included adjustments in premiums offered for key posts, introduction of rotational opportunities, university accreditation of preceptorship packages, a flexible retire return approach that focusses upon retaining expertise and experience and an enhanced advertisement and recruitment campaign supported by operational staff.

Longer term actions to focus upon sustainability have included the review of multi-professional teams to ensure enhanced skill mix in order to deliver high quality care, focussed work with local schools and colleges encouraging young people to consider NHS careers, focussed apprenticeships that both encourage high achieving school leavers and also diverse learners via initiatives such as the Prince's Trust and the development of an onsite Trainee Nursing Associate programme which is supported by the University of Sheffield. This provides upskilling to current non-professionally qualified staff and also provides an opportunity to develop adjusted skillsets in order to provide high quality care in a sustainable way.

We have invested in some additional, time limited resource which will be focussed on employment of a short term resource to support operational service staff to enhance their workforce planning ability. This is essential in order to focus both on sustaining the current workforce as well as enabling future focussed workforce plans that support engagement at appropriate levels and planning for the appropriate workforce and skill mix to achieve our strategic objectives and the objectives laid out in the recently published NHS 10 year plan.

6   Compliance statements

CQC registration

We are fully compliant with the registration requirements of the Care Quality Commission.

Conflicts of Interest

We have published an up to date register of interests for decision making staff within the past 12 months, as required by the 'Managing Conflicts of Interests in the NHS' guidance.

NHS Pensions

As an employer with staff entitled to membership of the NHS Pension Scheme, control measures are in place to ensure all employer obligations contained

within the scheme regulations are complied with. This includes ensuring that deductions from salary, employer's contributions and payments into the scheme are in accordance with the scheme rules, and that member pension scheme records are accurately updated in accordance with the timescales detailed in the regulations.

Equality and diversity

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

Carbon management

The Trust has undertaken risk assessments and has a sustainable development management plan in place which takes account of UK Climate Projections 2018 (UKC2018). The Trust ensures that its obligations under the Climate Change Act and the Adaptation Reporting requirements are complied with.

7   Review of economy, efficiency and effectiveness of the use of resources

The Finance, Performance and Informatics Committee (FPIC) and ultimately the Board of Directors ensure through a series of robust review mechanisms, that the use of resources is planned in an efficient and effective manner, and that our financial position is monitored and scrutinised on a monthly basis. They monitor the monthly position against the approved financial plan for the year.

The delivery of the financial plan is dependent on the achievement of cash releasing efficiency savings targets and clear plans and monitoring arrangements to ensure delivery are in place. The Executive Management Team oversees the development and reviews the overall QIPP programmes. The programmes are quality impact assessed and throughout the year the performance against them is continually reviewed with remedial actions identified if necessary to ensure targets and key milestones are delivered.

In addition, we use a Programme Management Office (PMO) to:

• Supporting Project and Programme Delivery

• Ensuring a Standardised Project Approach

• Ensure projects have a focus on delivering sustainable change.

Prior to the approval of the QIPP plans, the Executive Management Team reviewed all individual care group and corporate service plans and quality impact assessments and held confirm and challenge sessions with each care group and corporate service. These plans were then signed off and approved as part of the financial plan presented to the Board of Directors.

The Executive Management Team has responsibility for ensuring that the resources used in the day-to-day operational activities of the Trust are done so in an economic, efficient and effective manner.

In addition to the monthly budgetary control system, the Trust ensures economy, efficiency and effectiveness as well as value for money through the implementation of a suite of effective and consistently applied financial controls, effective tendering procedures and procurement practices, robust establishment controls and continuous service improvement and modernisation programmes.

We have a quarterly Audit Committee that includes reports from Internal and External Audit. Audit will provide a view to Non-Executive Directors on our overall governance and control processes.

We did not fully deliver the required cost saving plan but did achieve our overall financial target for 2018/19 and as part of the Single Oversight Framework (SOF) we maintained a Finance and Use of Resources score of 1 (where 1 is 'Best'). As a result of our performance in the five themes of the SOF, we have been assessed as being in Segment 1. (Where 1 allows maximum authority / autonomy).

FPIC and the Audit Committee, referred to above, are two of the six committees put in place by the Board of Directors as part of its governance structure. Further details on the structure, the attendance of directors at meetings of the Board and committees and the work of those committees is provided in the Annual Report – see page 60. The annual assessment of compliance with the Corporate Governance Code is provided in the Annual Report – see page 54.

8   Information governance

In April 2018, the DSP Toolkit replaced the IG (Information Governance) Toolkit as the standard for cyber and data security for healthcare organisations and their partners.

The Data Security and Protection (DSP) Toolkit is an online tool that enables organisations to measure their performance against data security and information governance requirements which reflect legal rules and Department of Health policy. The new DSP Toolkit has been developed in response to The NDG Review (Review of Data Security, Consent and Opt-Outs) published in July 2016 and the government response published in July 2017.

All organisations that have access to NHS patient information must provide assurances that they are practising good information governance and use the DSP Toolkit to evidence this by the publication of annual assessments. It is also a contractual requirement in the NHS England standard conditions contract (section 21.2) that relevant providers undertake DSP Toolkit assessments on an annual basis: "The Provider must complete and publish an annual information governance assessment and must demonstrate satisfactory compliance as defined in the Information Governance Toolkit (or any successor framework), as applicable to the Services and the Provider's organisation type."

It remains Department of Health policy that all bodies that process NHS patient information for whatever purpose should provide assurance via the DSP Toolkit. Use of the toolkit is also required as part of the DH publication: Data security and protection for health and care organisations October 2017.

Within the DSP Toolkit are mandatory and non-mandatory assertions (previously known as standards). There are 40 assertions for MH Trusts of which 32 are mandatory with subsections to those assertions. There are a total of 100 evidence items required across the assertions.

The requirement to meet certain levels, Level 1 – not satisfactory, level 2 – satisfactory and Level 3 is no longer the criteria to be met. Rather the Assertions are either 'Met' or 'Not Met' based on compliance narrative or key dates of completion of certain tasks. Therefore the final outcome will be 'Standards Met' or 'Standards Not Met'.

We submitted the 2019/20 DSPT as 'Standards Met' on 29th March 2019.

The General Data Protection Regulation (GDPR) as implemented by the UK Data Protection Act 2018 came into UK Law on 25 May 2018. It introduced a duty on all organisations to report certain types of personal data breach to the relevant supervisory authority. The Security of Network and Information Systems Directive ("NIS Directive") also requires reporting of relevant incidents to the Department of Health and Social Care (DHSC) as the competent authority from 10 May 2018.

An organisation must notify a breach of personal data within 72 hours. If the breach is likely to result in a high risk to the rights and freedoms of individuals, organisations must also inform those individuals without undue delay. Those breaches that also fulfil the criteria

of a NIS notifiable incident will be forwarded to the DHSC where the Secretary of State is the competent authority for the implementation of the NIS directive in the health and social care sector. The Information Commissioner remains the national regulatory authority for the NIS directive.

All IG and Data Security and Protection Incidents are reported to NHS Digital via Data Security & Protection toolkit where appropriate these will be escalated to the appropriate authority as detailed above.

We reported two breaches during 2018/19. The first report via the DSPT escalated the breach to the ICO. This was in July 2018 and concerned the theft of an encrypted laptop and personal information from an automobile. The second incident reported via the DSPT escalated the breach to the Department of Health and Social Care, NHS England and the ICO. This was in January 2019 and concerned a Personal Data Breach. Neither reported incident has required further action to be taken by the ICO.

9 Annual Quality Report

The directors are required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations 2010 (as amended) to prepare Quality Accounts for each financial year. NHS Improvement (in exercise of the powers conferred on Monitor) has issued guidance to NHS foundation trust boards on the form and content of annual Quality Reports which incorporate the above legal requirements in the NHS Foundation Trust Annual Reporting Manual.

We have continued to engage with and involve the Council of Governors and staff groups and service user groups (directly and via the Listen to Learn Network) throughout 2018/19. We have continued to work in partnership with local authority Overview and Scrutiny Committees, Health and Well Being Boards, Healthwatch and local NHS commissioners. Many of these stakeholders have provided statements for inclusion in the Quality Report that reflect their understanding and engagement with the Trust.

The Quality Report also includes the review of mandated areas such as CQUIN, CQC and NHS Improvement year-end outturn positions. The data related to these indicators are externally validated by the relevant commissioner or regulator, having been subject to scrutiny at Board committee level.

The Quality Report contains information that, as described above, is subject to both internal and external validation. In many cases it is available to the public through reports produced by regulatory bodies. There are no identified gaps in assurance in the Board

Assurance Framework relating to the Quality Report. The external audit work in respect of data quality undertaken in respect of two nationally mandated and the locally chosen (by the Council of Governors) indicators has identified opportunities for improvement for the Trust. The Limited Assurance Report from the external auditors has a qualified opinion and hence action will be taken to strengthen the input, collation and reporting processes associated with the Early Intervention in Psychosis and Inappropriate Out of Area Placements indicators.

The quality of our services will continue to be increasingly defined at an operational level through our care groups, with service user, carer and stakeholder involvement, rather than following a corporately driven quality agenda, with due regard to appropriate organisational governance arrangements and oversight by the Board of Directors.

We have an approved Clinical Audit Policy which describes our approach and arrangements and an approved clinical audit programme. The clinical audit function is used appropriately to focus on our own risks, as well as on nationally identified issues. Progress against the clinical audit programme and the outcomes of audits are reported to the care groups.

10 Review of effectiveness

As Accounting Officer, I have responsibility for reviewing the effectiveness of the system of internal control. My review of the effectiveness of the system of internal control is informed by the work of the internal auditors, clinical audit and the executive managers and clinical leads within the NHS foundation trust that have responsibility for the development and maintenance of the internal control framework. I have drawn on the content of the Quality Report attached to this Annual report and other performance information available to me. My review is also informed by comments made by the external auditors in their management letter and other reports. I have been advised on the implications of the result of my review of the effectiveness of the system of internal control by the Board, the Audit Committee Quality Committee, Finance, Performance and Informatics Committee and Mental Health Legislation Committee and a plan to address weaknesses and ensure continuous improvement of the system is in place.

In maintaining and reviewing the effectiveness of the system of internal control, I have received positive assurances through an independent review carried out as part of the external auditor's responsibilities under the audit code for NHS foundation trusts. I have also received the head of internal audit's opinion on the system of internal control and the supporting

audit assignment reports. This has provided me with "Moderate Assurance, that there is a generally sound framework of governance, risk management and control; however, inconsistent application of controls puts the achievement of the organisation's objectives at risk. Significant assurance has been provided for Board Assurance Framework and Strategic Risk Management and for follow-ups; however the Internal Audit Plan out-turn is limited assurance as we have issued limited assurance opinions in year on some core reviews, primarily highlighting risks relating to quality governance and data quality." The opinion is based on the design and operation of the BAF; the outcome of individual assignments within the 2018/19 Internal Audit Plan; and the extent to which the Trust responded to audit recommendations as identified as part of the auditors follow up work.

The work of internal audit is monitored via the Audit Committee, from which further assurances, through their objective and independent view of the system of internal control, have been received. Satisfactory (significant) assurances have been received in reports relating to Risk Management Framework, General Ledger and financial reporting, Budgetary Control, Absence Management, Mental Health Act/Mental Capacity Act, Workforce Strategy and full assurance on the audit of Asset Register. The audit relating to Health & Safety (compliance with legislation) received a split opinion level of significant/limited assurance Reports relating to Mortality, General Data Protection Regulations, Incident Investigation, Quality Governance,

Care Group Governance, Safer Staffing, Data Security and Protection Toolkit and Regulatory Framework – Out of Area Placements provided limited assurance. Plans to address any weaknesses and ensure continuous improvement of the system are in place and will be subject to regular follow up the Risk and Assurance Officer and overseen by the Audit Committee.

At the year-end there were a small number of gaps in assurance in the Board Assurance Framework (BAF) but after due consideration, the Board of Directors agreed that none of them are significant enough to require disclosure in this statement.

The Annual Report of the Audit Committee to the Board of Directors has provided further assurances on the system of internal control and on its work in reviewing the outcomes of internal and external audit and discharging the responsibilities delegated to it by the Board of Directors.

External assessments from organisations, including our commissioners, Care Quality Commission and NHS Improvement have also helped inform my review.

11   Conclusion

There are no significant internal control issues that have been identified during the period from 1 April 2018 to 31 March 2019 that require disclosure in this statement.

Kathryn Singh, Chief Executive
24 May 2019

NHS

Rotherham Doncaster and South Humber

NHS Foundation Trust

Quality Report 2018/2019 and
Forward Strategy 2019/2020

RDaSH leading the way with care

Contents

Quality Report 2018/2019

About our Quality Report

Required by the Health Act 2009, our published Quality Report (including our Quality Account) provides the public with a report each year of our commitment and accountability regarding the quality of healthcare services we deliver. It is also an opportunity for the Trust to offer its approach to quality up for scrutiny, debate and reflection by the public.

The Quality Report incorporates all the requirements mandated by NHS Improvement and/or by The NHS (Quality Accounts) Amendment Regulations 2017, however other parts are determined locally and shaped through the feedback we receive.

Each year our Quality Report reviews the preceding year's key quality improvement achievements and challenges, and sets out our quality priorities for the forthcoming year; ensuring that we maintain a balanced focus on the three key domains of quality:

- Patient Safety
- Clinical Effectiveness
- Patient Experience.

The Quality Report is in three main parts:

Part 1

- Provides a statement summarising the Trust's view of the quality of health services provided or subcontracted during 2018/19.

Part 2

- Provides a review of performance against the priorities for improvement as identified in our 2018/19 Quality Report

- Sets out our quality priorities for 2019/20 and how progress to achieve these priorities will be monitored, measured and reported

- Includes statements of assurance from the Trust Board

- Provides a report on performance against a set of core indicators using data made available by NHS Digital.

Part 3

- This section provides an overview of the quality of care delivered by the Trust against a number of local indicators as well as performance against relevant indicators set out in Monitor's Risk Assessment Framework (2015)/NHS Improvement Single Oversight Framework (updated November 2017).

Part 1

1. Statement on quality from the Chief Executive

Welcome to the 2018/19 edition of the Quality Report for Rotherham Doncaster and South Humber NHS Foundation Trust (RDaSH) (the Trust).

RDaSH provides a range of health and social care services across the, Rotherham, Doncaster and North Lincolnshire localities, through a Care Group model:

- Rotherham Care Group - provides Adult Mental Health Services, Older People's Mental Health Services and Community Learning Disabilities Services.

- Doncaster Care Group – provides Adult Mental Health Services, Older People's Mental Health Services, Drug and Alcohol Services, Community Learning Disabilities Services, Forensic Services and Community Physical Health Services.

- North Lincolnshire Care Group – provides Adult Mental Health Services, Older People's Mental Health Services and Community Learning Disabilities Services.

- Children's Care Group – provides a range of Children, Young People and Families Services including Children's Mental Health across the three localities, Rotherham, Doncaster and North Lincolnshire.

The report summarises our progress and improvements for 2018/19 along with the learning across the Trust and our plans as we move in to 2019/20 as we continually strive to deliver our strategic vision of 'Leading the Way with Care'.

2018/19 has been a year of significant progress for the organisation in the delivery of our quality priorities, and our achievement of these priorities is included in this report. In addition, 2018/19 has seen the development of 'Our Five Year Strategy 2019-2024 – RDaSH leading the way with care', which was launched on the 1 April 2019.

The Strategy incorporates 'Our Quality Commitment':

'We recognise the importance of a single approach to quality and quality improvement. In response to this we give our commitment to deliver an approach that will span all areas of the organisation, embedding systemic discipline and consistency within every department and service. This method ensures we allow for consistent, reliable, repeatable outcomes to be achieved in the easiest possible way.

To successfully embed our quality commitment we recognise the need for strong leadership to drive a culture of quality improvement within a defined quality system, engaging people through our shared vision and allowing our people the time to make changes and to innovate.

Our approach will ensure continuous improvement is at the core of our strategy to recognise the ever changing environment within which we operate and will place the quality of care and patient outcomes as the central success factor in defining qualitative success. Our Trust quality approach means that we will co-produce and deliver safe and effective high quality care.'

During 2018/19 a review of how we deliver quality improvement and provide assurance on our quality improvement has led to the transition of quality improvement into the Workforce and Organisational Development directorate and establishment of Improvement and Cultural Development Teams. The Nursing and Quality Directorate has retained the assurance element of this work. This revised structure will aim to drive and embed quality, triangulating assurance and improvement (through development of quality objectives and underpinning measures) as a key priority across the Trust.

Our other key achievements for quality during 2018/19 include:

- In February 2018, Care Quality Commission (CQC) conducted a 'Well-Led' inspection of our core services. The inspection report was published in June 2018 and the Trust achieved (and maintained) an overall rating of GOOD.

- 2018 marked the 70th year since the launch of the NHS in 1948. To celebrate this landmark year the Trust was involved in a number of 1940s themed events along with a summer fair and ward parties. The Trust also had staff invited to Westminster Abbey and York Minster as part of the national celebrations.

- The Trust's continuous service improvement programme has enabled some significant achievements this year in the drive to improve the care we are able to deliver to our patients. We have continued to develop and expand our model for co-ordinated services within which sits various priority areas including:

  - The expansion of our single point of access and making progress towards implementing an integrated estate which will be initiated in 2019/20.
  - Commenced the rollout of agile working across all clinical services, completing the whole of the Rotherham Care Group in 2018/19 and planning to support expansion across Doncaster and North Lincolnshire in 2019/20.
  - Commenced clinical testing of voice recognition software to explore new technologies to release time to care and improve our responsiveness and we have continued to develop our electronic patient record system, achieving significant data sharing capability with our primary care partners in 2018/19 to support the delivery of safe and joined up care.

- During 2018 a number of staff were trained to be inpatient nutrition champions.

- The launch of a co-produced Carers' Charter on 6 December 2018 at the Trust wide Carer Champion Network.

- In 2018/19, the Trust Going the Extra Mile Awards (GEM) awards were introduced to say thank you to outstanding individuals who have been seen to go the extra mile in the delivery of their job and to praise the work and commitment shown by staff members. The first awards were celebrated in April of that year. To date we have held 11 awards ceremonies awarding over 212 members of staff with a GEM certificate and a special badge to show they are a Trust GEM.

- In early 2019 the Trust joined forces with Don Valley MP Caroline Flint to host an information event to help children living with parents who have problems with their use of alcohol.

- The Doncaster Child and Adolescent Mental Health Service became one of nine national pilot sites for the trial of a new approach to assessing the mental health needs of children and young people.

- On 16 January 2019 the first Black, Asian Minority Ethnic (BAME) network took place. This network provides a platform for people to get together to talk about their experiences and share best practice ideas with an overall aim of promoting personal development and diversity.

- On 7 February 2019 Professor Chris Whitty officially launched the Trust's new community clinical research facility which gives residents across the region more opportunities to take part in research to improve treatment and care for people with mental health conditions.

- On 11 March 2019 the Rotherham Care Group launched a perinatal drop in 'meet and greet' session.

- In 2014 the Aspire addiction services launched its peer mentor programme and 2018 saw the Trust reach a total of 120 trained peer mentors, 17 of whom have gone onto full time employment since the start of the programme.

- The Clinical Audit Team completed and reported a total of 41 audits of the 56 projects/topics scheduled on the 2018/19 Clinical Audit programme. Of these, 20 audits were rated with an overall score of 'Good' and 14 audits scored an overall outcome of 'Requires Improvement' and have action plans in place to address this. No clinical audits were rated as 'Inadequate. At the time of this report, the Trust is still awaiting the reports from seven National Audits we have participated in; and 15 clinical audits have been carried forward to the 2019/20 clinical audit forward programme.

As Chief Executive of the Trust, I am proud of this year's quality improvement achievements and confirm that to the best of my knowledge the information provided within this 2018/19 Quality Report is accurate.

Our annual report 2018/19 contains further information on our performance over the past year, as well as a summary of our financial accounts. For more details please contact the Communications Team on telephone 01302 796204 or email RDaSHCommunications@nhs.net

Kathryn Singh, Chief Executive
24 May 2019

Part 2

The Trust's 'Our Five Year Strategy – RDaSH leading the way with care'

During 2018/19, the Trust has developed a five year strategy (2019-2024) 'RDaSH leading the way with care', which was ratified in March 2019 by the Board of Directors (Trust Board) and launched across the Trust from 1 April 2019. The vision of the strategy is to 'provide high quality care, drive innovation and deliver the best possible outcomes for our patients'. In order to achieve this, the Five Year Strategy is underpinned by a Trust wide internal strategic plan (and identified strategic objectives) and corporate strategies including one for quality.

The strategy can be accessed via the Trust website at http://nww.intranet.rdash.nhs.uk/rdash-five-year-strategy-launch/

Our Six Ambitions

To deliver our vision of 'leading the way with care', we have set out six strategic ambitions that are underpinned by our values and quality commitment. We believe that by achieving our ambitions, we will create a platform upon which to provide high quality care, deliver excellence, drive innovation and deliver the best outcomes for our patients.

Ambition One Be a leading provider of **co-ordinated mental** and **physical healthcare** services for people of **all ages**	**Ambition Two** Develop and deliver services which have a **focus on prevention** and **early intervention**, building resilience and promoting recovery	**Ambition Three** Take the **lead with our partners** to drive the development of **accessible patient centred care** services closer to peoples homes
Ambition Four Develop a **healthcare workforce** who are **equipped** to provide the **highest level** of **clinical care**	**Ambition Five** **Embrace technology** to innovate and continually **improve clinical services**	**Ambition Six** **Maximise benefits** to **patients** through ensuring a strong and sustained financial position to underpin the delivery of **high quality clinical services**

Our Values

Identified in the Five Year Strategy are our values which 'define who we are, what we believe and how we will work to deliver high quality care to ensure the best outcomes for our patients.'

Our values are:

Passionate · Reliable · Caring and safe · Empowering and supportive of staff · Open, transparent and valued · Progressive

Our Internal Strategic Plan

This plan provides direction and stability to support the Trust's progress against the 6 strategic ambitions which are targeted at improving services for our patients, our people, our members and our communities.

Progress against the plan will be governed by the Trust Board of Directors and deliverables reported in the Annual Quality Report for 2019/20.

2.1 Priorities for Improvement 2019/20

2019/20 (Year 1) Quality objectives

During 2018/19, work has been undertaken within the Trust on a number of areas relating to quality which are detailed in Part 3 of this report.

During the latter part of 2018/19, the Trust has developed 'quality objectives', for improvement for Year 1 (2019/20). The quality objectives are aligned and contribute to the Trust's overall six strategic ambitions as part of the Five Year Strategy leading the way with care".

Table 1 below identifies the 2019/20 (Year 1) quality objectives and what the Trust aims to achieve during 2019/20.

Table 1: Quality Objectives for 2019/20		
Quality Objective 2019/20	**What do we want to achieve during 2019/20?**	**How are we going to achieve it?**
RDaSH will develop as a learning organisation focusing on safety, effectiveness and innovation	• Implement Human Factors principles and methodology. • Implement Safety Huddles. • Improve performance in the timely investigation of complaints and serious incidents.	• Undertake safety huddles. • Implementation of the NHS Productive Series "Know how you are doing." • Facilitate Quality Practice Development Learning Events. • Implement a system to ensure timely dissemination and action in response to key learning from complaints and incidents. • Roll out 'Human Factors Training' by a Train the Trainer programme.
RDaSH will keep patients safe through developing approaches to minimising and eliminating the risks linked to patient harm.	• Improve the function of electronic systems currently used in patient safety or quality governance processes. • Produce a Patient Safety Strategy. • Produce a harm reduction plan. • Produce a strategy for reducing the risks associated with patient suicide.	• Development of an integrated strategy to minimise /eliminate the risks associated with patient harm. • Implement a comprehensive delivery action plan to minimise eliminate the risks associated with patient harm.
RDaSH will improve patient care and treatment by delivering person-centered care and treatment that integrates physical and mental health	• Explore technology to improve patient care and management including body warn cameras, quality and safety assessment applications and community case management solutions.	• Develop an NHS Productive Series "Patient status at a glance" system. • Develop a strategy for ensuring that care records are consistent across RDaSH and are effective in supporting person-centered and outcomes focused care and treatment.

Measuring and Monitoring of 2019/20 (Year 1) Quality Objectives Progress

It is acknowledged that the two year quality priorities for 2017- 2019 did not have specific and measurable objectives and were not SMART. This has been addressed following the Internal Audit (360 Assurance) Final Report (Quality Governance) and work has been undertaken in the 2018/19 with the engagement of Trust staff to set SMART quality objectives for 2019/20.

Progress of achievement against these SMART objectives will be measured and monitored (on a minimum quarterly basis), via the Trust's governance structures for quality utilising the following methods:

- Engagement with Care Group leadership teams and "frontline staff" and patients to review progress/ achievement.

- Inclusion in the Corporate Delivery Plans for Quality Compliance and Assurance, Patient Safety, Clinical Effectiveness and Patient and Public Engagement and Experience (PPEE).

- Inclusion in the Care Groups' quality objectives delivery plans.

- In the Care Group assurance meetings (for quality).

- Inclusion as established "expected outcomes" and improvement metrics/indicators for reporting within 2019/20 quality objective delivery plans (at Directorate and Care Group level).

- Through the Trust's Integrated Performance Dashboards.

The objectives are aligned and contribute to achievement of the Trust's overall strategic objectives and six ambitions as outlined in our Five Year Strategy.

Reporting 2019/20 (Year 1) Quality Objectives Progress

Progress on achievement/success of the quality objectives will be reported via:

- Reporting to Quality Committee via assurance and exception reporting from Sub Committees/groups e.g. monthly Care Group assurance meetings (quality).

- Alignment to Trust reporting against their overall strategic objectives and six ambitions within the Trust's Five Year Strategy and underpinning Internal Strategy Plan.

- Inclusion in the Trust's Annual Quality Report and Forward Strategy.

- Inclusion in the Trust's schedule of reporting (forward plan) for regular reporting (minimum on a quarterly basis) at Quality Committee.

Progress and performance of the priorities for improvement 2018/19

The Trust identified two year quality priorities for 2017- 2019 (of which 2018/19 was year two) which were aligned to achievement of the Trust's overall strategic goals for quality. The priorities for 2018/19 were as follows:

- To provide safe effective care.

- To ensure services actively listen and respond to our communities, patients, service users and our people.

- To holistically integrate physical and mental healthcare.

- To create a single, Trust-wide quality information system.

- To develop and implement a Quality Improvement (QI) model and methodology.

The Trust used these to provide an overall measure of improvement against the three quality domains of:

- Patient safety.

- Clinical effectiveness.

- Patient experience.

and our additional Trust quality domain of 'Our people/staff'.

During 2018/19, progress against the quality priorities was reviewed and monitored by the Trust's Quality Committee in January 2019 (up to Q3) and April 2019 (end of year) with performance reported against both national and local quality metrics/indicators.

The Trust's end of year (31 March 19) position in relation to achievement against the 2018/19 priorities, is shown in Table 2 below.

Table 2: Progress and Achievement against Quality Priorities for Improvement during 2018/19			
Trust Quality Priority	*To provide safe effective care.*		
Priority Area	**Why is this important?**	**What do we want to achieve during 2018/19?**	**Progress/Performance during 2018/19**
• A trust wide integrated organisational learning methodology. • Mandatory/ Statutoy training compliance. • Risk assessment – clinical. • Mental Capacity Act (MCA) compliance.	To continuously drive quality and patient safety improvements in standards of care.	The Trust aims to be in a position where there is evidence of consistent patient/ carer engagement in the management of risk.	Criterion relating to patient and/or carer engagement/ involvement and experience are assessed and reported against in many key Trust wide risk audits, including: • Supportive Observations. • The 'Care Programme Approach' (CPA). • Clinical Risk. • Care Records. • Seclusion. For example, the 'Supportive Observations Audit' criterion are: • The patient should be given a verbal and written explanation of the increase in observation levels. • The patient is given a full explanation as to why the search is being carried out. • It should be recorded whether the patient gives consent for their relatives to be informed of the increase in observations. • It should be recorded whether the patient has been given an information leaflet. • The patient should be offered a copy of their observation care plan. Patients were also requested to complete a survey which asked whether they had the reasons for observations explained, whether they have been given sufficient information, and whether any questions on the restrictions imposed were answered adequately. The outcomes of which are reported in the final audit report. Seclusion audit criterion: • Family/carers are notified of the patient being placed in seclusion. A review of the themes and trends of the risk audits is taking place and will inform and tailor bespoke and targeted audits into 2019/20, as part of the annual audit programme. Patient and carer engagement has taken place in staff training and practice development days.

Trust Quality Priority	To provide safe effective care.		
Priority Area	**Why is this important?**	**What do we want to achieve during 2018/19?**	**Progress/Performance during 2018/19**
		By 2018/19 year-end, each ward and clinical service will achieve the Trust target of 90% for mandatory and statutory training.	At year end the overall Trust compliance figure is 91.26%. Wards and clinical services receive their own figures and those that are below the 90% Trust target had plans in place to achieve the required level of compliance by year end.
		To have in place a robust approach to risk assessment and management of clinical risk across the Trust clinical services.	A literature review of clinical risk assessments has been undertaken. The results of which will be used to inform a review of the current clinical risk assessment tool which is used within the Trust, led by the Interim Head of Patient Safety. To support this review changes have been made to some processes and internal reporting systems to ensure that real time data is available to underpin decisions around clinical risk. Significant staff training on aspects of clinical risk assessment has taken place during Q4 of 2018/19 via a 'train the trainer' programme. This training will be rolled in 2019/20, with the trainers cascading and dissemination across relevant service across the Trust. The training includes: • The Trust has been utilising the 'Applied Suicide Intervention Skills Training' delivered by STORM training. Additional staff across the Trust has completed the training in March 2019. • A series of consultation events have taken place with staff and resulted in the development of a bespoke module for the reporting of mortality on Ulysses incident reporting system. This will 'go live' in Q1 of 2019/20. • A package of training around the impact of Human Factors on clinical decision making and risk was completed by a selection of team and senior managers in February 2019. Further staff training in the use of the structured review methodology is planned for May 2019 which will be delivered by the Royal College of Psychiatrists.

Trust Quality Priority	To provide safe effective care.		
Priority Area	**Why is this important?**	**What do we want to achieve during 2018/19?**	**Progress/Performance during 2018/19**
			As part of the 2018/19 annual audit programme, a clinical audit of the 'Clinical Risk Policy/ Clinical Risk Assessment and Management Policy' has been completed Trust wide (across all 4 Care Groups) over two phases: • Phase 1- Adult inpatient in North Lincolnshire, Rotherham and Doncaster, Home Treatment and Crisis Services. • Phase 2 – Intensive Community Therapies (ICT), Community Therapies and Early Interventions Team (EIT) as part of the Clinical Audit 2018/19 Annual Programme. As of year-end, all seven audit reports have been completed; and have achieved an overall audit outcome rating of **GOOD**.

Trust Quality Priority	To provide safe effective care.		
Priority Area	**Why is this important?**	**What do we want to achieve during 2018/19?**	**Progress/Performance during 2018/19**
		To assess how the Mental Capacity Act policy has been embedded within the Trust.	Data collection for the Mental Capacity Act (MCA) Audit for inpatients took place during October to December 2018. The Audit Report (including findings and outcomes) has been presentation at the Mental Health Legislation Operational Group on 28 January 2019. The Care Groups and Mental Health Act Manager for the Trust are developing Care group specific action plans; the actions of which will underpin the work moving forward. Additional work relating to the mental capacity act has taken place during 2018/19 (and carried forward into 2019/20) with the clinicians to apply a consistent approach to the assessment and recording of mental capacity.
Trust Quality Priority	To ensure services actively listen and respond to our communities, patients, service users and our people		
Priority Area	**Why is this important?**	**What do we want to achieve during 2018/19?**	**Progress/Performance during 2018/19**
• To implement the Trust's 3 year strategy on patient and public engagement and experience. • Act on feedback from patients, family and carers and the public to improve patients experience when accessing the services the Trust provides.	To achieve the aims and objectives of: • Triangle of Care. • The Trust 'Patient and Public Engagement and Experience strategy.' • Sustainability and Transformation Plans for each locality. • CQC requirements on patient experience.	Implementation of the Trust wide Carer's Charter.	The Trust wide Carer's Charter was launched in December 2018.
		By 2018/19 year-end, there will be a 'Carer Champion' in all appropriate community settings across the Trust.	As of the end of March 2019 there are 230 Carer Champions within all key clinical services across the Trust. There are seven services areas in the community that have minimal contact with carers e.g. Improving Access to Psychological Therapies (IAPT) and without a designated Carer Champion. However, there are robust arrangements in place within these teams, such that in the event that advice and support is required, this is provided by the PPEE team.

Trust Quality Priority	To ensure services actively listen and respond to our communities, patients, service users and our people		
Priority Area	**Why is this important?**	**What do we want to achieve during 2018/19?**	**Progress/Performance during 2018/19**
		Continue to utilise different methodologies of receiving feedback to inform improved patient experiences.	A range of methodologies are used within the Trust to receive feedback from patients regarding their experiences including: • Your Opinion Counts (YOC). • Community Mental Health survey. • Friends and Family Test. • Patient Stories to Board. • Network events. • Essences Questionnaire (Mental Health and Forensic Services). • CPA Meetings. • Anecdotal. These are constantly reviewed and new methods sought to engage people in providing feedback.
Trust Quality Priority	To holistically integrate physical and mental health care		
Priority Area	**Why is this important?**	**What do we want to achieve during 2018/19?**	**Progress/Performance during 2018/19**
• Achieve parity of esteem in care delivery through 'valuing mental health equally with physical health'. • The Trust will be Smoke Free. • As part of the 'Future in Mind' agenda for children and young peoples' well-being; work with School Nursing and Community Nursing to ensure that the emotional well-being of these patients is assessed. • Clinical pathway development.	• To be in line with clinical policy on physical health assessments. • To meet the requirements of the national 'Physical Health of People with Serious Mental illness' Commissioning for Quality and Innovation (CQUIN). • Implementation of the 'Future in Mind' agenda for children and young peoples' health and well-being. • Be compliant with national policy regarding Smoke Free environments.	To maintain Trust-wide smoke free, implementation of smoking cessation strategies will continue e.g. support to stop, nicotine replacement therapies.	A review of the Trust Smoke Free policy was undertaken as one of the Listening into Action (LiA) work streams. As part of this review consultation events have taken place with patients in each of the Trust localities and a survey monkey was issued to staff. The outcomes and recommendations from this review/consultation will inform and support a full policy review of compliance with the Smoke Free policy in Q1 of 2019/20.

Trust Quality Priority	To holistically integrate physical and mental health care		
Priority Area	**Why is this important?**	**What do we want to achieve during 2018/19?**	**Progress/Performance during 2018/19**
		That 95% of all patients/service users have a physical health and well-being assessment recorded within seven days of admission.	During 2018/19 it was identified that the 'Physical Health Policy' required a review to enable a clinical audit to be undertaken against the revised policy. The policy has been reviewed in consultation with clinical staff. It is currently out for comments via the Physical Health Strategic Group and on completion will be presented to the Clinical Policies Review and Approvals Group (CPRAG) in June 2019 for approval. A clinical audit of compliance with the revised policy (following approval) is scheduled to commence in Q2 of 2019/20, as part of the annual audit programme. On completion of the audit, assurance will be provided by the audit report findings; overall audit score and robust audit follow up arrangements.
		That 95% of all patients/service users will have an emotional well-being assessment recorded at initial contact assessment with School Nursing and Community Nursing services.	During 2018/19 the data warehouse was launched which allows formal data reporting of performance data relating to this key performance indicator (KPI). From April 2019, data will be reported against the KPI for Children's services in Doncaster Metropolitan Borough Council. In addition, these quality indicators are assessed as part of quality and contract meetings with key stakeholders.

Trust Quality Priority	To holistically integrate physical and mental health care		
Priority Area	**Why is this important?**	**What do we want to achieve during 2018/19?**	**Progress/Performance during 2018/19**
		To assess the level of embedding of assessment of emotional health and well-being within Child and Adolescent Mental Health Service (CAMHS) service.	The following audits were undertaken as part of the 2018/19 annual programme and criterion included within these audits assess aspects of assessments of emotional health and well-being of Children within CAMHS service: • NICE CG28 'Depression in Children and Young People Identification and Management' re-audit has been completed and reported during Q4, achieving an audit overall rating of **GOOD**. • 'Management of Admissions of Children to Adult Mental Health Wards' audit was commenced during Q1 and completed in Q3. The overall audit finding was **'Requires Improvement'**. Audit action plan reviews have been taking place (as per Trust process for all audits requiring improvement) by the Clinical Audit Facilitator and Audit Lead to work towards completion of all actions by their agreed completion dates.
Trust Quality Priority	To create a single Trust-wide clinical quality information system.		
Priority Area	**Why is this important?**	**What do we want to achieve during 2018/19?**	**Progress/Performance during 2018/19**
• Unity, Health Assure, Health Roster, Consequence UK, and Ulysses will work in collaboration to produce reporting and health record keeping systems. • Streamline to an integrated approach to information sharing with patients, staff and stakeholders via dashboards and data collection.	• To implement an integrated information dashboard system that improves the quality of service delivery, patient safety and standardises the operational processes and governance.	By the end of 2018/19, SystmOne will be implemented in 100% of services within the Trust.	SystmOne has been implemented in 100% of clinical services across the Trust.

Trust Quality Priority	To develop and implement a Quality Improvement (QI) model and methodology		
Priority Area	**Why is this important?**	**What do we want to achieve during 2018/19?**	**Progress/Performance during 2018/19**
• To develop a Quality Improvement model, co-designed with staff, utilising their knowledge and experience of frontline services and the patient experience. • Utilise the Listening into Action (LiA) approach as the vehicle for improving quality.	Establishing an LiA led Quality Improvement culture which is led collaboratively by front line employees and patients will ensure that sound improvements are identified and made where they are needed, when they are needed and by those who can own and influence the change.	By April 2019, our aim is to spread the LiA way of working throughout all of our clinical services and to have a specific focus upon safety and caring.	Staff and patient engagement activities have been conducted throughout the year to inform each stage of the Quality Improvement (QI) process. Engagement events have included a Chief Executive Officer (CEO) led 'Place-based Big Conversations' across the Trust in Q1 regarding safety. The events were attended by over 120 staff. A LiA pulse check survey was conducted in June 2018 with a 64% response rate. The results focused Executive led staff and patient 'conversations' regarding focused QI priorities in Q3 and Q4 2018/19. The 'ten priority LIA areas' for 2018/19 have been safety focused and selected on the basis of feedback to the Executive Team via staff survey and pulse check results, patient feedback, CQC inspection feedback and risk register analysis. An Executive Sponsor has been allocated to each strand of improvement work, and the LiA improvement teams were launched on 24 September 2018. The Trust's application to become an 'accredited Quality Service Improvement and Redesign Trust' has been accepted and the Cultural Improvement Team and Project Management Office (PMO) Team commenced training with NHS Improvement (NHSI) on 24 January 2019.

Measuring and reporting of the 2018/19 priorities for improvement

The following governance structure has been in place since 1 April 2018:
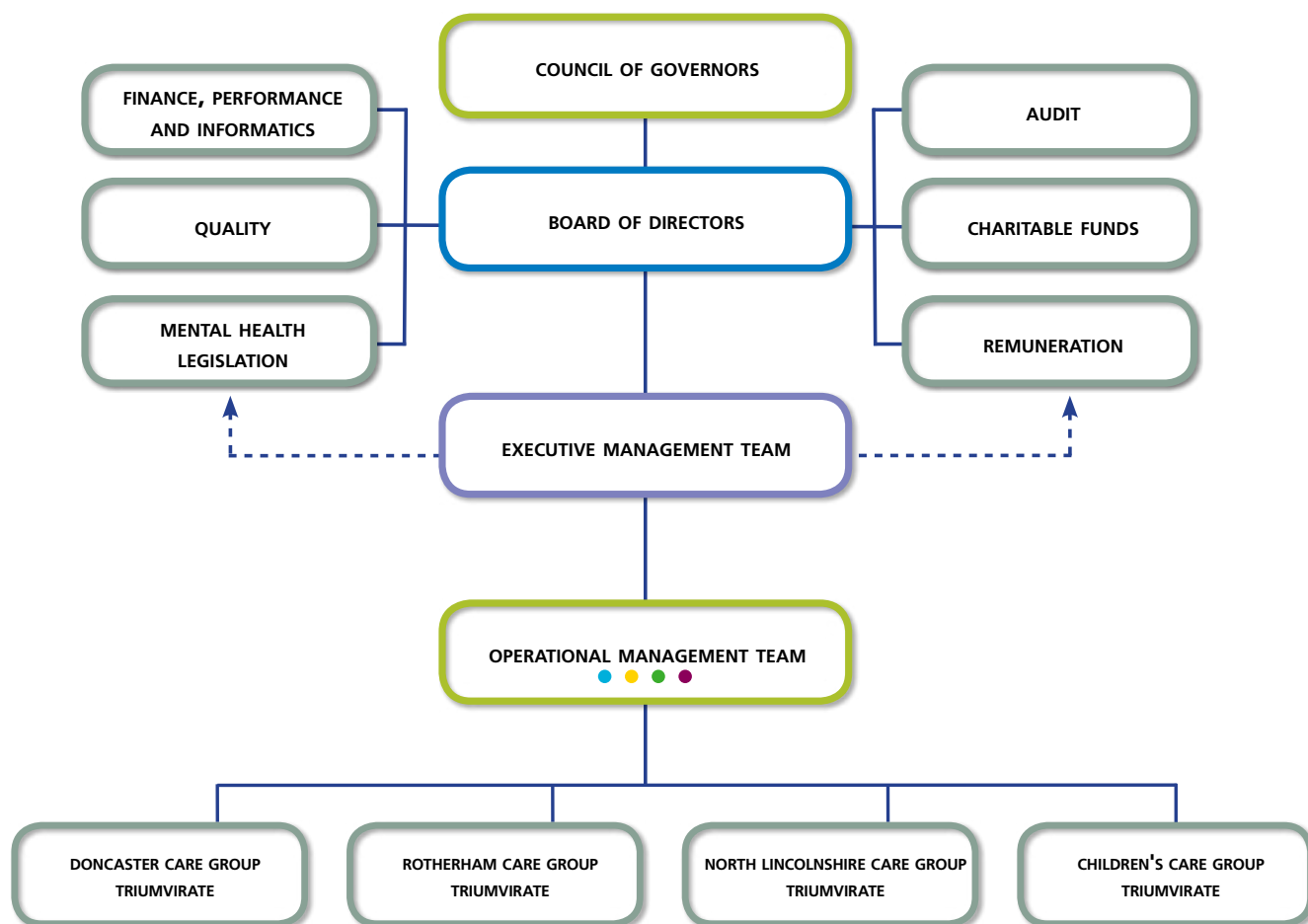
Key: ● Quality   ● Transformation   ● Finance and Performance   ● People

The reviewing, monitoring and measuring of quality (including the 2018/19 priorities for improvement) has been reported to Trust Board through the Trust's governance structures (via the Quality Committee and the Mental Health Legislation Committee and their subcommittees/groups) by various reporting methodology including:

- Quality Dashboard Reports.
- Board Assurance Framework (BAF).
- Quality Committee Summary Report to Board.
- CQC Inspection Reports and Action Plans.
- Quality Priorities (Year two – 2018/19) Progress Report.
- Internal Audit reports.

Quality Dashboard Reports

Established in August 2016, the quality dashboards provide assurance internally and externally via the following routes (see Table 3 below).

Table 3: Quality Dashboards			
Quality dashboard	Frequency	Internal assurance	External assurance
Patient safety • Incident reporting • Duty of Candour • Serious incidents	Monthly	Care Group Governance meeting (Quality)	Doncaster Clinical Commissioning Group (CCG) Rotherham CCG and North Lincolnshire CCG Quality and Contract meetings (as appropriate).
• Complaints and PALS • Restraint and Restrictive Intervention (RRI) • Falls* • Medicines Management • Pressure Ulcers* • Suicides • Safeguarding Adults • Safeguarding Children • Infection Prevention and Control (IPC). *These areas are not included in the Children's Care Group dashboard.	Quarterly	Care Group Governance meeting (Quality) Quality Committee	Doncaster Clinical Commissioning Group (CCG) Rotherham CCG and North Lincolnshire CCG Quality and Contract meetings (as appropriate).
Clinical effectiveness and professional leadership • NICE guidance • Clinical Audit • Nursing and Midwifery Council (NMC) • Healthcare Professionals Council (HPC) • Non-Medical Prescribing (NMP) • CQC.	Quarterly	Care Group Governance meeting (Quality) Quality Committee	Doncaster Clinical Commissioning Group (CCG) Rotherham CCG and North Lincolnshire CCG Quality and Contract meetings (as appropriate).
Patient Engagement • Patient and Public Engagement and Experience (PPEE). • Volunteers • Carer Champions (including network). • Listen to Learn • Triangle of Care • Family and Friend Test.	Annual Report and six monthly assurance report	Quality Committee	Doncaster Clinical Commissioning Group (CCG) Rotherham CCG and North Lincolnshire CCG Quality and Contract meetings (as appropriate).

During 2018/19, the quality dashboard reports have been reviewed and work carried out to integrate and report on the 'Quality of Care' metrics (in line with and additional to the Single Oversight Framework (SOF) 2019/20) as part of the Trust's Integrated Performance Dashboard from April 2019 via the following reporting framework:

• Level 1 – Regulatory (SOF)
• Level 2 – Internal assurance e.g. From Board, Committees and Care Group assurance meetings
• Level 3 – Operational management/reporting (via real time reporting).

Board Assurance Framework (BAF)

The Trust's Board Assurance Framework (BAF) identifies strategic risks that may impact on the achievement of its strategic goals.

For 2018/19, there were four key quality risks identified which all related to the first strategic goal 'To provide safe, effective compassionate care':

- If we do not deliver care in line with quality and safety standards then this may lead to avoidable harm.

- If we do not identify learning when harm or potential harm does occur then there is a risk that we will not to provide safe, innovative care.

- If we do not have the right people, with the right skills, in the right place at the right time then there is a risk to the delivery of safe and effective care.

- If we do not foster positive relationships with partners and participate in environmental changes then we may fail to provide integrated and coordinated care to our service users.

The quality priorities are linked to one of the above risks and acts as a control to prevent the risk occurring. The progress and achievement of the quality priorities provide assurance on the mitigation of the risk.

The identified risks were regularly reviewed and monitored throughout 2018/19 by the Risk Lead, Executive Director of Nursing and Allied Healthcare Professionals (AHPs) and the Quality Committee, including gaps in the risk controls/ assurance. Any ongoing gaps (and their associated actions) will be carried forward and continue to be monitored within the 2019/20 BAF.

Underpinning the strategic risks on the BAF are individual Directorate/Care Groups risk registers of relevant operational risks. Quality related risks are captured on the Nursing and Quality or Care Group Risk Registers and are regularly reviewed and monitored by the Quality Committee; all 'extreme' rated risks are also monitored by the Board of Directors on a monthly basis. The Executive Management Team reviews all risks regularly throughout the year to provide a 'confirm and challenge' function and to moderate the risks, in particular the 'extreme' risks. This review process also includes a rolling programme thematic review.

Monitoring of the BAF during 2018/19

Of the fourteen strategic risks within the BAF, three were assigned to the Quality Committee (remainder assigned to the Finance, Performance and Informatics Committee or to the Board of Directors). The three risks assigned to the Quality Committee were:

- If we do not deliver care in line with quality and safety standards then this may lead to avoidable harm.

- If we do not identify learning when harm or potential harm does occur then there is a risk that we will not to provide safe, innovative care.

- If we do not have the right people, with the right skills, in the right place at the right time then there is a risk to the delivery of safe and effective care.

Throughout the year the BAF has been populated with the assurances (and levels) received at the Board of Director and its Committees.

During the year the Quality Committee has reviewed the above risks in July, October 2018 and January 2019 and again in April 2019 to consider the assurances that have been received regarding the controls put in place to mitigate the strategic risks.

Summary Report from Quality Committee to Board

The Chair (Non-executive director) presents a Quality Committee summary report (including highlights and escalation of any issues/matters relating to quality) to the Public Board of Directors monthly meeting.

Care Quality Commission (CQC) Inspection

During the period 11 January to 15 February 2018, the Care Quality Commission (CQC) undertook a planned 'Well Led' inspection of Rotherham Doncaster and South Humber NHS Foundation Trust with unannounced visits taking place from January 2018 and the inspection week 13-15 February 2018.

Following this inspection the Trust received an overall rating of **'Good'**, with ratings of **'Good'** in the four domains of Effective Caring, Responsive and Well-Led and a rating of **'Requires Improvement'** in the domain of Safe. In addition, the Trust received a total of five updated service level reports.

The inspection report was published in June 2018 with an overall rating of **'GOOD'**. The inspection report can be accessed via: https://www.cqc.org.uk/sites/default/files/new_reports/AAAH1451.pdf

The Trust's ratings overall and at service level are identified in the figures below, along with comparative rating from the previous inspections in April 2016 and January 2015 (as indicated):

Figure 1: Trust Overall Rating and Service Level Ratings (June 2018)

CareQuality Commission

Last rated
28 June 2018

Rotherham Doncaster and South Humber NHS Foundation Trust

Overall rating	Inadequate	Requires improvement	Good	Outstanding

	Safe	Effective	Caring	Responsive	Well led	Overall
Acute wards for adults of working age and psychiatric intensive care units	Requires improvement	Good	Good	Requires improvement	Good	Requires improvement
Community health inpatient services	Good	Good	Good	Good	Good	Good
Community health services for adults	Requires improvement	Good	Good	Good	Good	Good
Community health services for children, young people and families	Good	Good	Good	Outstanding ☆	Outstanding ☆	Outstanding ☆
Community mental health services for people with learning disabilities or autism	Good	Good	Good	Good	Good	Good
Community-based mental health services for adults of working age	Requires improvement	Requires improvement	Good	Good	Requires improvement	Requires improvement
Community-based mental health services for older people	Good	Good	Outstanding ☆	Good	Good	Good
Forensic inpatient/secure wards	Good	Good	Good	Good	Good	Good
Long stay/rehabilitation mental health wards for working age adults	Requires improvement	Requires improvement	Good	Requires improvement	Requires improvement	Requires improvement
Mental health crisis services and health-based places of safety	Good	Outstanding ☆	Good	Outstanding ☆	Good	Outstanding ☆

Rotherham Doncaster and South Humber NHS Foundation Trust

	Safe	Effective	Caring	Responsive	Well led	Overall
Specialist community mental health services for children and young people	Good	Good	Good	Good	Requires improvement	Good
Substance misuse services	Good	Good	Good	Good	Good	Good
Wards for older people with mental health problems	Good	Good	Good	Good	Good	Good
Wards for people with learning disabilities or autism	Good	Good	Good	Good	Good	Good
End of life care	Good	Good	Good	Good	Good	Good

Figure 2: Trust-Wide Ratings Comparative with Previous Inspection Results.

Ratings for the whole trust

Safe	Effective	Caring	Responsive	Well-led	Overall
Requires improvement ↓ Apr 2018	Good →← Apr 2018	Good →← Apr 2018	Good →← Apr 2018	Good →← Apr 2018	Good →← Apr 2018

Figure 3: Service Level Ratings Comparative with Previous Inspection Results.

Ratings for mental health services

	Safe	Effective	Caring	Responsive	Well-led	Overall
Acute wards for adults of working age and psychiatric intensive care units	Requires improvement ↓ Apr 2018	Good →← Apr 2018	Good →← Apr 2018	Requires improvement ↓ Apr 2018	Good →← Apr 2018	Requires improvement ↓ Apr 2018
Long-stay or rehabilitation mental health wards for working age adults	Requires improvement →← Apr 2018	Requires improvement ↓ Apr 2018	Good →← Apr 2018	Requires improvement ↓ Apr 2018	Requires improvement ↓ Apr 2018	Requires improvement ↓ Apr 2018
Forensic inpatient or secure wards	Good Jan 2016	Good Jan 2016	Good Jan 2016	Good Jan 2016	Good Jan 2016	Good Jan 2016
Wards for older people with mental health problems	Good →← Apr 2018	Good ↑ Apr 2018	Good →← Apr 2018	Good →← Apr 2018	Good →← Apr 2018	Good →← Apr 2018
Community-based mental health services for adults of working age	Requires improvement →← Apr 2018	Requires improvement →← Apr 2018	Good →← Apr 2018	Good →← Apr 2018	Requires improvement →← Apr 2018	Requires improvement →← Apr 2018
Mental health crisis services and health-based places of safety	Good Jan 2016	Outstanding Jan 2016	Good Jan 2016	Outstanding Jan 2016	Good Jan 2016	Outstanding Jan 2016
Specialist community mental health services for children and young people	Good Jan 2017	Good Jan 2017	Good Jan 2017	Good Jan 2017	Requires improvement Jan 2017	Good Jan 2017
Community-based mental health services for older people	Good Jan 2016	Good Jan 2016	Outstanding Jan 2016	Good Jan 2016	Good Jan 2016	Good Jan 2016
Community mental health services for people with a learning disability or autism	Good Jan 2017	Good Jan 2017	Good Jan 2017	Good Jan 2017	Good Jan 2017	Good Jan 2017
Substance misuse services	Good Jan 2017	Good Jan 2017	Good Jan 2017	Good Jan 2017	Good Jan 2017	Good Jan 2017
	Requires improvement ↓ Apr 2018	Good →← Apr 2018	Good →← Apr 2018	Good →← Apr 2018	Good →← Apr 2018	Good →← Apr 2018

Ratings for community health services

	Safe	Effective	Caring	Responsive	Well-led	Overall
Community health services for adults	Requires improvement Jan 2016	Good Jan 2016	Good Jan 2016	Good Jan 2016	Good Jan 2016	Good Jan 2016
Community health services for children and young people	Good Jan 2016	Good Jan 2016	Good Jan 2016	Outstanding Jan 2016	Outstanding Jan 2016	Outstanding Jan 2016
Community health inpatient services	Good ↑ Apr 2018	Good →← Apr 2018	Good →← Apr 2018	Good →← Apr 2018	Good →← Apr 2018	Good →← Apr 2018
Community end of life care	Good Jan 2016	Good Jan 2016	Good Jan 2016	Good Jan 2016	Good Jan 2016	Good Jan 2016
	Good ↑ Apr 2018	Good →← Apr 2018	Good →← Apr 2018	Good →← Apr 2018	Good →← Apr 2018	Good →← Apr 2018

Contained within the published reports (June 2018) were a number of actions for the Trust to take forward, categorised as follows:

- Actions that the Trust MUST take to improve; and

- Actions that the Trust SHOULD take to improve.

An action plan was developed to address the areas of required action. The progress of this action plan has been regularly reviewed and monitored both internally and externally through the following groups:

- Board of Directors.

- Quality Committee.

- Executive Management Team.

- Local Safeguarding Boards.

- Commissioner Quality Meetings.

- CQC Engagement meetings.

Internal Audit Reports

During 2018/19, the Trust's Internal Audit service (360 Assurance) has reported the following Internal Audits to Audit Committee relating to quality:

- Mortality – Learning from Deaths (September 2018).

- Quality Governance (January 2019).

- Incident Investigation (March 2019).

- Safer Staffing Data - Policy Compliance (November 2018).

The Trust received an Audit Opinion of 'Limited Assurance' for all of the above reports from 360 Assurance, who identified limited assurance 'As a result of the audit engagement we have concluded that, in the areas examined, the risk management activities and controls are not suitably designed, or were not operating with sufficient effectiveness, to provide reasonable assurance that the control environment was effectively managed during the period under review. Our opinion is limited to the controls examined and samples tested as part of this review'.

The following arrangements are in place for all Internal Audit (360 Assurance) reports to provide internal assurance:

- The audits are reported through the Trust's governance structures for Quality i.e. Executive Management Team and Quality Committee.

- There is an action plan in place for each audit to address the recommendations which arise from the audit results. These action plans have a responsible Executive Director and agreed time scales for completion.

- Monitoring of all action plans to ensure they are completed within the agreed timeframes.

2.2 Statements of assurance from the Board

Review of Services

During 2018/19 Rotherham Doncaster and South Humber NHS Foundation Trust provided and/or sub-contracted 62 relevant health services.

Rotherham Doncaster and South Humber NHS Foundation Trust have reviewed all the data available to them on the quality of care in all 62 of these relevant health services.

The income generated by the relevant health services reviewed in 2018/19 represents 100% of the total income generated from the provision of relevant health services by Rotherham Doncaster and South Humber NHS Foundation Trust for 2018/19.

Further details of the services provided/sub-contracted by Rotherham Doncaster and South Humber NHS Foundation Trust are provided on Rotherham Doncaster and South Humber NHS Foundation Trust's website at: https://www.rdash.nhs.uk/services/our-services/

Clinical Audit

National Clinical Audits/CQUINs and Confidential Enquiries

Rotherham Doncaster and South Humber NHS Foundation Trust participate in national clinical audits identified on the national directory which have key national priorities applicable to Rotherham Doncaster and South Humber NHS Foundation Trust.

During 2018/19, 16 national clinical audits and 1 national confidential enquiry covered relevant health services that Rotherham Doncaster and South Humber NHS Foundation Trust provides.

During this period, Rotherham Doncaster and South Humber NHS Foundation Trust participated in 86.7% of the national clinical audits and 100% of the national confidential enquiries which it was eligible to participate in.

The national clinical audits and national confidential enquiries that Rotherham Doncaster and South Humber NHS Foundation Trust were eligible to participate in during 2018/19 are shown in Table 4 below. This table also shows the number of cases submitted for each audit and as a percentage of the number of registered cases required by the terms of that audit.

Table 4: Trust participation in national audits/CQUIN			
Prescribing Observatory for Mental Health (POMH-UK) Audits			
POMH UK - Topic 18a Use of Clozapine.	Chief Pharmacist	116	100%.
POMH UK - Topic 6d Assessment of the Side Effects of Depot Antipsychotics.	Chief Pharmacist	261	100%
POMH UK - Topic 7f Monitoring of patients prescribed Lithium	Chief Pharmacist	238 (to finalise figure end April)	Awaiting final figure

National Audits			
National Clinical Audit of Anxiety and Depression (NCAAD)	Modern Matron (Donc) Clinical Nurse Co-ordinator (North Lincs.) Nurse Consultant Rotherham	100	100%.
National Audit of Care at the End of Life (NACEL)	Associate Nurse Directors for Rotherham and Doncaster and Modern Matron (N.Lincs)	1	100%
National Diabetes Foot Care Audit	Podiatry Lead	50	100%
National Clinical Audits (NCAs) (NCAAP) – EIT spotlight audit	Service Manager (Donc) Clinical Nurse Co-ordinator (North Lincs.) Nurse Consultant Rotherham	190	100%
National Clinical Audits (NCAs) (NCAAP) – Psychological Therapies spotlight audit	Service Manager	30	100%
National CQUIN			
National CQUIN - 3a Cardio Metabolic Assessment and Treatment for patients with Psychosis Part A - Early Intervention Teams	CQUIN Programme Manager	190	100%
National CQUIN - Improving the Assessment of Wounds (Re-audit)	Tissue Viability Nurse Specialist	150	100%
National CQUIN - 3a Cardio Metabolic Assessment and Treatment for patients with Psychosis Part A Inpatients / CMHT	CQUIN Programme Manager	150	100%
National CQUIN - Mental Health 3b (MH9b) Communication with GP - Part B. Collaboration with primary care clinicians	CQUIN Programme Manager	93	100%
National CQUIN - Improving the Assessment of Wounds (Re-audit)	Tissue Viability Nurse Specialist	150	100%
National Confidential Inquiry into Suicide and Homicide by People with Mental Illness			
Audit Title	Audit Lead	Number of cases submitted	% cases submitted
Adult Mental Health Clinical Outcome Review Programme	Medical Director	This data is submitted directly to the National team by the Care Groups.	100%

As a result of transition to UNITY system across the Trust, there has been an inability to migrate/extract data across for reporting. Therefore, Rotherham Doncaster and South Humber NHS Foundation Trust did not participate in the Sentinel Stroke National Audit Programme (SSNAP). Therefore, no data was collected for this audit during 2018/19.

POMH audits are conducted through the Royal College of Psychiatrists and are seen as national benchmarking audits in prescribing for mental health.

POMH Audits

The reports of three out of three national clinical audits were reviewed by the provider in 2018/19 and Rotherham Doncaster and South Humber NHS Foundation Trust intends to take the following actions to improve the quality of healthcare provided (via the Medicines Management Committee (MMC), who received and discussed relevant actions for the following POMH audits):

POMH UK 17A (Baseline POMH audit) – The use of depot and long acting antipsychotic injections (LAI) for relapse prevention

The Trust submitted data for 309 patients from across the three relevant care groups, involving 11 wards and seven community mental health teams. This is a baseline audit and so there are no comparisons to previous results. From the report we considered the following audit criteria and aspects of care:

- Care planning for patients on depots and LAIs.

- Prescribing and review of LAIs for patients.

Overall the result was GOOD using the Trust evaluation criteria and against the national results in the areas of:

- Including the patient in the decision making, recording rationale for treatment and review of therapeutic response.

- Crisis plans being included in the patient record.

Areas for improvement were identified as:

- Ensuring there is a clinical plan should a patient fail to attend for their injection.

- Embedding the recording of the annual review.

POMH UK - Topic 15b Prescribing valproate for bipolar disorder

The Trust submitted data for 136 patients from across the three relevant care groups, involving four wards and four community mental health teams. This was repeat audit and looked at the use of valproate in patients with the potential for falling pregnant and monitoring throughout treatment. The audit demonstrated:

Areas of good practice:

- A reduction in the number of female patients under 50 years of age on valproate.

- An increase in the annual monitoring of physical health parameters for patients with longer term treatment.

An area for improvement:

- The need for more robust recording of monitoring by a small number of teams in the first 6 months of treatment.

POMH UK - Topic 6d - Assessment of the side effects of the depot antipsychotics
This audit did not take place nationally in quarter 4 2018/19 as scheduled.

National Parkinson's Audit

Data collection has been completed for this audit and awaiting the national report.

Diabetic Foot Care

Data collection has been completed for this audit and awaiting the national report.

National Clinical Audit of Psychosis (NCAP)
The Trust submitted data for 147 patients across the three relevant care groups, involving 11 teams. The aggregated results for this audit have been received back into the Trust and an analysis is being conducted to allow for individual teams performance against Trust and national result.

Trust (local) Clinical Audits

A total of 41 local clinical audits have been completed during 2018/19 as follows in Table 5:

Table 5: Local clinical audits completed during 2018/19		Overall Audit Score				
Quarter	Total Completed Audits Reported	Outstanding	Good	Requires Improvement	Inadequate	NA
1	9	0	3	3	0	3*
2	11	0	4	6	0	1*
3	11	0	6	3	0	2*
4	10	0	7	2	0	1*
Year-End Total	41	0	20	14	0	7
Provided by the National Audit Team						

The reports of all 41 local clinical audits were reviewed by the Trust in 2018/19 and the following actions have been taken to improve the quality of healthcare provided through the continuous improvement of systems and processes.

Examples of improvements to the clinical audit process during 2018/19 include:

- All the Trust's clinical audit facilitators are allocated to one of the four Care Groups. These arrangements have been beneficial to building and establishing good working relationships with operational colleagues and staff engagement.

- Responsibility for audit action plan development is the audit lead(s) and Care Group with support provided by the clinical audit facilitator when required.

- Ownership of the audit actions plans is held at a local level within the services and is monitored by the Clinical Audit Department to ensure completion and collation of evidence for assurance.

- Each Care Group receives a monthly 'audit progress report' (produced by the clinical audit facilitator) to their respective Care Group assurance meeting (for quality) for review (including scrutiny and challenge) and monitoring. The report includes all forthcoming audits and assurance/ exceptions to ongoing and completed audits the Care Group are involved in.

- From the locality Care Group quality meeting, the findings, including highlights/ exceptions, are reported through the governance structures to Quality Committee and on to Trust Board via the clinical audit dashboards, summary reports and annual work programme.

- An audit action plan review process was implemented during 2018/19 in accordance with the overall audit rating, the clinical audit facilitator will conduct an action plan review with the audit lead as follows:

Outcome Rating	Rationale	Audit Follow Up
Outstanding	Achieved 100% across all standards.	A self-audit to be conducted by the service in the forthcoming year.
Good	Achieved 75% to 99.9% to most standards.	A face to face 6 months 'action plan review' visit (announced) with the clinical audit facilitator and audit lead.
Requires Improvement	Achieved 50 – 74.9% to most standards or mixed results.	The clinical audit facilitator to conduct an unannounced 'action plan review' visit within three months of issuing the audit report.
Inadequate	Achieved 49.9% or below for most standards.	The clinical audit facilitator to conduct an unannounced 'action plan review' visit within one month of issuing the audit report.

Clinical Research

The number of patients receiving relevant health services provided or sub-contracted by Rotherham Doncaster and South Humber NHS Foundation Trust in 2018/19 that were recruited during that period to participate in research approved by a research ethics committee and on the National Institute of Health Research portfolio was 1752 against a target of 600 (as of 22 February 2019). The end of year figure is due on 15/5/19.

Commissioning for Quality and Innovation (CQUIN)

A proportion of the Rotherham Doncaster and South Humber NHS Foundation Trust income in 2018/19 was conditional on achieving quality improvement and innovation goals agreed between Rotherham Doncaster and South Humber NHS Foundation Trust and any person or body they entered into a contract, agreement or arrangement with for the provision of relevant health services, through the Commissioning for Quality and Innovation payment framework.

This equates to 2.5% of the Rotherham Doncaster and South Humber NHS Foundation Trust income in 2018/19, equivalent to £2,785,660 compared to the 2017/18 income which was £2,790,450.

The actual CQUIN received in 2018/19 was £2,697,473 (97% of potential CQUIN).

Further details of the National CQUIN schemes for 2019/20 are available electronically via the NHS England web page at: https://www.england.nhs.uk/nhs-standard-contract/cquin/cquin-19-20/

Care Quality Commission (CQC) Registration

Rotherham Doncaster and South Humber NHS Foundation Trust are required to register with the Care Quality Commission (CQC) and its current registration status is for the following regulated activities:

- Accommodation for persons who require nursing or personal care.
- Assessment or medical treatment for persons detained under the Mental Health Act 1983.
- Diagnostic and screening procedures.
- Family planning.
- Personal care.
- Transport services, triage and medical advice provided remotely.
- Treatment of disease, disorder or injury.

With regards to Rotherham Doncaster and South Humber NHS Foundation Trust's CQC registration, during 2018/19 reporting period:

- There are no conditions in place.
- No enforcement action was taken by CQC against Rotherham Doncaster and South Humber NHS Foundation Trust.

- Rotherham Doncaster and South Humber NHS Foundation Trust have not participated in any special reviews or investigations by the CQC during the reporting period.

CQC conducted a 'Well Led' inspection at the Trust; with unannounced visits taking place from January 2018 and the inspection week 13-15 February 2018. The inspection report was published on 28 June 2018 with an overall rating of GOOD. This report can be found at http://www.cqc.org.uk/provider/RXE

Data Quality

Rotherham Doncaster and South Humber NHS Foundation Trust submitted records during 2018/19 to the Secondary Uses Service for inclusion in the Hospital Episode Statistics which are included in the latest published data.

The percentage of records in the published data:

- Which included the patient's valid NHS number was 99.7% for admitted patient care (not applicable for outpatient care and for accident and emergency care).

- Which included the patient's valid General Medical Practice Code was 62% for admitted patient care (not applicable for outpatient care and for accident and emergency care).

The national NHS Digital 'Information Governance Toolkit' has been superseded by the 'Data Security and Protection Toolkit' which reports whether standards 'have' or 'have not' been met from NHS Provider submissions. Rotherham Doncaster and South Humber NHS Foundation Trust has submitted the completed toolkit for 2018/19 to NHS Digital with an overall score of limited assurance against the required standards. The Trust has submitted an improvement plan which is awaiting approval from NHS Digital.

Rotherham Doncaster and South Humber NHS Foundation Trust were not subject to the Payment by Results clinical coding audit during the reporting period by the Audit Commission.

During 2018/19 Rotherham Doncaster and South Humber NHS Foundation Trust completed the following action to improve data quality, with TPP implemented across 100% of its services.

The creation of an integrated Electronic Patient Record which has delivered the opportunity for more timely, consistent and accurate data capture in patient records. During 2018/19, the implementation of a single electronic patient record concluded. This has not only enabled record shares across the Trust and primary care services, but also enables development towards achieving the regional health record.

The process for implementation also enabled a robust staff training programme to support improvements in data entry processes to support contemporaneous records. This has already started to improve the quality of information to support the delivery of care and the accuracy of performance and activity reporting.

The Trust has also taken the opportunity presented in harmonising onto a single patient record to improve the overall reporting and assurance process to support maintenance of a standardised recording and reporting profile and build trust in the data and its accuracy.

Our assessment of the impact of the actions taken in 2018/19 as described above which were taken by Rotherham Doncaster and South Humber NHS Foundation Trust during 2018/19:

- All Care Groups have now implemented the new TPP SystmOne integrated electronic patient record system. This has already delivered significant positive benefits e.g. it has enabled the sharing of clinical records across the Trust teams and primary care/GP services and it has supported a robust programme of staff training which has improved data entry and accuracy.

- An audit of risk assessment has revealed a significant improvement in compliance with risk assessment document completion.

Learning from deaths

During 2018/19, 145 of Rotherham Doncaster and South Humber NHS Foundation Trust patients died where the Trust was identified as the main care provider (definition available in the Trust's Learning from Deaths policy available on the public website). Table 6 below comprises the following number of deaths which occurred in each quarter of 2018/19 and the number of case record reviews and investigations undertaken.

Table 6: Number of patients who have died during the reporting period					
	Q1 2018/19	Q2 2018/19	Q3 2018/19	Q4 2018/19	Total 2018/19
Number of deaths	31	33	32	49	145
Number of case record reviews	22	25	22	34	103
Number of investigations (By Serious Investigation process)	9	8	10	15	42

By 31 March 2019, 103 case record reviews and 42 serious incident investigations have been carried out in relation to the 145 deaths included in Table 6 above. Of the 42 serious incident investigation reviews 19 are still ongoing.

A summary of the learning and actions taken by Rotherham Doncaster and South Humber NHS Foundation Trust in relation to the findings and outcomes of the case record reviews and investigations include:

The second version of the Trust's Learning from Deaths Policy was ratified by the Board of Directors on 28 March 2019. Up to this point the Trust had agreed with the Northern Alliance Group of Trusts (13 Trusts covering the North of England, North Sheffield up to the Border of Scotland) that due to the complexity of determining problems in care which led to a death in a mental health and community trust, we would agree this was a work in progress in terms of working on systems and processes along with definitions that might enable us to address this point.

The second version of the Trust's Policy has a clear process for determining whether a death was due to a problem in care, which will result from a formal structured judgement review led by a trained reviewer in consultation with the multi-disciplinary team who provided care for the patient prior to death.

All mortality screens and structured judgement reviews will be reviewed on a weekly basis by a newly formed group called the Mortality Operational Group which will then feed into the monthly Mortality Surveillance Group up through to the Quality Committee, a sub-committee of the Trust Board and then on to the Board of Directors. Data on this will be included in the quarterly report that goes to the Board of Directors starting Quarter 1 2019/20.

2.3 Reporting Against Core Indicators

In accordance with the NHS (Quality Accounts) Amendment Regulation 2017 core set of quality indicators; the Trust is required to report against these within the Quality Report. The inclusion of these mandated indicators enables Rotherham Doncaster and South Humber NHS Foundation Trust to provide data that is benchmarked against the national average performance of other mental health trusts. We have reviewed these indicators and our position against all relevant indicators for 2018/19 is as follows.

Where available, data is taken from national data sources and whether it is governed by standard national definitions. Data sources are referenced in Tables 7-9 below.

Table 7: The percentage of patients on Care Programme Approach (CPA) who were followed up within 7 days after discharge from psychiatric in-patient care during the reporting period.

Indicator	2016/17	2017/18	2018/19
RDaSH *Source: NHS England*	96.9%	96.43%	95.75%
All England highest/lowest *Source: NHS England*	100%/68%	100%/74.23%	99.4/88.9%
All England Average *Source: NHS England*	95.5%	96.08%	98.8%

*The reported data for this indicator continues to be validated following submission to NHS England and therefore varies from that published.

Source: NHS England https://www.england.nhs.uk/statistics/statistical-work-areas/mental-health-community- teams-activity/

Assurance Statement:

RDaSH have consistently achieved the 95% target set by NHS Improvement. Whilst a slight decline can be seen in compliance during 2018/19 compared to the previous 2 years, assurance can be provided that work is underway to support improvement moving into 2019/20.

We have as an organisation selected this metric (chosen by the Council of Governors) as one for external audit review in order to provide a level of independent assurance, with defined improvement actions to support enhanced delivery during 2019/20. The external auditors report (Annex 4) has highlighted improvement areas in respect of this metric and the Trust has agreed actions to be taken to strengthen the input, collation and reporting processes.

Table 8: The percentage of admissions to acute wards for which the crisis resolution home treatment team acted as a gatekeeper during the reporting period.

Indicator	2016/17	2017/18	2018/19
RDaSH *Source: NHS England*	95.75%	96.43%	97.3%
All England highest/lowest *Source: NHS England*	100%/90%	100%/74.23%	100%/93.7%
All England Average *Source: NHS England*	98.8%	96.08%	98.7%

*The reported data for this indicator continues to be validated following submission to NHS England and therefore varies from that published.

Source: NHS England https://www.england.nhs.uk/statistics/statistical-work-areas/mental-health-community- teams-activity/

Assurance Statement:

RDaSH has performed consistently high against this metric, delivering a year on year improvement. Work continues to support care to be provided in alternatives to bed based services and we have demonstrated a clear commitment in our organizational strategy to ensure care closer to home, a fundamental principle which is at the core of discussions and service developments with or commissioners.

Table 9: The percentage of patients aged i) 0- 15 and ii) 16 or over readmitted to a hospital which forms part of the trust within 28 days of being discharged from a hospital which forms part of the trust during the reporting period.			
Indicator	**2016/17**	**2017/18**	**2018/19**
Number of patients readmitted to hospital within 28 days of being discharged aged 0-15	1	0	0
Number of patients readmitted to hospital within 28 days of being discharged aged 16 and over	120	122	82

Assurance Statement:

RDaSH have demonstrated a significant reduction in readmissions during 2018/19. Pathways both in and out of bed based services remains an area of focus. We continually strive to ensure safe and effective transitions with appropriate handover and ongoing health and social care engagement to provide support appropriate to individual needs and prevent any unnecessary readmission requirements.

In summary

Rotherham Doncaster and South Humber NHS Foundation Trust consider that this data is as described (in Tables 7-9) and has taken the following actions to improve the quality of the data against these indicators, and so the quality of its services, in the forthcoming year (2019/20):

- Regular checks of the raw data for accuracy (prior to submission) are carried out by the Trust's Performance Team.
- The Trust's Information Quality Officer undertakes a programme of data quality audits.
- Finalisation of the Unity Project, introducing an integrated Electronic Patient Record across the Trust, including associated training for staff on data entry.

Table 10: The Trust's 'Patient experience of community mental health services' indicator score with regard to a patient's experience of contact with a health or social care worker – patient experience of contact with a health or social care worker during the reporting period.		
Indicator	**Trust 2018 Score**	**Comparison to overall 2018 national score**
Were you given enough time to discuss your needs and treatment?	77.1%	80%
Did the person or people you see understand how your mental health needs affect other areas of your life?	71.6%	74.5%

Source: CQC Mental Health Community Services Survey 2018

Assurance Statement:

The Trust has one of the top 20% scores for service users reporting they were given enough time to discuss their needs and treatment. Some service users report their health or social care worker did not fully understand how their mental health need affected other areas of their life. The RDaSH is at the top end of the intermediate range and both scores are an improvement on 2017.

Rotherham Doncaster and South Humber NHS Foundation Trust will take the following actions to improve this score:

- The themes/trends and recommendations of the report are reviewed and agreed at the locality Care Group Quality Governance meetings.
- Each Care Group are to develop a quality improvement plan from the outcomes of the survey.
- The Mental Health Community Services Survey 2018 report is submitted to the Trust's Operational Management Meeting (OMM).

Table 11: The number and rate of patient safety incidents (PSI) reported within the Trust during the reporting period and the number and percentage of such PSI that resulted in severe harm or death (Ref. National Reporting and Learning System (NRLS) categorisation).

Patient Safety Incidents (PSI)	01/04/18 to 30/09/18 RDaSH NRLS Data	01/04/18 to 30/09/18 All MH Trusts NRLS Data	01/04/18 to 30/09/18 All NHS Trusts NRLS Highest/ Lowest	01/10/17 to 31/03/18 RDaSH NRLS Data	01/10/17 to 31/03/18 All MH Trusts NRLS Data
Total number of patient safety incidents	2089	3381	9204/1129	1850	3160
% Rate per 1000 bed days	42.73 %	55.4 %	65.8%/33.9%	35.36 %	51.3%
Total number of deaths	48	51	65 / 09	32	31
Total number of severe patient safety incidents	0	50	12 /0	1	1
% of PSI resulting in death	2.3%	3.58%	0.7 / 0.8 %	1.73%	3.25%
% of PSI resulting in severe harm	0%	0.3%	0.1/ 0.0 %	0.05%	0.10%

Source: National Reporting and Learning System (NRLS)
https://improvement.nhs.uk/resources/organisation-patient-safety-incident-reports-21-march-2018/
https://improvement.nhs.uk/resources/organisation-patient-safety-incident-reports-26-september-2018/

Assurance Statement:

Rotherham Doncaster and South Humber NHS Foundation Trust consider that this data is as described (in Table 11) for the following reason:

- The Trust has continued to promote a culture which encourages the reporting of incidents.
- The Trust's number of incidents resulting in death has decreased in 2018/19 and is below the national average.
- The number of incidents resulting in severe harm has decreased and is below the national average.

Rotherham Doncaster and South Humber NHS Foundation Trust has taken the following actions, to improve the quality of its services, by reviewing all deaths and the learning from death:

- All deaths are reviewed by the Mortality Surveillance Group and findings reported to Trust Board through the Governance structures in order to gain assurance.
- Action plans are agreed (as appropriate) and are reviewed by our commissioners in line with the national Serious Incident Framework.
- Implementing a mortality module on the Ulysses system to effectively report and monitor deaths.
- Implement actions as a result of an internal audit into learning from deaths undertaken by 360 Assurance during 2018/19.

Part 3

This section provides an overview of the quality of care delivered by Rotherham Doncaster and South Humber NHS Foundation Trust; based on the performance in 2018/19 against indicators selected by Trust Board in consultation with stakeholders.

The following is a summary of the key indicators for each of the three quality domains and 'our people/staff' domain.

3.1 Patient safety

Reported incidents

The total number of incidents reported by the Trust is 9331. Learning from incidents is reported through the Trust's quality Governance structures, to drive quality standards and service improvements.

A key priority for 2019/20 is to continue to implement robust systems and processes to enable shared/organisational learning from reported incidents across the Trust. Table 12 below details the number of incidents by level of harm.

Table 12: Total number of reported incidents by level of harm.			
Reported incident - level of harm	**2016/17**	**2017/18**	**2018/19**
0 – Near miss	1011	904	977
1 – No harm	5318	4522	4475
2 – Minor (minimal harm)	3745	3116	3411
3 - Moderate (not permanent harm)	319	267	286
4 - Major (not permanent harm)	33	21	19
5 - Catastrophic (permanent harm)	8	6	3
6 - Death	160	134	160
Total	**10594**	**8970**	**9331**

Assurance Statement:

During the period 1 April 2018 to 31 March 2019 the Trust incident figures are taken from the National Reporting and Learning System (NRLS) organisational categorisations and data reports.

The Trust engaged in the Listening in Action programme during 2018/2019 in terms of improving incident reporting. As a result of this engagement work the Trust has taken the following actions to improve the number of incidents reported and so improve the quality and safety of its services by:

- Making improvements to the Trust incident reporting system Ulysses to give staff better access and user friendly.
- Adding a mortality module to separate natural and/or expected deaths from incidents.
- Providing access to real-time information on Ulysses dashboards.
- Embracing new technological ideas in improving the incident reporting system.
- Identifying areas of low reporting and devising strategies for improvement.
- Improve training on incident reporting to staff.
- Implement actions based on recommendations made in the internal audit report of incidents performed during 2018/19 by Internal Audit (360 Assurance).

Serious incidents

In 2018/19, Rotherham Doncaster and South Humber NHS Foundation Trust reported a total of 62 serious incidents on Strategic Executive Reporting System (STEIS). Table 13 below identifies how this figure compares to the serious incidents during 2017/18 and 2016/17. This figure includes four cases awaiting moderation from April's pressure ulcer panel.

Table 13: Serious Incident Numbers Reported on STEIS			
STEIS Serious Incident (SI)	2016/17	2017/18	2018/19
Total number STEIS reported SIs	103	78	62

Assurance Statement:

The Trust reports all serious incidents supported by a culture of being open and honest.

During 2018/2019 serious incident investigations are managed by the Head of Patient Safety and investigated by a team of Investigation Leads in partnership with the Care Groups. This provides continuity of approach to investigations and enables the Trust to learn and make changes to services to improve quality and safety. As part of the statutory Duty of Candour, the Trust shares lessons that are learned as a result of investigations into serious incidents with the patient and/or family.

During 2018/2019 the Trust's Freedom to Speak-up Guardian and supporting advocates have continued to provide a confidential service to enable staff to raise concerns.

The serious incidents reported in 2017/18 were categorised as follows:

Serious Incidents Categories reported 2018/19

Apparent/actual/suspected self inflicted harm	Pending review	Pressure ulcer	Disruptive/aggressive/violent behaviour
43	7	7	1

Failure to obtain appropriate bed for child who needed it	Slipos/trips/falls	Confidential information leak	Abuse/alleged abuse of adult patient by third party
1	1	1	1

Never events

'Never Events are serious incidents that are entirely preventable because guidance or safety recommendations providing strong systemic protective barriers are available at a national level, and should have been implemented by all healthcare providers' (NHS Improvement, 2018). During 2018/19, the Trust has had zero (0) never events.

Patient safety incidents

The Trust reports patient safety incidents fortnightly to the NHS Commissioning Board National Reporting and Learning Service (NRLS). The NRLS provides six monthly reports to the Trust, which contains comparative information on our reporting rate per 1,000 bed days, types of incidents reported and incidents reported by degree of harm, compared with 56 similar organisations.

The majority of patient safety incidents reported by the Trust fall into the following categories:

- Patient accident/incident.

- Adverse health event (an injury related to medical management. Medical management includes all aspects of care, including diagnosis and treatment, failure to diagnose or treat, and the systems and equipment used to deliver care. Adverse events may be preventable or non-preventable).

Duty of Candour

The Duty of Candour (DoC) applies to ALL patient safety incidents which have an actual impact of 'Moderate' or higher. If DoC is applicable, the following actions required and completed to comply with DoC:

- A nominated person contacts the patient or relevant person.

- The nominated person provides an apology and a full explanation of what has happened and what will happen next.

- A letter is sent to confirm this conversation.

- The nominated person or delegate investigates the incident and writes a report.

- A copy of the report and explanation of the report (if required) is provided to the patient or relevant person.

- These actions are recorded on the Trust's 'Ulysses' incident reporting system and copies of all written correspondence are attached to the incident report.

During 2018/19, the Trust's Head of Patient Safety and the Trust Medical Devices and Projects Officer has provided advice and guidance for staff on DoC and are also responsible for monitoring DoC incidents. They also provide a prompting service to ensure that managers are aware of the requirements.

Organisational learning

This Cultural Development and QI model builds upon the strong foundations concerning enjoyment, improvement and co-production developed via the use of the Listening into Action approach over the past three years. It provides a more digitally enabled approach, utilising 'Quality, Service Improvement and Redesign' (QSIR) Programme methodologies, underpinned with the 'Culture and Leadership' approach supported by NHS Improvement. Transitioning into this model is planned throughout 2019/20 supported by a structured training and accreditation programme, and a focused 'wrap-around' suite of cultural support.

This new model is in line with 'best practice' recommendations and internal Trust feedback. The Quality Improvement (QI) team has been integrated with the organisational development, Learning and Development and 'Freedom to Speak Up' teams to form the Cultural Improvement and Development Team, and integrated into the Workforce and Organisational Development Directorate. This team has focused upon evaluating past and current Trust approaches to improvement, engagement and learning, working closely with the Executive Team to define and develop a total quality management model and approach. This is supported by a structured training and accreditation programme, and a focused 'wrap-around' suite of cultural support approaches including the

introduction of 'Schwartz Rounds', 'human factors' working and enhanced support Equality, Diversity and Inclusion activity.

Rotherham Doncaster and South Humber NHS Foundation Trust learn from a range of sources including patient and staff feedback, outcomes of reported incidents and innovations.

Organisational learning takes place at a locality level within each of the Care Groups and at a Trust-wide level:

- **Care Group**

Learning takes place via locality manager/team meetings, where themes/trends are reviewed and reported through the relevant governance structures for quality, safety, financial regulation and staff management.

- **Trust-wide**

  - The Trust's 'Leadership Development Forum' is responsible for providing a structured approach to organisational learning and improvement discussions. Incidents and developments are discussed, reflected on and shared in order to learn from these and embed this learning in the Trust's culture and practice.

  - There are plans to introduce a 'Learning Matters' forum alongside of the Leadership Development Forum in 2018/19. It is anticipated that this will further foster a culture of 'learning and not blaming', in which a 'safe space' is provided to explore concerns, incidents, failures and successes from each of the Care Groups. It will also ensure best practice can be shared and lead to reduced variation in service provision. This is currently under development by the Nursing and Quality Team and trial forums have been conducted.

Safeguarding

NHS Trusts are required to have in place arrangements that reflect the importance of safeguarding and promoting the welfare of children. These include senior management commitment and accountability at all levels across the organisation for safeguarding, with suitable experienced leadership, a culture of listening to children and adults at risk, a culture where staff have the freedom to speak up about practice that concerns them, arrangements in place whereby concerns about multi agency work can be escalated swiftly and resolved to ensure children, young people and adults at risk remain safe. The Trust should have clear processes in place for information sharing within the context of safeguarding children and adults at risk. Recruitment practices and retention of a safe and expert workforce is vital. Staff should be supported and trained to deliver safe care as well as demonstrate excellent practice. In addition those who would harm a child, young person or adult at risk are discouraged from the organisation.

As part of demonstrating its commitment to meeting the arrangements described above the Trust completes an annual self-declaration and also assessments requested by Local Safeguarding Children Boards (or their replacements) on compliance with duties outlined in section 11 of the Children Act 2004. Details of the full declaration submitted by Rotherham Doncaster and South Humber NHS Foundation Trust are available on the Trust website: http://www.rdash.nhs.uk/about-us/public-declarations/safeguarding/

Training

Rotherham Doncaster and South Humber NHS Foundation Trust had (and has) an up to date safeguarding children and safeguarding vulnerable adults training strategy and training programme available to all staff. To support staff identify which staff require what level of safeguarding training a guide for managers has been developed. Multi-disciplinary training continues to be delivered across the Trust at all levels. Training compliance is shown in Table 14:

Table 14: Safeguarding Training (Level 1) Compliance			
	2016/17	**2017/18**	**2018/19**
Safeguarding Children	92.9%	94.61%	98.6%
Safeguarding Adults	88.71%	90.61%	98.6%
Source: Oracle Learning Management System			

Following the publication of the Intercollegiate document for safeguarding children and young people and for safeguarding adults the Trust has reviewed the training and development offer to staff and the revised training and development programme for 2019-2022 is available on the trust website. In addition the Trust works with Local Safeguarding Children's Boards and Safeguarding Adult Boards to ensure that there are sufficient training opportunities for staff to engage in multi-agency training.

Each year the Trust publish an Annual Safeguarding Report that outlines the collaboration with Local Safeguarding Children Boards and Safeguarding Adult Boards, the Trust safeguarding priorities under the priorities set within the Five Year Strategy. The Trust is currently producing the Annual Safeguarding report which will provide detail on the progress made in these areas over 2018/19.

Work with local Safeguarding Children Boards and commitment local priorities

The Trust works effectively with three Local Safeguarding Boards and three Safeguarding Adult Boards. The Trust ensures that there is appropriate representation on all Boards and associated subgroups and commits to a total of 48 different types of Boards and sub groups over the three locality areas. The Nurse Consultant and Named Nurses have a key role in promoting good professional practice within the organisation.

Looked After Children (LAC) Doncaster

During 2018/19, the Looked After Children's (LAC) Team has continued to develop the quality of services delivered to Looked After Children and their carers including:

- Development of a dedicated 0-19 LAC team, focusing on the quality improvement for looked after children and their carers.

Each Looked After Child is allocated a named nurse, providing consistency and continuity throughout the care period. This enables therapeutic relationships to be established and ensures that Looked After Children do not have to keep repeating their stories which are often traumatic. This model is viewed as best practice within the South Yorkshire and Bassetlaw regional network and is in the process of being rolled out in other authorities.

- The commissioning of Joint Initial Health Assessment for Looked After Children following a successful business case being put forward by the LAC team

The nurse led contribution to the initial health assessments ensure that all health needs are identified as part of a holistic, child/young person centred (and no longer a medical model) approach to care. The named nurse oversees the health care plan to ensure health outcomes are improving.

- Professionals learning through young people's experiences in care

The Named Nurse for looked after children arranged the delivery of 'Total Respect' training to practitioners within RDaSH who work directly with Looked After Children, Young People and Care Leavers. 'Total Respect' training is delivered by young people who have been in care with the philosophy that young people are both the experts and the leaders; it aims to challenge and change attitudes and stereotypes about care. It allows participants to understand the experiences of young people who use their service, to get participants to 'walk in their shoes'.

The above group was formulated in response to the guidance produced by NHS England "A guide to meeting the statutory health needs of Looked After Children through a standard approach to commissioning and service delivery" (NHS England, November 2017). A Safeguarding bid was completed to support the work of the group

in reducing unwarranted variation that exists for Looked After Children across South Yorkshire and Bassetlaw. The groups consist of designated and named professionals across health and social care with the aim of:

- Working together to consider the health needs of children in care across the South Yorkshire and Bassetlaw region.

- Ensuring that individual group members retain responsibility for disseminating information and guidance within sub regions.

- Sharing best practice and working towards all children in care receiving an equitable service based on need.

As part of this work stream a task and finish group has been instrumental in reviewing and streamlining the Review Health Assessment tool for LAC. The aim is to reduce time spent on documentation and improve quality and efficiency. This will be piloted and evaluated by Doncaster and South Yorkshire & Bassetlaw LAC team teams during 2018-19***.

RDaSH Named Nurse for Looked After Children was asked to present the Doncaster 0-19 LAC approach to the steering group as this was identified as a best practice model. As a result of this other areas within the region are looking to adopt RDaSH's dedicated team approach.

*** The new documentation has been implemented and feedback has been positive so far. This has been identified via peer review of Review Health Assessments within the LAC team.

Infection Prevention and Control

Infection Prevention and Control (IPC) remains one of the Trust's key priorities. Reducing health care associated infections (HCAIs) is high on the Government's safety agenda and a priority for the general public in their expectations of the quality of care they received.

Table 15 below identifies Rotherham Doncaster and South Humber NHS Foundation Trust's number of HCAI notifications in 2018/19 and a comparison to previous years; and shows that infection rates within the Trust remain low.

Table 15: Notifications of Mandatory Healthcare Associated Infections			
Indicator	2016/17	2017/18	2018/19
Escherichia coli (E. coli) bacteraemia	1	5	0
Meticillin Resistant Staphylococcus aureus (MRSA) bacteraemia	0	0	0
Meticillin Sensitive Staphylococcus aureus (MSSA) bacteraemia	1	0	0
Clostridium difficile infection (CDI)	10	5	5*
Source: Local Reporting System, cases as defined by Health Protection Agency Guidelines			

E. coli Bacteraemia

During 2018/19, the Trust has had one case of E.coli reported (March 2019). The internal post infection review for this case is currently ongoing.

Clostridium difficile infection (CDI)

Each CDI case has been reviewed and a root cause analysis investigation undertaken. It was found that all cases were 'unavoidable' with no lapses in care. Any shared/ organisational learning e.g. record keeping, obtaining samples and staff training are identified through an action plan been developed and implemented for the ward concerned.

3.2 Clinical Effectiveness

Clinical Audit

Annual Clinical Audit Programme

The Trust has an annual clinical audit programme, the activity and delivery of which is reported on a quarterly basis to the Trust's Quality Committee. The programme includes:

* All the national audits (including POMH-UK) which the Trust is eligible to participate in.

* All local (Trust) audits submitted by each of the Care Groups.

* Relevant CQUINs which require clinical audit support for delivery.

The annual programme is fluid, with audits added and removed in response to changing circumstances e.g. national audit team advice, Quality Improvement action. The Trust's Senior Clinical Audit Practitioner has oversight and operational responsibility for the annual programme; and is experienced in "flexing" the forward programme to re-prioritise as required.

A process has been implemented during 2018/19 and will be continued into the forthcoming year for review of compliance with the audit action plans, and these reviews have been included in the annual programme.

For detail of the clinical audit programme activity and delivery for 2018/19, see Clinical Audit section on page QR28 of this report – .

Forward Programme 2019/20

At the time of this report being prepared the annual audit programme for 2019/20 has 71 projects/ topic areas for clinical audits to be undertaken against. The projects/audit topics vary in the audit reports they generate; ranging from none e.g. National audit reports generated by the National audit team to multiple reports e.g. a report to each Care Group of a Trust wide audit.

An internal review of the clinical audit programme database has taken place during 2018/19 to produce a forward programme for 2019/20 which:

* Is outcome focused.

* Provides accurate data for clinical audit activity and delivery.

* Allows real time reporting and theme/trend analysis for day to day operational use by the Clinical Audit team.

* Will generate the required reports through the Trust's Governance structures.

* Provides assurance on the audit process, including activity and actions taken against the overall audit outcome rating for the audit.

Clinical Policies

During 2018/19 a comprehensive internal review of the process for ratification of clinical policies has taken place. Steps have been taken to implement a robust framework and provide Trust Board (via Quality Committee) with assurance that:

* The ratification of all clinical polices is through a structured review and approval process.

* In accordance with relevant legislation and guidance, the Trust is fulfilling its statutory duty to have up to date, evidence based clinical policies in place.

    This includes:

- A monthly 'Clinical Policies Review and Approvals Group' (CPRAG) whose terms of reference of the group contributes to the delivery of the Strategic Ambitions (and Quality Priorities) of the Trust.

- Appropriate consultation of clinical policies has taken place.

- All clinical policies are reviewed, ratified and reported in accordance with the Trust's Procedural Documents (Development and Management) Policy.

- Scrutiny and challenge of all clinical policies content takes place to ensure that it is fit for purpose in:

    - Providing guidance and standards for staff in safe working practices

    - Promoting standardisation in the provision of safe and effective care and the management of risk.

National Institute for Health and Clinical Excellence (NICE)

The role of NICE is to improve outcomes for people using the NHS and other public health and social care services by:

- Producing evidence-based guidance and advice for health, public health and social care practitioners.

- Developing quality standards and performance metrics for those providing and commissioning health, public health and social care services.

- Providing a range of information services for commissioners, practitioners and managers across the spectrum of health and social care.

Rotherham Doncaster and South Humber NHS Foundation Trust utilises a NICE 'Health Assure' database which uploads NICE guidance throughout the month. Currently there are nine identified NICE leads across the Trust who can access this database and provide assurance of compliance where NICE guides are relevant, and to upload evidence to support this.

The Trust now accesses all NICE guides (including Quality Standards) on one view page. NICE quality standards set out what a quality service should look like and the Trust aims to achieve this 'best practice' level, to support its assurance to deliver the best care possible.

In 2018/19 NICE published 157 guidance documents (including Quality Standards; of which 48 were determined to be relevant to the Trust from April 2018 to February 2019, and of seven guides so far published for March 2019 it is estimated that three will be relevant. Relevance varies from awareness to fully compliant. NICE Guidelines may be re-reviewed and updated at any point following their initial release.

Examples include:

- **NG100 (Updated July 2018) Rheumatoid arthritis in adults: management** - The guideline covers diagnosing and managing rheumatoid arthritis. It aims to improve quality of life by ensuring that people with rheumatoid arthritis have the right treatment to slow the progression of their condition and control their symptoms. People should also have rapid access to specialist care if their condition suddenly worsens. Adult Community Nursing Service to update.

- **NG88 - (Updated Nov 2018) Heavy menstrual bleeding: assessment and management** This guideline covers assessing and managing heavy menstrual bleeding (menorrhagia). It aims to help healthcare professionals investigate the cause of heavy periods that are affecting a woman's quality of life and to offer the right treatments, taking into account the woman's priorities and preferences.

- **QS171 Medicines management for people receiving social care in the community:** This quality standard covers assessing if people need help with their medicines and deciding what medicines support is needed to enable people to manage their medicines. It also includes communication between health and social care staff to ensure people have the medicines support they need.

NICE quality standards

NICE Quality standards set out what a quality service should achieve and whilst not mandatory may be considered best practice. The Trust uses NICE quality standards to support service development/improvements for patients and to assure they deliver the best care possible.

The Trust reviews NICE Quality Standards alongside all other NICE guides with a view to implementing as required where applicable. Guidance may be sought from the Trust's commissioners where it is deemed current arrangements do not support the Quality Standard.

NICE consultations

The Trust considers all notified NICE consultations and where appropriate will register as a stakeholder. Involvement in identified consultations supports the development of guidance and quality standards.

During 2018/19, the Trust contributed as a stakeholder, to the following NICE consultations registered by the Clinical Effectiveness Lead. Individual staff members may also register as stakeholders in their own right; however registrations are limited to a maximum of two per health provider:

- Rehabilitation in people with severe and enduring mental illness.

- Suicide Prevention.

- Management of fever in under five-years-olds

3.3   Patient Experience

RDaSH recognise the importance of implementing and maintaining effective patient engagement and appreciates that patient experience is vital to underpinning the organisations reputation and performance. Effective Patient Engagement and Experience (PPEE) arrangements aim to provide high satisfaction outcomes for service users, their families and carers, promoting their health and quality of life.

The PPEE Strategy 2016 -2019 is in its second year and continues to be implemented and embedded throughout the four Care Groups and the actions of the following nine themes are reviewed on a quarterly basis via the Listen to Learn Co-Production Network and exception reported in a six monthly assurance statement and annual report.

- Involving patients and carers to recruit staff.

- Working with patients and carers to train staff.

- Developing peer support.

- Involving Members and Governors.

- Promoting volunteering opportunities.

- Supporting experts by experience.

- Encouraging co-design.

- Making feedback meaningful.

- Promoting recovery-focused delivery of service.

The forward plan for the forthcoming year (2019/20) is to:

- Continuously improve participation and incorporate learning and best practice across the Trust.

- Implement and embed year three of the strategy, building on the achievements of the Listen to Learn and Carer Champion networks.

- Increase participation and engagement across all our localities, encouraging service users, friends, family and carers and members of the public to communicate and network with staff and senior managers to co-produce and deliver safe effective care.

Capturing Feedback

In order to improve the quality of services that RDaSH provides, it is important that we understand what people think about the care and treatment they receive. One way of doing this is to ask people who have recently used our services to tell us about their experiences. Capturing patient/carer feedback is one of the priorities of the PPEE strategy and we currently use a variety of methods both formal and informal including the following:

- Your Opinion Counts.

- Compliments.

- Complaints.

- Patient Advice and Liaison Service (PALS).

- Friends and Family Test.

- Patient Opinion/NHS Choices.

- Patient Stories.

- Listening into Action Big Conversation events.

- Listen to Learn Co-production Network.

- Triangle of Care Steering Group.

- Trust public meetings.

- Trust Member's and Governor meetings.

- Local Healthwatch Feedback Centers.

- Local partner public meetings.

- Representation on partnership engagement meetings/forums.

Community Mental Health Survey

The Trust participated in the Community Mental Health Survey 2018 which is part of a series of annual surveys required by the Care Quality Commission for all NHS Trusts who provide mental health care in England.

The content of the Mental Health Community Service User Survey is determined nationally as is the covering letter. The questionnaire and letter were sent out on behalf of RDaSH by Quality Health who is our approved contractors.

The survey was undertaken by Quality Health between February and June 2018 and is a randomised sample of all service users aged 18 years and over who were on the RDaSH Care Programme Approach (CPA) and non CPA register between 1 September and 30 November 2017. 806 service users were contacted by post and a total of 220 completed surveys were returned 27%, which is the same percentage response as in 2017.

The report is presented in a way that allows organisations to view their own specific data for the past three years and benchmark themselves with other Quality Health clients who participated in the survey.

The overall results for the Trust presents a positive picture and many of the scores are in the top 20% of all Trusts surveyed by Quality Health. The remaining scores are in the intermediate range, no scores are in the lower 20% range. Although the majority of the results in 2018 are higher than the national range, there is a slight downward trend in both RDaSH and national figures.

The full outcomes of the RDaSH survey are broken down into ten specific categories and one overall category. There are 13 recommendations which is an improvement on the 2017 survey which had 19 recommendations.

Each care group has its own action plan relating to the recommendations which are reviewed via the Care Group Quality and Governance meetings and are exception reported to the overarching Organisational Management Meeting.

Table 16: Community Mental Health Survey Comparative Scores						
Overall Scores	**2016/17**		**2017/18**		**2018/19**	
	RDaSH	All	RDaSH	All	RDaSH	All
In the last 12 months did you have a very good experience?	71.8%	69.8%	72.2%	70.3	70.4	68.4
In the last 12 months did you feel you were treated with respect and dignity by NHS Mental Health Services?	87.1	83.4	86.4	83.3	82.6	82.9
The comparative data displayed in this report is from 53 Mental Health Trusts and Community Interest Companies with mental health functions surveyed by Quality Health this year (95% of the total number of surveyed organisations).						

Complaints and compliments

When people access our services, most care and treatment goes well, but things occasionally do go wrong. Rotherham Doncaster and South Humber NHS Foundation Trust have a complaints policy which provides a framework to:

- Provide fair and equitable access for patients and service users to make complaints and to provide an honest and open response to these complaints.

- Provide patients and service users and those acting on their behalf with support to bring a complaint or to make a comment, where such assistance is necessary.

- Have mechanisms in place to learn from complaints and to share this learning across the Trust where appropriate.

The main categories of complaints received within the Trust in 2018/19 relate to:

- Patient Care.

- Clinical treatment.

- Communications.

- Values and Behaviours of Staff.

Table 17 shows the number of complaints across the Trust in comparison to the previous four years and an increase in the number reported year on year since 2016/17 This is viewed by the Trust as a positive reinforcement of an open and transparent culture; that encourages reporting of complaints to inform and influence improvements in quality and service delivery.

Table 17: Complaints and compliments across the Trust			
Indicator	**2016/17**	**2017/18**	**2018/19**
Complaints	137	165	119
Compliments	1166	1222	882
Source: Ulysses Incident Reporting System			

Patients and service users may also want to contribute positive comments on the care and services that they have received. These comments are just as important because they tell us which factors are contributing to a good experience for patients. Table 18 also shows the number of compliments that have been received in 2018/19.

Feedback received through the Trust's Patient Safety and Investigations Team is shared with the relevant care groups, to both disseminate the positive comments that have been received and to develop action plans to address areas of concern.

Your Opinion Counts / Patient Advice Liaison Service

`Your Opinion Counts' (YOCs) and the Patient Advice Liaison Service (PALS) provide patients, service users and carers with alternative methods of providing feedback to the Trust. Table 18 shows the number of PALS and YOC received in 2018/19.

Table 18: Patient feedback received via PALS and local Your Opinion Counts			
Indicator	**2016/17**	**2017/18**	**2018/19**
Patient Advice Liaison Service	425	337	433
Your Opinion Counts	3128	2730	2707
Source: Ulysses, Trust reporting system and local reporting system			

The feedback received through YOCs continues to be predominantly positive. The types of enquiries received through PALS are:

- General concern.

- Information request.

- Signposting.

- Request for advice.

Eliminating mixed sex accommodation (EMSA)

Providers of NHS funded care are asked to confirm whether they are compliant with the national definition "to eliminate mixed sex accommodation except where it is the overall best interests of the patient, or reflects their patient choice". The Trust's EMSA declaration April 2018 can be found on (http://www.rdash.nhs.uk/about-us/public-declarations/delivering- same-sex-accommodation). The Trust has an excellent record in eliminating mixed sex accommodation, with the majority of inpatient care being provided on wards that have single ensuite bedrooms. For those wards that do not have ensuite facilities clear guidance is provided for the care of patients to ensure that no breach occurs and also to maintain all patients privacy and dignity. All mental health and learning disability wards also have ladies only lounges.

Eliminating mixed sex accommodation is only part of the patients experience with regard to maintaining their privacy and dignity and therefore there is an on-going work programme in place with all inpatient modern matrons. This work continually updates approaches and ensures the Trust maintains the high profile that dignity within care should have.

Breaches in providing same sex accommodation

There have been 0 reported breaches in EMSA during 2018/19.

Patient-Led Assessments of the Care Environment (PLACE)

The 2018 Patient Led Assessments of the Care Environment (PLACE) were undertaken between March and April 2018.

The PLACE assessments were led by trained 'Patient Assessors' and included Governors, Health Watch (Doncaster and Scunthorpe), Volunteers, and in-patients, and were facilitated by trained staff assessors from Facilities, Human Resources, Corporate Services, and the Infection Prevention and Control Team.

The 2018 assessments focused on six key themes:

- Cleanliness.

- Food.

- Privacy and Dignity.

- Condition and Appearance.

- Dementia.

- Disability.

The Trust results from the 2018 survey show that the Trust is above the national average for all areas with the exception of 'cleanliness' which is slightly below the national average. This is detailed in Table 19 below.

Table 19: RDaSH average comparison with national average results - 2018.						
	Cleanliness	**Food and Hydration**	**Privacy and Dignity**	**Condition / Appearance**	**Dementia**	**Disability**
RDaSH average 2018	98.26%	92.61%	90.93%	96.86%	91.57%	89.59%
National Average 2018	98.5%	90.2 %	84.2 %	94.3%	78.9%	84.2%
Variation	-0.24%	+2.41%	+6.73%	+2.56%	+12.67%	+5.39%

There has been an overall improvement in the 2018 results for the Trust when compared to 2017 in the areas of 'food and hydration', 'dementia' and 'disability', see Table 20 below.

Table 20: RDaSH comparison of average results - 2017 versus 2018						
	Cleanliness	**Food and Hydration**	**Privacy and Dignity**	**Condition / Appearance**	**Dementia**	**Disability**
RDaSH average 2017	98.5%	88.6%	93.3%	97.3%	79.9%	88.4%
RDaSH Average 2018	98.26%	92.61%	90.93%	96.86%	91.57%	89.59%
Variation	-0.24%	+4.01%	-2.37%	-0.44%	+11.67%	+1.19%

A comparison of Trust results on a site by site basis of the 2017 and 2018 results is shown in Table 21 below.

Table 21: RDaSH comparison of site results 2017 versus 2018												
	Cleanliness		Food and Hydration		Privacy and Dignity		Condition / Appearance		Dementia		Disability	
	2017	**2018**	2017	**2018**	2017	**2018**	2017	**2018**	2017	**2018**	2017	**2018**
Tickhill Road Site	97.78%	**98.80%**	88.65%	**93.67%**	90.50%	**87.50%**	97.00%	**96.88%**	74.49%	**88.29%**	78.49%	**86.79%**
Woodlands	98.86%	**98.83%**	88.22%	**89.53%**	92.65%	**94.20%**	96.62%	**98.65%**	87.37%	**96.84%**	92.18%	**97.62%**
Emerald	97.62%	**97.92%**	n/a	**n/a**	96.43%	**100%**	95.93%	**98.21%**	n/a	**n/a**	100%	**100%**
Great Oaks	97.32%	**97.48%**	84.10%	**91.21%**	84.88%	**96.34%**	96.01%	**93.21%**	76.29%	**90.85%**	86.90%	**88.80%**
Swallownest	98.73%	**96.45%**	87.75%	**91.50%**	95.91%	**91.53%**	98.99%	**97.22%**	79.38%	**100%**	85.34%	**88.45%**
St John's Hospice	99.67%	**97.39%**	94.27%	**97.08%**	100%	**100%**	96.15%	**100%%**	81.83%	**82.30%**	87.33%	**94.17%**
New Beginnings	99.65%	**99.33%**	n/a	**n/a**	93.33%	**100%**	100%	**91.10%**	n/a	**n/a**	88.89%	**100%**

An action plan has been developed as a result of the PLACE survey and covers the period 2018/19. This is detailed in Table 22 below.

Table 22: PLACE action plan 2018/19					
No.	Patient led assessment of the care environment criteria	Planned action inc. resources to meet criteria	By when	Progress as at 23/08/2018	Action completed and confirmed by	Sustainability
The Ward Assessment: Mental Health and Learning Disabilities Hospitals						
1	Internal decoration should be bright, coordinated and in good condition. Paintwork should be free from chips, scratches and other damage.	1) A planned programme for the redecoration of Amber Lodge. 2) A planned programme for the redecoration of Jubilee 1.	31/12/18 31/3/19	1) Redecoration on Amber Lodge has commenced. 2) Planned to commence late 2018.	To be confirmed at Care Group Quality and Standards (Q and S) meeting.	Part of ongoing Trust wide redecoration programme.
2	Waste bins should have 'no touch' or foot operated and 'silent closing' mechanisms, which should be working. (Silent closing is not necessary in single rooms or non-bedded areas).	When replacing waste bins on the wards, ensure they have silent closing mechanisms.	Ongoing	Information passed on to the purchasing departments 'buying team' to police orders which are placed.	To be confirmed at Care Group Q and S meeting. 22/8/18 – completed.	Ongoing replacement programme as orders are made by wards.
3	Availability of hot and cold meal choices for both lunch and evening meal.	Review of patient meal to ensure a selection of hot and cold meal choices are available at both meal sittings.	31/12/18	Menu review group established in May 2018. Patient engagement with Great Oaks in-patients. Week one draft menu complete.	To be confirmed at Care Group Q and S meeting.	Continue to respond to patient feedback.

4	Patient Feedback.	Review of ligature risks at Swallownest Court and Coral Lodge.	31/10/18	Patient Safety Lead to discuss ligature risks with Patient Governor, Peter Vargas.	To be confirmed at Care Group Q&S meeting.	

3.4   Our People/Staff

Staff views of quality

Staff are vital to the delivery of high quality, safe and clinically effective care. The views of our staff on their ability to deliver high quality care are important in helping us shape our plans for quality improvement. Tables 23 and 24 show our performance against key measures and indicators over previous years.

The Trust uses different methods to engage with staff and to secure their views, including:

- Surveys.

- "Big Conversation" workshops.

- Chief Executive blog.

- Professional networks.

- Trust Matters.

Staff survey

Table 23: Staff survey results relating to quality			
Staff Survey Questions	**2017 RDaSH** % strongly agree or agree	**2018 RDaSH** % strongly agree or agree	**2018 average for other MH trusts** % strongly agree or agree
If a friend or relative needed treatment, I would be happy with the standard of care provided by this Trust	62%	67%	66%
I am satisfied with the quality of care I give to patients/service users.	81%	85%	80%
I feel that my role makes a difference to patients/ service users.	87%	87%	88%
I am able to deliver the patient care I aspire to.	67%	71%	66%
I am able to make improvements happen in my area of work.	54%	54%	58%
Source: CQC			

Table 24: Staff survey results for KF21 and KF26			
Staff Survey Questions	**2017 RDaSH**	**2018 RDaSH**	**2018 average for other MH trusts**
Percentage of staff believing that the organisation acts fairly with regard to career progression/ promotion regardless of ethnic background, gender, religion, sexual orientation, disability or age.	88%	90%	86%
Percentage of staff experiencing harassment, bullying or abuse at work from managers in the last 12 months (Q13b).	8%	9%	11%
Percentage of staff experiencing harassment, bullying or abuse at work from other colleagues in the last 12 months (Q13c).	12%	12%	16%
Source: CQC			

3.5 Performance Against Mandated National Indicator Measures and Performance Thresholds

Monitor set targets for Foundation Trusts as part of its 'Risk Assessment Framework' and part of appendices one and three of the 'Single Oversight Framework'. Table 25 shows our progress against the Mental Health and Learning Disability governance indicators for 2018/19 and where applicable includes comparative information for the two previous years.

Table 25: Performance against Monitor's mental health governance indicators			
Targets	**Threshold**	**2017/18**	**2018/19**
Early intervention in Psychosis (EIP): People experiencing a first episode of psychosis treated with a NICE approved care package within two weeks of referral. [A]	53%	91%	93%
Ensure that cardio-metabolic assessment and treatment for people with psychosis is delivered routinely in the following service areas:			
a) Inpatient wards.	90%	100%	94%
b) Early Intervention in Psychosis Services.	90%	95%	93%
c) Community Mental Health Services (people of care programme approach).	65%	82%	88%
Improving Access to Psychological Therapies (IAPT):			
a) Proportion of people completing treatment who move from recovery (IAPT dataset).	50%	53%	56%
b) Waiting time to begin treatment (from IAPT minimum dataset) within six weeks of referral.	75%	89%	85%
c) Waiting to begin treatment (from IAPT minimum dataset) within 18 weeks of referral.	95%	100%	99%
Care programme approach follow up: Proportion of discharges from hospital followed up within seven days.	See Table 8 (page QR33)		
Admissions to adult facilities of patients under 16 years old.	n/a	1	1
Inappropriate out-of-area bed days for adult mental health services (average per month)[A].	<110	148	87
Source: RDaSH performance reports			
[A] Marker of specific indicators which have been audited by the Trust's External Auditors. The external auditors report (Annex 4) has highlighted improvement areas in respect of these two metrics and the Trust has agreed actions to be taken to strengthen the associated input, collation and reporting processes.			

Annexes

Annex 1: Statements Clinical Commissioning Boards, Local Healthwatch Organisation and Overview and Scrutiny Committees, and RDASH Governors

NHS Rotherham Clinical Commissioning Group (CCG)

The Commissioner welcomes this opportunity to provide feedback to the Rotherham Doncaster and South Humber NHS Foundation Trust's document 'Quality Report 2018/19' and 'Forward Strategy 2019/20'. The RCCG is particularly keen to highlight the achievements of RDaSH in relation to a number of areas which are detailed below.

I welcome the RDaSH Annual Quality Report. As mental well-being is now recognised as increasingly important to the health of the nation, so is the requirement for excellent mental health services. Once again there is clear evidence of the commitment all those involved to improve these services for the people of Rotherham. From CAMHS for children and young people through working age adults and into the elderly mental health services RDaSH provide an extensive range of person-centred care. Rotherham CCG is pleased to have been able, with an increase in funding, to work closely with RDaSH to achieve improved outcomes for all those who access their services. Of especial note this year has been the work on supporting survivors of CSE, those suffering from eating disorders and IAPT.

Suicide rates and waiting times for ASD/ADHD diagnosis remain troubling and much work has been done between commissioners, RDaSH and local public health colleagues in these priority areas.

Dr Russell Brynes
Mental Health GP Lead
5 May 2019

NHS Doncaster Clinical Commissioning Group

Doncaster Clinical Commissioning Group (CCG) is pleased to comment on the Rotherham Doncaster and South Humber NHS Foundation Trust (RDaSH) Annual Quality Report 2018/19 and Forward Strategy 2019/2020. Partnership working with our local Trusts ensures a robust joint approach to the commissioning and delivery of care to Mental Health Learning Disabilities and Community patients in Doncaster. We continue to work together to ensure the best quality and evidence based care is available to all.

2018/19 has been a year of significant progress which saw the development of RDASH's Five Year Strategy 2019-2024 titled after their strategic vision 'Leading The Way With Care.'

The report provides both a retrospective view of the Trust's key quality improvement achievements and challenges they faced. It also sets out the key quality proprieties for the coming year keeping a balanced view of the three domains of quality:

- Patient Safety.
- Clinical Effectiveness.
- Patient Experience.

In February 2018 the Trust were visited by the CQC who conducted a 'well led inspection of their core services. The trust achieved an overall rating of 'Good' which was maintenance from their last rating.

The Trust continues to demonstrate an open and honest culture. As such they have developed a Board Assurance Framework (BAF) which has identified strategic risks that may impact on the achievement of its strategic goals. Their quality proprieties are linked to the risks identified and acts as a control to prevent the risk occurring. The progress and achievement of the quality priorities provide assurance on the mitigation of the risks which are reviewed on a regular basis. A summary board report is provided on a monthly basis to the CCGs Clinical Quality Review Group (CQRG).

Patient safety continues to be a key priority. Learning from incidents is reported through the Trust's quality governance structures to drive quality, standards and service improvements. The CCG is pleased to see a key priority for 2019/20 which is to continue to implement robust systems and processes to enable shared organisational leaning from reported incidents across their Trust.

The Trust's annual audit programme has been actively delivered incorporating audits nationally, locally and to enable measurement against the national CQUIN scheme. An internal review of their audit database has enabled the trust to produce a forward programme which is outcome focussed, this in turn will generate reports through the Trust's governance structures which will provide assurance on the audit process and actions taken against the outcomes.

An emphasis on patients and their experience continues to be a key driver ensuring participation and leaning from patient feedback is incorporated into best practice across the Trust and its services.

Through 2018/19, the Trust made significant progress and achieved most of the outcomes identified through the CQUIN scheme for both mental health services and community based nursing services. The trust as part of the scheme undertook local initiatives to ensure they were active partners of the Integrated Care System and place plan. The Trust have agreed ambitious National CQUIN schemes for the coming year that sit alongside and complement the 'Ten Year Plan'.

The CCG look forward to working with the Trust as they continue with their priorities for improvement in 2019/20 which cover six ambitions which prove the building blocks on which to provide high quality care, deliver excellence, drive innovation and deliver best practice outcomes for patients.

We would like to take this opportunity to thank the Trust and all their staff for their continued focus and hard work and we look forward to working with them collaboratively both in the transformation and redesign of key services and the further delivery of improvements in the quality of care and experience.

Andrew Russell
Chief Nurse, NHS Doncaster Clinical Commissioning Group
1 May 2019

The CCG is pleased to see that Rotherham, Doncaster and South Humber NHS Foundation Trust (RDaSH) retained the CQC rating of Good following the latest Well-Led inspection of the Trust's core services undertaken in 2018. This is a significant achievement and North Lincolnshire Clinical Commissioning Group (CCG) recognises the progress made by the Trust to achieve this outcome. The CCG will continue to support the Trust to maintain a continued focus on their improvement journey during 2019/20 to ensure that this position is sustained.

The CCG wish to note other improvements that have been achieved during the year including compliance with CQUIN indicators; improvement in the standard of quality and performance information provided to the CCG; improved collaboration with the CCG in relation to the management of incidents and serious incidents; and reduction in the use of restrictive interventions through the use of Positive Behavioural Support Plans.

While the CCG acknowledge the progress and improvement made by the Trust against the quality priorities for 2018/19, there remain some areas that are not meeting the required standards and where further improvement is needed including:

- The response provided by the Trust in the local adult Crisis Service for patients experiencing an acute mental health crisis; and,

- Waiting times in the Child and Adolescent Mental Health Services (CAMHS) Getting Advice (ASD) service in North Lincolnshire.

The CCG is working closely with the Trust to review demand for these services against capacity to ensure that the services are able to meet the patients' needs.

Other areas that require further improvement in 2019/20 in order to achieve national and local quality standards include:

- The timeframe for responding to complaints.

- The response rate to the Friends and Family Test.

- Compliance with Safeguarding Adults Training (level 2).

- Compliance with Safeguarding Children training (level 3).

- Compliance with Domestic Abuse training (Level 2).

The Trust's quality priorities for 2019/20 are welcomed by the CCG. We recognise the these priorities have the potential to improve the safety, effectiveness and experience of services provided by the Trust in North Lincolnshire.

Chloe Nicholson
Head of Quality
NHS North Lincolnshire CCG
9 May 2019

Healthwatch Rotherham

Healthwatch Rotherham continues to have an excellent co-operative
working relationship with Rotherham Doncaster and South Humber NHS Foundation Trust.

Healthwatch Rotherham attend Listen to Learn Network events where patients, carers and service users come together for a quarterly update and to get involved in the delivery of the Patient and Public Engagement and Experience Strategy.

We pass on the data we receive about RDaSH via our Feedback Centre and our NHS Complaints Advocacy Service to help The Foundation Trust to gain a wider view of the public's opinion. These comments have helped to inform the Trust's Quality Accounts and focus on areas of improvement for the next year. It is good to see patient experience at the top of the improvement priorities, assessment and communication are two areas regularly raised. We welcome the Trust's commitment to improving the patients experience by investing in additional training.

Healthwatch Rotherham produced a review of Rotherham CAMHS during September 2018, producing a report which was presented to the Trust, Rotherham CCG and Rotherham Health and Wellbeing Board to ensure that the families have their voice heard at every level.

Healthwatch Rotherham looks forward to continuing to grow and develop our good working relationship with all at Rotherham Doncaster and South Humber NHS Foundation Trust.

Tony Clabby
Chief Executive Officer
Healthwatch Rotherham
13 May 2019

Healthwatch Doncaster

Healthwatch Doncaster is pleased to provide comments and a response to Rotherham, Doncaster and South Humber NHS Foundation Trust's (RDaSH) 2018-19 Quality Accounts.

Healthwatch Doncaster recognises the value that RDaSH places on capturing the experience of feedback of people who use its services.

Healthwatch Doncaster has attended and been involved in the Listen to Learn Network and receives regular information updates that are shared across our groups, networks and membership.

Healthwatch Doncaster attended the Recovery Games in 2018 that was organised and delivered by Aspire. This was a fantastic event and Healthwatch Doncaster used it as opportunity to gather views from attendees about their use of urgent and emergency care services as part of System Perfect Week.

Healthwatch Doncaster recognises that there is more joined up work linked to patient and service user voice that could be actioned by both Healthwatch Doncaster and RDaSH.

Andrew D. Goodall
Chief Operating Officer
Healthwatch Doncaster
9 May 2019

Healthwatch North Lincolnshire

Healthwatch North Lincolnshire welcomes the opportunity to make a statement on the Quality Account for Rotherham, Doncaster and South Humber NHS Foundation Trust. We recognise that the Quality Account report is a useful tool in ensuring that NHS healthcare providers are accountable to patients and the public about the quality of service they provide.   The following is the response from Healthwatch North Lincolnshire.

It is clear from the quality account that the trust are keen listen to and engage with staff, patients and their carers to ensure the highest quality of care for those who use the services.
The introduction of the Carers' Charter is a positive step as it recognises the vital role of carers and friends in the treatment and recovery of the patient.

This Quality Account clearly illustrates aspects of the Trust's performance during 2018/19. The detail is intended to be informative to both professionals and the public.

However it should be noted that phrases such as 'relevant health services' and abbreviations are not easy to understand by the general public and development of an 'easy read' version, with a glossary of terms would be useful.

It is difficult to comment on progress against some of the targets, without clear explanation of what each one means. It would be beneficial for Healthwatch to be involved at an earlier stage for future Quality Accounts, to ensure that an explanation of each metric is given.

Overall it would appear that 2018/19 has been a positive year for the Trust and robust measures have been implemented to secure future improvement.

Healthwatch applauds efforts of all staff to improve mental health services offered to those that live within North Lincolnshire. We look forward to seeing the ambitions in the five year strategy developing in future quality accounts.

Carrie Butler
Delivery Manager
Healthwatch North Lincolnshire
8 May 2019

Rotherham Health Select Commission

Response to RDaSH Quality Report 2018-19

The RDaSH sub-group from the Health Select Commission (HSC) have considered the draft Quality Report and also met twice during 2018-19 to discuss progress on both the quality priorities and on the actions taken by the Trust since the CQC inspection. There has also been a focus on the Rotherham Quality Dashboard for Patient Safety and harm free care. Members value being presented with this information and having the opportunity to ask questions regarding challenges, performance and delivering further quality improvements.

The Commission welcomed the progress made on the quality priorities during the year and expects this to continue in 2019-20 under the new overarching five year strategy "Leading the Way with Care". In particular good performance on working with carers, the staff survey results on quality, mandated national performance indicators and the PLACE assessments regarding dementia was acknowledged.

The development of the Trust's own electronic patient record system, coupled with the Rotherham Health Record, will help to support safe and integrated care for patients. There is a strong focus across the NHS on use of technology and e-systems which is reflected in RDaSH's quality objectives for next year and HSC hopes funding is available to develop this fully to bring additional benefits for staff, patients and families/carers.

Members are supportive of the new Integrated Performance Dashboard and intention to strengthen the governance structure to link quality, performance and assurance at all levels.

Although the overall CQC rating for RDaSH is "Good" HSC expects to see that the actions taken will result in an improvement in those CQC ratings that were "Requires Improvement", and especially overall for the Safety domain, this year.

Members recognise the workforce recruitment challenges, especially for qualified nurses, and acknowledge the initiatives taken to be proactive on this issue to ensure the right skills mix, safe staffing levels and to provide support for staff working for the Trust.

As Chair I recognise that mandatory and statutory training (MAST) compliance is an issue for many trusts and it is very positive that RDaSH has achieved its 90% stretch target. Better capture of data on staff participation in training and assurance that people have had training at the right level for their role is an important issue, especially with regard to safeguarding. I would expect the Trust to continue to focus on this.

The Health Select Commission appreciates the willingness of the Trust to engage regularly with Members, by attending meetings and providing information, as well as taking on board their comments and concerns. HSC expects this to continue and looks forward to working closely with the Trust again in 2019-20 when scrutiny of mental health services across all ages, developments in delivery of integrated care, and the estates strategy will again feature in the work programme.

Cllr Simon Evans
Chair, Health Select Commission
8 May 2019

Doncaster Health and Adult Social Care Scrutiny Panel

The Annual Report was circulated to the member Councillors of the Health and Adult Social Care Scrutiny Panel and no comments were made.

**Christine Rothwell
Senior Governance Officer,
Doncaster Metropolitan Borough Council
2 May 2019**

North Lincolnshire Council Health Scrutiny Panel

North Lincolnshire Council's Health Scrutiny Panel welcomes the opportunity to comment as part of Rotherham, Doncaster and South Humber NHS Foundation Trust's (RDaSH) Quality Report and Forward Strategy. RDaSH are a key partner and provider of local services, and members have built a valuable working relationship with Trust personnel over recent years.

The panel notes the Trust's generally encouraging performance metrics against its agreed priorities. In particular, the panel is pleased to see continued improvements on the provision of safe, effective care and on providing 'listening' services. The panel also notes the 2018 CQC report on the Trust's work, and would wish to praise all services that improved throughout the year, and in particular, those rates as outstanding. Despite this, we note that further work is required on some core indicators described in section 2.3.

The panel welcomes the future strategic ambitions outlined and agreed by the Trust, in particular continued efforts to holistically integrate physical and mental health care. For many years, the panel has advocated such an approach so we are encouraged that the Trust intends to achieve parity of esteem, particularly for children and young people.

On work-related issues, Trust representatives have been very open to work with the panel throughout the year, most notably on ongoing work to improve the mental wellbeing of children and young people in North Lincolnshire. We believe that this is clear evidence that the Trust has a genuine desire to improve services through working more co-operatively with partners.   Finally, any day-to-day queries have always resulted in a swift and comprehensive response, and we thank the Trust for this.

**Dean Gillon
Senior Democratic Services Officer
North Lincolnshire Council**

Rotherham Doncaster and South Humber NHS Foundation Trust
Council of Governors

The Council of Governors is pleased to have the opportunity to comment on the Quality Report for 2018/2019.

Throughout the year Governors have taken opportunities to be closely involved with initiatives to promote and assure quality services within the Trust and brief details are included below:

- The Council of Governors receives a comprehensive performance report at each of its quarterly meetings which includes a section relating to quality – this includes a range of data about the quality of the services provided. This section is presented to the Council of Governors by the Chair of the Quality Committee (Alison Pearson, 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.

- Governors have discussed the Annual (Operational) Plan and the Trust's Forward Strategy that both make reference to quality priorities and have during the year, received updates from the Chief Executive relating to the external environment and the changes relating to Accountable Care Systems / Integrated Care Systems in which the Trust operates. Two RDaSH Governors take an active part in "The Citizens Panel" element of the South Yorkshire and Bassetlaw Integrated Care System.

- Governors frequently attend the Board of Directors' meetings and have engaged by asking questions relating to quality matters.

- There are Governor Representatives on the teams that complete the annual Patient-Led Assessment of the Care Environment (PLACE) visits

- Governors have attended a number of groups and events which are focused on ways to involve service users, carers and stakeholders in how the Trust delivers its services – these are listed below. Where Governors cannot attend, the reports to the Council of Governors include details of the group or event to ensure all Governors are aware of these activities and those that have attended are invited to provide their feedback to their fellow Governors.

    - Frequent attendance at the Listen to Learn Network and Carer Champion Network events.

    - Representation on the Triangle of Care Steering Group.

    - Governors have attended and made useful contribution to the Listening into Action workshops where they engage with staff members to listen to their experiences and opinions.

    - Visits to service user/patient and carer user groups and other community events.

    - Visits to services and Service Focus Groups.

    - Governors have proactively engaged with the wider public, recruiting new foundation trust members and volunteers for the Trust.

    - Governors have held 'members' drop-in' events in Rotherham and Doncaster to engage with their members and to look for opportunities to recruit new members – This includes a 'membership roadshow' each year during the Trust's Membership Week.

    - Equality Diversity and Human Rights Steering Group (and to continue this attendance in care group meetings).

    - Active engagement as "Patient Research Ambassadors" for RDaSH.

Governors have attended and participated in a number and range of more formal / corporate events including:

- Annual Members' Meeting.

- Public Board of Directors' meetings.

- Charitable Funds Committee.

- Audit Committee.

- Medicines Management Committee.

- Other corporate events at the Trust including the Graduation Ceremony, official openings, Volunteers' festive lunch and the Annual Awards Ceremony (with Governors represented as judges on the Awards).

To enable Governors, individually and collectively to fulfil their roles and responsibilities, Governors have also participated in the following:

- Governor and 'agenda-less' constituency meetings with the Chair.

- Election information events to promote the role of Governor and recruit new members.

- Non-Executive Director interview and (re)appointment processes – predominantly undertaken by the Governors on the Nominations Committee, but resulting in recommendations being made to the full Council of Governors. During the year this has also included Governors participating in the recruitment process for the Director of Nursing and AHPs.

- The Governors have, during the year had access to the full range of training provided by NHS Providers (Governwell) and a bespoke training event hosted by the Trust that have all contributed to a better understanding of the role and responsibilities. Governors have also accessed Mental Health First Aid Training from the Trust.

- The Council of Governors selected the local indicator for external audit (data quality) testing this year as Care Programme Approach (CPA) seven day follow up indicator.

The Council of Governors support the content of the report as an open and honest reflection of the Trust's position. The Council of Governors will work closely with the Board of Directors, staff, service users, carers and public over the coming year to achieve the quality priorities contained within the Quality Forward Strategy 2018/19.

The Council of Governors are pleased to have had the opportunity to review and discuss the draft Quality Report and to provide suggested changes that have been made. The Council of Governors recommend that this and all reports from the Trust are clear not only about the action being taken but also the associated timescales and the assurance that changes made have been embedded in practice.

The Council of Governors welcomes continuing developments among Governors, 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.

Presented to and approved by the Council of Governors
16 May 2019

Annex 2:   Statement of directors' responsibilities for the quality report

The directors are required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations to prepare Quality Accounts for each financial year.

NHS Improvement has issued guidance to NHS foundation trust boards on the form and content of annual quality reports (which incorporate the above legal requirements) and on the arrangements that NHS foundation trust boards should put in place to support the data quality for the preparation of the quality report.

In preparing the Quality Report, directors are required to take steps to satisfy themselves that:

- The content of the Quality Report meets the requirements set out in the NHS Foundation Trust Annual Reporting Manual 2018/19 and supporting guidance.
- The content of the Quality Report is not inconsistent with internal and external sources of information including:

  - Board minutes and papers for the period April 2018 to 24 May 2019.
  - Papers relating to quality reported to the board over the period April 2018 to 24 May 2019.
  - Feedback from commissioners:
  - Rotherham Clinical Commissioning Group.   7 May 2019
  - Doncaster Clinical Commissioning Group.   1 May 2019
  - North Lincolnshire Clinical Commissioning Group.   9 May 2019
  - Feedback from governors dated.   16 May 2019
  - Feedback from Rotherham Healthwatch organisation.   13 May 2019
  - Feedback from Doncaster Healthwatch organisation.   9 May 2019
  - Feedback from North Lincolnshire Healthwatch organisation. 8 May 2019
  - Feedback from Overview and Scrutiny Committee:
  - Rotherham Health Select Commission.   8 May 2019
  - Doncaster Health Scrutiny Panel.   2 May 2019
  - North Lincolnshire Health Scrutiny Panel.   9 May 2019
  - The Trust's complaints report 2017/18 published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009 and the quarterly reports for Q1, Q2, Q3 and Q4 of 2018/19.
  - The latest national community mental health patient survey 2018.
  - The latest national staff survey 2018.
  - The CQC Well Led Inspection report   28 June 2018
  - The Head of Internal Audit's annual opinion of the Trust's control environment dated 24 May 2019.

- The Quality Report presents a balanced picture of the NHS foundation Trust's performance over the period covered.
- The performance information reported in the Quality Report is reliable and accurate.
- There are proper internal controls over the collection and reporting of the measures of performance included in the Quality Report, and these controls are subject to review to confirm that they are working effectively in practice.
- The data underpinning the measures of performance reported in the Quality Report is robust and reliable, conforms to specified data quality standards and prescribed definitions, is subject to appropriate scrutiny and review.
- The Quality Report has been prepared in accordance with NHS Improvement's annual reporting manual and supporting guidance (which incorporates the Quality Accounts regulations) as well as the standards to support data quality for the preparation of the Quality Report.

The directors confirm to the best of their knowledge and belief they have complied with the above requirements in preparing the Quality Report.

By order of the board

Lawson Pater,
Chairman
24 May 2019

Kathryn Singh,
Chief Executive
24 May 2019

Annex 3: Glossary of Terms and Definitions

This section aims to explain some of the terms used in the Quality Report. It is not an exhaustive list but hopefully will help to clarify the meaning of the NHS jargon used in these pages.

A	Marker of specific indicators which have been audited by the Trust's External Auditors.
CAMHS:	Child and Adolescent Mental Health Service.
CCG:	Clinical Commissioning Group.
CQC:	Care Quality Commission.
CQUIN:	Commissioning for Quality and Innovation.
Dashboard:	Summary overview of key areas of performance.
IAPT:	Improving Access to Psychological Therapies.
LAC:	Looked After Children.
Monitor:	Independent regulator for foundation trusts.
N**HS:**	National Health Service.
NHS England:	Formally established as the NHS Commissioning Board on 1 October 2012, NHS England is an independent body at arm's length to the Government.
NICE:	National Institute for Health and Clinical Excellence.
NRLS:	National Reporting and Learning Service.
PLACE:	Patient-led assessments of the care environment, which is the new system for assessing the quality of the patient environment.
POMH-UK:	Prescribing Observatory for Mental Health UK.
Quarter 1:	1 April – 30 June.
Quarter 2:	1 July – 30 September.
Quarter 3:	1 October – 31 December.
Quarter 4:	1 January – 31 March.
RDaSH:	Rotherham Doncaster and South Humber NHS Foundation Trust.
SystmOne:	A clinical system which fully supports a ground-breaking vision for a 'one patient, one record' model of healthcare.

Human Factors

Human factors examines the relationship between human beings and the systems with which they interact by focusing on improving efficiency, creativity, productivity and job satisfaction, with the goal of minimising errors. A failure to apply human factors principles is a key aspect of most adverse events in health care. Therefore, all health-care workers need to have a basic understanding of human factors principles.

Three Domains of Quality
Quality within health care can be defined in different ways. The 2008 Darzi NHS Next Stage Review (Department of Health 2008c) defined quality in the NHS in terms of three core areas:

- Patient safety.
- Clinical effectiveness.
- The experience of patients.

Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

These regulations introduced new fundamental standards, which describe requirements that reflect the recommendations made by Sir Robert Francis following his inquiry into care at Mid Staffordshire NHS Foundation Trust.

Care Programme Approach (CPA)
The framework for good practice in delivering mental health services. CPA aims to ensure that services work closely together to meet service users' identified needs and support them in their recovery.

Annex 4: Independent auditor's report to the Council of Governors

Independent auditor's report to the Council of Governors of Rotherham Doncaster and South Humber NHS Foundation Trust on the Quality Report

We have been engaged by the Council of Governors of Rotherham Doncaster and South Humber NHS Foundation Trust to perform an independent assurance engagement in respect of Rotherham Doncaster and South Humber NHS Foundation Trust's Quality Report for the year ended 31 March 2019 (the 'quality report') and certain performance indicators contained therein.

This report, including the conclusion, has been prepared solely for the Council of Governors of Rotherham Doncaster and South Humber NHS Foundation Trust as a body, to assist the Council of Governors in reporting Rotherham Doncaster and South Humber NHS Foundation Trust's quality agenda, performance and activities. We permit the disclosure of this report within the Annual Report for the year ended 31 March 2019, to enable the Council of Governors to demonstrate they have discharged their governance responsibilities by commissioning an independent assurance report in connection with the indicators. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Council of Governors as a body and Rotherham Doncaster and South Humber NHS Foundation Trust for our work or this report, except where terms are expressly agreed and with our prior consent in writing.

Scope and subject matter

The indicators for the year ended 31 March 2019 subject to limited assurance consist of the national priority indicators as mandated by NHS Improvement:

- Early Intervention in Psychosis: people experiencing a first episode of psychosis treated with a National Institute for Health and Care Excellence (NICE) – approved care package within two weeks of referral.
- Inappropriate Out of Area Placements for adult mental health services.

We refer to these national priority indicators collectively as the 'indicators'.

Respective responsibilities of the directors and auditors

The directors are responsible for the content and the preparation of the quality report in accordance with the criteria set out in the 'NHS foundation trust annual reporting manual' issued by NHS Improvement.

Our responsibility is to form a conclusion, based on limited assurance procedures, on whether anything has come to our attention that causes us to believe that:

- The Quality Report is not prepared in all material respects in line with the criteria set out in the 'NHS foundation trust annual reporting manual' and supporting guidance.
- The Quality Report is not consistent in all material respects with the sources specified in source or list; and
- The indicators in the Quality Report identified as having been the subject of limited assurance in the Quality Report are not reasonably stated in all material respects in accordance with the 'NHS Foundation Trust Annual Reporting Manual' and the six dimensions of data quality set out in the 'Detailed Guidance For External Assurance on Quality Reports'.

We read the Quality Report and consider whether it addresses the content requirements of the 'NHS Foundation Trust Annual Reporting Manual' and supporting guidance, and consider the implications for our report if we become aware of any material omissions.

We read the other information contained in the Quality Report and consider whether it is materially inconsistent with:

- Board minutes for the period April 2018 to 24 May 2019.
- Papers relating to quality reported to the board over the period April 2018 to 24 May 2019.
- Feedback from Commissioners:

- Rotherham Clinical Commissioning Group dated 7 May 2019.
- Doncaster Clinical Commissioning Group dated 1 May 2019.
- North Lincolnshire Clinical Commissioning Group dated 9 May 2019.

- Feedback from Governors, dated 16 May 2019.
- Feedback from Rotherham Healthwatch organisation dated 13 May 2019.
- Feedback from Doncaster Healthwatch organisation dated 9 May 2019.
- Feedback from North Lincolnshire Healthwatch organisation dated 8 May 2019.
- Feedback from Overview and Scrutiny Committee:

  - Rotherham Health Select Committee dated 8 May 2019.
  - Doncaster Health Scrutiny Panel dated 2 May 2019.
  - North Lincolnshire Health Scrutiny Panel dated 9 May 2019.

- The Trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009 and the quarterly reports for Q1, Q2, Q3 and Q4 2018/19.
- The National Community Mental Health Patient Survey 2018.
- The National Staff Survey 2018.
- Care Quality Commission inspection report, dated June 2018.
- The Head of Internal Audit's annual opinion over the trust's control environment, dated 24 May 2019.

We consider the implications for our report if we become aware of any apparent misstatements or material inconsistencies with those documents (collectively the 'documents'). Our responsibilities do not extend to any other information.

We are in compliance with the applicable independence and competency requirements of the Institute of Chartered Accountants in England and Wales (ICAEW) Code of Ethics. Our team comprised assurance practitioners and relevant subject matter experts.

Assurance work performed

We conducted this limited assurance engagement in accordance with International Standard on Assurance Engagements 3000 (Revised) – 'Assurance Engagements other than Audits or Reviews of Historical Financial Information' issued by the International Auditing and Assurance Standards Board ('ISAE 3000'). Our limited assurance procedures included:

- Evaluating the design and implementation of the key processes and controls for managing and reporting the indicators.
- Making enquiries of management.
- Testing key management controls.
- Limited testing, on a selective basis, of the data used to calculate the indicator back to supporting documentation.
- Comparing the content requirements of the 'NHS foundation trust annual reporting manual' to the categories reported in the quality report and
- Reading the documents.

A limited assurance engagement is smaller in scope than a reasonable assurance engagement. The nature, timing and extent of procedures for gathering sufficient appropriate evidence are deliberately limited relative to a reasonable assurance engagement.

Limitations

Non-financial performance information is subject to more inherent limitations than financial information, given the characteristics of the subject matter and the methods used for determining such information.
The absence of a significant body of established practice on which to draw allows for the selection of different, but acceptable measurement techniques which can result in materially different measurements and can affect comparability. The precision of different measurement techniques may also vary. Furthermore, the nature and methods used to determine such information, as well as the measurement criteria and the precision of these criteria, may change over time. It is important to read the quality report in the context of the criteria set out in the 'NHS foundation trust annual reporting manual' and supporting guidance.

The scope of our assurance work has not included governance over quality or non-mandated indicators which have been determined locally by Rotherham Doncaster and South Humber NHS Foundation Trust.

Basis for qualified conclusion

Early Intervention in Psychosis: people experiencing a first episode of psychosis treated with a National Institute for Health and Care Excellence (NICE) – approved care package within two weeks of referral

The "Early Intervention in Psychosis: people experiencing a first episode of psychosis treated with a National Institute for Health and Care Excellence (NICE) – approved care package within two weeks of referral" indicator requires that the NHS Foundation Trust accurately record the start and end times in accordance with detailed requirements set out in the national guidance. This is calculated as the percentage of adults referred with a first episode of psychosis who receive treatment from early intervention in psychosis services within two weeks of referral.

Our procedures included testing a risk based sample of 25 items, and so the error rates identified from that sample should not be directly extrapolated to the population as a whole.
We identified the following errors:

- In eight cases of our sample of patients' records tested, the start or end date was not accurately recorded affecting the calculation of the published indicator.

As a result of the issues identified, we have concluded that there are errors in the calculation of the "Early Intervention in Psychosis people experiencing a first episode of psychosis treated with a National Institute for Health and Care Excellence (NICE) – approved care package within two weeks of referral" indicator for the year ended 31 March 2019. We are unable to quantify the effect of these errors on the reported indicator.

Inappropriate Out of Area Placements for adult mental health services

The "Inappropriate Out of Area Placements for adult mental health services" indicator requires that the NHS Foundation Trust accurately record the start and end times in accordance with detailed requirements set out in the national guidance. This is calculated as the total inappropriate out of area bed days.

Our procedures included testing a risk based sample of 25 items, and so the error rates identified from that sample should not be directly extrapolated to the population as a whole.

We identified the following errors:

- In four cases of our sample of patients' records tested, the start or end date was not accurately recorded affecting the calculation of the published indicator.

As a result of the issues identified, we have concluded that there are errors in the calculation of the "Inappropriate Out of Area Placements for adult mental health services" indicator for the year ended 31 March 2019. We are unable to quantify the effect of these errors on the reported indicator.

The "Performance Against Mandated National Indicator Measures and Performance Thresholds" section on page QR60 of the NHS Foundation Trust's Quality Report details the actions that the NHS Foundation Trust is taking to resolve the issues identified in its processes.

Qualified Conclusion

Based on the results of our procedures, except for the matters set out in the basis for qualified conclusion section of our report, nothing has come to our attention that causes us to believe that, for the year ended 31 March 2019:

- The Quality Report is not prepared in all material respects in line with the criteria set out in the 'NHS foundation trust annual reporting manual' and supporting guidance.

- The Quality Report is not consistent in all material respects with the sources specified in source or list and

- The indicators in the Quality Report subject to limited assurance have not been reasonably stated in all material respects in accordance with the 'NHS Foundation Trust Annual Reporting Manual' and supporting guidance.

Deloitte LLP
Newcastle Upon Tyne

Independent auditor's report to the Council of Governors and Board of Directors of Rotherham Doncaster and South Humber NHS Foundation Trust

Report on the audit of the financial statements

Opinion

In our opinion the financial statements of Rotherham Doncaster and South Humber NHS Foundation Trust (the 'foundation trust') and its subsidiaries (the 'group'):

- **give a true and fair view of the state of the group's and foundation trust's affairs as at 31 March 2019 and of the group's and foundation trust's income and expenditure for the year then ended;**

- **have been properly prepared in accordance with the accounting policies directed by NHS Improvement – Independent Regulator of NHS Foundation Trusts; and**

- **have been prepared in accordance with the requirements of the National Health Service Act 2006.**

We have audited the financial statements which comprise:

- the consolidated statement of comprehensive income;

- the group and foundation trust statement of financial position;

- the group and foundation trust statements of changes in taxpayers' equity;

- the group and foundation trust statement of cash flows; and

- the related notes 1 to 40.

The financial reporting framework that has been applied in their preparation is applicable law and the accounting policies directed by NHS Improvement – Independent Regulator of NHS Foundation Trusts.

Basis for opinion

We conducted our audit in accordance with International Standards on Auditing (UK) (ISAs (UK)) and applicable law. Our responsibilities under those standards are further described in the auditor's responsibilities for the audit of the financial statements section of our report.

We are independent of the group and the foundation trust in accordance with the ethical requirements that are relevant to our audit of the financial statements in the UK, including the Financial Reporting Council's (the 'FRC's') Ethical Standard, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Summary of our audit approach

Key audit matters	The key audit matters that we identified in the current year were: • Valuation of provisions; and • Property valuations.
Materiality	The materiality that we used for the group financial statements was £3.29m which was determined on the basis of 2% of total operating income
Scoping	The scope of the audit is in line with the Code of Audit Practice issued by the National Audit Office. All testing of the Group, Trust and Charity was performed by the main audit engagement team performed at the Trust's head offices in Balby, led by the audit director.
Significant changes in our approach	In the current year revenue recognition in respect of CQUIN Income and Rotherham MBC (RMBC) Learning Disability Service and Doncaster MBC (DMBC) Learning Disability Homes Service is no longer considered to be a key audit matter. In the current year there is a new key audit matter in respect of the valuation of provisions.

Conclusions relating to going concern

We are required by ISAs (UK) to report in respect of the following matters where:

We have nothing to report in respect of these matters.

• the accounting officer's use of the going concern basis of accounting in preparation of the financial statements is not appropriate; or

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

Key audit matters

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

These matters were addressed in the context of our audit of the financial statements as a whole, and in forming our opinion thereon, and we do not provide a separate opinion on these matters.

In the current year the key audit matter in relation to revenue recognition in respect of CQUIN Income and Rotherham MBC (RMBC) Learning Disability Service and Doncaster MBC (DMBC) Learning Disability Homes Service is no longer a key audit matter as there is unlikely to be an incentive to fraudulently recognise revenue due to the block contract nature of the Trust.

Valuation of provisions are noted to be a new key audit matter in the current year because discussion with management indicated significant judgements regarding the recognition and valuation of the provisions.

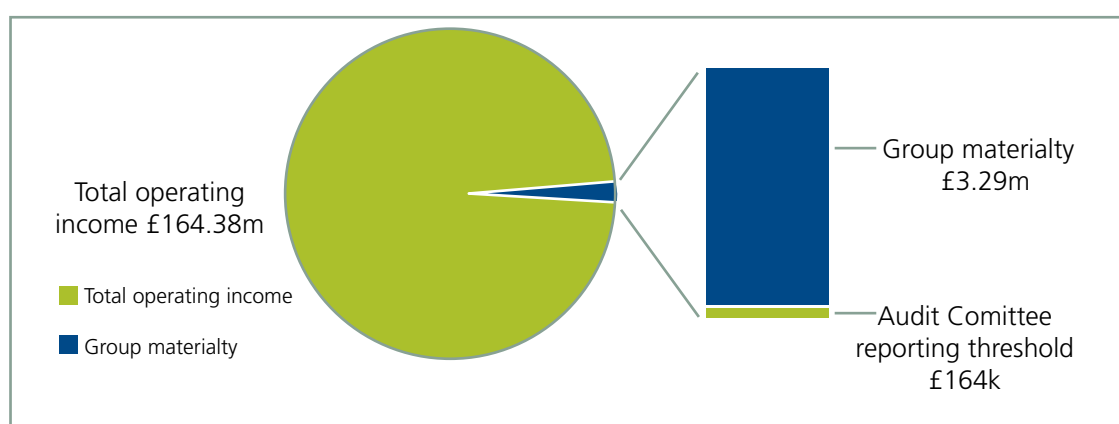| **Revenue recognition in respect of CQUIN, the RMBC Learning Disability service and DMBC LD Homes service**	
Key audit matter description	As described in note 1, Accounting Policies and note 1.23, Key sources of estimation uncertainty and key judgements, there are significant judgements in the valuation of provisions (2018/19: £3.0m 2017/18 £7.7m) due to: The judgemental nature of estimating the value of the provisions and the recognition in line with IAS 37, including any releases to expenditure. Provisions included within the financial statements mainly relate to redundancy provisions (2018/19: £1.5m 2017/18 £6.2m).

	Details of the Group's provisions, are shown in note 30 to the financial statements and the resulting release to expenditure shown in note 6.1.
	Valuation of Provisions are noted to be a new key audit matter in the current year because discussion with management indicated significant judgements regarding the recognition and valuation of the provisions.
How the scope of our audit responded to the key audit matter	We evaluated the design and implementation of controls over recognition our audit and valuation of the provisions balance.
	We obtained evidence that the provisions have been recognised in accordance with IAS 37 and continue to require recognition.
	We reviewed the provisions recognised in the prior year and derecognised in the year to assess whether that the circumstances which gave rise to the provision have changed sufficiently to require derecognition.
	We tested the calculation of the provision and challenged any material estimates or judgements inherent in the valuation by performing detailed testing in line with the recognition criteria of IAS 37.
Key observations	We consider that the valuation of provisions to be appropriate as at 31 March 2019.

Property Valuation

Key audit matter description	The Group holds property assets within Property, Plant and Equipment at a modern equivalent use valuation of £92.4m (2017/18: £103.8m). The valuations are by nature significant estimates which are based on specialist and management assumptions (including the floor areas for a Modern Equivalent Asset, the basis for calculating build costs, the level of allowances for professional fees and contingency, and the remaining life of the assets) and which can be subject to material changes in value.
	As detailed in note 1.7, Accounting Policies, the valuation has a number of inputs. The net valuation movement on the Group's estate shown in note 7 is an impairment of £0.9m.
How the scope of our audit responded to the key audit matter	We evaluated the design and implementation of controls over property our audit valuations, and tested the accuracy and completeness of data provided by responded to the Group to the valuer.
	We used Deloitte internal valuation specialists to review and challenge the appropriateness of the key assumptions used in the valuation of the Group's properties.
	We challenged the Group's assumption that an alternative, lower value, site could be used in calculating a Modern Equivalent Asset value by reviewing the Group's Clinical Strategy, and critically evaluating whether the alternatives considered would be viable given the nature of the Group's activities.
	We assessed whether the valuation and the accounting treatment of the impairment was compliant with the relevant accounting standards, and in particular whether impairments should be recognised in the Income Statement or in Other Comprehensive Income.
Key observations	We consider the valuation of property assets to be fairly stated as at 31 March 2019.

Our application of materiality

We define materiality as the magnitude of misstatement in the financial statements that makes it probable that the economic decisions of a reasonably knowledgeable person would be changed or influenced. We use materiality both in planning the scope of our audit work and in evaluating the results of our work.

Based on our professional judgement, we determined materiality for the financial statements as a whole as follows:

	Group financial statements	Foundation Trust financial statements
Materiality	£3.29m (2017/18: £3.28m)	£3.28m (2017/18: £3.26m)
Basis for determining materiality	2% of Total Operating Income (2017/18: 2% of Total Operating Income)	2% of Total Operating Income (2017/18: 2% of Total Operating Income)
Rationale for the benchmark applied	Operating Income was chosen as a benchmark as the Trust is a non-profit organisation, and operating income is a key measure of financial performance for users of the financial statements.	Operating Income was chosen as a benchmark as the Trust is a non-profit organisation, and operating income is a key measure of financial performance for users of the financial statements.

Total operating income £164.38m

- Total operating income
- Group materialty

Group materialty £3.29m

Audit Comittee reporting threshold £164k

We agreed with the Audit Committee that we would report to the committee all audit differences in excess of £164k (2017/18: £163k), as well as differences below that threshold that, in our view, warranted reporting on qualitative grounds. We also report to the Audit Committee on disclosure matters that we identified when assessing the overall presentation of the financial statements.

An overview of the scope of our audit

Our group audit was scoped by obtaining an understanding of the Group and its environment, including group-wide controls, and assessing the risks of material misstatement at the Group level. The focus of our audit work was on the Trust, with work performed at the Trust's offices at Tickhill Road Hospital directly by the audit engagement team, led by the audit director.

Rotherham Doncaster and South Humber NHS Foundation Trust is consolidated with its Charitable Funds and Flourish Enterprises Community Interest Company. The Charity funds are subject to an independent examination which is not equivalent to a full audit. The Charity represents less than 0.5% of group operating income and assets employed.

We have been consistent year on year when selecting our benchmarks for determining materiality as the nature of the Trust has not changed. Our audit work was executed at levels of materiality applicable to each entity which were lower than the group.

At the group level we also tested the consolidation process.

The charity is independently reviewed by Deloitte and all work was performed by the group audit team.

The audit team included integrated Deloitte specialists bringing specific skills and experience in property valuations and pensions.

Other information

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

We have nothing to report in respect of these matters.

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

In connection with our audit of the financial statements, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the audit or otherwise appears to be materially misstated.

If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether there is a material misstatement in the financial statements or a material misstatement of the other information. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact.

Responsibilities of Accounting Officer

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

In preparing the financial statements, the accounting officer is responsible for assessing the group's and the foundation trust's ability to continue as a going concern, disclosing as applicable, matters related to going concern and using the going concern basis of accounting unless the accounting officer either intends to liquidate the group or the foundation trust or to cease operations, or has no realistic alternative but to do so.

Auditor's responsibilities for the audit of the financial statements

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

A further description of our responsibilities for the audit of the financial statements is located on the FRC's website at: www.frc.org.uk/auditorsresponsibilities. This description forms part of our auditor's report.

Report on other legal and regulatory requirements

Opinion on other matters prescribed by the National Health Service Act 2006

In our opinion:

- the parts of the Directors' Remuneration Report and Staff Report to be audited have been properly prepared in accordance with the National Health Service Act 2006; and

- the information given in the Performance Report and the Accountability Report for the financial year for which the financial statements are prepared is consistent with the financial statements.

Matters on which we are required to report by exception

Annual Governance Statement, use of resources, and compilation of financial statements

Under the Code of Audit Practice, we are required to report to you if, in our opinion:

We have nothing to report in respect of these matters.

- the Annual Governance Statement does not meet the disclosure requirements set out in the NHS Foundation Trust Annual Reporting Manual, is misleading, or is inconsistent with information of which we are aware from our audit;

- the NHS Foundation Trust has not made proper arrangements for securing economy, efficiency and effectiveness in its use of resources; or

- proper practices have not been observed in the compilation of the financial statements.

We are not required to consider, nor have we considered, whether the Annual Governance Statement addresses all risks and controls or that risks are satisfactorily addressed by internal controls.

Reports in the public interest or to the regulator

Under the Code of Audit Practice, we are also required to report to you if:

We have nothing to report in respect of these matters.

- any matters have been reported in the public interest under Schedule 10(3) of the National Health Service Act 2006 in the course of, or at the end of the audit; or

- any reports to the regulator have been made under Schedule 10(6) of the National Health Service Act 2006 because we have reason to believe that the foundation trust, or a director or officer of the foundation trust, is about to make, or has made, a decision involving unlawful expenditure, or is about to take, or has taken, unlawful action likely to cause a loss or deficiency.

Certificate

We certify that we have completed the audit of the accounts in accordance with the requirements of Chapter 5 of Part 2 of the National Health Service Act 2006 and the Code of Audit Practice.

Use of our report

This report is made solely to the Council of Governors and Board of Directors ("the Boards") of Rotherham Doncaster and South Humber NHS Foundation Trust, as a body, in accordance with paragraph 4 of Schedule 10 of the National Health Service Act 2006. Our audit work has been undertaken so that we might state to the Boards those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the foundation trust and the Boards as a body, for our audit work, for this report, or for the opinions we have formed.

Paul Hewitson FCA (Senior statutory auditor) For and on behalf of Deloitte LLP
Statutory Auditor
Newcastle Upon Tyne, United Kingdom 24 May 2019

NHS

Rotherham Doncaster and South Humber
NHS Foundation Trust

Financial Accounts
2017/2018

RDaSH leading the way with care

ROTHERHAM DONCASTER AND SOUTH HUMBER NHS FOUNDATION TRUST

ANNUAL ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2019

Foreword to the accounts

Rotherham Doncaster and South Humber NHS Foundation Trust

These accounts, for the year ended 31 March 2019, have been prepared by Rotherham Doncaster and South Humber NHS Foundation Trust in accordance with paragraphs 24 & 25 of Schedule 7 within the National Health Service Act 2006.

Signed   ……………………………………………….

Name   **Kathryn Singh**
Job title   **Chief Executive**
Date   **24 May 2019**

Statement of Comprehensive Income

	Note	Group 2018/19 £000's	2017/18 £000's
Operating income from patient care activities	3	149,695	151,577
Other operating income	4	14,685	12,370
Operating expenses	6, 8	(151,705)	(155,619)
Operating surplus/(deficit) from continuing operations		**12,675**	**8,328**
Finance income	11	269	141
Finance expenses	12	(1,577)	(1,561)
PDC dividends payable		(2,231)	(2,102)
Net finance costs		**(3,539)**	**(3,522)**
Other gains	13	18	165
Corporation tax expense		-	(9)
Surplus for the year from continuing operations		**9,154**	**4,962**
Surplus for the year		**9,154**	**4,962**
Other comprehensive income			
Will not be reclassified to income and expenditure:			
Impairments	7	(10,194)	-
Revaluations		488	15,500
Fair value gains (losses) on financial assets mandated at fair value through OCI	19	25	(48)
Remeasurements of the net defined benefit pension scheme liability / asset	34	(167)	438
Total comprehensive (expense)/income for the period		**(694)**	**20,852**
Surplus for the period attributable to:			
Rotherham Doncaster and South Humber NHS Foundation Trust		9,154	4,962
TOTAL		**9,154**	**4,962**
Total comprehensive (expense)/income for the period attributable to:			
Rotherham Doncaster and South Humber NHS Foundation Trust		(694)	20,852
TOTAL		**(694)**	**20,852**
Adjusted financial performance (control total basis):			
Surplus for the period		9,154	4,962
Remove impact of consolidating NHS charitable fund		307	(177)
Add back all I&E impairments/(reversals)		906	1,333
Retain impact of Departmental expenditure limit I&E impairments (reversals)		-	(25)
Prior period adjustments		-	(12)
Remove non-cash element of on-SoFP pension costs		73	91
Adjusted financial performance surplus		**10,440**	**6,172**
Adjusted financial performance excluding PSF		**2,972**	**2,299**

Statement of Financial Position

	Note	Group 31 March 2019 £000's	Group 31 March 2018 £000's	Trust 31 March 2019 £000's	Trust 31 March 2018 £000's
Non-current assets					
Intangible assets	15	3,520	3,859	3,520	3,859
Property, plant and equipment	16	92,444	103,795	92,444	103,795
Investment property	18	2,413	2,647	2,413	2,647
Other investments / financial assets	19	2,537	2,776	22	222
Total non-current assets		**100,914**	**113,077**	**98,399**	**110,523**
Current assets					
Inventories	22	220	192	205	172
Receivables	23	9,996	8,732	10,016	8,807
Cash and cash equivalents	25	34,416	28,902	33,801	28,214
Total current assets		**44,632**	**37,826**	**44,022**	**37,193**
Current liabilities					
Trade and other payables	27	(18,278)	(17,350)	(18,003)	(17,318)
Borrowings	29	(787)	(743)	(787)	(743)
Provisions	30	(2,550)	(7,165)	(2,550)	(7,165)
Other liabilities	28	(1,143)	(1,521)	(1,119)	(1,462)
Total current liabilities		**(22,758)**	**(26,779)**	**(22,459)**	**(26,688)**
Total assets less current liabilities		**122,788**	**124,124**	**119,962**	**121,028**
Non-current liabilities					
Trade and other payables	27	(12)	(2)	-	-
Borrowings	29	(14,592)	(15,370)	(14,592)	(15,370)
Provisions	30	(424)	(538)	(424)	(538)
Other liabilities	28	(887)	(647)	(887)	(647)
Total non-current liabilities		**(15,915)**	**(16,557)**	**(15,903)**	**(16,555)**
Total assets employed		**106,873**	**107,567**	**104,059**	**104,473**
Financed by					
Public dividend capital		36,801	36,801	36,801	36,801
Revaluation reserve		33,763	44,341	33,763	44,341
Income and expenditure reserve		33,528	23,362	33,495	23,331
Charitable fund reserves	21	2,781	3,063	-	-
Total taxpayers' equity		**106,873**	**107,567**	**104,059**	**104,473**

The notes on pages 123 to 165 form part of these accounts.

Name: Kathryn Singh
Position: Chief Executive
Date: 24 May 2019

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

Group	Note	Public dividend capital £000's	Revaluation reserve £000's	Income and expenditure reserve £000's	Charitable fund reserves £000's	Total £000's
Taxpayers' and others' equity at 1 April 2018 - brought forward		**36,801**	**44,341**	**23,362**	**3,063**	**107,567**
Surplus/(deficit) for the year		-	-	9,461	(307)	**9,154**
Transfer from revaluation reserve to income and expenditure reserve for impairments arising from consumption of economic benefits		-	(425)	425	-	**-**
Other transfers between reserves		-	(447)	447	-	**-**
Impairments	17	-	(10,194)	-	-	**(10,194)**
Revaluations	17	-	488	-	-	**488**
assets		-	-	-	-	**-**
Fair value gains on financial assets mandated at FV through OCI	19	-	-	-	25	**25**
Remeasurements of the defined net benefit pension scheme liability/asset		-	-	(167)	-	**(167)**
Taxpayers' and others' equity at 31 March 2019		**36,801**	**33,763**	**33,528**	**2,781**	**106,873**

Statement of Changes in Equity for the year ended 31 March 2018

Group	Note	Public dividend capital £000's	Revaluation reserve £000's	Income and expenditure reserve £000's	Charitable fund reserves £000's	Total £000's
Taxpayers' and others' equity at 1 April 2017 - brought forward		**36,591**	**30,860**	**16,120**	**2,934**	**86,505**
Surplus/(deficit) for the year		**-**	**-**	**4,785**	**177**	**4,962**
Transfer from revaluation reserve to income and expenditure reserve for impairments arising from consumption of economic benefits		-	(424)	424	-	**-**
Other transfers between reserves		-	(1,140)	1,140	-	**-**
Revaluations		-	15,500	-	-	**15,500**
assets		-	(455)	455	-	**-**
Fair value gains/(losses) on available-for-sale financial investments	19	-	-	-	(48)	**(48)**
Remeasurements of the defined net benefit pension scheme liability/asset		-	-	438	-	**438**
Public dividend capital received		210	-	-	-	**210**
Taxpayers' and others' equity at 31 March 2018		**36,801**	**44,341**	**23,362**	**3,063**	**107,567**

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

Trust	Note	Public dividend capital £000's	Revaluation reserve £000's	Income and expenditure reserve £000's	Total £000's
Taxpayers' and others' equity at 1 April 2018 - brought forward		36,801	44,341	23,331	104,473
Surplus/(deficit) for the year		-	-	9,459	**9,459**
Transfer from revaluation reserve to income and expenditure reserve for impairments arising from consumption of economic benefits		-	(447)	447	**-**
Other transfers between reserves		-	(425)	425	**-**
Impairments	17	-	(10,194)	-	**(10,194)**
Revaluations	17	-	488	-	**488**
Remeasurements of the defined net benefit pension scheme liability/asset		-	-	(167)	**(167)**
Taxpayers' and others' equity at 31 March 2019		**36,801**	**33,763**	**33,495**	**104,059**

Statement of Changes in Equity for the year ended 31 March 2018

Trust	Note	Public dividend capital £000's	Revaluation reserve £000's	Income and expenditure reserve £000's	Total £000's
Taxpayers' and others' equity at 1 April 2017 - brought forward		36,591	30,860	16,132	83,583
Surplus/(deficit) for the year		-	-	4,742	**4,742**
Transfer from revaluation reserve to income and expenditure reserve for impairments arising from consumption of economic benefits		-	(424)	424	**-**
Other transfers between reserves		-	(1,140)	1,140	**-**
Revaluations	17	-	15,500	-	**15,500**
Transfer to retained earnings on disposal of assets		-	(455)	455	**-**
Remeasurements of the defined net benefit pension scheme liability/asset		-	-	438	**438**
Public dividend capital received		210	-	-	**210**
Taxpayers' and others' equity at 31 March 2018		**36,801**	**44,341**	**23,331**	**104,473**

Information on reserves

Public dividend capital
Public dividend capital (PDC) is a type of public sector equity finance based on the excess of assets over liabilities at the time of establishment of the predecessor NHS organisation. Additional PDC may also be issued to trusts by the Department of Health and Social Care. A charge, reflecting the cost of capital utilised by the trust, is payable to the Department of Health as the public dividend capital dividend.

Revaluation reserve
Increases in asset values arising from revaluations are recognised in the revaluation reserve, except where, and to the extent that, they reverse impairments previously recognised in operating expenses, in which case they are recognised in operating income. Subsequent downward movements in asset valuations are charged to the revaluation reserve to the extent that a previous gain was recognised unless the downward movement represents a clear consumption of economic benefit or a reduction in service potential.

Income and expenditure reserve
The balance of this reserve is the accumulated surpluses and deficits of the trust.

Charitable funds reserve
This reserve comprises the ring-fenced funds held by the NHS charitable funds consolidated within these financial statements. These reserves are classified as restricted or unrestricted; a breakdown is provided in note 21.

Statement of Cash Flows

	Note	Group 2018/19 £000's	Group 2017/18 £000's	Trust 2018/19 £000's	Trust 2017/18 £000's
Cash flows from operating activities					
Operating surplus / (deficit)		12,675	8,328	13,117	8,196
Non-cash or non-operating income and expense:					
Depreciation and amortisation	6.1	4,348	3,887	4,348	3,887
Net impairments	7	906	1,333	906	1,333
Non-cash movements in on-SoFP pension liability		73	91	73	91
Increase in receivables and other assets		(1,273)	(3,080)	(1,218)	(3,151)
Increase in inventories		(28)	(2)	(33)	(4)
Increase / (decrease) in payables and other liabilities		828	(3,599)	644	(3,297)
(Decrease) / increase in provisions		(4,730)	1,788	(4,730)	1,788
Movements in charitable fund working capital		34	(5)	-	-
Tax (paid) / received		(9)	-	-	-
NHS charitable funds: other movements in operating cash flows		331	(220)	-	-
Other movements in operating cash flows		9	-	-	-
Net cash flows from / (used in) operating activities		**13,164**	**8,521**	**13,107**	**8,843**
Cash flows from investing activities					
Interest received		199	75	199	75
Proceeds from the sale of investments		-	-	200	-
Purchase of intangible assets		(274)	(2,035)	(274)	(2,035)
Purchase of PPE and investment property		(3,103)	(2,747)	(3,103)	(2,747)
Net cash flows from charitable fund investing activities		70	66	-	-
Net cash flows from / (used in) investing activities		**(3,108)**	**(4,641)**	**(2,978)**	**(4,707)**
Cash flows from financing activities					
Public dividend capital received		-	210	-	210
Movement on loans from DHSC		(363)	(363)	(363)	(363)
Capital element of finance lease rental payments		-	(533)	-	(533)
Capital element of PFI, LIFT and other service concession payments		(380)	(349)	(380)	(349)
Interest on loans		(227)	(251)	(227)	(251)
Interest paid on finance lease liabilities		-	(10)	-	(10)
Interest paid on PFI, LIFT and other service concession obligations		(1,350)	(1,299)	(1,350)	(1,299)
PDC dividend (paid) / refunded		(2,222)	(1,920)	(2,222)	(1,920)
Net cash flows from / (used in) financing activities		**(4,542)**	**(4,515)**	**(4,542)**	**(4,515)**
Increase / (decrease) in cash and cash equivalents		**5,514**	**(635)**	**5,587**	**(379)**
Cash and cash equivalents at 1 April - brought forward		**28,902**	**29,537**	**28,214**	**28,593**
Cash and cash equivalents at 31 March	25	**34,416**	**28,902**	**33,801**	**28,214**

Notes to the Accounts

Note 1 Accounting policies and other information

Note 1.1 Basis of preparation

NHS Improvement, in exercising the statutory functions conferred on Monitor, has directed that the financial statements of the Trust shall meet the accounting requirements of the Department of Health and Social Care Group Accounting Manual (GAM), which shall be agreed with HM Treasury. Consequently, the following financial statements have been prepared in accordance with the GAM 2018/19 issued by the Department of Health and Social Care. The accounting policies contained in the GAM follow International Financial Reporting Standards to the extent that they are meaningful and appropriate to the NHS, as determined by HM Treasury, which is advised by the Financial Reporting Advisory Board. Where the GAM permits a choice of accounting policy, the accounting policy that is judged to be most appropriate to the particular circumstances of the Trust for the purpose of giving a true and fair view has been selected. The particular policies adopted are described below. These have been applied consistently in dealing with items considered material in relation to the accounts.

Note 1.1.1 Accounting convention

These accounts have been prepared under the historical cost convention modified to account for the revaluation of property, plant and equipment, intangible assets, inventories and certain financial assets and financial liabilities.

Note 1.2 Going concern

These accounts have been prepared on a going concern basis, approved by the Board. There is a reasonable assumption that the Group and the Trust have the ability to continue in existence for the forseeable future.

Note 1.3 Consolidation

NHS Charitable Funds

The Trust is the corporate trustee to the Rotherham Doncaster and South Humber NHS Charitable Fund. The Trust has assessed its relationship to the Charitable Fund and determined it to be a subsidiary because the Trust is exposed to, or has rights to, variable returns and other benefits for itself, patients and staff from its involvement with the Charitable Fund and has the ability to affect those returns and other benefits through its power over the fund.

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

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

Charitable Fund key accounting policies

These accounts are prepared under the historical cost convention, with the exception of investments which are included at market value.

The fund comprises:
Unrestricted funds - funds which the trustee is free to use for any purpose in furtherance of the charitable objectives.
Restricred funds - funds which must be used for the specific purpose set out by the donor.

Gains and losses on investments are taken to the Statement of Financial Activities as they arise. Realised gains and losses on investments are calculated as the difference between the sale proceeds and the opening market value (or purchase date if later). Unrealised gains and losses are calculated as the difference between the market value at the year end and the opening market value (or purchase date if later).

Other subsidiaries

Flourish Enterprises (Flourish) Community Interest Company is a wholly owned subsidiary of the Trust. A subsidiary entity is one over which the trust is exposed to, or has rights to, variable returns from its involvement with the entity and has the ability to affect those returns through its power over the entity. The income, expenses, assets, liabilities, equity and reserves of subsidiaries are consolidated in full into the appropriate financial statement lines.

The amounts consolidated are drawn from the financial statements of the subsidiaries for the year ended 31 March 2019.

Where subsidiaries' accounting policies are not aligned with those of the Trust (including where they report under UK FRS 102) then amounts are adjusted during consolidation where the differences are material. No such amounts were required to be adjusted. Inter-entity balances, transactions and gains/losses are eliminated in full on consolidation.

Note 1.4.1 Revenue from contracts with customers

Where income is derived from contracts with customers, it is accounted for under IFRS 15. The GAM expands the definition of a contract to include legislation and regulations which enables an entity to receive cash or another financial asset that is not classified as a tax by the Office of National Statistics (ONS). As directed by the GAM, the transition to IFRS 15 in 2018/19 has been completed in accordance with paragraph C3 (b) of the Standard: applying the Standard retrospectively but recognising the cumulative effects at the date of initial application (1 April 2018).

Revenue in respect of goods/services provided is recognised when (or as) performance obligations are satisfied by transferring promised goods/services to the customer and is measured at the amount of the transaction price allocated to those performance obligations. At the year end, the Trust accrues income relating to performance obligations satisfied in that year. Where the Trust's entitlement to consideration for those goods or services is unconditional a contract receivable will be recognised. Where entitlement to consideration is conditional on a further factor other than the passage of time, a contract asset will be recognised. Where consideration received or receivable relates to a performance obligation that is to be satisfied in a future period, the income is deferred and recognised as a contract liability.

Payment is typically received within thirty days of the satisfaction of the performance obligations and as such has no impact on contract balances.

Revenue from NHS contracts

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

Payment is received within 15 days from the beginning of the month in which the perforamance obligations are satisfied and as such has contract balances are low at the end of the month.

Revenue is recognised to the extent that collection of consideration is probable. Where contract challenges from commissioners are expected to be upheld, the Trust reflects this in the transaction price and derecognises the relevant portion of income.

Where the Trust is aware of a penalty based on contractual performance, the Trust reflects this in the transaction price for its recognition of revenue. Revenue is reduced by the value of the penalty.

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

The Trust exercises the following practical expedients manadated by the GAM. (1) As per paragraph 121 of the Standard the Trust does not disclose information regarding performance obligations part of a contract that has an original expected duration of one year or less. (2) The Trust does not disclose information where revenue is recognised in line with the practical expedient offered in paragraph B16 of the Standard where the right to consideration corresponds directly with value of the performance completed to date. (3) As per C7A of the Standard the Trust reflects the aggregate effect of all contracts modified before the date of initial application.

Revenue from research contracts

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

Note 1.4.2 Revenue grants and other contributions to expenditure

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

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

Note 1.4.3 Other income
Income from the sale of non-current assets is recognised only when all material conditions of sale have been met, and is measured as the sums due under the sale contract.

Note 1.5 Expenditure on employee benefits

Short-term employee benefits
Salaries, wages and employment-related payments such as social security costs and the apprenticeship levy are recognised in the period in which the service is received from employees. The cost of annual leave entitlement earned but not taken by employees at the end of the period is recognised in the financial statements to the extent that employees are permitted to carry-forward leave into the following period.

Pension costs
NHS Pension Scheme
Past and present employees are covered by the provisions of the NHS Pension Scheme. The scheme is an unfunded, defined benefit scheme that covers NHS employers, general practices and other bodies, allowed under the direction of Secretary of State, in England and Wales. The scheme are not designed in a way that would enable employers to identify their share of the underlying scheme assets and liabilities. Therefore, the schemes are accounted for as though they are defined contribution schemes.

Employer's pension cost contributions are charged to operating expenses as and when they become due.

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

Local Government Pension Scheme
Some employees are members of the Local Government Pension Scheme which is a multi employer defined benefit pension scheme. The scheme assets and liabilities attributable to these employees can be identified and are recognised in the Trust's accounts. The assets are measured at fair value, and the liabilities at the present value of future obligations.

The increase in the liability arising from pensionable service earned during the year is recognised within operating expenses. The net interest cost during the year arising from the unwinding of the discount on the net scheme liabilities is recognised within finance costs. Remeasurements of the defined benefit plan are recognised in the income and expenditure reserve and reported in the Statement of Comprehensive Income as an item of 'other comprehensive income'.

The fundamental principle of the Scheme is that there should be no "cross-subsidy" in tracking individual employer's shares of the Fund, and hence in setting individual employer contribution rates at each actuarial valuation. This is achieved by the actuary identifying at each triennial valuation the assets and liabilites within the Fund attributable to each employer as a separate participating organisation. In between actuarial valuations (and in particular for accounting calculation purposes), assets and liabilities are calculated using roll-forward method. This method uses as a starting point the assets and liabilities calculated at the date of the latest full actuarial valuation of the Fund (or the date the employer was admitted to the Fund, if later).

Employer and employee contributions to the Fund are based on the organisation's pensionable pay.

Note 1.6 Expenditure on other goods and services

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

Note 1.7 Property, plant and equipment

Note 1.7.1 Recognition

Property, plant and equipment is capitalised where:

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

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

Note 1.7.2 Measurement

Valuation
All property, plant and equipment assets are measured initially at cost, representing the costs directly attributable to acquiring or constructing the asset and bringing it to the location and condition necessary for it to be capable of operating in the manner intended by management.

All assets are measured subsequently at valuation. Assets which are held for their service potential and are in use (ie operational assets used to deliver either front line services or back office functions) are measured at their current value in existing use. Assets that were most recently held for their service potential but are surplus with no plan to bring them back into use are measured at fair value where there are no restrictions on sale at the reporting date; where there are restrictions on sale assets are held at current value in existing use; and where they do not meet the definitions of investment properties or assets held for sale.

Assets held at depreciated replacement cost have been valued on an alternative site basis where this meets the location requirements of the service being provided.

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

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

Properties in the course of construction for service or administration purposes are carried at cost, less any impairment loss. Cost includes professional fees. Assets are revalued and depreciation commences when the assets are brought into use.

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

Assets which are not sufficiently low value and/or do not have sufficiently short lives are valued at depreciated historic cost as a proxy for current value in existing use.

Additions to asset values

Ensuing expenditure relating to an item of property, plant and equipment is recognised as an increase in the carrying amount of the asset when it is probable that additional future economic benefits or service potential deriving from the cost incurred to replace a component of such item will flow to the enterprise and the cost of the item can be determined reliably. Where a component of an asset is replaced, the cost of the replacement is capitalised if it meets the criteria for recognition above. The carrying amount of the part replaced is de-recognised. Other expenditure that does not generate additional future economic benefits or service potential, such as repairs and maintenance, is charged to the Statement of Comprehensive Income in the period in which it is incurred.

Depreciation

Items of property, plant and equipment are depreciated over their remaining useful lives in a manner consistent with the consumption of economic or service delivery benefits. Freehold land is considered to have an infinite life and is not depreciated.

Property, plant and equipment which has been reclassified as 'held for sale' ceases to be depreciated upon the reclassification. Assets in the course of construction and residual interests in off-Statement of Financial Position PFI contract assets are not depreciated until the asset is brought into use or reverts to the Trust, respectively.

Depreciation is charged on a straight line basis.

Revaluation gains and losses

Revaluation gains are recognised in the revaluation reserve, except where, and to the extent that, they reverse a revaluation decrease that has previously been recognised in operating expenses, in which case they are recognised in operating income.

Revaluation losses are charged to the revaluation reserve to the extent that there is an available balance for the asset concerned, and thereafter are charged to operating expenses.

Gains and losses recognised in the revaluation reserve are reported in the Statement of Comprehensive Income as an item of 'other comprehensive income'.

Impairments

In accordance with the GAM, impairments that arise from a clear consumption of economic benefits or of service potential in the asset are charged to operating expenses. A compensating transfer is made from the revaluation reserve to the income and expenditure reserve of an amount equal to the lower of (i) the impairment charged to operating expenses; and (ii) the balance in the revaluation reserve attributable to that asset before the impairment.

An impairment that arises from a clear consumption of economic benefit or of service potential is reversed when, and to the extent that, the circumstances that gave rise to the loss is reversed. Reversals are recognised in operating expenditure to the extent that the asset is restored to the carrying amount it would have had if the impairment had never been recognised. Any remaining reversal is recognised in the revaluation reserve. Where, at the time of the original impairment, a transfer was made from the revaluation reserve to the income and expenditure reserve, an amount is transferred back to the revaluation reserve when the impairment reversal is recognised.

Other impairments are treated as revaluation losses. Reversals of 'other impairments' are treated as revaluation gains.

Note 1.7.3 De-recognition

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

Following reclassification, the assets are measured at the lower of their existing carrying amount and their 'fair value less costs to sell'. Depreciation ceases to be charged. Assets are de-recognised when all material sale contract conditions have been met.

Property, plant and equipment which is to be scrapped or demolished does not qualify for recognition as 'held for sale' and instead is retained as an operational asset and the asset's useful life is adjusted. The asset is de-recognised when scrapping or demolition occurs.

Note 1.7.4 Private Finance Initiative (PFI) and Local Improvement Finance Trust (LIFT) transactions

PFI transactions which meet the IFRIC 12 definition of a service concession, as interpreted in HM Treasury's *FReM*, are accounted for as 'on-Statement of Financial Position' by the Trust. In accordance with IAS 17, the underlying assets are recognised as property, plant and equipment, together with an equivalent finance lease liability. Subsequently, the assets are accounted for as property, plant and equipment and/or intangible assets as appropriate.

The annual contract payments are apportioned between the repayment of the liability and the finance cost. The element of the annual unitary payment increase due to cumulative indexation is treated as contingent rent and is expensed as incurred.

The service charge is recognised in operating expenses and the finance cost is charged to finance costs in the Statement of Comprehensive Income.

Note 1.7.5 Useful lives of property, plant and equipment
Useful lives reflect the total life of an asset and not the remaining life of an asset. The range of useful lives are shown in the table below:

	Min life	**Max life**
	Years	**Years**
Land	Infinite	Infinite
Buildings, excluding dwellings	5	68
Dwellings	1	26
Plant & machinery	1	25
Transport equipment	1	10
Information technology	4	8
Furniture & fittings	1	10

Note 1.8 Intangible assets

Note 1.8.1 Recognition
Intangible assets are non-monetary assets without physical substance which are capable of being sold separately from the rest of the Trust's business or which arise from contractual or other legal rights. They are recognised only where it is probable that future economic benefits will flow to, or service potential be provided to, the Trust and where the cost of the asset can be measured reliably.

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

Expenditure on research is not capitalised.

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

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

Software
Software which is integral to the operation of hardware, eg an operating system, is capitalised as part of the relevant item of property, plant and equipment. Software which is not integral to the operation of hardware, eg application software, is capitalised as an intangible asset. This includes expenditure incurred as part of the new clinical information system, Unity.

Note 1.8.2 Measurement

Intangible assets are recognised initially at cost, comprising all directly attributable costs needed to create, produce and prepare the asset to the point that it is capable of operating in the manner intended by management.

Subsequently intangible assets are measured at current value in existing use. Where no active market exists, intangible assets are valued at the lower of depreciated replacement cost and the value in use where the asset is income generating. Revaluations gains and losses and impairments are treated in the same manner as for property, plant and equipment. An intangible asset which is surplus with no plan to bring it back into use is valued at fair value under IFRS 13, if it does not meet the requirements of IAS 40 of IFRS 5.

Amortisation

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

Note 1.8.3 Useful economic life of intangible assets

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

	Min life Years	Max life Years
Software licences	1	10

Note 1.9 Inventories

Inventories are valued at the lower of cost and net realisable value. The cost of inventories is measured using the first in, first out (FIFO) method.

Note 1.10 Investment properties

Investment properties are measured at fair value. Changes in fair value are recognised as gains or losses in income/expenditure.

Only those assets which are held solely to generate a commercial return are considered to be investment properties. Where an asset is held, in part, for support service delivery objectives, then it is considered to be an item of property, plant and equipment. Properties occupied by employees, whether or not they pay rent at market rates, are not classified as investment properties.

Note 1.11 Cash and cash equivalents

Cash is cash in hand and deposits with any financial institution repayable without penalty on notice of not more than 24 hours. Cash equivalents are investments that mature in 3 months or less from the date of acquisition and that are readily convertible to known amounts of cash with insignificant risk of change in value.

In the Statement of Cash Flows, cash and cash equivalents are shown net of bank overdrafts that are repayable on demand and that form an integral part of the Trust's cash management. Cash, bank and overdraft balances are recorded at current values.

Note 1.12 Financial assets and financial liabilities

Note 1.12.1 Recognition

Financial assets and financial liabilities arise where the Trust is party to the contractual provisions of a financial instrument, and as a result has a legal right to receive or a legal obligation to pay cash or another financial instrument. The GAM expands the definition of a contract to include legislation and regulations which give rise to arrangements that in all other respects would be a financial instrument and do not give rise to transactions classified as a tax by ONS.

This includes the purchase or sale of non-financial items (such as goods or services), which are entered into in accordance with the Trust's normal purchase, sale or usage requirements and are recognised when, and to the extent which, performance occurs, ie, when receipt or delivery of the goods or services is made.

Note 1.12.2 Classification and measurement

Financial assets and financial liabilities are initially measured at fair value plus or minus directly attributable transaction costs except where the asset or liability is not measured at fair value through income and expenditure. Fair value is taken as the transaction price, or otherwise determined by reference to quoted market prices or valuation techniques.

Financial assets are classified as subsequently measured at amortised cost, fair value through income and expenditure or fair value through other comprehensive income.

Financial liabilities classified as subsequently measured at amortised cost.

Financial assets and financial liabilities at amortised cost

Financial assets and financial liabilities at amortised cost are those held with the objective of collecting contractual cash flows and where cash flows are solely payments of principal and interest. This includes cash equivalents, contract and other receivables, trade and other payables, rights and obligations under lease arrangements and loans receivable and payable.

After initial recognition, these financial assets and financial liabilities are measured at amortised cost using the effective interest method less any impairment (for financial assets). The effective interest rate is the rate that exactly discounts estimated future cash payments or receipts through the expected life of the financial asset or financial liability to the gross carrying amount of a financial asset or to the amortised cost of a financial liability.

Interest revenue or expense is calculated by applying the effective interest rate to the gross carrying amount of a financial asset or amortised cost of a financial liability and recognised in the Statement of Comprehensive Income and a financing income or expense. In the case of loans held from the Department of Health and Social Care, the effective interest rate is the nominal rate of interest charged on the loan.

Financial assets measured at fair value through other comprehensive income

A financial asset is measured at fair value through other comprehensive income where business model objectives are met by both collecting contractual cash flows and selling financial assets and where the cash flows are solely payments of principal and interest. Movements in the fair value of financial assets in this category are recognised as gains or losses in other comprehensive income except for impairment losses. On derecognition, cumulative gains and losses previously recognised in other comprehensive income are reclassified from equity to income and expenditure, except where the Trust elected to measure an equity instrument in this category on initial recognition.

The unrealised gain on the Charitable Fund investments is measured at fair value through other comprehensive income.

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

Financial assets measured at fair value through profit or loss are those that are not otherwise measured at amortised cost or at fair value through other comprehensive income. This category also includes financial assets and liabilities acquired principally for the purpose of selling in the short term (held for trading) and derivatives. Derivatives which are embedded in other contracts, but which are separable from the host contract are measured within this category. Movements in the fair value of financial assets and liabilities in this category are recognised as gains or losses in the Statement of Comprehensive income.

The realised profit/loss on the sale of the Charitable Fund investments is measured at fair value through income and expenditure.

Impairment of financial assets

The Trust's financial assets which are measured at amortised cost, are in respect of contract and other receivables. At the Statement of Financial Position date, the Trust assesses whether any receivables are impaired. Financial receivables are impaired and credit losses recognised if, and only if, there is objective evidence of impairment as a result of one or more events which occurred after the initial recognition of the asset and which has an impact on future cash flows of the asset.

For financial assets measured at amortised cost, the amount of the impairment loss is measured as the difference between the asset's carrying amount and the present value of future cash flows discounted at the asset's original effective interest rate.

Impairment losses are not normally recognised for other NHS bodies.

The Trust assess potential credit loss on an ongoing basis and makes provision on the basis of actual credit loss. A review of historical credit losses provides evidence that such losses are not significant and therefore the Trust does not make provision for an expected general credit loss.

Expected losses are charged to operating expenditure within the Statement of Comprehensive Income and reduce the net carrying value of the financial asset in the Statement of Financial Position.

Note 1.12.3 Derecognition

Financial assets are de-recognised when the contractual rights to receive cash flows from the assets have expired or the Trust has transferred substantially all the risks and rewards of ownership.

Financial liabilities are de-recognised when the obligation is discharged, cancelled or expires.

Note 1.13 Leases

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

Note 1.13.1 The trust as lessee

Finance leases
The Trust has no finance leases.

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

Note 1.13.2 The Trust as lessor

Finance leases
the Trust has no finance leases.
Operating leases
Rental income from operating leases is recognised on a straight-line basis over the term of the lease. Initial direct costs incurred in negotiating and arranging an operating lease are added to the carrying amount of the leased asset and recognised as an expense on a straight-line basis over the lease term.

Note 1.14 Provisions

The Trust recognises a provision where it has a present legal or constructive obligation of uncertain timing or amount; for which it is probable that there will be a future outflow of cash or other resources; and a reliable estimate can be made of the amount. The amount recognised in the Statement of Financial Position is the best estimate of the resources required to settle the obligation. Where the effect of the time value of money is significant, the estimated risk-adjusted cash flows are discounted using the discount rates published and mandated by HM Treasury.

Clinical negligence costs
NHS Resolution operates a risk pooling scheme under which the trust pays an annual contribution to NHS Resolution, which, in return, settles all clinical negligence claims. Although NHS Resolution is administratively responsible for all clinical negligence cases, the legal liability remains with the Trust. The total value of clinical negligence provisions carried by NHS Resolution on behalf of the trust is disclosed at note 31.1 but is not recognised in the Trust's accounts.

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

Note 1.15 Contingencies

Contingent assets (that is, assets arising from past events whose existence will only be confirmed by one or more future events not wholly within the entity's control) are not recognised as assets, but are disclosed in note 32 where an inflow of economic benefits is probable.
Contingent liabilities are not recognised, but are disclosed in note 32, unless the probability of a transfer of economic benefits is remote.

Contingent liabilities are defined as:

• possible obligations arising from past events whose existence will be confirmed only by the occurrence of one or more uncertain future events not wholly within the entity's control; or

• present obligations arising from past events but for which it is not probable that a transfer of economic benefits will arise or for which the amount of the obligation cannot be measured with sufficient reliability.

Note 1.16 Public dividend capital

Public dividend capital (PDC) is a type of public sector equity finance based on the excess of assets over liabilities at the time of establishment of the predecessor NHS organisation. HM Treasury has determined that PDC is not a financial instrument within the meaning of IAS 32.

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

A charge, reflecting the cost of capital utilised by the trust, is payable as public dividend capital dividend. The charge is calculated at the rate set by HM Treasury (currently 3.5%) on the average relevant net assets of the trust during the financial year. Relevant net assets are calculated as the value of all assets less the value of all liabilities, except for
(i) donated assets (including lottery funded assets),
(ii) average daily cash balances held with the Government Banking Services (GBS) and National Loans Fund (NLF) deposits, excluding cash balances held in GBS accounts that relate to a short-term working capital facility, and
(iii) any PDC dividend balance receivable or payable.

In accordance with the requirements laid down by the Department of Health and Social Care (as the issuer of PDC), the dividend for the year is calculated on the actual average relevant net assets as set out in the "pre-audit" version of the annual accounts. The dividend thus calculated is not revised should any adjustment to net assets occur as a result the audit of the annual accounts.

Note 1.17 Value added tax

Most of the activities of the Trust are outside the scope of VAT and, in general, output tax does not apply and input tax on purchases is not recoverable. Irrecoverable VAT is charged to the relevant expenditure category or included in the capitalised purchase cost of fixed assets. Where output tax is charged or input VAT is recoverable, the amounts are stated net of VAT.

Note 1.18 Corporation tax
The Rotherham Doncaster and South Humber NHS Foundation Trust is exempt from corporation tax. Flourish CIC, the subsidiary of the Trust is subject to corporation tax at the rate of 19% (2017/18: 19%).

Note 1.19 Gifts
Gifts are items that are voluntarily donated, with no preconditions and without the expectation of any return. Gifts include all transactions economically equivalent to free and unremunerated transfers, such as the loan of an asset for its expected useful life, and the sale or lease of assets at below market value.

The Trust received no gifts in the reporting period.

Note 1.19 Foreign exchange

The functional and presentational currency of the trust is sterling.

A transaction which is denominated in a foreign currency is translated into the functional currency at the spot exchange rate on the date of the transaction.

Where the trust has assets or liabilities denominated in a foreign currency at the Statement of Financial Position date:

• monetary items are translated at the spot exchange rate on 31 March
• non-monetary assets and liabilities measured at historical cost are translated using the spot exchange rate at the date of the transaction and
• non-monetary assets and liabilities measured at fair value are translated using the spot exchange rate at the date the fair value was determined.

Exchange gains or losses on monetary items (arising on settlement of the transaction or on re-translation at the Statement of Financial Position date) are recognised in income or expense in the period in which they arise.

Exchange gains or losses on non-monetary assets and liabilities are recognised in the same manner as other gains and losses on these items.

Note 1.20 Third party assets

Assets belonging to third parties (such as money held on behalf of patients) are not recognised in the accounts since the trust has no beneficial interest in them. However, they are disclosed in a separate note to the accounts in accordance with the requirements of HM Treasury's *FReM* .

Note 1.21 Losses and special payments

Losses and special payments are items that Parliament would not have contemplated when it agreed funds for the health service or passed legislation. By their nature they are items that ideally should not arise. They are therefore subject to special control procedures compared with the generality of payments. They are divided into different categories, which govern the way that individual cases are handled. Losses and special payments are charged to the relevant functional headings in expenditure on an accruals basis, including losses which would have been made good through insurance cover had the trust not been bearing their own risks (with insurance premiums then being included as normal revenue expenditure).

However the losses and special payments note is compiled directly from the losses and compensations register which reports on an accrual basis with the exception of provisions for future losses.

Note 1.22 Critical judgements in applying accounting policies

The following are the judgements, apart from those involving estimations (see below) that management has made in the process of applying the trust accounting policies and that have the most significant effect on the amounts recognised in the financial statements:

Property valuation
Trust policy is to have a full revaluation of property assets every three years. To ensure that carrying amounts are not materially different from those that would be determined at the end of the reporting period BICS indicies are regularly reviewed and where the indicies are subject to significant volatility an annual valulation is performed.

PFI valuation
In order to comply with the guidance of paragraph 4A4.8 of the GAM a judgement was made to value the asset net of VAT. The justification for this being that the asset was aquired through a rourte that permitted VAT to be recovered. The PFI asset was previously valued gross of VAT.

Provision for credit losses
All long outstanding debts are reviewed and judgement made, based on individual circumstances and the value of the debt, as to whether a provision is made for expected credit losses.

Note 1.23 Sources of estimation uncertainty

The following are assumptions about the future and other major sources of estimation uncertainty that have a significant risk of resulting in a material adjustment to the carrying amounts of assets and liabilities within the next financial year:

Property valuation and asset lives

Property valuations are undertaken by an independent external valuer. These values are therefore subject to market conditions and market values. Asset lives are also estimated by the external valuer and are the subject of professional judgement.

Accruals

Estimates of accruals are based on the best available information. This is applied in conjunction with historical experience and individual circumstances.

Provisions

Estimates of the outcome and financial effect of provisions are based on management experience of similar transactions, reports and external expert opinion.Uncertainties surrounding the amount to be recognised as a provision are dealt with by various means according to circumstances. Where the provision being measured involves more than one outcome, the obligation is estimated by weighing all possible outcomes by their associated probabilities; the expected value of the outcome. Where there is a range of possible outcomes and each point in the range is as likely as the other, the mid-point of the range is used. Where a single outcome is being measured, the individual most likely outcome is the best estimate of the liability.

Local government pension scheme

Estimation of the net liability of the local government pension fund depends on a number of complex judgements relating to the discount rate used, the rate at which salaries are projected to increase, changes in retirement ages, mortality rates and expected return on pension fund assets. A firm of consulting actuaries is engaged to provide the Trust with expert advice on the assumptions to be applied.

Note 1.24 Early adoption of standards, amendments and interpretations

No new accounting standards or revisions to existing standards have been early adopted in 2018/19.

Note 1.25 Standards, amendments and interpretations in issue but not yet effective or adopted

IFRS 14 Regulatory Deferral Accounts - Not EU-endorsed*
Applies to first time adopters of IFRS after 1 January 2016. therefore not applicable to DHSC bodies.

IFRS 16 Leases - Application required for accounting periods beginning on or after 1 January 2019, but not yet adopted by the FReM: early adoption is not therefore permitted.

IFRS 17 Insurance Contracts - Application required for accounting periods beginning on or after 1 January 2021, but not yet adopted by the FReM: early adoption not therefore permitted.

IFRIC 23 Uncertainty over Income Tax Treatments - Application required for accounting periods beginning on or after 1 January 2019.

* The European Financial Reporting Advisory Group recommended in October 2015 that the Standard should not be endorsed as it is unlikely to be adopted by many EU countries.

The Trust is still assessing the impact these standards will have on the financial statements.

Note 1.26 Notes where Group and Trust should be included

Where notes for the Group and Trust should be included, the Trust has applied the practical expedient provided by paragraph 5.10 of the GAM which states 'where the entity determines that the difference between the 'Group' and 'Parent Entity' is immaterial for a particular note, the 'Parent Entity' version of that note may be omitted from the financial statements.

Note 2 Operating Segments

Most of the activity of the Rotherham Doncaster and South Humber NHS Foundation Trust is healthcare. The Board of Directors is considered to be the chief operating decision maker (CODM); management information provided to the CODM reports activities as a whole and not segmentally.

Note 3 Operating income from patient care activities (Group)

All income from patient care activities relates to contract income recognised in line with accounting policy 1.4.1

Note 3.1 Income from patient care activities (by nature)	2018/19 £000's	2017/18 £000's
Mental health services		
Cost and volume contract income	2,303	1,790
Block contract income	87,881	99,254
Community services		
Community services income from CCGs and NHS England	34,140	27,273
Income from other sources (e.g. local authorities)	19,474	23,260
All trusts		
Agenda for Change pay award central funding	2,040	-
Other clinical income	3,857	-
Total income from activities	**149,695**	**151,577**

Note 3.2 Income from patient care activities (by source)

Income from patient care activities received from:	2018/19 £000's	2017/18 £000's
NHS England	4,227	4,429
Clinical commissioning groups	118,413	117,809
Department of Health and Social Care	2,040	-
Other NHS foundation trusts	2,347	2,690
Local authorities	19,474	23,318
Non NHS: other	3,194	3,331
Total income from activities	**149,695**	**151,577**
Of which:		
Related to continuing operations	**149,695**	**151,577**

Note 3.3 Non NHS:other income includes

	2018/19 £000's	2017/18 £000's
South Yorkshire Housing	2,608	2,596
Care Plus Group	33	510
NAVIGO	189	91
Other	364	134
Total Non NHS	**3,194**	**3,331**

Note 4 Other operating income (Group)

	2018/19 £000's	2017/18 £000's
Other operating income from contracts with customers:		
Research and development (contract)	16	23
Education and training (excluding notional apprenticeship levy income)	3,103	3,535
Non-patient care services to other bodies	1,381	1,627
Provider sustainability / sustainability and transformation fund income (PSF / STF)	7,468	3,873
Income in respect of employee benefits accounted on a gross basis	756	716
Other contract income	1,200	1,389
Other non-contract operating income:		
Education and training - notional income from apprenticeship fund	81	11
Charitable and other contributions to expenditure	165	265
Rental revenue from operating leases	374	344
Charitable fund incoming resources	141	587
Total other operating income	**14,685**	**12,370**
Of which:		
Related to continuing operations	**14,685**	**12,370**

Other contract income includes:

	2018/19 £000's	2017/18 £000's
Creche	314	574
Catering	423	710
Solar panels	15	17
Car parking	1	8
Other	447	80
	1,200	**1,389**

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

	2018/19 £000's
Revenue recognised in the reporting period that was included in within contract liabilities at the previous period end	-
Revenue recognised from performance obligations satisfied (or partially satisfied) in previous periods	-

Note 5.2 Transaction price allocated to remaining performance obligations

	31 March 2019 £000's
Total revenue allocated to remaining performance obligations	-

Under IFRS 15 revenue can only be recognised when the performance obligations of a contract are satisfied in full. A review of the contracts entered into by the Trust, including the CQUIN element of the contracts, identified that the performance obligations of all contracts are satisfied in full by the end of the reporting period.

The Trust has exercised the practical expedients permitted by IFRS 15 paragraph 121 in preparing this disclosure. Revenue from (i) contracts with an expected duration of one year or less and (ii) contracts where the trust recognises revenue directly corresponding to work done to date is not disclosed.

Note 5.3 Income from activities arising from commissioner requested services

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

	2018/19 £000's	2017/18 £000's
Income from services designated as commissioner requested services	143,801	148,246
Income from services not designated as commissioner requested services	20,579	15,701
Total	**164,380**	**163,947**

Note 5.4 Profits and losses on disposal of property, plant and equipment
There was no profit or loss on the disposal of property, plant and equipment.

Note 6.1 Operating expenses (Group)

	2018/19 £000's	2017/18 £000's
Purchase of healthcare from non-NHS and non-DHSC bodies	2,632	2,708
Staff and executive directors costs	122,681	120,756
Remuneration of non-executive directors	124	132
Supplies and services - clinical (excluding drugs costs)	2,954	3,243
Supplies and services - general	2,097	1,960
Drug costs (drugs inventory consumed and purchase of non-inventory drugs)	2,579	2,741
Consultancy costs	168	158
Establishment	1,974	1,606
Premises - business rares paid to local authorities	645	605
Premises	5,426	4,720
Transport (including patient travel)	2,349	2,437
Depreciation on property, plant and equipment	3,739	3,559
Amortisation on intangible assets	609	328
Net impairments	906	1,333
Movement in credit loss allowance: contract receivables / contract assets	5	1
Change in provisions discount rate(s)	(25)	19
Audit fees payable to the external auditor		
audit services- statutory audit	57	57
other auditor remuneration (external auditor only)	48	18
charitable fund audit	4	7
Internal audit costs	116	100
Clinical negligence	283	217
Legal fees	98	104
Insurance	177	176
Education and training	729	677
Education and training - notional expenditure funded from the apprenticeship fund	81	11
Rentals under operating leases	2,037	1,686
Redundancy	554	4,928
Charges to operating expenditure for on-SoFP IFRIC 12 schemes - PFI	-	219
Car parking & security	110	63
Losses, ex gratia & special payments	35	48
Other NHS charitable fund resources expended	581	500
Other	(2,068)	502
Total	**151,705**	**155,619**
Of which:		
Related to continuing operations	**151,705**	**155,619**
Other includes:		

	2018/19 £000's	2017/18 £000's
Reversal of unused redundancy provision	(4,567)	(1,987)
External staff	711	593
Pooled budget	346	544
Salary sacrifice	180	166
Subscriptions	249	391
Interpreters	134	115
Waste disposal	122	128
Other	797	552
	(2,028)	**502**

Note 6.2 Other auditor remuneration (Group)

	2018/19 £000's	2017/18 £000's
Other auditor remuneration paid to the external auditor:		
1. Audit of quality accounts	8	8
8. Other	40	10
Total	**48**	**18**

Note 6.3 Limitation on auditor's liability (Group)

The limitation on auditor's liability for external audit work is £1m (2017/18: £1m).

Note 7 Impairment of assets (Group)

	2018/19 £000's	2017/18 £000's
Net impairments charged to operating surplus / deficit resulting from:		
Abandonment of assets in course of construction	-	25
Unforeseen obsolescence	86	146
Changes in market price	1,074	(332)
Other	(254)	1,494
Total net impairments charged to operating surplus / deficit	**906**	**1,333**
Impairments charged to the revaluation reserve		-
Total net impairments	**906**	**1,333**

The net impairment of £906k is made up of an impairment to income and expenditure of £1,950k and a reversal of a previous impairment to income and expenditure of £1,044k.

The impairment consists of £1,074k due to changes in market price; £528k due to the alternative site valuation of Holly Lodge; £262k due to the non-cash transfer of Larch Avenue community home to South Yorkshire Housing Association and £86k due to obsolete equipment.

The reversed impairment consists of £636k which relates to the reclassification of the Onyx to a held in service asset from the alternative site valuation and £408k which relates to the reclassification of Almond Tree Court to a held in service asset from an investment asset.

Note 8 Employee benefits (Group)

	2018/19 Total £000's	2017/18 Total £000's
Salaries and wages	97,797	96,862
Social security costs	8,168	8,050
Apprenticeship levy	457	454
Employer's contributions to NHS pensions	11,641	11,694
Pension cost - other	84	153
Other post employment benefits	2	3
Termination benefits	554	4,928
Temporary staff (including agency)	4,661	3,587
Total gross staff costs	**123,364**	**125,731**
Recoveries in respect of seconded staff		
Total staff costs	**123,364**	**125,731**
Of which		
Costs capitalised as part of assets	129	47

Note 8.1 Retirements due to ill-health (Group)

During 2018/19 there were 4 early retirements from the Trust agreed on the grounds of ill-health (3 in the year ended 31 March 2018). The estimated additional pension liabilities of these ill-health retirements is £197k (£175k in 2017/18).

The cost of these ill-health retirements will be borne by the NHS Business Services Authority - Pensions Division.

Note 9 Pension costs

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

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

a) Accounting valuation
A valuation of scheme liability is carried out annually by the scheme actuary (currently the Government Actuary's Department) as at the end of the reporting period. This utilises an actuarial assessment for the previous accounting period in conjunction with updated membership and financial data for the current reporting period, and is accepted as providing suitably robust figures for financial reporting purposes. The valuation of the scheme liability as at 31 March 2019, is based on valuation data as at 31 March 2018, updated to 31 March 2019 with summary global member and accounting data. In undertaking this actuarial assessment, the methodology prescribed in IAS 19, relevant FReM interpretations, and the discount rate prescribed by HM Treasury have also been used.

Note 9 Pension costs (continued)

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

b) Full actuarial (funding) valuation

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

The latest actuarial valuation undertaken for the NHS Pension Scheme was completed as at 31 March 2016. The results of this valuation set the employer contribution rate payable from April 2019. The Department of Health and Social Care have recently laid Scheme Regulations confirming that the employer contribution rate will increase to 20.6% of pensionable pay from this date.

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

Local Government Pension Scheme

Some employees are members of the Local Government Scheme, which is a defined benefit scheme. The scheme assets and liabilities attributable to these employees can be identified and are recognised in the Rotherham Doncaster and South Humber NHS Foundation Trust's financial statements. The assets are measured at fair value and the liabilities at the present value of future obligations.

The increase in the liability arising from pensionable service earned during the year is recognised within operating expenses. The net interest cost during the year arising from the unwinding of the discount on the net scheme liabilities is recognised within finance costs. Remeasurements of the defined benefit plan are recognised in the income and expenditure reserve and reported in the Statement of Comprehensive Income as an item of 'other comprehensive income'.

Employer contributions to the scheme in 2018/19 were £34k.

Further details of the scheme are given in note 34.

NEST Pension Scheme

Some employees are members of the NEST Pension Scheme. NEST is a scheme set up by government to enable employers to meet their pension duties and is free for employers to use. Employee and employer contribution rates were a combined minimum of 5% (with a minimum of 2.1% being contributed by the Trust), up to October 2018; from October 2018 the combined contribution is 8% (with a minimum of 3% being contributed by the Trust).

Employer contributions to the scheme in 2018/19 were £50k.

Note 10 Operating leases (Group)

Note 10.1 Rotherham Doncaster and South Humber NHS Foundation Trust as a lessor

This note discloses income generated in operating lease agreements where Rotherham Doncaster and South Humber NHS Foundation Trust is the lessor.

All of the operating lease income is from buildings leased to private tenants and local authorities.

	2018/19 £000's	2017/18 £000's
Operating lease revenue		
Minimum lease receipts	374	344
Total	**374**	**344**

	31 March 2019 £000's	31 March 2018 £000's
Future minimum lease receipts due:		
- not later than one year;	414	339
- later than one year and not later than five years;	589	363
- later than five years.	201	193
Total	**1,204**	**895**

Note 10.2 Rotherham Doncaster and South Humber NHS Foundation Trust as a lessee

This note discloses costs and commitments incurred in operating lease arrangements where Rotherham Doncaster and South Humber NHS Foundation Trust is the lessee.

Rotherham Doncaster and South Humber NHS Foundation Trust has a lease for the land with The Rotherham NHS foundation Trust for the provision of an older people's unit. The cost of the lease is £65k per year. It commenced in October 2009 and is for 99 years with a minimum lease term of 60 years.

All other leases are short term and are reviewed in accordance with service provision. these include expenditure of £1,502k on leased buildings, expenditure of £290k on leased vehicles and expenditure of £180k on leased equipment.

	2018/19 £000's	2017/18 £000's
Operating lease expense		
Minimum lease payments	2,037	1,686
Total	**2,037**	**1,686**

	31 March 2019 £000's	31 March 2018 £000's
Future minimum lease payments due:		
- not later than one year;	1,553	1,466
- later than one year and not later than five years;	1,351	1,707
- later than five years.	3,206	3,022
Total	**6,110**	**6,195**

Note 11 Finance income (Group)

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

	2018/19 £000's	2017/18 £000's
Interest on bank accounts	199	75
NHS charitable fund investment income	70	66
Total finance income	**269**	**141**

Note 12.1 Finance expenditure (Group)

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

	2018/19 £000's	2017/18 £000's
Interest expense:		
Loans from the Department of Health and Social Care	226	251
Finance leases	-	10
Main finance costs on PFI	870	901
Contingent finance costs on PFI	480	398
Total interest expense	**1,576**	**1,560**
Unwinding of discount on provisions	1	1
Total finance costs	**1,577**	**1,561**

Note 12.2 The late payment of commercial debts (interest) Act 1998 / Public Contract Regulations 2015

No payments were made in 2018/19 under the late payment of commercial debts (interest) Act 1998. (2017/18: nil)

Note 13 Other gains / (losses) (Group)

	2018/19 £000's	2017/18 £000's
Gains on disposal of assets	-	150
Losses on disposal of assets	-	-
Total gains / (losses) on disposal of assets	**-**	**150**
Fair value (losses) on investment properties	(49)	(16)
Fair value gains on charitable fund investments & investment properties	67	31
Total other gains / (losses)	**18**	**165**

Note14 Rotherham Doncaster and South Humber NHS Foundation Trust income statement and statement of comprehensive income

In accordance with Section 408 of the companies Act 2006, the Trust is exempt from the requirement to present its own income statement and statement of comprehensive income. The Trust's surplus for 2018/19 was £9,459k (2017/18: £4,742k). The Trust's comprehensive expenditure for 2018/19 was (£414k). (2017/18, income: £20,680).

Note 15.1 Intangible assets - 2018/19

Group and Trust	Software licences £000's	Intangible assets under construction £000's	Total £000's
Valuation / gross cost at 1 April 2018 - brought forward	2,200	2,453	4,653
Additions	274	-	274
Impairments	(20)	-	(20)
Reclassifications	2,453	(2,453)	-
Disposals / derecognition	(192)	-	(192)
Valuation / gross cost at 31 March 2019	4,715	-	4,715
Amortisation at 1 April 2018 - brought forward	794	-	794
Provided during the year	609	-	609
Impairments	(16)	-	(16)
Disposals / derecognition	(192)	-	(192)
Amortisation at 31 March 2019	1,195	-	1,195
Net book value at 31 March 2019	3,520	-	3,520
Net book value at 1 April 2018	1,406	2,453	3,859

The impairment is in respect of the Data Warehouse licence which is obsolete.

Note 15.2 Intangible assets - 2017/18

Group and Trust	Software licences £000's	Intangible assets under construction £000's	Total £000's
Valuation / gross cost at 1 April 2017	1,511	1,252	2,763
Additions	584	1,451	2,035
Impairments	(145)	-	(145)
Reclassifications	250	(250)	-
Valuation / gross cost at 31 March 2018	2,200	2,453	1,890
Amortisation at 1 April 2017	466	-	466
Provided during the year	328	-	328
Amortisation at 31 March 2018	794	-	328
Net book value at 31 March 2018	1,406	2,453	3,859
Net book value at 1 April 2017	1,045	1,252	2,297

Note 16.1 Property, plant and equipment - 2018/19

Group and Trust	Land £000's	Buildings excluding dwellings £000's	Dwellings £000's	Assets under construction £000's	Plant & machinery £000's	Transport equipment £000's	Information technology £000's	Furniture & fittings £000's	Total £000's
Valuation/gross cost at 1 April 2018 - brought forward	17,485	82,071	120	604	1,362	103	5,681	909	108,335
Additions	-	1,305	-	164	88	-	1,241	11	2,809
Impairments charged to operating expenses	-	(1,934)	-	-	(28)	-	(398)	(6)	(2,366)
Impairments charged to the revaluation reserve	-	(10,194)	-	-	-	-	-	-	(10,194)
Reversals of impairments charged to operating expenses	-	1,044	-	-	-	-	-	-	1,044
Revaluations	10	(224)	10	-	-	-	-	-	(204)
Reclassifications	-	719	-	(532)	-	-	-	-	187
Disposals / derecognition	-	-	-	-	(127)	-	(79)	(35)	(241)
Valuation/gross cost at 31 March 2019	17,495	72,787	130	236	1,295	103	6,445	879	99,370
Accumulated depreciation at 1 April 2018 - brought forward	-	729	1	-	796	74	2,361	579	4,540
Provided during the year	-	2,570	6	-	110	14	950	89	3,739
Impairments charged to operating expenses	-	(70)	-	-	(14)	-	(331)	(5)	(420)
Revaluations	-	(691)	(1)	-	-	-	-	-	(692)
Disposals / derecognition	-	-	-	-	(127)	-	(79)	(35)	(241)
Accumulated depreciation at 31 March 2019	-	2,538	6	-	765	88	2,901	628	6,926
Net book value at 31 March 2019	17,495	70,249	124	236	530	15	3,544	251	92,444
Net book value at 1 April 2018	17,485	81,342	119	604	566	29	3,320	330	103,795

Included in land and buildings is the PFI asset with a value of £15,491k. The PFI asset is valued net, that is exclusive of VAT; this valuation methodology is consistent with that set out in the GAM. This valuation methodology is a change from previous years when the PFI asset was valued gross, that is inclusive of VAT.

Note 16.2 Property, plant and equipment - 2017/18

Group and Trust

	Land £000's	Buildings excluding dwellings £000's	Dwellings £000's	Assets under construction £000's	Plant & machinery £000's	Transport equipment £000's	Information technology £000's	Furniture & fittings £000's	Total £000's
Valuation / gross cost at 1 April 2017	**15,815**	**72,372**	**120**	**497**	**1,370**	**103**	**5,273**	**960**	**96,510**
Additions	-	828	-	530	95	-	1,146	26	2,625
Impairments charged to operating expenses	-	(1,635)	-	(25)	(1)	-	-	-	(1,661)
Reversals of impairments credited to operating expenses	-	3	-	-	-	-	-	-	3
Revaluations	105	10,345	-	-	-	-	-	-	10,450
Reclassifications	(175)	78	-	(398)	-	-	-	-	(495)
Transfers from assets held for sale	1,740	80	-	-	-	-	-	-	1,820
Disposals / derecognition	-	-	-	-	(102)	-	(738)	(77)	(917)
Valuation/gross cost at 31 March 2018	**17,485**	**82,071**	**120**	**604**	**1,362**	**103**	**5,681**	**909**	**108,335**
Accumulated depreciation at 1 April 2017	**-**	**3,641**	**7**	**-**	**798**	**59**	**2,350**	**563**	**7,418**
Provided during the year	-	2,597	5	-	100	15	749	93	3,559
Impairments	-	-	-	-	-	-	-	-	-
Reversals of impairments credited to operating expenses	-	(470)	-	-	-	-	-	-	(470)
Revaluations	-	(5,039)	(11)	-	-	-	-	-	(5,050)
Disposals / derecognition	-	-	-	-	(102)	-	(738)	(77)	(917)
Accumulated depreciation at 31 March 2018	**-**	**729**	**1**	**-**	**796**	**74**	**2,361**	**579**	**4,540**
Net book value at 31 March 2018	**17,485**	**81,342**	**119**	**604**	**566**	**29**	**3,320**	**330**	**103,795**
Net book value at 1 April 2017	**15,815**	**68,731**	**113**	**497**	**572**	**44**	**2,923**	**397**	**89,092**

Note 16.3 Property, plant and equipment financing - 2018/19

Group and Trust	Land £000's	Buildings excluding dwellings £000's	Dwellings £000's	Assets under construction £000's	Plant & machinery £000's	Transport equipment £000's	Information technology £000's	Furniture & fittings £000's	Total £000's
Net book value at 31 March 2019									
Owned - purchased	17,495	54,758	124	236	530	15	3,544	251	76,953
On-SoFP PFI contracts and other service concession arrangements	-	15,491	-	-	-	-	-	-	15,491
NBV total at 31 March 2019	**17,495**	**70,249**	**124**	**236**	**530**	**15**	**3,544**	**251**	**92,444**

Note 16.4 Property, plant and equipment financing - 2017/18

Group and Trust	Land £000's	Buildings excluding dwellings £000's	Dwellings £000's	Assets under construction £000's	Plant & machinery £000's	Transport equipment £000's	Information technology £000's	Furniture & fittings £000's	Total £000's
Net book value at 31 March 2018									
Owned - purchased	17,485	60,808	119	604	566	29	3,320	330	83,261
On-SoFP PFI contracts and other service concession arrangements	-	20,534	-	-	-	-	-	-	20,534
NBV total at 31 March 2018	**17,485**	**81,342**	**119**	**604**	**566**	**29**	**3,320**	**330**	**103,795**

Note 17 Revaluations of property, plant and equipment

The Trust carried out a revaluation of land and buildings as at 1 April 2018. The valuation was performed by an independent RICS registered valuer from DVS Property Specialists. The revaluation resulted in a reduction in land, property, dwellings and investment property value of £10,829k; from £101,864k as at 1 April 2018 to £91,035k.

As at the 31 March 2019 the indices used to value land and buildings have risen by 2.23%. The application of this increase to the Trust's land and buildings would result in an increase in value of £1.5m. Due to the volatile nature of the indices and the potential for them to fall by the end of the June quarter, the PPE values reported in the Trust's financial statements do not include this increase in value. The asset values remain materially correct at year end.

Buildings classified as PFI assets are valued net, that is excluding VAT. This valuation methodology is consistent with that set out in the GAM which states that PFI assets should be valued net. Previously the Trust had valued the PFI assets gross, that is inclusive of VAT, which was consistent with the valuation methodology of all the other Trust buildings.

Three buildings which are not currently used in the provision of the Trust's services and which are not actively being marketed have a net book value of £480k.

The gross value of fully depreciated assets is for equipment, £229k and for software licences, £62k.

Note 18.1 Investment Property
Group and Trust

	2018/19 £000's	2017/18 £000's
Carrying value at 1 April	**2,647**	**2,133**
Acquisitions in year	2	35
Fair value gains taken to SoCI	116	64
Fair value (losses) taken to SoCI	(165)	(80)
Reclassifications to/from PPE	(187)	495
Carrying value at 31 March	**2,413**	**2,647**

Note 18.2 Investment property income and expenses

Group and Trust	2018/19 £000's	2017/18 £000's
Direct operating expense arising from investment property which generated rental income in the period	(36)	(34)
Total investment property expenses	**(36)**	**(34)**
Investment property income	181	147

All of the Trust's investment property is leased to third parties.

In all cases the Trust insures the building, and in most cases (with the exception of the lease to Woodfield Squash and Leisure), the carries the risk of repairs to the structure of the building, maintains the fire alarms (and some security alarms) and where multiple tenants are in situ maintains common services such as the heating system, drainage etc.

Note 19 Other investments / financial assets (non-current)

	Group		Trust	
	2018/19 £000's	2017/18 £000's	2018/19 £000's	2017/18 £000's
Carrying value at 1 April	**2,776**	**2,573**	**222**	**222**
Additions in year	201	331	-	-
Fair value gains taken to SoCI	67	31	-	-
Fair value movements taken to SOCI	25	(48)	-	-
Disposals	(532)	(111)	(200)	-
Carrying value at 31 March	**2,537**	**2,776**	**22**	**222**

Note 19.1 Other investments / financial assets (current)

Group and Trust

	31 March 2019 £000's	31 March 2018 £000's
Deposits with the National Loans Fund	25,000	21,000
Total current investments / financial assets	**25,000**	**21,000**

Note 20 Disclosure of interests in other entities

Flourish Commmunity Interest Company (FCIC) is a wholly owned subsidiary of the Trust. The accounting date of Flourish is 31 March 2019. In 2018/19 FCIC's income was £1,798k (2017/18: 1,542k) and the expenditure was £1,796k (2017/18: 1,490k). At 31 March 2019 the net assets are £56k. Flourish trading results are consolidated in the Trust's financial statements.

Flourish was incorporated in England, United Kingdom.

Note 21 Analysis of charitable fund reserves

The Rotherham Doncaster and South Humber NHS Charitable Fund is a subsidiary of Rotherham Doncaster and South Humber NHS Foundation Trust. The accounting date of the Fund is 31 March 2019.

	31 March 2019 £000's	31 March 2018 £000's
Unrestricted funds:		
Unrestricted income funds	1,501	1,753
Restricted funds:		
Restricted income funds	1,280	1,310
	2,781	**3,063**

Unrestricted income funds are funds that are expendable at the discretion of the trustees in furtherance of the charity's objectives. Unrestricted funds may be earmarked or designated for specific future purposes which reduces the amount that is readily available for the charity.

Restricted funds are funds which are expendable only in furtherance of the specified conditions of the donor and the objectives of the charity.

Note 22 Inventories

	Group		Trust	
	31 March 2019	31 March 2018	31 March 2019	31 March 2018
	£000's	£000's	£000's	£000's
Consumables	220	192	205	172
Total inventories	**220**	**192**	**205**	**172**

Inventories recognised in expenses for the year were £1,783 (2017/18: £1,455k). There was no write down of inventory in the period.

Note 23 Receivables

	Group		Trust	
	31 March 2019	31 March 2018	31 March 2019	31 March 2018
	£000's	£000's	£000's	£000's
Current				
Contract receivables*	1,203	-	1,191	-
Contract receivables not yet invoiced	7,966	-	8,012	-
Contract assets*	-	-	-	-
Trade receivables*	-	1,651	-	1,651
Accrued income*	-	6,433	-	6,433
Allowance for impaired contract receivables / assets	(6)	-	(6)	-
Allowance for other impaired receivables	-	(1)	-	(1)
Prepayments (non-PFI)	426	250	426	250
PDC dividend receivable	89	98	89	98
VAT receivable	304	157	304	157
Other receivables	-	130	-	219
NHS charitable funds: trade and other receivables	14	14	-	-
Total current receivables	**9,996**	**8,732**	**10,016**	**8,807**
Of which receivable from NHS and DHSC group bodies:				
Current	8,492	5,652	8,492	5,652

*Following the application of IFRS 15 from 1 April 2018, the trust's entitlements to consideration for work performed under contracts with customers are shown separately as contract receivables and contract assets. This replaces the previous analysis into trade receivables and accrued income. IFRS 15 is applied without restatement therefore the comparative analysis of receivables has not been restated under IFRS 15.

Note 24 Allowances for credit losses - 2018/19

Group and Trust	Contract receivables and contract assets £000's
Allowances at 1 April 2018 - brought forward	**1**
New allowances arising	5
Allowances at 31 March 2019	**6**

Note 24.1 Allowances for credit losses - 2017/18

IFRS 9 and IFRS 15 are adopted without restatement therefore this analysis is prepared in line with the requirements of IFRS 7 prior to IFRS 9 adoption. As a result it differs in format to the current period disclosure.

Group and Trust	All receivables £000's
Allowances at 1 April 2017 - as previously stated	**-**
Prior period adjustment	-
Allowances at 1 April 2017 - restated	**-**
Increase in provision	1
Amounts utilised	-
Unused amounts reversed	-
Allowances at 31 March 2018	**1**

Note 24.2 Exposure to credit risk

	Group		Trust	
	31 March 2019	31 March 2018	31 March 2019	31 March 2018
Ageing of impaired financial assets	£000's	£000's	£000's	£000's
Over 180	6	1	6	1
	6	**1**	**6**	**1**
Ageing of non - impaired financial assets past their due date				
0 - 30 days	62	791	62	652
30-60	104	181	104	180
60-90	24	42	24	41
90-180	31	72	31	70
Over 180	70	60	70	60
	229	**1,146**	**229**	**1,003**

Note 25 Cash and cash equivalents movements

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

	Group		Trust	
	2018/19	2017/18	2018/19	2017/18
	£000's	£000's	£000's	£000's
At 1 April	**28,902**	**29,537**	**28,214**	**28,593**
Net change in year	5,514	(635)	5,587	(379)
At 31 March	**34,416**	**28,902**	**33,801**	**28,214**
Broken down into:				
Cash at commercial banks and in hand	680	759	65	71
Cash with the Government Banking Service	8,736	28,143	8,736	28,143
Deposits with the National Loan Fund	25,000	-	25,000	-
Total cash and cash equivalents as in SoFP	**34,416**	**28,902**	**33,801**	**28,214**
Total cash and cash equivalents as in SoCF	**34,416**	**28,902**	**33,801**	**28,214**

Note 26 Third party assets held by the Trust

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

Group and trust

	2019	2018
	£000's	£000's
Bank balances	215	118
Monies on deposit	440	509
Total third party assets	**655**	**627**

Note 27 Trade and other payables

	Group		Trust	
	31 March 2019 £000's	31 March 2018 £000's	31 March 2019 £000's	31 March 2018 £000's
Current				
Trade payables	3,079	3,103	3,079	3,103
Capital payables	471	763	471	763
Accruals	11,337	10,230	11,176	10,125
Social security costs	1,317	1,287	1,317	1,287
Other taxes payable	925	852	925	843
Accrued interest on loans*	-	10	-	10
Other payables	1,076	1,066	1,035	1,187
NHS charitable funds: trade and other payables	73	39	-	-
Total current trade and other payables	**18,278**	**17,350**	**18,003**	**17,318**
Non-current				
Other payables	12	2	-	-
Total non-current trade and other payables	**12**	**2**	**-**	**-**
Total trade and other payables	**18,290**	**17,352**	**18,003**	**17,318**
Of which payables from NHS and DHSC group bodies:				
Current	1,239	1,919	1239	1919

*Following adoption of IFRS 9 on 1 April 2018, loans are measured at amortised cost. Any accrued interest is now included in the carrying value of the loan within note 29. IFRS 9 is applied without restatement therefore comparatives have not been restated.

Note 28 Other liabilities

	Group		Trust	
	31 March 2019 £000's	31 March 2018 £000's	31 March 2019 £000's	31 March 2018 £000's
Current				
Deferred income: contract liabilities	1,143	1,521	1,119	1,462
Total other current liabilities	**1,143**	**1,521**	**1,119**	**1,462**
Non-current				
Net pension scheme liability	887	647	887	647
Total other non-current liabilities	**887**	**647**	**887**	**647**

Note 29 Borrowings

Group and Trust	31 March 2019 £000's	31 March 2018 £000's
Current		
Loans from DHSC	372	363
Obligations under PFI, LIFT or other service concession contracts (excl. lifecycle)	415	380
Total current borrowings	**787**	**743**
Non-current		
Loans from DHSC	5,295	5,658
Obligations under PFI, LIFT or other service concession contracts	9,297	9,712
Total non-current borrowings	**14,592**	**15,370**

Note 29.1 Reconciliation of liabilities arising from financing activities

Group and Trust	DHSC loans £000's
Carrying value at 1 April 2018	**6,021**
Impact of implementing IFRS 9 on 1 April 2018	10
Cash movements:	
Financing cash flows - payments and receipts of principal	(363)
Financing cash flows - payments of interest	(227)
Non-cash movements:	
Application of effective interest rate	226
Carrying value at 31 March 2019	**5,667**

The only impact that the implementation of IFRS 9 had on the Group's financial statement was in respect of the measurement of the DHSC loan. Under IFRS 9 the loan is measured at amortised cost using the effective interest rate. Previously the loan was measured at historic cost. The impact of measuring the loan at amortised cost is that the carrying value of the loan presented in the financial statements includes both the loan principal and the interest accrual at the reporting date. Previous to IFRS 9 the interest accrual was included in trade and other payables.

Note 30 Provisions for liabilities and charges analysis

Group and Trust	Pensions: early departure costs £000's	Pensions: injury benefits* £000's	Legal claims £000's	Re-structuring £000's	Redundancy £000's	Other £000's	Total £000's
At 1 April 2018	**246**	**326**	**66**	**172**	**6,209**	**684**	**7,703**
Change in the discount rate	(3)	(22)	-	-	-	-	(25)
Arising during the year	-	-	49	168	89	235	**541**
Utilised during the year	(22)	(8)	(46)	(103)	(221)	-	(400)
Reversed unused	(64)	-	(21)	(69)	(4,567)	(125)	(4,846)
Unwinding of discount	-	1	-	-	-	-	1
At 31 March 2019	**157**	**297**	**48**	**168**	**1,510**	**794**	**2,974**
Expected timing of cash flows:							
- not later than one year;	22	8	48	168	1,510	794	2,550
- later than one year and not later than five years;	88	32	-	-	-	-	120
- later than five years.	47	257	-	-	-	-	304
Total	**157**	**297**	**48**	**168**	**1,510**	**794**	**2,974**

Pension provisions are calculated using the criteria provided by the Government Actuary department. Payments are made over the lifetime of the member and on his/her death a reduced sum is paid to the survivor.

The personal injury allowance is in respect of two ex employees. The provision is calculated using information as to gender, life expectancy and amount of allowance payable.

The legal claim provision is in respect of personal injury claims and is calculated using information provided by NHS Resolution as to probability of outcome and cost.

The redundancy and restructuring provisions relate to the Trust transformation programme and to the introduction of new models for the provision of services.

Other provisions are £689k for potential VAT payback and £105k in respect of 'dilapidation' costs for expired building leases.

The exact timing of cash-flows is uncertain; the expected timing is shown above.

* In 2018/19 the analysis of provisions has been revised to separately identify provisions for injury benefit liabilities. In previous periods, these provisions were included within other provisions.

Note 31.1 Clinical negligence liabilities

At 31 March 2019, £4,238k was included in provisions of NHS Resolution in respect of clinical negligence liabilities of Rotherham Doncaster and South Humber NHS Foundation Trust. (31 March 2018: £5,990k).

Note 32 Contingent assets and liabilities

	Group	
	31 March 2019	31 March 2018
Group and Trust		
	£000's	£000's
Value of contingent liabilities		
NHS Resolution legal claims	34	51
Gross value of contingent liabilities	**34**	**51**
Amounts recoverable against liabilities	-	-
Net value of contingent liabilities	**34**	**51**
Net value of contingent assets		

The contingent liabilites are in respect personal injury claims, all of which are expected to be settled in 2019/20.

Note 33 Contractual capital commitments

Group and Trust	Group	
	31 March 2019	31 March 2018
	£000's	£000's
Property, plant and equipment	349	27
Intangible assets	-	370
Total	**349**	**397**

Note 34 Defined benefit pension schemes

Note 34.1 Actuarial assumptions

The main actuarial assumptions used at the date of the Statement of Financial Position in measuring the present value of the defined benefit scheme liabilities are:

	End of year (p.a)	Beginning of year (p.a)
Rate of inflation - CPI	2.20%	2.10%
Rate of increase in salaries	3.45%	3.35%
Rate of increase in pensions	2.30%	2.20%
Discount rate	2.40%	2.60%

Duration information at the end of the accounting year

Estimated Macaulay duration of liabilities (at later of 31 March 2016 & admission date).	18 years
Duration profile used to determine assumptions.	Very mature

The financial actuarial assumptions used for IAS19 calculations at the 31 March year ends depends on the market yields at that date. These yields vary from employer to employer depending on the duration of their pension liabilities. For accounting purposes, the duration is assessed as at the date of the latest formal actuarial valuation of the Fund (or the date of admission to the fund if later).

Note 34.2 Sensitivity analysis

The sensitivity analysis shows how the defined benefit obligation would be affected by changes in the relevant actuarial assumptions that were reasonably possible at that date.

	Central	Sensitivity 1	Sensitivity 2	Sensitivity 3	Sensitivity 4
	£000's	£000's +0.1% p.a. discount rate	£000's +0.1% p.a. inflation	£000's +0.1% p.a. pay growth	£000's 1 year increase in life expectancy
Liabilities	6,462	6,345	6,581	6,485	6,586
Assets	(5,575)	(5,575)	(5,575)	(5,575)	(5,575)
Deficit / (Surplus)	887	770	1,006	910	1,011
Projected Service Cost for next year	98	95	100	98	100
Projected Net Interest Cost for next year	21	19	24	21	24

Note 34.3 Detailed asset breakdown as at 31 March 2019

	31 March 2019 £000's	31 March 2018 £000's
Equities	2,834	2,971
Government bonds	723	740
Other bonds	566	392
Property	539	486
Cash/liquidity	185	257
Other	728	470
Total	**5,575**	**5,316**

Note 34.4 Amounts recognised in the SoCI

| | Group | |
| | 2018/19 | 2017/18 |
	£000's	£000's
Current service cost	90	104
Interest expense / income	16	25
Administration expenses	1	1
Total net (charge) / gain recognised in SOCI	**107**	**130**

Note 34.5 Changes in the defined benefit obligation and fair value of plan assets during the year

| | Group | |
| | 2018/19 | 2017/18 |
	£000's	£000's
Present value of the defined benefit obligation at 1 April	**(5,963)**	**(6,213)**
Current service cost	(90)	(104)
Interest cost	(154)	(154)
Contribution by plan participants	(18)	(20)
Remeasurement of the net defined benefit (liability) / asset:		
- Actuarial (gains)/losses	(340)	352
Benefits paid	103	176
Present value of the defined benefit obligation at 31 March	**(6,462)**	**(5,963)**
Plan assets at fair value at 1 April	**5,316**	**5,219**
Interest income	138	129
Remeasurement of the net defined benefit (liability) / asset:		
- Actuarial gain	173	86
- Changes in the effect of limiting a net defined benefit asset to the asset ceiling		
Contributions by the employer	34	39
Contributions by the plan participants	18	20
Benefits paid	(103)	(176)
Administration expenses	(1)	(1)
Plan assets at fair value at 31 March	**5,575**	**5,316**
Plan surplus/(deficit) at 31 March	**(887)**	**(647)**

Note 34.6 Reconciliation of the present value of the defined benefit obligation and the present value of the plan assets to the assets and liabilities recognised in the balance sheet

| | Group | |
| | 31 March 2019 | 31 March 2018 |
	£000's	£000's
Present value of the defined benefit obligation	(6,462)	(5,963)
Plan assets at fair value	5,575	5,316
Net (liability) / asset recognised in the SoFP	**(887)**	**(647)**

Note 35 On-SoFP PFI, LIFT or other service concession arrangements

The PFI provides services accommodation for Mental Health services for Older People and for Mental Health Rehabilitation services. The PFI buildings are on the St Catherine's site and Bentley in Doncaster.

The PFI agreement is with Albion Healthcare Ltd who have a contract with HBG (Facilities Management) Ltd to provide the hard facilities management services to the buildings.

The PFI arrangement is for 27 years commencing in 2005 and ending in 2032. There are no renewal or termination options in the agreement.

The service element of the lease was bought out in 2017/18 and payments now relate solely to the lease of the property. The annual payment in 2018/19 was £1,730k. The re-pricing of the annual charge is yearly on 1 April in line with the movement in the Retail Price Index.

The scheme has not resulted in any guarantees, commitments or other rights or obligations.

Note 35.1 Imputed finance lease obligations

The following are obligations in respect of the finance lease element of on-Statement of Financial Position PFI and LIFT schemes:

Group and Trust	31 March 2019 £000's	31 March 2018 £000's
Gross PFI liabilities	**16,354**	**17,604**
Of which liabilities are due		
- not later than one year;	1,250	1,250
- later than one year and not later than five years;	5,000	5,000
- later than five years.	10,104	11,354
Finance charges allocated to future periods	(6,642)	(7,512)
Net PFI, LIFT or other service concession arrangement obligation	**9,712**	**10,092**
- not later than one year;	415	380
- later than one year and not later than five years;	2,076	1,902
- later than five years.	7,221	7,810

Note 35.2 Total on-SoFP PFI commitments

Total future obligations under these on-SoFP schemes are as follows:

Group and Trust	31 March 2019 £000's	31 March 2018 £000's
Total future payments committed in respect of the PFI, LIFT or other service concession arrangements	**22,490**	**23,520**
Of which liabilities are due:		
- not later than one year;	1,730	1,680
- later than one year and not later than five years;	6,920	6,720
- later than five years.	13,840	15,120

Note 35.3 Analysis of amounts payable to service concession operator

This note provides an analysis of the unitary payments made to the service concession operator:

Group and Trust	Group 2018/19 £000's	2017/18 £000's
Unitary payment payable to service concession operator	1,730	**1,867**
Consisting of:		
- Interest charge	870	901
- Repayment of finance lease liability	380	349
- Service element charged to operating expenditure	-	219
- Contingent rent	480	398
Total amount paid to service concession operator	**1,730**	**1,867**

The service element of the PFI was bought out in 2017/18.

Note 36 Financial instruments

Note 36.1 Financial risk management

Financial reporting standard IFRS 7 requires disclosure of the role that financial instruments have had during the year in creating or changing the risks a body faces in undertaking its activities. Because of the continuing service provider relationship that Rotherham Doncaster and South Humber NHS Foundation Trust has with CCGs and local authorities and the way in which these bodies are financed, Rotherham Doncaster and South Humber NHS Foundation Trust is not exposed to the degree of financial risk faced by business entities. Also financial instruments play a much more limited role in creating or changing risk than would be typical of listed companies, to which the financial reporting standard mainly applies. Rotherham Doncaster and South Humber NHS Foundation Trust has limited powers to borrow or invest surplus funds and financial assets and liabilities are generated by day-to-day operational activities rather than being held to change the risks facing Rotherham Doncaster and South Humber NHS Foundation Trust in undertaking its activities.

Rotherham Doncaster and South Humber NHS Foundation Trust's treasury management operations are carried out by the finance department, within parameters defined formally within Rotherham Doncaster and South Humber NHS Foundation Trust's standing financial instructions and policies agreed by the Board of Directors. Rotherham Doncaster and South Humber NHS Foundation Trust treasury activity is subject to review by internal audit.

Currency risk
Rotherham Doncaster and South Humber NHS Foundation Trust is principally a domestic organisation with the great majority of transactions, assets and liabilities being in the UK and sterling based. Rotherham Doncaster and South Humber NHS Foundation Trust has no overseas operations. Rotherham Doncaster and South Humber NHS Foundation Trust therefore has low exposure to currency rate fluctuations.

Credit risk
Because the majority of Rotherham Doncaster and South Humber NHS Foundation Trust's income comes from contracts with other public sector bodies, Rotherham Doncaster and South Humber NHS Foundation Trust has little exposure to credit risk. The maximum exposures at 31 March 2019 are in receivables from other customers, as disclosed in Trade and other receivables note 23.

Liquidity risk
Rotherham Doncaster and South Humber NHS Foundation Trust's operating costs are incurred under annual service agreements with CCGs and local authorities, which are financed from resources voted annually by Parliament. Rotherham Doncaster and South Humber NHS Foundation Trust is not, therefore exposed to significant liquidity risks.

Interest rate risk
Rotherham Doncaster and South Humber NHS Foundation Trust is not exposed to any interest rate risk. The only loan that the Trust has is with the Department of Health and Social Care and this is at a fixed interest rate.

Note 36.2 Carrying values of financial assets

IFRS 9 Financial Instruments is applied restrospectively from 1 April 2018 without restatement of comparatives. As such, comparative disclosures have been prepared under IAS 39 and the measurement categories differ to those in the current year analyses.

Group	Held at amortised cost	Held at fair value through OCI	Total book value
Carrying values of financial assets as at 31 March 2019 under IFRS 9	£000's	£000's	£000's
Trade and other receivables excluding non financial assets	9,163	-	**9,163**
Other investments / financial assets	-	-	**-**
Cash and cash equivalents	34,082	-	**34,082**
Consolidated NHS Charitable fund financial assets	348	2,537	**2,885**
Total at 31 March 2019	**43,593**	**2,537**	**46,130**

Group	Loans and receivables	Available-for-sale	Total book value
Carrying values of financial assets as at 31 March 2018 under IAS 39	£000's	£000's	£000's
Trade and other receivables excluding non financial assets	8,370	-	**8,370**
Other investments / financial assets	-	2,776	**2,776**
Cash and cash equivalents	28,516	-	**28,516**
Consolidated NHS Charitable fund financial assets	400	-	**400**
Total at 31 March 2018	**37,286**	**2,776**	**40,062**

Trust	Held at amortised cost	Held at fair value through OCI	Total book value
Carrying values of financial assets as at 31 March 2019 under IFRS 9	£000's	£000's	£000's
Trade and other receivables excluding non financial assets	9,197	-	**9,197**
Other investments / financial assets	-	-	**-**
Cash and cash equivalents	33,801	-	**33,801**
Total at 31 March 2019	**42,998**	**-**	**42,998**

Trust	Loans and receivables	Available-for-sale	Total book value
	£000's	£000's	£000's
Carrying values of financial assets as at 31 March 2018 under IAS 39			
Trade and other receivables excluding non financial assets	8,459	-	**8,459**
Other investments / financial assets	-	-	**-**
Cash and cash equivalents	28,214	-	**28,214**
Total at 31 March 2018	**36,673**	**-**	**36,673**

Note 36.3 Carrying values of financial liabilities

IFRS 9 Financial Instruments is applied restrospectively from 1 April 2018 without restatement of comparatives. As such, comparative disclosures have been prepared under IAS 39 and the measurement categories differ to those in the current year analyses.

Group	Held at amortised cost	Total book value
	£000's	£000's
Carrying values of financial liabilities as at 31 March 2019 under IFRS 9		
Loans from the Department of Health and Social Care	5,667	**5,667**
Obligations under PFI, LIFT and other service concession contracts	9,712	**9,712**
Trade and other payables excluding non financial liabilities	15,975	**15,975**
Consolidated NHS charitable fund financial liabilities	73	**73**
Total at 31 March 2019	**31,427**	**31,427**

Group	Held at historic cost	Total book value
	£000's	£000's
Carrying values of financial liabilities as at 31 March 2018 under IAS 39		
Loans from the Department of Health and Social Care	6,021	**6,021**
Obligations under PFI, LIFT and other service concession contracts	10,092	**10,092**
Trade and other payables excluding non financial liabilities	15,174	**15,174**
Consolidated NHS charitable fund financial liabilities	39	**39**
Total at 31 March 2018	**31,326**	**31,326**

Trust	Held at amortised cost £000's	Total book value £000's
Carrying values of financial liabilities as at 31 March 2019 under IFRS 9		
Loans from the Department of Health and Social Care	5,667	**5,667**
Obligations under PFI, LIFT and other service concession contracts	9,712	**9,712**
Trade and other payables excluding non financial liabilities	15,759	**15,759**
Total at 31 March 2019	**31,138**	**31,138**

Trust	Held at historic cost £000's	Total book value £000's
Carrying values of financial liabilities as at 31 March 2018 under IAS 39		
Loans from the Department of Health and Social Care	6,021	**6,021**
Obligations under PFI, LIFT and other service concession contracts	10,092	**10,092**
Trade and other payables excluding non financial liabilities	15,188	**15,188**
Total at 31 March 2018	**31,301**	**31,301**

Note 36.4 Fair values of financial assets and liabilities

The book value of the Trust's assets and liabilities at 31 March 2019 is a reasonable approximation of fair value.

Note 36.5 Maturity of financial liabilities

	Group		Trust	
	31 March 2019 £000's	31 March 2018 £000's	31 March 2019 £000's	31 March 2018 £000's
In one year or less	16,823	15,954	16,546	15,931
In more than one year but not more than two years	828	780	816	778
In more than two years but not more than five years	2,712	2,576	2,712	2,576
In more than five years	11,064	12,016	11,064	12,016
Total	**31,427**	**31,326**	**31,138**	**31,301**

Note 37 Losses and special payments

Group and Trust	2018/19		2017/18	
	Total number of cases Number	Total value of cases £000's	Total number of cases Number	Total value of cases £000's
Losses				
Cash losses	1	1	-	-
Bad debts and claims abandoned	21	4	9	4
Total losses	**22**	**5**	**9**	**4**
Special payments				
Loss of personal effects	18	2	19	4
personal injury with advice	18	80	12	66
other negligence and injury	2	3	3	4
Special severance payments	-	-	1	8
Total special payments	**38**	**85**	**35**	**82**
Total losses and special payments	**60**	**90**	**44**	**86**

The amounts reported are on an accruals basis.

Note 38 New Standards

Note 38.1 Initial application of IFRS 9

IFRS 9 Financial Instruments as interpreted and adapted by the GAM has been applied by the Trust from 1 April 2018. The standard is applied retrospectively with the cumulative effect of initial application recognised as an adjustment to reserves on 1 April 2018.

IFRS 9 replaces IAS 39 and introduces a revised approach to classification and measurement of financial assets and financial liabilities, a new forward-looking 'expected loss' impairment model and a revised approach to hedge accounting.

Under IFRS 9, borrowings from the Department of Health and Social Care, which were previously held at historic cost, are measured on an amortised cost basis. Consequently, on 1 April 2018 borrowings increased by £10k, and trade payables correspondingly reduced.

Note 38.2 Initial application of IFRS 15

IFRS 15 Revenue from Contracts with Customers as interpreted and adapted by the GAM has been applied by the Trust from 1 April 2018. The standard is applied retrospectively with the cumulative effect of initial application recognised as an adjustment to the income and expenditure reserve on 1 April 2018.

IFRS 15 introduces a new model for the recognition of revenue from contracts with customers replacing the previous standards IAS 11, IAS 18 and related Interpretations. The core principle of IFRS 15 is that an entity recognises revenue when it satisfies performance obligations through the transfer of promised goods or services to customers at an amount that reflects the consideration to which the entity expects to be entitled to in exchange for those goods or services.

As directed by the GAM, the Trust has applied the practical expedient offered in C7A of the standard removing the need to retrospectively restate any contract modifications that occurred before the date of implementation (1 April 2018).

The Standard has had no impact on the financial statements of the Trust.

Note 39 Related parties

Rotherham Doncaster and South Humber NHS Foundation Trust is a body corporate established by order of the Secretary of State.

The Department of Health is regarded as Rotherham Doncaster and South Humber NHS Foundation Trust's parent and ultimate controlling party. During the year Rotherham Doncaster and South Humber NHS Foundation Trust had a significant number of material transactions with the Department and with other entities for which the Department is regarded the parent. Rotherham Doncaster and South Humber NHS Foundation Trust also had a number of material transactions with other Government departments and other central and local government bodies. These entities are listed below.

Doncaster and Bassetlaw Hospitals NHS FT

Sheffield Health and Social Care NHS FT

The Rotherham FT

NHS Doncaster CCG

NHS North Lincolnshire CCG

NHS Rotherham CCG

NHS England

Health Education England

Doncaster Metropolitan Council

Rotherham Borough Council

North Lincolnshire Council

Note 40 Events after the reporting date

There are no events after the reporting date.