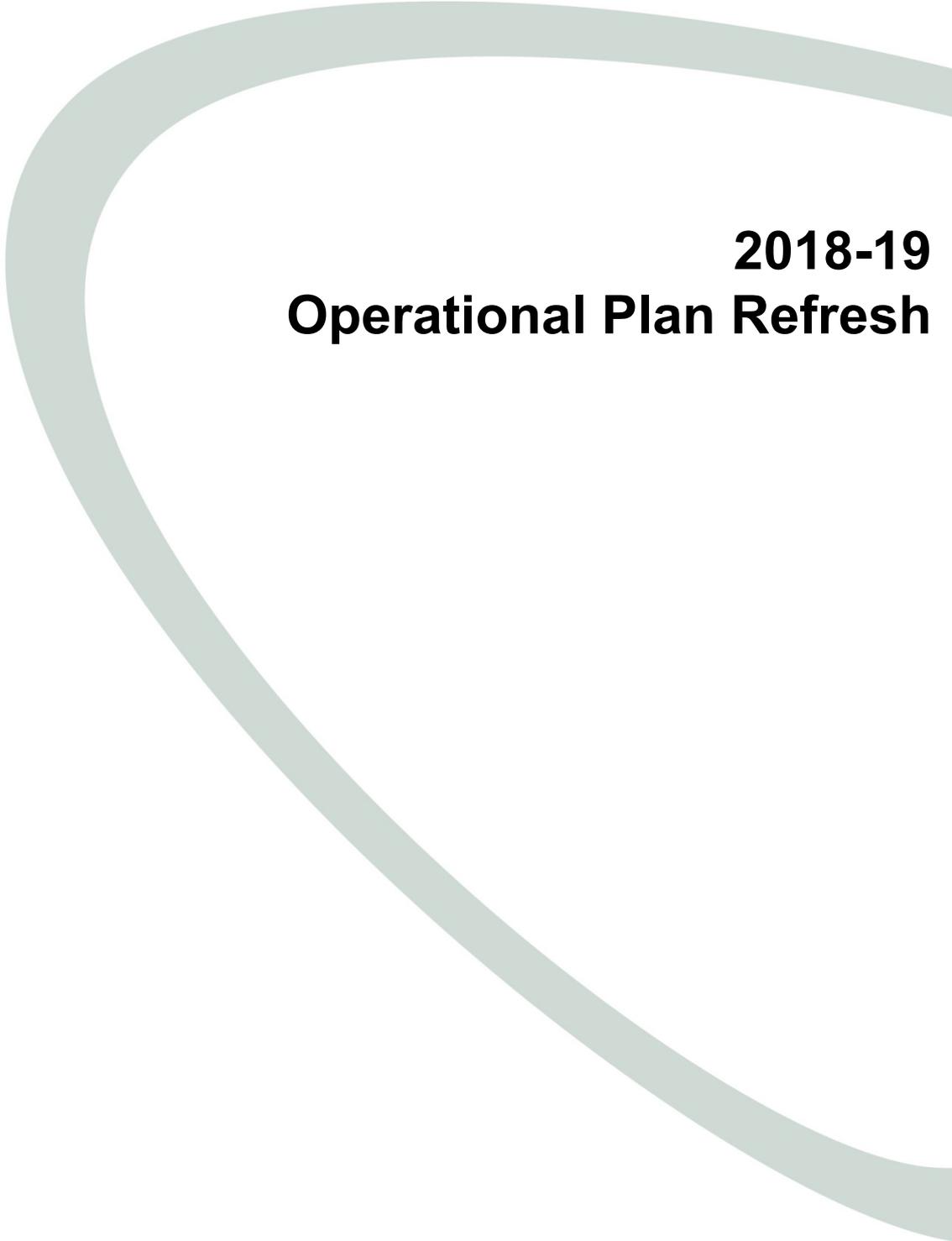




**Rotherham Doncaster
and South Humber**
NHS Foundation Trust

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2018-19 Operational Plan Refresh

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1. Introduction

The Trust's Five Year Strategic Plan 2014-19 continues to articulate the organisation's overall strategic approach as we enter 2018/19. This strategy underpins delivery of the Trust's strategic goals to provide safe, effective and compassionate care through a supported and developed workforce whilst working with partners, maintaining financial stability and striving to be an outstanding, well-led organisation, through three core purposes:



Throughout 2017/18, the Board of Directors has worked to the strategic approach set within this Five Year Strategic Plan 2014-19 together with the Operational Plan 2017-19, overseeing delivery of the 2017/18 milestones whilst also preparing for delivery of requirements in 2018/19. This has predominantly been through engagement in the development of Sustainability and Transformation Plans into Integrated Care Systems, together with local joint working at 'place' level in the Accountable Care Partnerships as these evolve in Rotherham, Doncaster and North Lincolnshire.

2. Activity Planning

The Trust has continued to monitor and report against its agreed contractual and regulatory activity and key performance targets throughout 2017/18.

Throughout 2017/18, the Trust achieved segmentation of "1" in the NHS Improvement (NHSI) Single Oversight Framework and achieved full compliance against the NHSI performance targets, which demonstrates progress during the year as the position indicated in the Operational Plan 2017-19 was that the Trust had a shadow segmentation rating of "2". In addition, the Trust now has a rating of "good" from the CQC assessment in October 2016. The Trust has been subject to a Well Led Review by the CQC in February 2018 and is awaiting the outcome of this.

Following publication of the Single Oversight Framework (SOF) 2017/18 in November 2017, the Trust is reviewing its reporting mechanisms in order to include the new measure of Out of Area Placements, in addition to introducing a holistic Integrated Dashboard Report from April 2018 which is aligned to the themes within the SOF.

In relation to Out of Area Placements (OAPs) specifically, the Trust is currently working jointly with leads from the Integrated Care Systems (ICS) to develop trajectories for the elimination of OAPs by 2020/21 which will be submitted early in the 2018/19 financial year. In addition, the Trust has been actively engaging in opportunities to shape the programme of work at a national level, including participation in webinar events hosted by NHS England. Once the trajectory and national definition have been finalised, the Trust will be working with its local commissioners to develop detailed plans at place level to implement the

reduction which are currently focussed on increased oversight and reporting across the ICS, taking lessons from the Care and Treatment Review Process within Transforming Care into the management of OAPs and monitoring activity from out of area commissioners in local beds.

A monthly report from the Finance, Performance and Informatics Committee is presented to the public session of the Board of Directors meeting, which presents the compliance position and hot spots in relation to national and local performance targets. The most recent report (March 2018) identified compliance in quarter 2 against the NHS Improvement targets. However, there are risks associated with sustaining our continued compliance in 2018/19, which are:

- **Doncaster Speech and Language Therapy (SaLT) Service**
The Doncaster SaLT service has achieved 86.8% for the 18 weeks Referral to Treatment target of 92% due to recognised capacity issues in the service. In response, additional capacity has been identified to support the service and through this, it is forecast that the service will return to compliance by the end of April 2018. However, this additional capacity is not sustainable in the longer term and therefore the Trust is discussing a partnership approach that will manage risks to 2018/19 with the CCG and the local acute Trust.
- **Rotherham and Doncaster Child and Adolescent Mental Health (CAMHS) Waiting times**
During 2017/18 the Rotherham and Doncaster CAMHS services have experienced difficulty in sustainably achieving referral to assessment/treatment waiting times, resulting in a Contract Performance Notice being issued in respect of the Doncaster service. Improvements were delivered in both services during quarter 3, 2017/18 and on 30 November 2017 the Trust's CAMHS Services were the first service to 'Go Live' with the Trust's Unity Programme in which its clinical system transferred from Silverlink to SystemOne. This has resulted in a number of benefits to clinical service delivery which were communicated to the Board of Directors in January 2018 and the Trust is now in the process of finalising the data stitching that it is forecast will deliver the required improvement to waiting times as we enter 2018/19.

As a strategic response to the performance challenges noted above, a number of Trust staff have completed the NHS Improvement Demand and Capacity training and the Trust has secured places on the Demand and Capacity Trainer Programme in 2018/19 to further embed this approach to balancing demand and capacity across the organisation.

In year, the Trust has also been closely monitoring the compliance of all three of its Improving Access to Psychological Therapies (IAPT) services against the key indicators relating to waiting times, recovery rates and access rates in order to ensure continued and sustained compliance and this remains a key focus during 2018/19. An early output of this approach has been significant progress in the Rotherham IAPT service and as consequence this service is now achieving all of its local and national targets.

In addition, agreement has now been reached within the Rotherham health economy to utilise the Ferns Ward on the Rotherham General Hospital site throughout 2018/19 to support the needs of older people with both physical and mental health needs also requiring admission to hospital, following completion of a successful pilot during 2017/18. This programme is one of a number of workstreams contributing to the Trust's system-wide winter planning in collaboration with local partners.

National and local variations have been signed with all of the Trust's NHS commissioners centred on the investment in mental health aligned to delivery of the Five Year Forward View.

3. Quality planning

3.1 Approach to quality improvement

The named executive lead for quality improvement is the Executive Director of Nursing and Quality. A priority for 2018/19 continues to be to support the transformation of services through a strengthened approach to quality improvement as this programme progresses. The Quality Improvement Strategy has recently been reviewed and papers presented to the Executive Management Team (EMT) with regard to developing a formal Quality Improvement (QI) methodology across the Trust. This QI model will continue to build on and reflect the developing quality approach, which has been embedded within all Trust services,

including support services, in conjunction with Listening into Action, the Trust's Patient and Public Engagement and Experience Strategy and the transformation programme. The Trust has recently undergone a CQC well-led review and the feedback from this will contribute to an organisation-wide approach to continuous and sustained quality improvement including refreshing the Quality Improvement Strategy 2017–19. The aim is to improve or maintain the current rating of 'good' through focusing on the quality priorities outlined below.

The ongoing risks to quality for 2018/19 have been identified as the embedding Mental Capacity Act and Risk Management practices and therefore these will form the focus of the refreshed Quality Improvement Strategy and the Trust's has initiated programmes of work through Listening into Action to engage with staff on these.

There are now five quality priorities and goals which have been refined to better reflect local commissioning priorities, as defined in 'place plans' for the Trust's geographical areas, and incorporate local Integrated Care System (ICS) priorities for South Yorkshire and Bassetlaw and Humber, Coast and Vale Sustainability and Transformation Partnership (STP), along with other national priorities:

- To provide safe effective care
- To ensure services actively listen and respond to our communities, patients, service users and our people
- To holistically integrate physical and mental healthcare
- To create a single, Trust-wide clinical quality information system
- To develop and implement a Quality Improvement (QI) model and methodology

The Trust's Governance Structure, as outlined in Figure 1, has continued to deliver improved Quality Assurance (QA) accountability for the Trust's quality agenda throughout 2017/18 to ensure robust monitoring of delivery against these priorities and this will be further embedded during 2018/19. This QA approach will be complemented by the adoption of a formal QI approach and various option papers are currently under consideration. The approach to QI will also incorporate the already successful Quality Review Model, which has been iteratively developed across the organisation to meet the needs of services. This process will be further developed through ongoing transformation of services and the establishment of a Trust-wide dedicated QI faculty.

Figure 1: Quality Governance Structure



Within this structure, the Quality Assurance Sub-Committee is responsible for monitoring progress against the Quality Strategy 2017-19 and to report to the Quality Committee and Board of Directors assurance against progress and escalate identified risks. In addition, the Trust will continue the process of

transformation to provide sustainable and high quality services, during the life of this plan. The re-structure of operational management and governance structures, from seven functional business divisions to four “place” based care groups is now fully established. The ‘place-based’ operational structure enables the Trust to better reflect local demands and participate fully in ICS and STP discussions on behalf of local communities.

Quality improvement is demonstrated through the Trust via a number of qualitative and quantitative methods, including the Quality Dashboard that is generated from Care Group data which provides a single vision of information relating to compliance. Measures are structured around the three domains of quality together with professional leadership and include incidents, duty of candour, complaints, restrictive interventions, falls, pressure ulcers, training compliance, NICE Guidance compliance and audit results. The dashboards are scrutinised by the Care Groups and the Quality Committee and shared with the relevant CCGs.

3.2 Summary of the quality improvement plan

The Quality Improvement Plan 2017-19 continues to be implemented but a new quality action plan will be formulated in response to the most recent CQC inspection. In addition to the overarching quality improvement priorities, pertinent local and national initiatives include:

- The Trust’s Clinical Audit Programme, which includes all national and local audits which are pertinent to the Trust’s services and also support from Internal Audit partners.
- The Trust will continue to work with its local acute partner providers to support the delivery of the four key priorities for 7 day services. This will include an aspiration for local mental health hospital liaison services to be ‘Core 24’ compliant.
- Increasing involvement in NHS Benchmarking projects to analyse Trust data against national standards identifying and adopting best practice where appropriate.
- The quality improvement plans for safer staffing include:
 - Review minimum staffing levels in bed based services, developing the methodology to capture changes to acuity and flex staffing levels accordingly;
 - Focus on all community health safer staffing levels
 - Engage in national research
 - Review and appropriate implementation of new approaches to safer staffing, including care hours per patient per day and Safe, Sustainable and Productive Staffing improvement resources, as they become available.
- The Trust is currently compliant with the requirements of the Standard Operating Framework (SOF) in relation to early intervention in psychosis and IAPT, with operational measures to deliver increased access rates within services.
- RDaSH is working with local partners in Doncaster and across the ICS footprint to progress the recommendations within *Better Births - Improving outcomes of maternity services in England: A Five Year Forward View for maternity care*, February 2016. This includes innovative breast feeding initiatives and developing perinatal mental health solutions.
- During 2017/18 the Trust launched a new structured review approach to incident reporting, including serious incidents and recording, reporting and investigation of all patient deaths. Through the Trust Mortality Group, membership of the regional Directors of Nursing forum, review of the Mazars findings and national initiatives; the Trust developed its Learning from Deaths Policy, and updated its Incident Reporting Policy both of which provide clear guidance on the reporting of all incidents and deaths and promote visibility and learning from ward and team level through to the Board of Directors.
- As part of the Trust approach to patient safety and learning, a combined approach to safety investigations is being implemented. All infection reporting, including CDif, MSSA, MRSA, EColi and outbreaks will be subject to the same level of independent scrutiny, including independent Post Infection Reviews as appropriate.
- The Chief Pharmacist and Pharmacy Team complete an ‘Antimicrobial 5 point plan’ on all inpatient areas. Future plans include rolling this work out to Trust community services.
- The Trust approach to falls will continue to be embedded into clinical practice and this will be enhanced with a focus on understanding the categorisation of all falls. Innovative ways of reducing falls have been positively commented on by the CQC inspectors.
- All pressure ulcers reported within Trust services are subject to a Root Cause Analysis (RCA) to understand if they were preventable or not. Those identified as preventable are subject to a full serious

incident investigation. All learning is embedded through services. This approach will continue through 2018/19 to support a current reducing trend in pressure ulcers.

- Progress toward the 9 action themes in the Patient and Public Experience and Engagement (PPEE) strategy continues to be made and membership of the Triangle of Care has been achieved.
- The Sign up to Safety Campaign comes to a close nationally in 2018 however, in order to embed the improvements and learning from this programme into the Trust, a Safety Improvement Plan will be developed for each of the five safety priorities which are to reduce:
 - Avoidable falls which result in harm.
 - Avoidable Pressure Ulcer at grade 3 or above.
 - Patient Suicides.
 - Use of restrictive interventions and have zero harm caused to anyone as a result of a restrictive intervention.
 - Medication errors which result in moderate harm or above

These safety plans will identify more specific goals and include the actions required to achieve the goals, timeframe for delivery and detail of how progress towards achieving each recommendation will be measured.

Further indicative national and local commissioning quality priorities that the Trust will progress during and 2018/19 are:

National Quality Priorities	Service Quality Priorities
<p>CQUIN The Trust is one year into the 2017-19 national CQUIN scheme and these will underpin the quality priorities of the Trust during this period.</p> <p>This will also link the Trust’s quality strategy to the plans within the local Integrated Care Systems for the Trust’s geographical footprint through the CQUIN associated with this. For further reference to how the Trust’s strategic direction is consistent with the ICS please see Section 6</p>	<ul style="list-style-type: none"> • Transformation of clinical service delivery, as referenced in Section 1. • Digital interoperability, including current implementation of the SystemOne Electronic Patient Record • Development of specialist pathways e.g. perinatal, eating disorders and end of life. • Review of acute psychiatric liaison. • Review of therapy services. • Medicines management, including additional shared care arrangements.

The Trust continues to successfully deliver the 2017/19 national CQUIN scheme with its commissioners. These quality and innovation indicators are linked to 1.5% income for the trust, with 1% linked to engagement with the relevant ICS and STP partnerships.

3.3 Summary of quality impact

The Trust has further developed its quality impact assessment process, through introducing a Quality Safety Impact Assessment (QSIA) that now contains a structured gateway process which has been drawn from the National Quality Board Guidance and designed around the three domains of quality and any locally applicable metrics such as waiting times.

Schemes are initially created through care group and corporate governance structures and a first stage screening tool is presented to a QSIA panel to identify whether the proposal requires the completion of a full QSIA based on established criteria. The QSIA panel includes the Executive Director of Nursing and Quality and the Medical Director, who are required to sign-off any approved schemes at either the screening stage or at the full QSIA proposal stage. Services proposing changes are encouraged to present their change scheme proposals at the QSIA panel in person. Where change schemes are approved they are required to submit further post implementation evaluation to ensure the utility of the scheme’s impact. All approved schemes are collated to help provide assurance that there is not a cumulative impact of related change schemes on the quality of service delivery in any one area. A report on programmes submitted to the QSIA panel is provided to the Quality Committee on a quarterly basis. The outcome of approved QSIA schemes is shared with commissioners.

3.4 Summary of triangulation between workforce and finance

The Trust ensures the triangulation of quality, workforce and finance in a number of ways as follows:

- There is currently a formal monthly meeting of the Executive Management Team (EMT) that includes the Executive Directors and the operational Care Group Directors. At this meeting there are standing agenda items for Finance, Performance, Workforce and Quality. Under each of these agenda items the lead Director will report the key hotspots and EMT will agree any actions relating to these specific areas and review any common themes and links between the key hotspots.
- Each of the four Care Groups are assessed in line with the Single Oversight Framework and given an individual segment score as per the overall SOF approach. In this way the assessment will incorporate the SOF key indicators for:
 - Quality and Workforce – currently reviewed monthly at the quality committee which is a sub-committee of the Board (e.g. CQC rating, staff sickness and turnover rates, staff survey results, friends and family test results, patient surveys and safety alerts and other relevant Mental Health and community measures).
 - Finance and Performance – currently reviewed monthly at Finance, Performance and Informatics Committee which is a sub-Committee of the Board (e.g. Achievement of financial targets, agency spend against cap, performance against national targets such as EIP and IAPT).
 - Other Trust indicators and qualitative intelligence.

Dependant on the segment rating an appropriate level of intervention involving the Executive Directors will be put in place and any actions and concerns will be reported to the Board of Directors through the monthly hotspot report. A full quarterly segment report will also be provided to the Board.

- The Board of Director's receipt of a quality report and dashboard from the Quality Committee, together with the finance report from the Finance, Performance and Informatics Committee, both including appropriate statements, assurances and dashboards, allows for the appropriate level of oversight and triangulation of performance and actions. Some of the information is also used to inform the Quality Review process and identify key services for review, for 'deep-dive' reviews and/or service visits by the Board of Directors.

4. Workforce planning

4.1 Introduction

On an annual basis, the Trust develops, produces and submits workforce plans as part of the information needed to influence strategic investment decisions relating to the education and training commissioning process for staff groups within the NHS and to outline anticipated workforce profiles within the Trust.

As part of this process, the Trust forecasts its workforce plans for the next five years by staff group. The continuing economic situation and resulting efficiency plans (where these are known and agreed) are incorporated into the plans in terms of the financial reductions and associated impact on service provision and on the workforce numbers and skill mix. The process involves the Trust's Head of Workforce co-ordinating the non-medical/medical workforce planning intentions through discussion with Executive Directors, Care Group Directors, Associate Medical and Associate Nursing Directors, Service Managers, Professional Leads and the Deputy Director of Organisational Learning.

4.2 Transformation Programme

During 2017/18, the Trust has been implementing an overarching Trust-wide transformation programme and an electronic patient record which has influenced our approach. The Trust identified a £3.6m efficiency savings target for 2017/18 and a £5.13m target moving into 2018/19, with a number of these schemes affecting the workforce. A structured process has been and will continue to be followed to ensure that disruption to clinical services will be minimised with robust measures in place to monitor the impact on service users.

The development of the transformation plans and subsequent implementation is being undertaken through a programme management approach: overseen through the trust governance structure with reports to the Board of Directors as appropriate. The Programme Management Office (PMO) was established in September 2016 to provide robust project management and governance arrangements during this period of significant transformational change to ensure that all projects are aligned with interdependencies clearly identified and managed. The PMO has now been recurrently funded in order to ensure that this approach can be sustained. All change management processes are supported by Quality and Safety Impact Assessments (QSIA) which incorporates an Equality Impact Assessment.

4.3 Workforce Plans

The workforce plans have been generated to support long term sustainability. Taking account of known efficiency savings and transfers, strategic developments and assumptions based on the need to make efficiency savings within corporate services, clinical productivity, operational and administrative efficiency. The workforce plans also highlight where vacancies may be problematic. The plans prepared for Health Education England (HEE) highlight efficiency movements, investments to deliver efficiencies, anticipated transfers and developments, volume changes, anticipated changes associated with HEE funding, research, redundancy and restructuring. The outcome of this process, which includes planning assumptions, is confirmed and signed off by the Chief Operating Officer, Director of Nursing and Quality, Medical Director, Finance Director and Workforce and Organisational Development (W&OD) Director. Workforce plans are submitted to Health Education Yorkshire and Humber (HEY&H) and this information is shared on an aggregated basis with the Local Workforce Advisory Board (LWAB) and it is used to commission education and training places in Higher Education Institutions.

The Trust, via the Workforce & Organisational Development Director actively participates in the South Yorkshire and Bassetlaw Workforce Integrated Care System (ICS) meetings involving Human Resources Directors. The Director or Deputy Director are also involved in place based meetings in our constituent localities.

The increased activity associated with delivery of the *Five Year Forward View* will continue for some time and will be increasingly influenced by the emergence of priorities through Sustainability and Transformation Programme (STP) and associated Local Digital Roadmaps (LDR), developing rapidly in all areas.

4.4 ICS and Strategic Planning

Currently, workforce plans are designed to support commissioning intentions across all the CCGs we work with. This is via strategic contract meetings undertaken in each area which link transformational plans with the financial plans of each CCG. This is supported with a robust QSIA process which highlights risks that require mitigation, to ensure efficient and safe care to patients. Working with our commissioners through the above process, the Trust ensures that our workforce strategy links in with the wider health and social care system.

The Trust is fully engaged in the ICS process, contributing to each place based plan in addition to the wider mental health work stream. This enables us to develop workforce efficiencies with both acute and voluntary sector providers in schemes such as developing out of hospital care, for example intermediate care services, acute psychiatric liaison, developing partnerships to enhance care for those with dementia and physical frailty and working with the voluntary sector to develop social prescribing for mental health service users.

The transformation programme currently underway requires the workforce to work in new ways and as such the Trust is developing support packages for managers to enable team to better support integrated services through the introduction of Listening into Action (LiA). This approach enables the entire workforce to participate in developing new ways of working. Issues that have been raised through LiA, such as how staff will work in an “agile” way and continue to communicate effectively will be addressed through a specific agile transformation work stream.

As a key enabler to the overall transformation programme, the Trust is mid-way through the implementation of a new electronic patient record (EPR). New processes have been designed and introduced to maximise the benefits of the EPR for clinical staff who have been involved throughout the year in planning and process design work. A phased approach to implementation has been taken to allow the impact of training on the workforce to be spread over a longer time-frame while maintaining close proximity to ‘go-lives’. Training has been provided in localities to minimise disruption to services. In 2018/19, significant numbers of staff will be using the system for the first time in Rotherham and Doncaster Care Groups. Experience from system implementation in the Tickhill Road Hospital and Children’s services has demonstrated the importance of visible post-implementation support being provided to staff and this learning has been carried forward in the first mental health unit go-live in the North Lincolnshire Care Group.

In addition, the Trust is currently working with CCGs re workforce initiatives that link to the *Five Year Forward View* through our contracting process. These include the continued development of A&E Liaison services, ADHD and ASD provision and an enhancement of crisis service provision.

4.5 Recruitment and Retention

It remains one of the Trust's core strategic goals to "attract, retain, support and develop the finest workforce". The Trust is currently participating in the NHS Improvement national recruitment and retention programme which commenced in July 2017. We have 11 workstreams undertaking targeted work associated with our recruitment processes, flexible working, focussed work in targeted teams and reviewing our links with Universities. Recruiting to some areas can be a challenge. We are therefore currently working with local universities to ensure newly qualified staff have the right skills to sustain and develop our services. We actively encourage students to work with us from year two of their programme so they can be supported into roles at the time of achieving qualification.

Workstreams are in place to closely review and put systems in place to address more efficient ways of working.

The Finance, Performance and Informatics Committee receive monthly reports on agency expenditure and a more detailed analysis on a quarterly basis. The NHSI requirements for agency usage and expenditure are being applied. Additionally, the Trust is in the process of reviewing its nurse bank arrangements to ensure it is easy to access and has a wide mixture of staff and grades within it. This will be supported by the rollout of the e-bank element in the e-rostering system which will support bank staff over the coming year.

Our talent management approaches are also being considered in light of the changes to the apprenticeship levy and the introduction of new roles such as nursing associates and physician associates.

These issues have been taken in to account when developing our workforce plans.

5. Financial planning

5.1 Introduction

This section sets out the key assumptions in the development of the annual financial plan for 2018/19. The narrative details the latest guidance, the position in relation to contract negotiations, the key risks to achievement of the financial targets, working capital assumptions and CAPEX assumptions.

5.2 The control total

The table below indicates the Trust control total and Provider Sustainability Fund offer as detailed in the letter from NHS Improvement on 6th February 2018:

Control Total		
	2017/18	2018/19
	£m	£m
Current 2018/19 Control Total (Including allocated STF)	2.066	2.066
CNST Adjustment		-0.065
Risk Reserve Adjustment		-0.345
Additional STF allocation		0.401
2018/19 Control Total (including allocated STF)	2.066	2.057
Control Total Flexibilities		-0.001
Revised 2018/19 Control Total (including allocated STF)	2.066	2.056
Current STF allocation (£1.6 Billion STF General Fund)	0.987	0.987
Additional STF allocation (From additional £650m STF)	0	0.401
Total Allocated STF - the enhanced provider sustainability fund (included in revised 2018/19 control total)	0.987	1.388
Real RDaSH Control Total surplus	1.079	0.668
Reduction from 2017/18		0.411

The Trust will also benefit from the 0.5% CQUIN reserve (£0.531m) that can contribute to the overall control total in 2018/19. This will result in a combined saving of £0.941m over 2018/19.

The Trust's Board of Directors has agreed and is therefore planning to achieve the control total set for 2018/19.

5.3 Key Financial Assumptions in the financial models for 2017/18 and 2018/19

The key assumptions in relation to the production of the financial plan are detailed in the summary table below. Tariff guidance is in line with the two year contracts agreed in December 2016 and therefore assumptions below are on the basis that there will be no significant changes to this guidance. The most notable risk in relation to this is whether the Tariff guidance will change if the national income and expenditure balance is not achieved.

Detail	Assumption
NHS Income contracts	A 0.1% overall uplift made up of 2.1% inflation and a 2% efficiency
Local Authority contracts	Actual based on contract discussions
Annual inflation	2.1%
QIPP Target	£5.13m
STF Support to achieve position	£1.388m
CQUIN	Achievement of 2.5% CQUIN
Developments / Income growth	Only actual contractually agreed Developments / income is included in the Plan
Agency	Achievement of £5.124m Cap
CAPEX to maintain estate and IT developments	£5.075m
Surplus assumption	Delivery of the control total (£2.056m surplus, including £1.388m STF) if the risks can be managed

The financial model incorporates the following income assumptions:

- Doncaster Clinical Commissioning Group (CCG) - an additional saving of £0.5m has been proposed by Doncaster CCG. This has been added to the QIPP savings required. As a consequence, the Doncaster Care Group is facing a challenging financial year in 2018/19 which could have a broader impact across the Trust.

- Doncaster Metropolitan Borough Council - RDaSH Contracts with DMBC are included to a value of £15.963m at present, however, the majority of these contracts contain a year on year reduction in contract value which the organisation must plan for in order to maintain balance. The following assumptions have been made in relation to each of these:
 - Drug and Alcohol services – No change
 - Health Visiting services – required reduction included in Plan
 - Learning Disability services (registered Care) – Full years income is included in the plan, at this stage, as firm plans have not been agreed for any transfer. As a result:-
 - Non-recurrent support has been agreed to 30th June 2018. If the service continues beyond this date further NR support will be agreed.
 - Learning Disabilities Day care (Solar centre) – proposed reduction not included in Plan
- Rotherham CCG - whilst the CCG is facing a very challenging year in 2018/19, it remains committed to funding key developments in the RDaSH contract including delivery of Future in Mind and the Five Year Forward View for Mental Health including perinatal mental health care, IAPT access and mental health liaison services. Discussions are ongoing in relation to the Ferns ward in Rotherham, this will be included if funding can be secured.
- RMBC - a new provider has been identified to provide supported living for people with learning disabilities with effect from 26th March 2018. The plan has assumed that this service will be transferring and is therefore not included in the Plan. In addition, provision of Drug and Alcohol services will be transferring to a new provider on 1 April 2018 and therefore the plan has assumed transfer effective on this date.
- North Lincolnshire CCG – no additional investment in the Trust’s contract in the short term assumed, but a key work stream for the North Lincolnshire Care Group in 2018/19 will be supporting a reduction in Out of Area Placement spend which may present opportunities for future investment.
- North Lincolnshire Council - the full year effect of the North Lincolnshire 0-19 Health and Wellbeing Service Contract has been included.
- North East Lincolnshire Council – provision of Drug and Alcohol services will be transferring to a new provider on 1 April 2018 and therefore the plan has assumed transfer effective on this date.

These assumptions have been modelled financially and the results are detailed in **Section 5.4** below.

5.4 Summary of the key financial targets included in the financial plan

The table below shows the key financial targets included in the financial model as it stands. This may change as contract negotiations develop further prior to 23 March 2018 and the year-end position develops:

Narrative	Out turn 2017/18	2018/19 submission plan	April	Comment
Income and expenditure surplus/deficit before exceptional/technical adjustments	£3.12m surplus (including STF)	£2.056m surplus (including STF)		The surplus target for 2018/19 is in line with the control total
CAPEX	£4.696m	£5.075m		Capital expenditure for 2018/19 includes additional investment in IT
Cash Reserves	£28.516m	£28.88m		With an aim to maintain a strong liquidity and provide a monitoring system that gives early indication of financial problems.
Net current assets / net worth.	£7.874m	£6.306m		
Single Oversight Framework Financial	1	1		Maintaining a strong financial rating.

Sustainability Rating			
EBITDA	7.3%	6.0%	17/18 forecast includes additional STF funding

As can be seen from the table above, if the Trust achieves the base financial plan then the financial standing of the Trust will be strengthened further.

5.5 Income and expenditure

The March submission sets a plan **to accept and achieve the Trust control total of £2.056m** (including Provider Sustainability Fund). Although the Trust has accepted the control total, the achievement of this position will be dependent on the management of the risks detailed in this plan and the successful resolution of any contractual issues.

5.5.1 Mental Health investment

As part of the 2018/19 plan refresh each CCG is required to meet the Mental Health Investment standard which is currently being discussed through contract negotiations in advance on 23 March 2018.

5.5.2 CQUIN

The delivery of the CQUIN targets will achieve £2.8m. It is assumed that the Trust will achieve the required targets. The Trust will hold a risk reserve of £1.0m against the achievement of the CQUIN targets.

5.5.3 Agency costs

The Trust has been set a revised agency cap of £5.124m. The Trust continues to monitor agency costs closely with the following key systems in place:

- Reporting against the qualified nursing target set by NHS Improvement.
- Monitoring and reporting the overall agency spend to the Trust's Finance, Performance and Information Committee identifying current and potential hot spots.
- Agreeing actions in relation to the hotspots through the Executive Management Team. These actions have included looking at different marketing approaches to recruitment and setting up a Trust Administration Bank.
- A particular focus on the Medical agency spend which is the Trust's most significant hot spot.
- The Trust has assigned a member of staff in the procurement team to monitor the agency caps and liaise with the providers.

5.6 Capital Expenditure (CAPEX)

In relation to CAPEX the 2018/19 draft capital programme has been set to allow for an investment of £5.075m funded from internal depreciation of £3.254m. This allows for a further £0.8m investment in the development of the new integrated electronic patient record which is an enabler for the Trust's transformation programme. The plan also includes £1.38m for IT infrastructure and end point hardware replacement.

5.7 Working capital

The Trust will end the financial year 2017/18 with a strong liquidity position and a forecast cash balance of £28.516m. The financial year 2018/19 will be a challenging year for the Trust and therefore forecasting of monthly cash balances is crucial in providing an early indicator of financial pressures.

5.8 Financial Sustainability rating

The table below shows the forecast year end breakdown of the financial sustainability rating for 2018/19:

	Plan 31/03/2019 YTD Rating
Capital Service Cover rating	2
Liquidity rating	1
I&E Margin rating	1
Variance From Control total rating	1
Agency rating	1
Overall Plan Risk Ratings	Plan 31/03/2019 Month 12 Rating
Overall rating unrounded	1.20
If unrounded score ends in 0.5	0.00
Plan Risk Ratings before overrides	1
Plan Risk Ratings overrides:	
Any ratings in table 6 with a score of 4 override - if any 4s "trigger" will show here	No trigger
Any ratings in table 6 with a score of 4 override - maximum score override of 3 if any rating in table 6 scored as a 4	1
Control total override - Control total accepted	Yes
Control total override - Planned or Forecast deficit	No
Control total override - Maximum score (0 = N/A)	N/A
Is Trust under Financial Special Measures	No
Plan Risk Ratings after overrides	1

The table shows that if the Trust delivers the 2018/19 plan it will maintain a Finance Sustainability Risk Rating of 1, subject to management of the risks detailed in this plan.

5.9 Risks to the delivery of the financial plan

5.9.1 Delivery of QIPP

The tariff efficiency for NHS contracts for the financial year 2018/19 is 2%. However, the required savings from local authority contracts, the carry forward of some QIPP from 2017/18, the loss of overhead recovery from contract changes and additional cost pressures has resulted in a still challenging QIPP of £5.13m for the Trust. A breakdown of the QIPP is detailed in the table below:

	£m
QIPP from tariff and LA contract reductions/cost pressures	£3.830 (2.52%) (including £0.800m Ferns, £0.500m Doncaster CCG)
QIPP B/fwd 2017/18	£1.122 (0.74%)
Exposed overheads due to contract loss/reduction	£0.178 (0.12%)
Total	£5.13 (3.38% of all clinical income)

Plans are in place or in progress for £3.503m of this efficiency challenge, as follows:

- An opportunity has been identified to achieve £700k of savings from depreciation costs if asset lives are extended, and £700k of savings have been identified from reserves.
- Plans carried forward or from new schemes amount to £753k.
 - ❖ Combined, these total £2.153m.
- This leave a balance of £2.977m, which can be partly funded from non-recurrent funding streams available next year including £1.050m from Rotherham CCG from the Ferns Ward, and £300k from reserves as part of the 0-5 service in Doncaster.

The remaining £1.627m is targeted through the Trust's Strategic Transformation Programme, with progress to date as follows:

- The capacity and demand workstream will form a key part of the clinically led service review work to identify efficiencies in 2018/19. It is envisaged that this work will commence early in the 2018/19 financial year and the Trust has nominated staff to complete a NHS Improvement Demand and Capacity Trainer Programme.
- Work is on-going in the Non-Pay Project to formulate a plan for achievable savings based on the workstreams agreed as in scope.
- There is work on-going in Doncaster, Rotherham and North Lincolnshire regarding the estates moves required to facilitate transformation of service delivery, as well as offering some potential QIPP savings.

Delivery of the transformational gap is an extreme risk at this stage to delivery of the overall plan, however, progress against delivery of QIPP is routinely reported to the Executive Programme Board and overseen by the Programme Management Office and therefore the Trust will retain continual oversight and monitoring of this as schemes develop.

5.9.2 Management of cost pressures

In order to deliver the financial plan for 2018/19, the Trust will need to manage a number of new cost pressures as follows:

- Unity and Data Warehouse - £0.54m
- VAT on Managed services - £0.15m
- Corporate services review - £0.3m
- Revaluation
 - The Trust has had a recent valuation of its estate and assets and this has resulted in an increase in the asset values. The additional annual capital financing costs has partly been funded from the inflation uplift but this reduces flexibility to fund other inflation pressures.
- Loss of overhead recovery
 - Contract losses and reduction of re-tendered contracts has resulted in a loss of overhead recovery. This will need to be delivered as part of the cost efficiencies of corporate and support services.
- The non-recurrent cost of transformation
 - Work is on-going to estimate the potential non-recurrent cost of the Trust transformation programme. This cost will need to be managed in 2018/19 to release the cost efficiencies needed for the Trust's efficiency challenge in 2018/19 and beyond.
- Satisfactory completion of the contract negotiations.
 - Should the issues not be resolved satisfactorily then the financial plan and the risks will need to be reviewed.
- Other potential cost pressures – CQUIN

5.10 Financial Planning Conclusion

The plan update detailed in this narrative has been developed with an aim to achieving the control total set by NHS Improvement. If the Trust achieves this plan then it will end the financial year 2018/19 with a strong financial rating and liquidity position. The delivery of the plan though will be very challenging and will be reliant on an acceptable outcome in relation to the contract negotiations. The achievement of the plan will also be reliant on the Trust managing a number of significant cost pressures and delivering the required £5.13m efficiency without any support from the Provider Sustainability Fund.

6. Links to the local Integrated Care Systems

Throughout 2017/18 RDaSH has been closely involved in the development of the Sustainability and Transformation Plans (STPs) in both South Yorkshire and Bassetlaw and Humber Coast and Vale and will continue to as these models are embedded as Integrated Care Systems (ICS) through 2018/19.

This has included development of local place based plans, the production of service specific visions across the wider ICS footprints and the identification of system and ICS wide solutions, such as in the fields of perinatal mental health and reducing inappropriate out of area placements.

6.1 South Yorkshire and Bassetlaw (SYB) ICS

The SYB STP was submitted in October 2016, in line with the national requirement and published on 11 November 2016.

The key priorities, alongside a strengthened health and social care system and sustainable general practice in each of the 5 “places” continue to be:

- Healthy lives, living well and prevention;
- Primary and community care;
- Mental health and learning disabilities (LD);
- Urgent and emergency care;
- Elective care and diagnostics;
- Maternity and children’s services;
- Cancer; and
- Spreading best practice and collaborating on support services.

The Trust is represented within the governance structure through the Collaborative Partnership Board, which sets the vision, direction and strategy for the SYB health and social care economy outlined in the STP.

Our Chief Executive also continues to be the lead for the Mental Health and Learning Disabilities workstream, which along with the place based developments and corporate back office had been the focus the Trust’s input into the ICS and will continue to be for 2018/19.

During 2017/18, local partners in the towns and cities within the SYB STP worked together to develop strong relationships and build the foundations for delivery of the ambition of “giving everyone in South Yorkshire and Bassetlaw the best start in life with support to stay healthy and live longer.”

This culminated in SYB being named as one of the first areas in the country to be an Accountable Care System in June 2017, putting the region at the forefront of nationwide action to provide joined up, better co-ordinated care and breaking down the barriers between GPs and hospitals, physical and mental healthcare, social care and the NHS.

Further detail on plans for 2018/19 is provided through the SYB ICS single system operating plan narrative.

6.2 Humber Coast and Vale (HCV) ICS

The HCV STP was submitted in October 2016, in line with the national requirement and published on 21 November 2016.

The six key priorities identified are:

- Healthier People
- Better ‘Out of Hospital’ Care
- Better ‘In Hospital’ Care
- Better Mental Health Care
- Better Cancer Care and;
- Balancing the Books

The Trust is represented in the governance structure including through the Chief Executive being on the Strategic Partnership Board. The governance structure is being supported through a Memorandum of Understanding.

Further detail on plans for 2018/19 is provided through the HCV ICS single system operating plan narrative.

7. Membership and elections

7.1 Membership

The Trust began 2017/18 with 6469 members (excluding staff) and currently has a membership of 6454 (excluding staff).

Further to our annual members survey, we have also increased our communication efforts to members with all our members now receiving a newsletter four times a year. In addition to receiving a newsletter four times a year, we engage and communicate with our members in a number of ways – some of which are outlined below. How we engage and work with our members and governors contributes to our overall Patient and Public Engagement Strategy for 2016/19 and the wider patient, public engagement and experience function at the Trust.

7.2 Governor Elections

At the beginning of 2018/19 there are 31 seats occupied on the Council of Governors. 10 seats are currently vacant and will be advertised in our next round of elections which has commenced in April 2018. A review of our composition and constitution as a result of our major programme of transformation of services will also take place at the same time.

7.3 2018/19 Plans

An election will take place in early 2018/19 and will include vacancies across all our constituencies along with those seats that will become vacant over the next few months; currently service users (2 seats), carers (1 seat), public (8 seats), staff (4 seats) and partner (3 seats – nominations). Elections will be widely publicised both internally and externally through posters/flyers, local media, members newsletter, local organisations and networks, GP surgeries, libraries and members drop in.

7.4 Governor training and development

All newly-elected/appointed governors are invited to attend an induction programme, which has been co-produced with our Governors and is delivered over 4 separate sessions covering themes such as i) an introduction to Foundation Trusts, ii) the role of the Council of Governors, iii) the role of the Board of Directors and iv) putting the governor role into practice. Additional training and development opportunities are provided both internally and externally (via Governwell). An annual review of the role and responsibilities of our governors also provides an opportunity to identify any additional training and development requirements.

7.5 Engagement activities

Governors continue to demonstrate their commitment and to show their enthusiasm in their role, particularly in terms of engagement with their members and the wider communities. They have increasingly become involved in Trust committees and working groups, representing the views of the wider membership, patients and carers. A core list of opportunities includes; Lead Governor role; attendance at Board of Directors; Trust committees/working groups/networks; Patient Lead Assessments of the Care Environment (PLACE) visits and member engagement for example drop in sessions and ad hoc events.

In terms of member engagement, the Trust offers a range of opportunities to enable members to contribute and get involved at the Trust. An annual member's survey gauges whether or not the opportunities we provide are responsive to what our members want. Members are also offered opportunities in terms of our wider involvement function for example volunteering, Listen to Learn Network (PPEE) and Triangle of Care. We have continued to develop communication through social media with over 1700 followers on Twitter (@FTMembership) and a growing number of friends on Facebook (RDaSH members).

7.6 Membership Strategy

Following the development of the role of the Foundation Trust Office Manager, the Patient and Public Engagement and Experience Lead now has a combined portfolio for membership engagement/recruitment and the wider public and patient engagement activities, which avoids overlap and duplication of engagement activities. To strengthen and support this function the Trust's patient and public engagement and experience now incorporates engagement and involvement of members and governors as an intrinsic part of Trust activities. The Membership Strategy now forms part of the over-arching Trust's Patient and Public Engagement and Experience Strategy.

