**RDASH Priorities 2010/11**

<table>
<thead>
<tr>
<th>Priorities</th>
<th>How this priority underpins the strategic vision</th>
<th>Milestones 10/11</th>
<th>Milestones 11/12</th>
<th>Milestones 12/13</th>
</tr>
</thead>
<tbody>
<tr>
<td>Increased focus on clinical delivery, engagement and leadership</td>
<td>The Strategic Vision is ‘Leading the Way with Care’ which places a high quality patient experience at the centre of everything we do ensuring quality is our organisational principle. The Leading the Way with Quality transformational organisational development programme is the Trust’s delivery mechanism which underpins the above. Details and milestones are incorporated set out opposite</td>
<td>templates 2, 3, 4, 8 and 9</td>
<td>templates 2, 3, 4, 8 and 9</td>
<td>templates 2, 3, 4, 8 and 9</td>
</tr>
<tr>
<td>Deliver improved quality through integrated corporate and clinical assurance</td>
<td>Encourages innovation and positively manages related risks to support clinical improvement and ensure the organisation is best placed to grow, develop and mature within the market, learning from its staff, service users and carers. Details and milestones are incorporated set out opposite</td>
<td>templates 2, 3, 4, 5 and 9</td>
<td>templates 2, 3, 4, 5 and 9</td>
<td>templates 2, 3, 4, 5 and 9</td>
</tr>
<tr>
<td>Build strategic capacity and develop our external relationships</td>
<td>Recognises the need to secure our market position, develop our forward strategy for business development and work proactively with partners Details and milestones are incorporated set out opposite</td>
<td>templates 2, 4, 5, 6, 7 and 9</td>
<td>templates 2, 4, 5, 6, 7 and 9</td>
<td>templates 2, 4, 5, 6, 7 and 9</td>
</tr>
<tr>
<td>Advance strategic market position</td>
<td>RDaSH has a reputation as a high performing Mental Health and Learning Disabilities Trust. It is essential to preserve the most positive elements of the existing arrangements, whilst considering how we might be configured to meet the demands of our Strategic Direction. Details and milestones are incorporated set out opposite</td>
<td>Templates 2, 4, 5, 6, 8 and 9</td>
<td>Templates 2, 4, 5, 6, 8 and 9</td>
<td>Templates 2, 4, 5, 6, 8 and 9</td>
</tr>
</tbody>
</table>
Vision and key priorities

The Trust’s current position is summarised as:

Rotherham Doncaster and South Humber Mental Health NHS Foundation Trust (RDaSH) provides specialist mental health and learning disability services across a large geographical area encompassing Rotherham, Doncaster and Northern Lincolnshire, with an income value of £115 million and 2,800 staff, serving a population of approximately 850,000. Early Intervention services are also provided in Manchester.

It is almost 3 years since the Trust successfully secured NHS Foundation Trust status in August 2007. This significant agenda that the Board of Directors (BoD) embarked on, along with the whole organisation, to achieve that goal, was both challenging and developmental. Since being authorised, the Trust has delivered the majority of the plans and ambitions set out within the Integrated Business Plan. This has placed RDaSH at the leading edge of Mental Health Trusts in England.

The Trust is a high performing, high quality organisation that invests its resources for the maximum benefit of patients and staff e.g. Rotherham Full Business Case £20m capital investment. In 2008/09 RDaSH achieved a double ‘Excellent’ rating from the Care Quality Commission in the NHS annual health check ratings for the quality of its services and the use of its resources. It was the fourth consecutive year for the Trust to receive an ‘excellent’ rating for quality of services - every year since the annual health check came into being - and the second year in a row to be rated excellent for use of resources.

During the 2009/10 year RDaSH embarked on a transformational organisational development programme called ‘Leading the Way with Quality’ (LWQ), designed to support the organisation’s new Strategic Direction and Market Development Strategy.

The purpose of the programme, initiated by the Chief Executive and fully supported by the RDaSH BoD, remains to prioritise the Trust’s focus on quality of service delivery for patients, to support stronger clinical engagement and to ensure the Trust is business ready to face the anticipated challenges of the coming three years. Staff were involved in an initial series of LWQ workshops, led by the Chief Executive, at the end of 2009 and their enthusiastic feedback led to the setting up of an electronic suggestion scheme to enable staff to contribute their innovative ideas to the ongoing LWQ programme and linked to the Quality Innovation Prevention and Productivity (QIPP) Programme – Template 7. A second, follow-up series of staff workshops took place in April and May 2010, which further developed the LWQ and QIPP programmes.

The Trust recently reviewed its strategic direction to ensure that it is ready to seize the opportunities arising from national and local key drivers and to be a Trust that is ‘Leading the way with care’ (Trust’s Vision Statement). To fulfil that Vision, the Trust will be ‘Working in partnership to turn our knowledge, expertise and innovation into effective, efficient, accessible mental health and learning disability services that promote social inclusion and choice to people from all walks of life’ (Trust’s Mission Statement). This will be underpinned by the transformational organisational development programme ‘Leading the Way with Quality’.

Underpinning all the work of the Trust to fulfil the Vision and deliver the Mission Statement is a set of agreed Values. These have been derived from work undertaken with patients, staff, carers and other stakeholders, the Values describe how the organisation will act while delivering the Mission, in providing services that:

- Uphold the principles of the NHS
- Are user, carer focused
- Enhanced quality of life
- Adopt the principles of recovery
- Are safe, whilst promoting independence
- Promote social inclusion
• Are delivered in the right place at the right time by the person with the right skills
• Are accessed through a single point, with clear pathways through the system
• Are evidence-based and continuously developing in the light of experience
• Are effective, efficient and demonstrate value for money.

The BoD has also undertaken work in conjunction with the Council of Governors to refine the strategic objectives from April 2010. The five strategic objectives are:

• Continuously improve service quality, safety and effectiveness for our service users and carers.
• Deliver excellent services by nurturing the talent, commitment and ideas of our staff.
• Ensure value for money and increased organisational efficiency.
• Adapt and deliver services to meet changing local needs delivered through enhanced local partnerships.
• Improve further our reputation for quality by maintaining excellent performance and developing a strong market position.

These five strategic objectives underpin the delivery of the Trust’s Main Priorities for the next three years:

• Increased focus on clinical delivery, engagement and leadership
• Build strategic capacity and develop our external relationships
• Deliver improved quality through integrated corporate and clinical assurance
• Advance strategic market position

The landscape within which the Trust operates is constantly changing and the policy framework for the NHS is currently being refocused by the Department of Health. Furthermore the Trust will continue to monitor and respond to the impact of the outcome of the recent General Election and in particular documentation such as The Coalition: our programme for government. The Trust remains strong in its support of the important public priority of improved quality and safety as recommended in the Francis Report. In order to keep the Trust at that leading edge the Trust is continually reviewing internal arrangements against that changing landscape to maximise the efficiency and effectiveness of the organisational strengths. In addition, Transforming Community Services further clarified within the 2010/11 Operating Framework, seeks to identify solutions for the future provision arrangements for PCT provider services by March 2010. However, a number of other significant factors need to influence our thinking about how to organise ourselves to respond. Some of the more key ones are noted below:

• NHS 2010 – 2015 : from good to great, preventive, people-centred, productive: December 2009
• New Horizons : A shared vision for mental health January 2010
• High Quality Care for All – Quality as the ‘organising principle’ of the NHS
• Yorkshire and the Humber Healthy Ambitions Framework
• The Operating Framework for the NHS in England 2010/11
• The Co-operation and Competition Panel
• Patient Choice in mental health services
• Private Patient Income Cap
• Changing national economic climate and impact on NHS spending
• World Class Commissioning and results of the assessment process for local PCTs
• Care Quality Commission Registration
• Monitor Guidance on Acquisitions and Mergers
• Monitor Compliance Framework
• Transforming Community Services – Enabling new patterns of provision, January 2009
• Transforming Community Services - The assurance and approvals process for PCT provided community services, February 2010.
In relation to Mental Health Services specifically we also need to consider the local landscape and a variety of issues come to mind:

- Configuration and viability of Mental health Providers in Yorkshire and the Humber and in the East Midlands
- Workforce pressures including market for medical, nursing, Allied Health Professionals and Pharmacy clinicians
- Shift from generalist to specialist care model and implications for staff morale and retention
- Development of national approach to Mental Health tariff
- Securing investment to deliver local modernisation programmes
- Relationships with voluntary sector and Local Authorities
- Potential for development of joint ventures and strategic partnerships
- Changes to Commissioning Landscape
- Trust identified risks

Against this backcloth of change and considering the Trust’s current position, its strengths and areas for development and the challenges for the next three years, the BoD has finalised its Strategic Direction, which has confirmed the Main Priorities for the next three years. The connection between our Monitor Annual Plan and Achieving Board Assurance is set out below.
ACHIEVING BOARD ASSURANCE

VISION
- Leading the way with care

MISSION STATEMENT
- Working in partnership to turn our knowledge, expertise and innovation into effective, efficient, accessible mental health and learning disability services that promote social inclusion and choice to people from all walks of life

VALUES
- Uphold the principles of the NHS
- Are user, carer focused
- Enhanced quality of life
- Adopt the principles of recovery
- Are safe, whilst promoting independence
- Promote social inclusion
- Are delivered in the right place at the right time by the person with the right skills
- Are accessed through a single point, with clear pathways through the system
- Are evidence-based and continuously developing in the light of experience
- Are effective, efficient and demonstrate value for money.

MAIN PRIORITIES
- Increased focus on clinical delivery, engagement and leadership
- Deliver improved quality through integrated corporate and clinical assurance
- Build strategic capacity and develop our external relationships
- Advance strategic market position

STRATEGIC OBJECTIVES
- Continuously improve service quality, safety and effectiveness for our service users and carers.
- To deliver excellent services by nurturing the talent, commitment and ideas of our staff.
- Ensure value for money and increased organisational efficiency.
- Adapt and deliver services to meet changing local needs delivered through enhanced local partnerships.
- Improve further our reputation for quality by maintaining excellent performance and developing a strong market position

MONITOR ANNUAL RISK ASSESSMENT
- Vision and key priorities
- Key External Impacts
- Clinical Quality
- Service Development Strategy
- Workforce Strategy
- Capital Programmes
- Operational / Financial Effectiveness
- Leadership and Governance
- Regulatory

MONITOR ANNUAL PLAN

<table>
<thead>
<tr>
<th>Key external impact</th>
<th>Risk to the plan</th>
<th>Mitigating actions and residual risk</th>
<th>Overall expected outcome</th>
<th>Measures of progress and accountability</th>
</tr>
</thead>
<tbody>
<tr>
<td>The economic downturn over the next 3 years leading to a reduction in growth for commissioners.</td>
<td>Increased savings required, over and above the current assumptions. The commissioners inability to fund future developments Potential loss of current business following market testing.</td>
<td>The savings plans for 2011/12 and 2012/13 assume a 5% target each year Each of the 3 years retains a contingent revenue reserve of to manage risk.</td>
<td>The delivery of the Trust’s key financial targets to deliver the joint health community financial strategy.</td>
<td>Responsible Director – Director of Finance and Informatics Three year financial plan approved by Board of Directors (BoD) (March 2010) with monthly monitoring through the Director of Finance and Informatics’ Board Report, overseen by the Finance Infrastructure and Business Development Group (FIBDG – the Finance Policy Group) of: Income and Expenditure Capital Cash Finance Risk Rating Joint work is ongoing with commissioners to understand their financial plans</td>
</tr>
<tr>
<td>Economic downturn and wider health care funding impact on workforce</td>
<td>Impact on workforce assumptions in terms of reduced turnover and increased levels of sickness absence.</td>
<td>Weekly monitor of turnover rates and all vacancies via the Establishment Control Panel Review all fixed term contracts. Review all requests to continue to work beyond age 65 Manage sickness absences via the new sickness absence protocol.</td>
<td>Workforce employed in line with Business Division workforce plans and monitored through the QIPP Workforce Work Stream and reported to QIPP Programme Board (Workforce Work Stream - Template 7)</td>
<td>Responsible Director – Director of Workforce, Organisational Development and Corporate Affairs. Monthly monitoring of agreed 2010/11 target through QIPP Programme Board chaired by Chief Executive. (Workforce Work Stream - Template 7) QIPP Programme progress reported monthly to BoD. 2011/12 targets to be developed and</td>
</tr>
</tbody>
</table>
| Pay costs are higher than planned | The financial plan assumes: 2.5% pay uplift for 2010/11 (in line with the 3rd year of the negotiated pay award). 1% pay award plus 1% incremental drift for 2011/12 and 2012/13. The key risk is that pay inflation will be higher in years 2 and 3 of the plan. | The plan incorporates a contingent reserve of £0.9m per year to manage unforeseen financial risk. The Trust is still targeting 5.5% savings in 2011/12 and 2012/13 which will provide flexibility if pay awards are higher. Progress on the national pay negotiations for 11/12 and 12/13 are monitored closely. Links maintained with Foundation Trust Network | The delivery of pay inflation within the planned assumptions. | Responsible Director – Director of Finance and Informatics
Pay costs monitored through the monthly Director of Finance and Informatics Board Report and overseen by the FIBDG and Human Resources and Organisational Development Group.
The BoD will review the implications of the national position to determine if local action is necessary. |
| Contractual terms and penalties | Implications of financial penalties within commissioning contracts | Performance management of contractual targets and proactive liaison with commissioners to approve action plan and agree mitigating circumstances | Minimising risk of incurring financial penalties | Responsible Director – Chief Operating Officer/Director of Finance and Informatics
- Benchmark data collection
- Data quality improvement
- Liaison with Commissioners re targets
- Risk analysis regarding delivery
- Identify actions to deliver Performance management through Business Division dashboards and monitored by FIBDG. Monthly monitoring to BoD via Director of Finance and Informatics Board Report
Contractual terms and penalties monitored through the monthly FIBDG. |
<table>
<thead>
<tr>
<th>Quality: Local and regional CQUIN indicators</th>
<th>Trust’s reputation with the following stakeholders is reduced:</th>
<th>Early and ongoing negotiations and partnership working with commissioners across localities to ensure quality indicators reflect the Trust, the commissioners and service users local priorities</th>
<th>To demonstrate progress against each indicator at defined intervals with agreed outcomes.</th>
<th>Responsible Director – Director of Finance and Informatics / Director of Performance and Assurance / Chief Operating Officer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Financial risk to baseline position of the Trust</td>
<td>Early and ongoing negotiations and partnership working with commissioners across localities to ensure quality indicators reflect the Trust, the commissioners and service users local priorities</td>
<td>Single overarching CQUIN scheme for the Trust</td>
<td>Improved quality of the service user experience.</td>
<td></td>
</tr>
<tr>
<td>Reduced opportunities for service development</td>
<td>Full engagement of Business Divisions in the ongoing development of the CQUIN framework</td>
<td></td>
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</tr>
</tbody>
</table>

**Business Divisions**
Utilising the Business Division dashboard reporting framework

**BoD**

**Commissioners**
Through monthly performance monitoring and reporting

<table>
<thead>
<tr>
<th>The introduction of Mental Health PBR</th>
<th>The plan currently assumes no impact of moving to a new currency.</th>
<th>The Trust is involved in the national development of MH PBR and is working closely with its commissioners to develop the new currency.</th>
<th>The introduction of the new currency resulting in a better understanding of the Trust’s services business.</th>
<th>Responsible Director – Director of Finance and Informatics</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>There is a financial risk sharing agreement in place for the next 2 years with main commissioners.</td>
<td></td>
<td>Regular updates at FIBDG and quarterly to BoD.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Ongoing involvement in the Care Pathways and Packages Programme Board</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Service reconfiguration</th>
<th>Disruption to service delivery resulting in increased clinical risk</th>
<th>Project and change management programme deployed.</th>
<th>Managed change process and continuous review of plans to minimise risks undertaken internal due diligence process.</th>
<th>Responsible Director – Chief Operating Officer</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Targeted resources made available to manage integration processes</td>
<td></td>
<td></td>
<td>Due diligence will include some of the following:</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>- Finance</td>
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<td></td>
<td></td>
<td>- Workforce</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>- Performance and assurance</td>
</tr>
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<td>- Clinical vision</td>
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<td></td>
<td>- Service user / carer / staff consultation</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>- Implementation plan</td>
</tr>
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<td></td>
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<td></td>
<td>Regular updates at FIBDG as appropriate.</td>
</tr>
</tbody>
</table>
| Demographic changes and demand management | Increased demand in the following areas:  
- psychological therapies  
- dementia  
- learning disability accessing older people’s services  
- substance misuse | Strategic Direction and Market Development Strategy targeting key priorities and working in close collaboration with commissioners. This supports the development of new services and the modernisation of existing service provision. | Balancing of demand and capacity within primary and secondary care psychological therapy services  
Service expansion to meet increased demand | Responsible Director – Chief Operating Officer  
Existing Services  
- Measure demand and review  
- Map against capacity  
- Reconfigure services against demand  
New Services  
- Demographic trend analysis  
- Liaison with Commissioners  
- Expansion/reconfiguration of services  
Regular updates at FIBDG as appropriate. |
|------------------------------------------|---------------------------------------------------------------------------------|---------------------------------------------------------------------------------|---------------------------------------------------------------------------------|---------------------------------------------------------------------------------|
| Personalisation | Potential risk to day care and support work services through the implementation of personalisation of health and social care | Negotiation and collaborative approach to implementation with health and social care commissioners | Managed transformation of services and proactive modernisation of services to meet demands and opportunities of personalisation | Responsible Director – Chief Operating Officer  
- Involvement in personalisation pilots  
- Service reconfiguration plans developed  
Regular updates at FIBDG as appropriate. |
| Competition and cooperation / TCS / SHA | The Trust’s aspirations in relation to Transforming Community Services in Rotherham and Doncaster will be subject to the Strategic Health Authority Assurance Process and approval by the Cooperation and Competition Panel. | The Trust utilises robust project management arrangements for all of its significant service reconfiguration and development schemes. Wherever possible and when appropriate the Trust involves partner agencies in those arrangements.  
When responding to procurement processes in relation to Transforming Community Services, the Trust has and will take account of Transforming Community services: The assurance and approvals process for PCT-provided community services (DH, February 2010) and the Principles and Rules of Cooperation and Competition (DH March 2010) to ensure that its proposals adhere to and meet this guidance. | The Trust expects to be well prepared and able to deal flexibly with the external impacts on its service reconfiguration and development plans. | Responsible Director – Deputy Chief Executive / Chief Operating Officer  
Success with a significant amount of the service development strategy, as outlined within Template 4.  
2010/11  
Rotherham Transforming Community Services  
Doncaster Transforming Community  
Transforming Community Services – PCT Mental Health Services  
2011/12  
Rotherham Transforming Community Services  
Doncaster Transforming Community Services  
Transforming Community Services – PCT Mental Health Services |
<table>
<thead>
<tr>
<th>Clinical quality priorities</th>
<th>Contribution to the overall vision</th>
<th>Key actions and delivery risk</th>
<th>Performance in 2009/10</th>
<th>3 year targets / measures</th>
</tr>
</thead>
</table>
| Untoward incidents are reported and investigated according to policy at level (SUI/internal review) appropriate to their severity | Patient Safety | Untoward incidents are not investigated thoroughly, learning will not be identified therefore further risks will not be mitigated. Progress reports for ongoing investigations discussed at each Business Division / Directorate and recorded on Business Division risk registers as appropriate. | SUI management and reporting process reviewed in line with revised SHA and Lead Commissioner policies and contractual requirements. Process agreed and in place for a quarterly thematic report presented to Trust Quality Council for discussion and BoD. | 2010/11  
Patient Safety Strategy to be reviewed. This will incorporate a new action plan to refresh the Trust approach to the “7 Steps for Patient Safety”.  
The Patient Safety Lead will support the Business Divisions in developing focussed reports and action plans.  
Further development of a quarterly thematic report presented to Trust Quality Council for discussion and to BoD.  
Business Divisions’ dashboard will include patient safety element to support Divisional learning and improvement.  
2011/12 to 2012/13  
Annual SUI Report will detail quality improvement actions and determine priorities 2011/12. |
| Investigations produce action plans that are owned by clinical services and are achievable | Patient Safety | Action plans will not be delivered by clinical services resulting in no change in practice. Action plans agreed as part of the review process, the ongoing implementation of the action plan reported back through the Business Division/Directorate Quality and Leadership | Action planning process has been reviewed in line with 2010/11 re-launch within Business Divisions. | 2010/11  
Action plans resulting from untoward incidents are held within Business Divisions and monitored via the dashboards.  
Quality assurance investigation reports to be thematically reported quarterly to Trust Quality Council and BoD.  
Service Managers/Modern Matrons with support from the Patient Safety Lead will develop SMART action plans. |
| There is evidence of learning through changes in practice/procedure through implementation of action plans | Patient Safety | Learning and changes in practice will not be implemented, resulting in risk of reoccurrence. All agreed action plans disseminated by an identified Service Manager/Modern Matron, with changes required as a result of action plans (e.g. policy review) are coordinated and facilitated by Business Division/Directorate Quality and Leadership Committees. Audit and monitoring of plans demonstrate changes in practice and priority set within Annual Clinical Audit programme. | All SUI action plans and their subsequent completion are monitored and reported quarterly to Performance and Assurance and the BoD. The thematic review of 2009/10 SUIs indicate the following key areas for the inclusion within the Organisational Development Programme:  
- Risk Management  
- Staff Induction  
- Communication  
- Practice Standards  
- Medication | 2010/11  
The Trust’s Organisational Development Plan in order to respond to the 2009/10 thematic review includes the following actions:  
- Commission risk management training programme  
- Embed supervision policy in practice  
- Target Practice Development Programme activity towards the key themes and trends | 2011/12 to 2012/13  
Annual SUI Report will detail quality improvement actions and determine priorities 2011/12.  
Increase focus on Business Division bespoke learning and improvement activity and maximise joint learning across Business Divisions. |

| Evidence that all clinical staff (including consultants) have access to clinical supervision appropriate to their seniority and development needs and that this is routinely monitored | Clinical Effectiveness | Increase in untoward incidents, low level of service user satisfaction and ineffective practice. All clinical staff receive supervision, and that it is recorded and monitored. | Review undertaken of current Supervision Policy and revised policy was approved in October 2009. Series of 9 Supervision policy implementation workshops delivered for | 2010/11  
Supervision training programme to be commissioned by July 2010 and first programme delivered by October 2010. Managers/Clinical Leads who attended Supervision Policy implementation |
| Evidence that services are available within a reasonable time and there are no unacceptable waiting lists. Where waiting lists occur, clinical staff are involved in prioritisation and are attempting to manage | Clinical Effectiveness | If not achieved service users may experience deterioration in their mental health. Potential impact on Trust reputation. Identification of waiting | Year one (2009/10) there were seven Regional CQUINS: Improving access to assessment for people experiencing acute mental health problems. |

| Managers/Clinical Leads. Links formalised between generic and specialist safeguarding children supervision to support delivery of Trust statutory safeguarding responsibilities. | workshop will lead for each of the Business Divisions. Ongoing process for embedding awareness of the Trust Supervision Policy via the Business Divisions. Alignment work to be undertaken with Staff Survey results. Member of Y&H SHA and Medical Revalidation pilot. The results of which will be incorporated into the Trusts plans. Each Business Division will implement supervision and will include a compliance reporting system in dashboard. |

| 2011/12 to 2012/13 Audit of practice undertaken and results available by January 2011 to inform Organisational Development Programme. Aligned plan to support staff survey result improvement. Results from Y&H SHA Medical Revalidation implemented. Each Business Division will implement supervision and will include a compliance reporting system in dashboard. |

| 2010/11 to 2012/13 Regional /Local CQUINS. The Commissioners have agreed to the principal of an approach to deliver the benefits of CQUIN over a 3 year contractual period. For Regional Local CQUIN thresholds and denominators will be agreed locally with |
the list

lists within each Business
Division.

Incorporated within
Local/Regional CQUIN

Development of Business
Division specific action
plans to proactively
manage and / or
undertake service
redesign.

On average 62% of urgent
referrals are seen within 4
hours.
• Doncaster 53%
• Rotherham 64%
• N Lincs 70%
The target was to see
100%. The Business
Intelligence Group is
focussing on improved
reporting and compliance.

Improving access to
assessment for people
experiencing non acute
mental health problems.
On average 37% of
referrals to adult services
are assessed within 28
days. The 2010/2011
CQUIN targets continue to
monitor access times to
Adult, MHSOP and LD.
• Doncaster 35%
• Rotherham 40%
• NLincs 37%
The SHA construct for the
above was to establish the
principles of recording
access.

Assess the providers
readiness for the
introduction of PbR in the
requirement to cluster.

2009/10 outturn was 31% of
adults. As a member of
Care Pathways and
Packages Programme
Board will influence national
PBR agenda. The target of
75% has been set for 10/11
each commissioner. The Trust is working
closely with its three main Commissioners
to finalise these.

Year two (2010/11) Regional CQUIN are as
follows:
• Improving access for people experiencing
  acute mental health problems – Adults of
  working age only (16-65)
• Improving access for people experiencing
  non acute mental health problems – Adults
  of working age only (16-65)
• Improving outcomes for BME clients
• Improving standards of care and
  compassion. Nutrition – achieving best
  practice standards set out in Essence of
  Care (inpatients only)
• Improving standards of care and
  compassion. Pressure ulcers – achieving
  best practice standards set out in Essence
  of Care (inpatients only)
• Meeting the needs of people with a
  learning disability
• Dementia

Year one (2010/11) Local CQUIN are:
• Improving access to assessment for
  people experiencing non-acute mental
  health problems (older people only)
• service users will self report satisfaction
  with treatment received.
• Assess the providers readiness for the
  introduction of PbR in the requirement to
  cluster
• Promoting healthy lifestyle by training staff.

Performance of Regional/Local CQUIN to
be monitored via Business Division
dashboard and where appropriate recorded
on Division Risk register.

Monthly reports to Performance and
<p>| in order to ensure progress towards tariff. |
| Improving outcomes for BME clients. |
| Benchmarking figures for seclusion by ethnicity have not been published by Yorkshire and Humber, however it has been recognised by commissioners that the trusts reported figures are indicative of its local populations. The CQUIN process for 10/11 continues to monitor the trusts low levels of seclusion as well as ensuring all services will be “equality impact assessed”. |
| Trust policies compliant with NICE Clinical Guidelines. 100% of older adults now have the nutritional screening tool administered and training has been provided for adults and LD services in the use of the screening tools as agreed with the Yorks and Humber SHA and commissioners. |
| Assurance and FIBDG and quarterly to the BoD via the Integrated Performance and Assurance Report. |</p>
<table>
<thead>
<tr>
<th>Evidence of systematic</th>
<th>Clinical Effectiveness</th>
<th>Patients will be at risk of</th>
<th>Physical health and well-being</th>
<th>2010/11 to 2012/13</th>
</tr>
</thead>
</table>
| Improving standards of care and compassion. Pressure ulcers – achieving best practice standards set out in Essence of Care (inpatients only).

All older adult inpatients are monitored for pressure sores. The Trust will maintain zero pressure sores as a quality marker for the MHSOP business division and current practice will be reported as part of the 10/11 CQUIN.


100% of Learning Disability patients in Sapphire Lodge have a Health and Wellbeing plan as well as a Quality of Life Review.

The LD Partnership Board are working with partners to ensure delivery of health and well being plans for service users across the community.

The Business Intelligence Group is focussing on improved reporting and compliance as well as establishing elements of risk associated with achieving targets. |
| Monitoring of all inpatients at agreed minimum intervals with particular regard to vulnerable groups (e.g. high dose medication, lithium etc) | Increased poor physical healthcare. Adherence to Trust policy for physical assessment on admission. Audit of Trust policy. Pilot of Rethink physical health check documentation. Essence of Care action plans. | Being pilot undertaken across Rehabilitation and Recovery services. Together with the clinical audit results has identified areas for improvement. As a result a re-audit will be completed. Physical Health and Well Being Steering Group together with the network of champions are focusing on delivering NICE guidance and relevant policies e.g. New Horizons. Physical health and well being lead co-ordinating: - Completion of Service user information leaflets - Supervision of identified champions - Production of Trust Policy | Local CQUIN for “Promoting healthy lifestyle by training staff”, this includes smoking, exercise and diet. Physical Health and Well Being Policy at consultation stage, to be finalised July 2010. CQC Special Review to be launched in 2010/11 which will further support the CQUIN delivery. Performance of Regional/Local CQUIN to be monitored via Business Division dashboard and where appropriate recorded on Division Risk register. Monthly reports to Performance and Assurance and FIBDG and quarterly to the BoD via the Integrated Performance and Assurance Report. |

<p>| Clinical practice is influenced by NICE guidance/national guidelines (NSF etc) | Clinical Effectiveness | Failure to implement will result in poor clinical practice which is not underpinned by an evidence base. Reporting on NICE guidance implementation through the Performance and Assurance group. Assessment report on Trust position with regards to implementation produced. TQC will monitor and provide leadership for | The assessment report has been compiled and presented to Trust Quality Council and an identified way forward for 2010/11 agreed. Summarised NICE implementation. 49 elements of NICE Guidance published up to 31 December 2009 and some will have greater significance for the Trust. The four elements are: - Clinical guidelines 33 - Technology Appraisals 6 | 2010/11 An over arching Business Division approach will be adopted to review adherence to NICE guidelines and to develop action plans to further embed NICE guidance into clinical practice. NICE Guidance Implementation Group established. Ownership by Business Divisions and monitoring by dashboard Further supported by the introduction of Care Pathways and Packages which are NICE based systematically across Business Divisions. Phase 1 – Adult Mental Health Services. Completed March 2011 |</p>
<table>
<thead>
<tr>
<th>Evidence that within each business division, staff collaborate with patients to ensure the latter have access to privacy and are treated with dignity and respect</th>
<th>Patient Experience</th>
<th>Increased complaints, poor service user experience and compromised care. Have completed the implementation of ‘Delivering Same Sex Accommodation’ (DSSA) Three service user surveys to be completed between December 2009 and March 2010.</th>
<th>DSSA policy, patient information posters and leaflets completed. Three privacy and dignity audits completed. Resulting in BoD Declaration of Compliance published in March 2010. Essence of Care Privacy and Dignity benchmarking audit completed Trust recognised by SHA: Inclusion in the SHA Progress Report “Privacy and Dignity Challenge Fund Report” – SHA 2009 As part of working alongside PCT Commissioners the Trust was invited to present at the SHA Regional DSSA PCT Forum</th>
</tr>
</thead>
<tbody>
<tr>
<td>2010/11</td>
<td>Implement the Trust DSSA policy. Complete the DSSA action plan – survey service users’ opinion on privacy and dignity on discharge. Provide quarterly reports on breaches of same sex accommodation to the Performance and Assurance Group. Ongoing monitoring of implementation of same sex accommodation. Include in local induction and ongoing programme of practice development. Supports achievement of local CQUIN.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2011/12 and 2012/13</td>
<td>Re audit of NICE implementation reviewed at TQC and agreed organisational development plan. Further supported by the introduction of Care Pathways and Packages which are NICE based systematically across Business Divisions. Phase 2 – Implement Care Pathways and Packages in Older Peoples Mental Health Services. Completed March 2012</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>continued implementation.</th>
<th>• Public Health Guidance 9 • Patient Safety Guidance 1</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Business Divisions are focussing on improved reporting and compliance.</td>
<td></td>
</tr>
</tbody>
</table>

<p>| 2011/12 and 2012/13 | October 2010 review of progress completed and factored into 2011/12 Patient Experience Local Business Division Quality Indicators Business Divisions will review previous and potential Patient Experience Quality Indicators for 2011/12. TQC will monitor Local, Regional and National developments in this area. |</p>
<table>
<thead>
<tr>
<th>Evidence that information about services and treatment is available to patients in all areas</th>
<th><strong>Patient Experience</strong></th>
<th>Photographs of ward environments were requested by SHA for inclusion in their Annual Report.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Patients are not informed about their care and treatment and do not contribute to their own recovery</td>
<td>These actions will support the on-going work for the CQC Essential Standards.</td>
</tr>
<tr>
<td></td>
<td>Respond to results from adult inpatient service user survey regarding provision of information.</td>
<td>Monthly reports to Performance and Assurance and quarterly to the BoD via the Integrated Performance and Assurance Report.</td>
</tr>
</tbody>
</table>

| | **Implementation of the provision of information regarding treatments, medication and therapies available during an inpatient stay.** | 2010/11 |
| | Development of a Service User Charter for adult services. | Available service user information to be reviewed and updated - service users and families to be involved in the updating process. |
| | Improve Discharge packs | Each Business Division will have a set of agreed patient information and processes which will form part of the dashboard. |
| | Action plans provided in response to “Your Opinion Counts”. | Review of information provided to service users and carers. |
| | Formal complaints action plans include in Business Division dashboards. | Ward Information packs for service users and carers. |
| | | Agreed process for the provision of service user information, monitored through the Business Division dashboard |

| 2011/12 and 2012/13 | **October 2010 review of progress completed and factored into 2011/12 Patient Experience Local Business Division Quality Indicators** |
| | Business Divisions will review previous and potential Patient Experience Quality Indicators for 2011/12. |
| Evidence that staff collate positive and negative feedback and use this information to improve delivery of care | Patient Experience | Increased levels of patient complaints
Outcomes from the National Adult Acute Inpatient Survey. Action Plan to respond to the findings. | The Trust Acute Care Forum developed an action plan in light of the National Adult Acute Inpatient Survey results.
The action plan is regularly reported through the Trust Acute Care Forum, Business Division Quality and Leadership meetings and the Trust Quality Council.
Action plan involved:
- Documentation review and Audit Practice
- Development Programme
- Provision of information to service users
- Repeat of the service user survey
Update on actions achieved and progress reported through Trust Acute Care Forum and Trust Quality Council |

| 2010/11
Service User Engagement Policy to be finalised by September 2010.
Ongoing service user feedback mechanisms within each Business Division. Business Division database and thematic review of complaints and “Your Opinion Counts”
Patient Opinion Action plan to be implemented by Business Division |

| 2011/12 and 2012/13
October 2010 review of progress completed and factored into 2011/12 Patient Experience Local Business Division Quality Indicators
Business Divisions will review previous and potential Patient Experience Quality Indicators for 2011/12. |

| 2010/11 and 2011/12 Patient Experience Local Business Division Quality Indicators |

| TQC will monitor Local, Regional and National developments in this area.
These actions will support the on-going work for the CQC Essential Standards. Monthly reports to Performance and Assurance and quarterly to the BoD via the Integrated Performance and Assurance Report. |
<table>
<thead>
<tr>
<th>Evidence that staff involve patients and carers in activities to develop services and decisions are influenced by their views</th>
<th>Patient Experience</th>
<th>Increase levels of patient dissatisfaction and complaints</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Service user consultation as part of the Trust’s key service developments and initiatives (e.g. Adults Service Model). Service User and Carer representation on key Trust Service User and Carer Partnership Council. Feedback mechanisms within clinical areas.</td>
</tr>
<tr>
<td>The Service User and Carer Partnership Council (UCPC) has been actively consulted on and has influenced a number of key Trust objectives:</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>- Following consultation on the new service model, user and carer views have influenced timescales and processes for implementation to ensure that any impact on care and service delivery is minimised.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Discussions at the annual UCPC conference about how to make Wellness, Recovery Action Planning (WRAP) central to the new service model.</td>
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<tr>
<td></td>
<td></td>
<td>- Consulted on and influenced the development of the 2010/11 Quality Account.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Engagement activities, complaints and other feedback have influenced the content and style of delivery of staff training programmes, with users and carers centrally involved in delivering Values Based Practice training for in-patient staff.</td>
</tr>
</tbody>
</table>

**2010/11**

Further development of patient and carers forums appropriate to each Business Division. This to be underpinned by the Service User and Carer Partnership Council. The following approaches will be undertaken:

- Embedding new Care Programme Approach (CPA) Policy, supported by a range of user carer resource information and tools, including the *My Care Checklist*
- Service User Engagement Policy will provide a monitoring framework - to be finalised by September 2010.

**2011/12 and 2012/13**

October 2010 review of progress completed and factored into 2011/12 Patient Experience Local Business Division Quality Indicators Business Divisions will review previous and potential Patient Experience Quality Indicators for 2011/12. TQC will monitor Local, Regional and National developments in this area. These actions will support the on-going work for the CQC Essential Standards. Monthly reports to Performance and
| - Patient Survey results have led to the development of an action plan which includes users and carers as part of the delivery team. |
| - Consultation events within local communities |
| - Coordinated engagement with local service user groups |
| - Publicity and communication through newsletters – In Touch |
| Assurance and quarterly to the BoD via the Integrated Performance and Assurance Report. |
## Service development strategy

<table>
<thead>
<tr>
<th>Service development priorities</th>
<th>Contribution to the overall vision</th>
<th>Key actions and delivery risk</th>
<th>Key resource requirements</th>
<th>Measures of progress</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Organic / innovation:</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rotherham Modernisation Project</td>
<td>Contributes to all of the Trust’s Strategic Objectives and identified as a specific strategic goal during 2009/10 with regard to the approval of the Full Business Case. Identified within the Strategic Direction and Market Development Strategy.</td>
<td>Completion of construction. Relocation of services. The key risks are the timescale and financial management, both of which are being managed within the Procure21 framework.</td>
<td>Resource requirements were identified within the Full Business Case in September 2009, which were £20m capital and additional £2.5m revenue. The capital has been funded by the Trust utilising its accumulated surpluses and a £12m loan from the FTFF. The additional revenue costs have been funded by NHS Rotherham.</td>
<td><strong>2010/11</strong> Completion of refurbishment of Rehabilitation and Recovery Services accommodation and commencement of construction of Psychiatric Intensive Care Unit at Swallownest Court. Continuation of construction of Older People’s Mental Health Services Inpatient accommodation at RDGH. <strong>2011/12</strong> Completion of all construction work. Services are all relocated – July 2011.</td>
</tr>
<tr>
<td>North Lincolnshire Modernisation Project</td>
<td>Contributes to all of the Trust’s Strategic Objectives. Identified within the Strategic Direction and Market Development Strategy.</td>
<td>Production and approval of an Outline Business Case and Full Business Case, including consultation and Strategic Change Assurance Process (SCAP). Re-structure service model. Undertake capital works. Re-locate services. The key risks are: • Affordability • Commissioner expectation • Outcome of Consultation and SCAP • Approval of Business Cases A full risk register will be developed</td>
<td>The development of the Outline Business Case and Full Business Case will be funded from within existing Trust resources. The capital and revenue resources will be identified within the Business Cases.</td>
<td><strong>2010/11</strong> Approval of Outline Business Case – June 2010. SCAP and Consultation Process. Production and approval of Full Business Case – December 2010. Tender process commenced – January 2010. <strong>2011/12</strong> Construction work undertaken and service models implemented. <strong>2012/13</strong> Services relocated by March 2012</td>
</tr>
<tr>
<td>Implementation of the new Adult Mental Health Community Service Model</td>
<td>Contributes to all of the Trust’s Strategic Objectives and is identified within the Market Development Strategy.</td>
<td>Implementation of the new service model in Doncaster, Rotherham and North Lincolnshire. The key risks associated with this development are: • Communication • Allocation of staff • Temporary disruption to care arrangements</td>
<td>The project has been project managed from within existing resources. The new service model has been designed to be achievable with no additional resources and to contribute to savings.</td>
<td>2010/11 Rollout of the model to commence in Doncaster in August 2010 and in Rotherham and North Lincolnshire in February 2011.</td>
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<tr>
<td>Review Mental Health and Learning Disability Continuing Care Arrangements and Out of Area Placements on behalf of local Commissioners</td>
<td>Contributes to all of the Trust’s Strategic Objectives and is identified within the Market Development Strategy. In addition, it contributes to the QIPP agenda in each locality.</td>
<td>A business case will be submitted to NHS Doncaster, NHS Rotherham and NHS North Lincolnshire to utilise the Trust’s clinical expertise in reviewing these arrangements and placements. The aim of the project is to identify any potential to re-provide services locally to both provide services closer to home and to reduce costs.</td>
<td>The Business case will identify the resources required but it is anticipated that this will be on the basis of an ‘invest to save’ initiative.</td>
<td>2010/11 Receive approval of the Business case from all three commissioners. Undertake the review. Submit a report to each commissioner on the proposed way forward. 2011/12 Develop action plans with each commissioner to develop/provide services as appropriate. Implement service developments/re-provision as agreed.</td>
</tr>
<tr>
<td>Review of Learning Disability Day Services</td>
<td>Contributes to all of the Trust’s Strategic Objectives. Identified within the Strategic Direction and Market Development Strategy.</td>
<td>The Trust is undertaking an internal review of its Learning Disability Day Services, pending a commissioner led review. This needs to respond to the personalisation agenda. Risks to be managed include the transition process from the existing model to a reconfigured model of service.</td>
<td>A Project Manager post has been established and the review is underway</td>
<td>2010/11 The review will be completed within this year. Develop action plan with DMBC to develop / provide services as appropriate. 2011/12 Implement service developments / re-provision as agreed.</td>
</tr>
<tr>
<td>Review of Learning Disability Community Homes Service</td>
<td>Contributes to all of the Trust’s Strategic Objectives. Identified within the</td>
<td>The Trust is planning to undertake an internal review of its Learning Disability Community Homes Services, in anticipation of</td>
<td>Project management resources and internal resources will be required from within the Business Division</td>
<td>2010/11 Seek clarity with commissioners on commissioning strategy. Prepare for potential market testing.</td>
</tr>
<tr>
<td><strong>Acquisition etc:</strong></td>
<td><strong>Doncaster CAMHS</strong></td>
<td><strong>Contributes to all of the Trust’s Strategic Objectives and is identified within the Market Development Strategy.</strong></td>
<td><strong>The Trust tendered for this service in March 2010, and was successful.</strong></td>
<td><strong>The tender process has been managed within existing resources. The management, staff and overhead requirements for operating the service have been included within the costing.</strong></td>
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<tr>
<td><strong>Low secure male inpatient service</strong></td>
<td><strong>Contributes to all of the Trust’s Strategic Objectives and is identified within the Market Development Strategy.</strong></td>
<td><strong>The Trust is in discussion with the Yorkshire and Humber Specialist Commissioners with a view to developing a 14 bed unit on the St. Catherine’s site, in Doncaster. The most significant risk at this stage is the funding constraints of the commissioner.</strong></td>
<td><strong>The development would utilise existing vacant accommodation and the negotiations and business case production will be managed within existing resources.</strong></td>
<td><strong>2010/11</strong> Approval of a business case. Recruitment of the staffing complement to implement service model. Service becomes operational. <strong>2011/12</strong> Service is embedded and operates at optimal capacity in line with financial plan.</td>
</tr>
<tr>
<td><strong>Rotherham Transforming Community Services</strong></td>
<td><strong>Contributes to all of the Trust’s Strategic Objectives and is identified within the Market Development Strategy.</strong></td>
<td><strong>The process for determining the future provider arrangements for the Rotherham Community Services has commenced.</strong></td>
<td><strong>To date the process has been resourced from within existing resources. If successful, project management</strong></td>
<td><strong>2010/11</strong> Notification of the outcome by NHS Rotherham to confirm which services, if any will transfer to the Trust</td>
</tr>
<tr>
<td>2011/12</td>
<td>If successful, the transfer of services is expected to take place on 1 April 2011. During 2011/12 the potential new four services will transfer into the existing business divisions. A review of services will be undertaken in line with QIPP.</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>2012/13</td>
<td>The above outcomes will be developed into an appropriate action plan to ensure existing business divisions are fit for purpose.</td>
<td></td>
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</tbody>
</table>

**Doncaster Transforming Community Services**

Contributes to all of the Trust’s Strategic Objectives and is identified within the Market Development Strategy.

The Trust is currently in discussion with NHS Doncaster with regard to the future of Doncaster Community Healthcare Services. Their proposals include a 2 phase approach to procuring the provider of these services. It is anticipated that the Trust will be involved in both phases. The key risks associated with this development are:

- Trust not selected as the preferred provider
- Significant problems arising during the Consultation/Due Diligence process

The resources required will be determined by the selection process that is chosen by NHS Doncaster. However, the Trust would anticipate adopting a similar approach to that utilised previously, which is that the initial evaluation will be undertaken by existing staff. Additional resources will be procured when it is necessary.

2010/11

The selection of the future provider or providers of these services is expected during the financial year.

2011/12

If successful, the transfer of services is expected to take place on 1 April 2011.

2012/13

The above outcomes will be developed into an appropriate action plan to ensure existing business divisions are fit for purpose.
<table>
<thead>
<tr>
<th>Transforming Community Services – PCT Mental Health Services</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>Contributions to all of the Trust’s Strategic Objectives and is identified within the Market Development Strategy.</td>
<td>The Trust has identified [redacted] as its primary target for growth of its core services. However, the Mental Health services currently being provided by [redacted] are also being given due consideration.</td>
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<td></td>
<td></td>
</tr>
<tr>
<td><strong>Transferred / discontinued activity:</strong></td>
<td></td>
</tr>
<tr>
<td>Doncaster Offender Healthcare Services</td>
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</tr>
<tr>
<td>In April/May 2010 this service, which included the Trust’s Mental Health Inreach and Prison Substance Misuse Services was tendered by NHS Doncaster and awarded to a third party.</td>
<td>The contract standstill period ended on 27 May 2010 and the transfer of the staff under TUPE is anticipated to take place by 28 August 2010, in line with the notice period.</td>
</tr>
</tbody>
</table>
## Workforce strategy

<table>
<thead>
<tr>
<th>Key Workforce priorities</th>
<th>Contribution to Plan</th>
<th>Key actions and delivery risk</th>
<th>Key resource requirements</th>
<th>Measures of progress</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Business Division / Corporate Service Reviews</strong></td>
<td>Efficient use of human resources to meet financial challenge. Saving of £1.5m in total over three years</td>
<td>Review the workforce profile in each of the Business Divisions / Directorates: - Clinical Services - Non Clinical Services: o Laundry o Catering o Design and Print o Shared Services</td>
<td>Additional project management / capacity identified in non recurrent programme e.g. Admin Review Support to develop appropriate systems e.g. roll out of ESR modules and development of dashboard</td>
<td>- <strong>2010/11</strong> Set-up of Establishment Control Panel. Plans for workforce remapping in place. Implementation of 2010/11 plans agreed. Key features of which are: - Agency / bank reduction of 5% on 2008/9 out turn. - Sickness rate reduced to 5.8% (Mental Health Average) - Admin and Training Review completed and financial targets agreed - Review of trading accounts and action plan to breach subsidy - Benchmarking human capital, e.g. productive series - <strong>2011/12</strong> Plans for workforce remapping in place. Implementation of 2011/12 plans agree. Key features of which are: - Agency / bank reduction of 15% on 2008/9 out turn (additional 10%) - Sickness rate reduced to 5.3% (0.5% reduction) - Admin and Training Stage 1 savings delivered. - Review of other corporate services started. - Review of service in line with future requirement and changes to Estates</td>
</tr>
</tbody>
</table>
| Ensuring action is taken where targets not being delivered. | The pilot is to run from November 2009 to October 2010 at a cost of £50k with other resources being staff support to manage Firstcare pilot and/or subsequent sickness absence management process | Strategy and QIPP Estates Work stream
- External scoping exercise to identify benefits and risks of shared services across Doncaster.
- Benchmarking human capital, e.g. productive series
2012/13 plans agreed and planning for implementation commenced.

| Developing/expanding current services and acquiring new business | In accordance with the Strategic Direction and Market Development Strategy | For existing services undertake skill mix review as part of QIPP Programme Service Review Work Stream (template 7) e.g. Adult Service Model |
| To date, processes have been resourced from within existing resources. If required, additional resources will be procured and agreed by SLT in line with deferred income projections. | 2010/11 Existing service e.g. Adult Service Model
Confirm project manager post
Implement in Doncaster - August 2010
Implement in Rotherham and North Lincolnshire – February 2011 |
| TUPE - Loss of current contracts | Rationalisation in line with Strategic Direction and Market Development Strategy | Liaise with commissioners and future providers  
Review retained staffing levels within the support services | To date, processes have been resourced from within existing resources. If required, additional resources will be procured and agreed by SLT in line with deferred income projections.  
2010/11 Doncaster Offender Healthcare Services – 18 wte  
2011/12 Substance Misuse in Northern Lincolnshire 20 wte (potential loss following market testing)  
2012/13 – unknown at this point  
The above to be monitored monthly at FIBDG and via the Director of Finance and Informatics Board report |
| TUPE – Acquisition of new service | To support the Strategic Direction and Market Development Strategy  
Supports the expansion of the Trust’s portfolio and rationalises existing secondment | Undertake a Due Diligence assessment including a skill mix review of newly acquired business.  
Business acquisition to involve partners in the  
To date, processes have been resourced from within existing resources. If required, additional resources will be procured and agreed by SLT in line with deferred income projections.  
2010/11 Doncaster CAMHS – 40 wte  
Doncaster AMHP – 20 wte  
2011/12 Doncaster Transforming Community Services – up to 1200 staff (to be confirmed)  
Rotherham LD services, CAMHS Tier 2 and |
<table>
<thead>
<tr>
<th>Developing Human Capital</th>
<th>Implementation of the Leadership and Management Development Framework (LDFW) and the Workforce Strategy (WS)</th>
<th>Failure to implement the LDFW and WS in particular recruitment to Pharmacy.</th>
<th>Leadership and management, clinical development programmes If required, additional resources will be procured and agreed by SLT in line with deferred income projections.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2010/11 Deliver and monitor LDFW and WS action plans via the Human Resources and Organisation Development Group monthly. Quarterly reports to BoD. Delivery of action plan from the national Staff Survey underpinned by feedback and input from staff through the LWQ Workshops</td>
<td>2011/12 Complete implementation of 2011/12 plans</td>
<td>2012/13 Agree 2012/13 plans and commence implementation. The above to be monitored monthly at Human Resources and Organisational Development Group and via the Director of Human Resources and Corporate Affairs Board report.</td>
</tr>
</tbody>
</table>

Primary Care MH services – 250 wte 2012/13 to be determined The above to be monitored monthly at FIBDG and via the Director of Finance and Informatics Board report.
## Capital programmes (including estates strategy)

<table>
<thead>
<tr>
<th>Key capital expenditure priorities</th>
<th>Amounts (£ '000) and timing</th>
<th>Contribution to the plan (including service delivery)</th>
<th>Key actions and delivery risk</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Development:</strong></td>
<td></td>
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</tbody>
</table>
| Rotherham Modernisation Programme  | 2010/11 - £13.7m            | Part of the service modernisation programme in Rotherham to provide older peoples services from a new facility at a separate site on Rotherham FT and enhance facilities for Adults at Swallownest. (Included in finance plan templates) | The scheme is managed through Procure 21 process and has clear milestones, notably:  
  Swallownest Court refurbishment completed May 2010  
  Older Peoples Mental Health new build completed April 2011  
  Adult Mental Health Services PICU new build completed June 2011  
  Relocation of services will be completed by September 2011.  
  The Procure 21 framework provides assurance around cost, time and quality deliverables. |
|                                   | 2011/12 - £1.05m            |                                                      |                            |
| North Lincolnshire modernisation and the capital implications of other business developments. | 2010/11 – £1m  
2011/12 - £1m  
2012/13 - £1m | The financial plan provides a £1 million contingency each year to provide:  
• any capital implications to deliver business development work stream targets as detailed in template 7.  
• North Lincolnshire modernisation to enable service change in this area to ensure better utilisation of assets and service improvement. (Included in finance plan templates) | Sign off of North Lincolnshire OBC by June 2010.  
  Deadlines for business and service development as detailed in template 4. |
| **Maintenance:**                  |                             |                                                      |                            |
| IT Infrastructure                 | 2010/11 - £0.37m            | Investment to provide IT infrastructure to maintain information systems to deliver information needs in order to ensure delivery of the QIPP strategy and the Quality/ CQUIN agenda. (Included in finance plan | 2010/11 investment plan agreed at the May Informatics Programme Board.  
  Monthly monitoring against the Investment Plan by the Informatics Programme Board. |
| **Statutory and backlog maintenance** | 2010/11 - £0.3m  
2011/12 - £0.5m  
2012/13 - £0.5m | Investment to ensure that the Trust asset base is fit for purpose and that statutory compliance is maintained. (Included in finance plan templates) | Schemes signed off at Estates Strategy and Capital Monitoring Group in line with the estates strategy and monitored on a monthly basis. |
| **Other capital expenditure:** |  |  |  |
| **Invest to save schemes linked to the efficiency QIPP Work stream (see template 7)** | 2010/11 - £0.3m | Capital investment to release recurrent revenue savings e.g. water extraction scheme and telephone system modernisation. | Schemes signed off at Estates Strategy and Capital Monitoring Group and monitored on a monthly basis.  
Savings signed off at the Efficiency Work stream Group (template 7) and targeted for 1/4/2011. |
| **Minor schemes and additional invest to save and enabling schemes** | 2010/11 - £0.2m  
2011/12 - £0.2m  
2012/13 - £0.2m | Investment in minor capital schemes to ensure business continuity. e.g. Accommodation and minor equipment. Also invest to save schemes in years 2 and 3. | Monitored and agreed through the Estates Strategy and Capital Monitoring Group. |
| **Other estates strategy:** |  |  |  |
| **Enabling schemes to release surplus land linked to the estates efficiency QIPP work stream (see template 7)** | 2010/11 - £0.09m | Capital investment to provide relocation so that buildings can be vacated to release surplus land. | Target to vacate most of the buildings by the end of the first quarter of 2010/11.  
Risks monitored and managed through the Estates Strategy and Capital Monitoring Group. |
### Operational / financial effectiveness

<table>
<thead>
<tr>
<th>Key operating efficiency programmes</th>
<th>Amounts and timing</th>
<th>Contribution to the plan</th>
<th>Key actions and delivery risk</th>
<th>Resource requirements</th>
<th>Milestones</th>
</tr>
</thead>
<tbody>
<tr>
<td>CRES – 2009/10</td>
<td>£2.9m in total</td>
<td>Ensuring that 2009/10 plans are delivered recurrently so there is no impact on 2010/11 onwards</td>
<td>Continual monitoring – Particularly in 2 amber rated areas:</td>
<td>Internal QIPP programme board monitoring process</td>
<td>From Amber to Green in 2010/11 and full £2.9m CRES delivered recurrently.</td>
</tr>
</tbody>
</table>
| Estates Work stream                  | £2m in total over three years | Part of the overall efficiency plan included in the financial templates | **Key actions**  
- Clearance of surplus land  
- Delivery of Estates Strategy to generate income from surplus land  
- Rationalisation of accommodation resulting in reduced capital costs.  
**Delivery risk**  
- Reliance on other organisation’s strategies (e.g. acute services strategy to free up accommodation  
- Delivery of capital enabling schemes  
- Ensuring appropriate advisors are place | **Resource requirements**  
- Capital enabling schemes(assumed in the annual plan)  
- External advice / project support | **Milestones**  
- 2010/11  
May / June 2010 enabling schemes delivered and buildings vacated to free up surplus land.  
During 2010/11 plans for staged approach to land development completed.  
- 2011/12  
Stage 1 of the land development delivered - Fulwood Drive.  
- 2012/13  
Stage 2 of the land development | |
| Workforce Work stream                | £1.5m in total over three years | Part of the overall efficiency plan included in the financial templates | **Key actions**  
- Reduction in sickness levels  
- Reduction in bank and agency costs | **Resource requirements**  
- Additional project management / capacity (identified in non recurrent programme) | **Milestones**  
- 2010/11  
Agency / bank reduction of 5% on 2008/9 out turn.  
Sickness rate reduced to 5.8% (Mental Health Average) | |
<table>
<thead>
<tr>
<th>Technical QIPP Work stream</th>
<th>£3.08m in total over three years</th>
<th>Part of the overall efficiency plan included in the financial templates</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Key actions</strong></td>
<td>Review and retention of uplifts e.g. incremental drift</td>
<td>Review of admin services and other corporate services</td>
<td>Review and retention of uplifts e.g. incremental drift</td>
<td></td>
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<tr>
<td></td>
<td>Refinancing of loans</td>
<td>Training review</td>
<td>Refinancing of loans</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Capital revaluations</td>
<td>Establishment Control Panel</td>
<td>Capital revaluations</td>
<td></td>
</tr>
<tr>
<td><strong>Delivery risk</strong></td>
<td>Pay negotiations for 2011/12 and 2012/13 – annual plan assumes 1%</td>
<td>Capacity (e.g. Admin review)</td>
<td>Pay negotiations for 2011/12 and 2012/13 – annual plan assumes 1%</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Other general inflationary pressures</td>
<td>Ensuring performance management systems are in place to provide managers with the information to manage targets e.g. sickness.</td>
<td>Other general inflationary pressures</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ensuring action is taken where targets not being delivered.</td>
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<tr>
<td></td>
<td></td>
<td>Support to develop appropriate systems e.g. roll out of ESR modules and development of dashboard</td>
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<tr>
<td></td>
<td></td>
<td>Continual monitoring through FIBDG</td>
<td>Continual monitoring through FIBDG</td>
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<tr>
<td></td>
<td></td>
<td>Input of external advisors e.g. the district valuer.</td>
<td>Input of external advisors e.g. the district valuer.</td>
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</tr>
<tr>
<td><strong>2011/12</strong></td>
<td>Agency / bank reduction of 15% on 2008/9 out turn (additional 10%)</td>
<td>Sickness rate reduced to 5.3% (0.5% reduction)</td>
<td>Agency / bank reduction of 15% on 2008/9 out turn (additional 10%)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Admin and Training stage 1 savings delivered. Review of other corporate services started.</td>
<td>Admin and Training stage 2 savings delivered. Corporate services savings delivered.</td>
<td>Admin and Training stage 1 savings delivered. Review of other corporate services started.</td>
<td></td>
</tr>
<tr>
<td><strong>2012/13</strong></td>
<td>Agency / bank reduction of 25% on 2008/9 out turn (additional 10%)</td>
<td>Sickness rate reduced to 4.2% (Acute average)</td>
<td>Agency / bank reduction of 25% on 2008/9 out turn (additional 10%)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Admin and Training stage 2 savings delivered. Corporate services savings delivered.</td>
<td></td>
<td>Admin and Training stage 2 savings delivered. Corporate services savings delivered.</td>
<td></td>
</tr>
<tr>
<td>Work stream</td>
<td>Total over three years</td>
<td>Part of the overall efficiency plan included in the financial templates</td>
<td>Key actions</td>
<td>Key actions</td>
</tr>
<tr>
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</tr>
</tbody>
</table>
| Doncaster QIPP Work stream | £1.92m | Review of backroom functions across health community | Part of the overall efficiency plan included in the financial templates | Review of health community wide Mental Health prescribing | • Project management resources e.g. external review of IT shared service.  
• Health community QIPP project group and the appropriate performance management structure. |
| | £0.96m 2011/12 | Review of total Mental Health programme spend including out of area and continuing care | | | 2010/11 | No savings target but work completed to review benefits and implementation of IT shared service. |
| | £0.96m 2012/13 | Delivery risk | | | 2011/12 | • IT Shared service savings realised and consideration of expansion to other backroom functions  
• Prescribing work completed and savings share agreed  
• Out of area review and recommendations completed |
| | £1m | Key actions | | | 2012/13 | • Full shared service benefits recognised  
• Strategy agreed for reducing programme spend/out of area agreed and savings delivered. |
| Efficiency Group Work stream | £1m | Key actions | Key actions | Efficiency work stream project group  
Procurement support  
Appropriate advice on new models | 2010/11 | Action to reduce Trust subsidy in trading account areas. E.g. Catering, laundry, printing.  
• Analysis of non pay expenditure and action plan to reduce high spending areas  
• Buy out of PFI services (completed)  
• Establishment of social enterprise for walled garden. |
<p>| | £0.23m 2010/11 | Review of trading accounts for all support services | | | |
| | £0.38m 2011/12 | Review of all non pay expenditure | | | |
| | £0.39m 2012/13 | Review of all inter Trust agreements | | | |
| | | Market testing where appropriate e.g. Pharmacy and | | | |</p>
<table>
<thead>
<tr>
<th>Service Review Work stream</th>
<th>£6m in total over three years</th>
<th>Part of the overall efficiency plan included in the financial templates</th>
<th>Key actions</th>
<th>Key actions</th>
<th>Delivery risk</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

Pathology
- Review of financial models e.g. social enterprise

**Delivery risk**
- Ensuring appropriate consultation and communication
- Reliance on other parties e.g. Tickhill road

2011/12
- Further review of support services
- Review of inter Trust agreements
- Non pay reduction targets
- Identify financial benefits of Social enterprise

2012/13
- Realise savings from market testing of pharmacy and pathology
- Extend social enterprise
- Realise savings from trust provision verses inter Trust agreements

**Key actions**
- Delivery of new adult service model across all health communities
- Establishment of business division structure
- Agreement of final plans across business divisions
- Development of appropriate performance dashboards to ensure delivery.
- Link to the Trust Quality Council to ensure clinical quality is maintained.

- Appropriate project management and support to implement the new adult service model.
- Appropriate leadership and skills within the business divisions

**2010/11**
Business division targets agreed and reflected in the budgets:

- Substance misuse £144k
- Forensic £20k
- Younger peoples £120k
- Older peoples £296k
- Learning Disability £207k
- Adult Mental Health £558k
- Psychological therapies £45k

**2011/12**
Business division indicative targets to be finalised in 2010/11:

- Substance misuse £237k
- Forensic £33k
- Younger peoples £199k
- Older peoples £490k
- Learning Disability £343k
- Adult Mental Health £924k
- Psychological therapies £74k

**2012/13**
Business division indicative targets to be finalised in 2010/11:

- Substance misuse £238k
- Forensic £34k
- Younger peoples £200k
- Older peoples £491k
| Business Development Work stream | No financial targets set. Each business development will be assessed on an individual basis and any financial benefits will be offset against the other work stream targets | Nothing assumed in efficiency targets in the financial templates. | **Key tasks**<br>• Doncaster CAMHS<br>• Bungalow 6 Male low secure<br>• Transforming community services – Rotherham and Doncaster. | **Delivery risks**<br>• Reliance on commissioners timetable<br>• Current economic environment so little or no margins on NHS business<br>• Project management / business case / procurement capacity | **Commercial development capacity**<br>• Project support to the development of business cases<br>• Due diligence capacity | **Take on of CAMHS service October 2010 approx £2.5m**<br>• Plans to be put in place to take on primary care Mental Health services, CAMHS Tier 2 and LD services in Rotherham (subject to consultation) – Latest transfer date 1/4/2011<br>• Soft market test process in Doncaster for TCS services 2 stages transfer of health and well being services 1/4/11 transfer of rest 1/7/11 |
### Leadership and governance

<table>
<thead>
<tr>
<th>Key leadership and governance priorities</th>
<th>Key risks (and gaps)</th>
<th>Actions to rectify / mitigate</th>
<th>Milestones</th>
</tr>
</thead>
<tbody>
<tr>
<td>To develop a contemporary workforce that is fit for the future challenges ahead.</td>
<td>New ways of working not considered by managers when reviewing how to continue to provide their services.</td>
<td>Establishment Control Panel - Review the workforce profile of each area as vacancies occur. (template 5) Create capacity within the workforce structures to enable flexibility within the organisation. Implement Leadership Development Framework Action Plan</td>
<td>Establishment Control Panel established October 2009. Outcomes are reported to Human Resources and Organisational Development Group quarterly. First six months:</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>- Database developed that tracks the ongoing position of flexible vacancies within the organisation and is formally reviewed quarterly. As at 30 April 2010 the panel has processed 284 requests, 66 posts have been approved on a fixed term basis, 13 requests to extend an employee’s contract to work beyond 65 for a fixed period have also been approved. The rest of the posts have either been approved on a substantive basis, secondment or as a re-banding request.</td>
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<tr>
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<td></td>
<td>Training and development packages are being developed for</td>
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<td></td>
<td></td>
<td></td>
<td>- supervisors (44)</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>- team leaders (98)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>- middle managers (68)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>- senior managers (38)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>- clinical leaders (38)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>And targets set for management and leadership development</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>2010/11 - 75 staff</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>2011/12 - 100 staff</td>
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<td></td>
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<td></td>
<td>2012/13 – 100 staff</td>
</tr>
</tbody>
</table>

Rotherham Doncaster and South Humber Mental Health
NHS Foundation Trust

39
The above to be monitored quarterly at Human Resources and Organisational Development Group and via the Director of Human Resources, Organisational Development and Corporate Affairs dashboard report.

<table>
<thead>
<tr>
<th>To ensure best value from back office functions as listed in template 5</th>
<th>Insufficient assurance around the level of resource available.</th>
<th>Undertake reviews to ensure best value in the use of back office resources.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non Clinical Services:</td>
<td>• Laundry</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Catering</td>
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<td></td>
<td>• Design and Print</td>
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<td></td>
<td>• Shared Services</td>
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</tbody>
</table>

2010/11
Review of Admin and Clerical review completed. Outcomes to be developed into Organisational Development plan by August 2010. Any financial implications established. Baseline of revised administration resource identified and process for implementing any revised workforce profile developed and action commenced.

The Laundry at Tickhill Road Hospital (TRH) has taken on further work from Rotherham Mental Health Services to ensure it is operating at full capacity (throughput) and has delivered the required cost savings.

2011/12
Baseline of revised admin resource established. Continue implementing the revised workforce profile as outlined in the action plan. Any cost savings identified through the process realised.
### 2012/13

The projected programme for the Doncaster and Bassetlaw NHS Foundation Trust to relocate their clinical services away from TRH is within a two year time frame. Reviews to be undertaken during 2010/11 and plans finalised in 2011/12 for implementation of service changes by the beginning of the 2012/13 financial year.

The above to be monitored monthly at Human Resources and Organisational Development Group and via the Director of Human Resources and Corporate Affairs Board report.

### Summary of key transactions as follows (templates 4 and 5)

<table>
<thead>
<tr>
<th>2010/11</th>
</tr>
</thead>
<tbody>
<tr>
<td>TUPE Loss: Doncaster Offender Healthcare Services (18.24 wte)</td>
</tr>
<tr>
<td>TUPE Acquisition:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Ensure newly acquired business is fit for purpose.</th>
<th>Limited/late data associated with transfers.</th>
<th>Undertake a skill mix review of newly acquired business as part of internal Due Diligence process</th>
<th>Partnership working and TUPE compliance</th>
<th>Develop leadership and management</th>
</tr>
</thead>
<tbody>
<tr>
<td>Benchmark use of agency, bank and permanent staff internally and externally within sector</td>
<td>Inefficient use of agency staff</td>
<td>Review usage of bank and agency staffing in admin and clerical and medical staffing</td>
<td>Reduce the level of expenditure on agency staff by:</td>
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<td><strong>2010/11</strong> 5% on 2008/9 out turn</td>
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<td><strong>2011/12</strong> 15% on 2008/9 out turn</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td><strong>2012/13</strong> 25% on 2008/9 out turn</td>
<td></td>
</tr>
</tbody>
</table>

The above to be monitored monthly at Human Resources and Organisational Development Group and via the Director of Human Resources and Corporate Affairs Board report.

The Board has increased awareness and effectiveness in respect of planning leadership, change, succession and development

The leadership and governance elements of the plan are not subject to sufficient scrutiny.

Board development sessions to discuss the workforce strategy in the context of the overall 3 year plan

Draft workforce strategy discussed at March 2010 Trust Board. Final version to be presented for approval in June 2010.
<table>
<thead>
<tr>
<th>Key regulatory risks</th>
<th>Nature of risk</th>
<th>Actions to rectify / mitigate and responsibilities</th>
<th>Measures</th>
</tr>
</thead>
</table>
| CQC Registration          | Failure to register / maintain ongoing registration to provide regulated activities under the CQC scheme of registration                                                                                       | Responsible Director - Director of Performance and Assurance  
- Essential Standards Working Group established  
- Use of (draft) Compliance Monitoring Guidance  
- Development of an Essential Standards presentation for directorate meetings/team brief/Trust website.  
- Roll out of Performance Accelerator Software  
- QPR areas of concern subject to specific action plan | 2010/11  
Registration confirmed for two activities.  
Two further registrations awaited  
Learning Disability homes registration due October 2010  
2011/12  
Roll out of Performance Accelerator software to Business Divisions.  
2012/13  
Essential Standards Working Group to review local, regional and national picture Monitoring of compliance undertaken at Business Division Level on quarterly basis (regulated activity/location) Reports to Performance and Assurance Group monthly and quarterly to BoD |
| Monitor Governance         | MHMDS – Employment and Accommodation data compliance is low. (Board Statements)                                                                                                                                  | Responsible Director – - Director of Performance and Assurance  
- Benchmark current data  
- Identify and address data quality issues  
- Analyse and rectify any electronic reporting errors  
- Set service improvement targets for data and for actual service improvement  
- Liaise with key stakeholders | 2010/11  
Improve data quality and reporting  
Monitor Governance Rating to be declared as Amber / Green at the start of the year, with action plans in place with target of improvement to Green by the end of Quarter 2 – See Board Statements  
2011/12  
Formulate service improvement plan  
2012/13  
Complete service improvements Monitoring of compliance undertaken at |
<table>
<thead>
<tr>
<th>Monitor Finance</th>
<th>Responsible Director – Director of Finance and Informatics / Chief Operating Officer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non delivery of the Trust's financial targets due to the economic downturn represented by non delivery of £15.5m cash savings over the next three years. Non funding of key developments due to reduced growth for commissioners</td>
<td>6 monthly review of developments * Ensure key developments are highlighted to commissioners before 2011/12 * Service line reporting project * Robust and timely management of variances * Plan for surplus * Use of QIPP process and efficiency groups * Use of reserves * Review of priorities list through Finance Infrastructure and Business Development Group and Senior Leadership Team. * Discussion at Commissioning Subgroups</td>
</tr>
<tr>
<td>2010/11 to 2012/13</td>
<td>Delivery of the trajectory within the financial plans monitored through the QIPP Programme Board including: * Annual surpluses of between £1.2m and £1.3m * Maintaining a finance risk rating of at least 3 * Ensuring the delivery of key quality targets</td>
</tr>
<tr>
<td>2010/11 to 2012/13</td>
<td>Monitoring of compliance undertaken at Business Division Level on quarterly basis (regulated activity/location) Reports to FIBD Group monthly and quarterly to BoD</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Finance Local CQUIN</th>
<th>Responsible Directors - Director of Finance and Informatics / Director of Performance and Assurance / Chief Operating Officer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non delivery of the Local CQUIN targets with the Trust's key commissioners equating to 1% of income in 2010/11 and likely to increase.</td>
<td>Monthly report on performance at commissioning meetings * Timely intervention through Business Intelligence Group * Action plans agreed as schedules to Commissioner Contracts.</td>
</tr>
<tr>
<td>2010/11 to 2012/13</td>
<td>Local CQUINS. The Commissioners have agreed to the principal of an approach to deliver the benefits of CQUIN over a 3 year contractual period. This will be in the form of initial targets for year one and suggested stretch targets for years two and three. The Trust is working closely with its three main Commissioners to finalise these targets.</td>
</tr>
<tr>
<td>2010/11 to 2012/13</td>
<td>Local CQUIN Indicators for 2010/11 * Improving access to assessment for people experiencing non-acute mental health problems (older people only)</td>
</tr>
</tbody>
</table>
| Finance       | Regional CQUIN | Non delivery of the regional CQUIN targets equating to 0.5% of income in 2010/11. | Responsible Directors - Director of Finance and Informatics / Director of Performance and Assurance / Chief Operating Officer

- Monthly report on performance at commissioning meetings
- Timely intervention through Business Intelligence Group
- Action plans agreed as schedules to Commissioner Contracts.
- The Trust has assessed the impact of the regional indicators and is working with commissioners to agree the reporting schedules
- CQUIN Performance to be monitored and reported through the Integrated Performance and Assurance Report.

### 2010/11 to 2012/13

Regional CQUINS. The Commissioners have agreed to the principal of an approach to deliver the benefits of CQUIN over a 3 year contractual period. This will be in the form of initial targets for year one and suggested stretch targets for years two and three. The Trust is working closely with its three main Commissioners to finalise these targets.

Regional CQUIN Indicators for 2010/11

- Improving access for people experiencing acute mental health problems – Adults of working age only (16-65)
- Improving access for people experiencing non acute mental health problems – Adults of working age only (16-65)
- Improving outcomes for BME clients
- Improving standards of care and compassion. Nutrition – achieving best practice standards set out in Essence of Care (inpatients only)
- Improving standards of care and compassion. Pressure ulcers – achieving best practice standards set out in Essence of Care (inpatients only)
- Meeting the needs of people with a learning disability
### Finance
**Private Patient Cap**  
The Trust currently has no private patient income that counts against the private patient cap. Due to recent legislation introducing a 1.5% cap for mental health trusts, the Trust now has a private patient cap of £1.5m. The risk is that the Trust will overshoot the new private patient cap as it develops schemes against this target.

**Work**
Work is ongoing through the internal QIPP work streams to identify any potential private patient schemes. Plans will be assessed through the QIPP Programme Board and FIBDG before they are approved.

**Timeline**
2010/11 to 2012/13  
Monthly monitoring of private patient schemes against the cap once they are approved via the FIBD Group.

### Finance
**Co-operation or competition rules**
The risk that the Trust's service development strategy as identified within template 4 in relation to transforming community services does not meet the cooperation and competition principles.

**Responsibility**
Responsible Director - Deputy Chief Executive  
The Trust is working closely with the commissioners in Rotherham and Doncaster to ensure that the cooperation and competition principles are addressed during the procurement and assurance processes.

**Timeline**
2010/11  
Rotherham Transforming Community Services  
Doncaster Transforming Community Services – PCT Mental Health Services  
2011/12  
Rotherham Transforming Community Services  
Doncaster Transforming Community Services  
Transforming Community Services – PCT Mental Health Services

### Clinical Quality – Safeguarding Adults
**Serious Safeguarding Adult case reported within the services during 2007/8**  
Case conferences have been held in which details have been shared

**Responsibility**
Responsible Director - Deputy Chief Executive  
- Solar SUI and I/D process complete. All recommended outcomes actioned

**Timeline**
2010/11  
Complete Safeguarding Case Conferences  
Senior Management meeting with families  
Respond to any civil action as appropriate.

2011/12 and 2021/13

---

**Dementia**
Monitoring of compliance undertaken at Business Division Level on quarterly basis (regulated activity/location) Reports to Performance and Assurance Group monthly and quarterly to BoD
<table>
<thead>
<tr>
<th>Clinical Quality – Safeguarding Children</th>
<th>Capacity within the organisation to meet its Section 11 responsibilities and mandatory training compliance.</th>
<th>Responsible Director - Deputy Chief Executive</th>
<th>2010/11 to 2012/13</th>
</tr>
</thead>
</table>
| with families who may pursue civil action and publicity | • Family contact being maintained  
• Internal Safeguarding forum established  
• Strategic internal Safeguarding Forum established  
• Attendance at all Local Safeguarding Boards  
• Practice development days held for all staff on Safeguarding.  
• Supervision arrangements/policy being reviewed across Trust  
• RDaSH Safeguarding Forum  
• LD Service Governance Group  
• Operational Management Meeting | To be determined as appropriate  
Strategic and internal Safeguarding Forum to review local, regional and national picture and report to Performance and Assurance and BoD monthly | • Named nurse each for Rotherham, North Lincolnshire and Doncaster  
• Strategic internal safeguarding meeting – 6 Monthly  
• Internal Safeguarding Forum – Quarterly  
• Agreed (SLT) attendance at all Local Safeguarding Children’s Board and Sub-groups |
<table>
<thead>
<tr>
<th>Clinical Quality - Medicines Management</th>
<th>Insufficient assurance regarding medicines management throughout the Trust</th>
<th>Responsible Director - Medical Director and Chief Pharmacist</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>• Overall medicines management strategy being developed with the recruitment of additional resource identified.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Action planning in respect of the implementation of POMH UK</td>
</tr>
</tbody>
</table>
|                                        |                                                                | 2010/11 to 2012/13

Increased capacity influencing the delivery of medicines management and the implementation of the medicines management strategy in the Trust.

<table>
<thead>
<tr>
<th>Clinical Quality – Physical Health and Well-being</th>
<th>Levels of physical health and well-being support to our service users are inadequate leading to reduced life expectancy. Failure to implement NICE Public Health guidance and local Public Health priorities.</th>
<th>Responsible Director - Director of Performance and Assurance</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>• Secure recurrent funding to deliver the physical health and well-being and public health work stream in practice - both ongoing funding from NHS Doncaster and a contribution from NHS Rotherham and NHS North Lincolnshire. This to link to Director of Public Health priorities and be capable of facilitating and sustaining health and well-being improvements over time</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Performance and Assurance Group via Local Commissioning Boards</td>
</tr>
</tbody>
</table>
|                                            |                                                                                               | 2010/11 to 2012/13

Doncaster Physical Health & Well-being Practice Development Lead post extended for a further 2 years to June 2011 to work on an agreed programme of public health work jointly with NHS Doncaster

• Business cases for all 3 areas to be developed for NHS Rotherham, North Lincolnshire and Doncaster – July 2010/11.

• A bid has been successful to NHS Rotherham for LAA Reward Money to establish a similar project to the one in Doncaster;
  - 2010/11 £40k
  - 2011/12 £40k
  - Recruit July 2010

Reported quarterly to Performance and Assurance Group and reported to BoD via Integrated Performance and Assurance Report.

<table>
<thead>
<tr>
<th>Performance</th>
<th>Lack of performance data and reduction in rating with Care Quality Commission Annual Healthcheck 2009/10 results potential impact on patient care and reputational risk</th>
<th>Responsible Director - Director of Performance and Assurance</th>
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<tbody>
<tr>
<td></td>
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<td>• Knowledge and application of thresholds</td>
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<td>• Benchmark exercises across all Mental Health Providers</td>
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<td>• Monthly monitoring of performance data</td>
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<td>• Quarterly Essential Standards</td>
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</table>
|             |                                                                                                                        | 2010/11

Plan fully implemented following previous ‘underachieved’ target in CAMHS. Increased position for compliance declared (24/24 scored)

• Essential Standards working Group convened from February 2010.

• Concordat letter of assurance received 30th December 2009. Added to Board
<table>
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<tr>
<th>Working Group</th>
<th>Assurance Framework.</th>
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<tr>
<td>• Work with external agencies (concordat)</td>
<td>Staff Survey. Results of the staff survey have been broken down by business division / directorate and the relevant results shared with each area. Managers working with staff to draw up their action plans and progress to achieving the action plan to be monitored via the Business Division Quarterly Governance Meeting.</td>
</tr>
</tbody>
</table>

**2011/12**
Ongoing monitoring of national key performance indicators through Board of Directors and Performance & Assurance Group

**2012/13**
Ongoing monitoring of national key performance indicators through Board of Directors and Performance & Assurance Group

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**Audit Commission: Corporate Governance Inspection of DMBC**

**Corporate Governance Inspection: DMBC April 2010: Audit Commission – Poor Governance**
DMBC not meeting arrangements to secure continuous improvement with regard to economy, efficiency and effectiveness

**Responsible Director – Deputy Chief Executive**
Corporate Governance Inspection recommends following actions;
• Establishment of an improvement board
• Change in the behaviour of the Mayor and councillors
• Delivering effective executive and scrutiny functions
• Effective officer leadership

**2010/11 to 2012/13**

**National**
Secretary of State to consider necessary improvements and consider actions

**Local**
Local Chief Officers in the Health & Social Care Community to continue partnership working and support Improvement Board actions

Ongoing review by Senior Leadership Team