ROTHERHAM DONCASTER AND SOUTH HUMBER NHS FOUNDATION TRUST

ANNUAL REPORT 2022/23

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ANNUAL REPORT AND ACCOUNTS 2022/23

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

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PERFORMANCE REPORT

Overview of Performance

This section provides an introduction to the Annual Report from the Chief Executive and Chair. It describes the Trust and highlights some of the major achievements in the year, the risks we have faced and provides some facts and figures about the Doncaster Rotherham and South Humber NHS Foundation Trust (RDaSH).

Chair Introduction

Welcome to our Annual Report for 2022/23.

It gives me great pleasure to write this introduction. I've now been at the Trust for around four months and I've been struck by the care, compassion and friendliness of the people who I've come to work with.

It has given me so much joy to start to get to know people both in the Trust and in the South Yorkshire and North Lincolnshire systems and our communities. The people are great and I'm loving my role here. It's a pleasure and an honour that I have this job. Everyone has made me feel welcome and I know I've come to a Trust where people are dedicated to doing their best for the people that we serve.

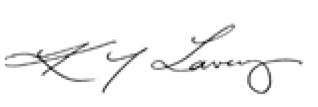
I'd like to take this opportunity to thank our Governors for spending time in helping the Trust connect with our communities and to help us to understand what people in those communities' think is important for the Trust to concentrate on. Our Governors give their time voluntarily and the meetings I've had with them are energetic and knowledgeable. We can't forget how important our Governors are for the governance of RDaSH. I'd like to particularly thank Joan Cox, lead Governor for her commitment and expertise.

RDaSH continues to be a highly pressured place to work for our colleagues. We are still seeing increases in demand for our services, which is partly due to the effect of the COVID-19 pandemic. It makes working in the NHS and indeed RDaSH stressful at times, and I want to pay tribute to our colleagues who work here for continuing to deliver great services and manage the pressures of demand that we continue to see.

We also work with great partners both within the NHS and indeed in the communities such as the People Focussed Group in Doncaster, Experts Together in North Lincolnshire and Rotherham Peers for All and S62 in Rotherham. We know that delivering into communities means working with others and we are grateful for their involvement and support in making sure that the people who live in the areas we serve get the best services that we can deliver. We also work with other partners in the NHS and indeed in communities, the third sector and voluntary sector and I thank them all for the support we receive.

We are also fully committed to working with the two Integrated Care Boards (ICBs) in our patch. The Chief Executive, Toby Lewis, and myself are committed to giving time to play our roles here as it’s important that NHS organisations work together in a joined up way. We know this part of our lives will also grow as the ICBs mature. I hope people, when they read this report, see that our colleagues and our Trust are working hard and delivering care and services in the best way we can. We know there is still work to do but we are committed to doing it and to taking the Trust forward because we are committed to the people who live in the areas we serve. We are determined to do our very best to deliver services they need and we will continue to strive to deliver excellent services.

Kind regards



Kathryn Lavery, Chair
26 October 2023

Chief Executive Introduction

Accountability to patients

Being accountable to local residents, as patients, carers, and taxpayers is very important to us as a Trust. This Annual Report, and the associated Quality Account, are part of how we do seek to do that. Much of the content of the report is mandated by NHS England. But we have sought to use the format to provide a sense of how the organisation is performing; the quality of what we do, the safety of our staffing, the wellbeing of our people, and the financial sustainability of what we do.

Louise, Andre and Miriam have kindly shared their stories of their care, and our support, within the annual report. Attention Deficit Hyperactivity Disorder (ADHD)is a diagnosis that may be familiar to some readers and residents and not others. Diagnosis as an adult can be life changing. We know that waiting times for services like ADHD in both adulthood and as a child can be too long. Not just at RDaSH but across many NHS providers. We are working hard to reduce those waits. But it is also important to acknowledge the quality of care being provided, the professionalism of our expert teams, and the impact of the NHS investment to create and expand services like our neuro-diversity teams in each part of the RDaSH footprint. Thank you to those involved in those services but thank you too to people sharing their stories with us – I would hope stories that inspire and inform.

In a large organisation like RDaSH, responsible for key health services for almost 750,000 people, the annual report can never do complete justice to the range and diversity of the work of countless teams focusing their skills on the care of older adults, adults, and children across Doncaster, Rotherham, and North Lincolnshire. Nothing RDaSH does is done alone. We are dependent every day on colleagues in general practice, education, social care, the police and justice system, and, perhaps most of all, on the many thousands of unpaid carers in our communities.

Safety and sustainability

Over the last year, the Care Quality Commission ratings applied to our services have not changed. This means that more than 75% of our services are rated Good, and many are considered Outstanding. But the Trust, as a whole, remains considered as ‘requires improvement’, with changes needed in a number of services and in our leadership work. Having taken up post as Chief Executive in March 2023, my colleagues and I are focusing hard on those improvements, but especially on making sure that leaders in clinical services across the Trust feel supported to innovate and make changes to offer better outcomes. The latest NHS Staff Survey data continues to suggest that the culture created by those leaders is a supportive, inclusive, and caring one.

The accounts for the Trust record a small deficit at the end of the financial year. During the pandemic years making recurrent efficiency savings, as the NHS is required to do, proved difficult. This means that we have some accumulated financial issues to address and will return to financial balance from April 2025. During the coming two years we will continue to invest in service improvements, in training, in equipment and in our environment, but will also need to make significant savings. Investments by our commissioning bodies to meet the national ‘mental health investment standard’

continue. Our Board of Directors is clear that we need to invest more of each pound we have in direct patient care. In future years' annual reports we will review progress.

This report outlines our work on environmental sustainability. This is a priority for local people in many communities that we serve. It is a priority for our employees because climate change is a health and public health issue. The Trust has made progress and we are looking to expand our work as part of our Green Plan. We also explain our work on health inequalities. There is more to do, but key teams like our colleagues, working along primary care, with local people with learning disabilities, contribute very directly to reducing the gap in care that some experience – we have had success too this year in ensuring people with Serious Mental Illness are supported with their physical health. Our physical health teams working with adults and children have helped to support those with the most complex needs, focusing on what matters most to the person we are helping.

Learning and developing for the future

We are rightly proud of our role as an educator, and as a research rich organisation. We train students in most NHS professions. We have grown our research output by over 300% in the last twelve months and have led the way for the north of England in developing a collaborative project to bring together industry, universities, and the NHS to go further faster. In the coming year we will support our largest ever number of trainees. And we are working hard to expand the number of apprenticeships and other entry roles that we are able to support. Employment is an important part of health – and one through which we would intend to support local people with underlying health conditions to enter the workforce. Our partners in Flourish CIC, a wholly owned CIC, do great work in this field which benefits the Trust's work greatly.

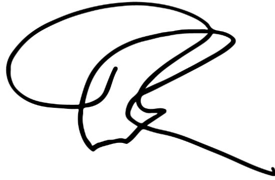
During 2023 we concluded delivery of the Trust's existing strategy, published in 2021. A new strategy is nearing completion, which will set out how we plan to improve care over the coming five years. We want to retain our focus on employee wellbeing whilst bringing renewed determination to work to address underlying health inequalities. Crucially, we want to do more to make sure that patients and communities have not only a voice but a strong sense of agency, or power, in how we develop, evaluate and run services.

Being fully staffed

Sustaining our staff survey results, improving care outcomes, and making those strategic changes, rely on being able to address the workforce challenge faced by all NHS organisations, including RDaSH. Becoming a fully staffed organisation means addressing longstanding vacancies in key disciplines, and it means addressing both sickness absence and retention. We continue to work with partners to find innovative routes to recruitment and to make sure that by creating the right environment at work we support colleagues to develop their skills and careers with us. We work as part of a number of NHS Collaboratives, and with place partners, and will continue to try and develop our workforce in alignment with near neighbours.

I hope that the report provides information of value to you. We welcome feedback on its contents and questions about the Trust and our work. That work is already, and in the future will be more deeply, woven into communities locally. We want to shape our

services to meet different needs in places like Mexborough, Barton-On-Humber, and Thorne – right across North Lincolnshire and South Yorkshire. There is much great work to build on summarised here. We hope we are open about our plans, weaknesses, ambitions, and strengths. RDaSH has delivered much in 2022/23: most importantly colleagues have striven to work with care.



Toby Lewis, Chief Executive
26 October 2023

Our services

The Trust provides a range of health and social care services across three localities: Rotherham, Doncaster, North Lincolnshire, through a Care Group Model:

- Children's Care Group – providing a range of services for Children, Young People and Families including Children's Mental Health across the 3 localities, Doncaster, North Lincolnshire and Rotherham.
- Doncaster Physical Health Care Group - providing Community Physical Health Services to the communities of Doncaster.
- Doncaster Mental Health Care Group - providing Adult Mental Health Services, Older Peoples Mental Health Services, Drug and Alcohol Services, Community Learning Disabilities Services, Forensic Services to the communities of Doncaster.
- North Lincolnshire Care Group – providing Adult Mental Health Services, Older Peoples Mental Health Services, Community Learning Disabilities Services within North Lincolnshire.
- Rotherham Care Group - providing Adult Mental Health Services, Older Peoples Mental Health Services, and Community Learning Disabilities Services to the communities of Rotherham.

About Rotherham Doncaster and South Humber NHS Foundation Trust

The Trust was originally formed in October 1999 and in 2002, took on responsibility for the delivery of mental health services in Rotherham. On 1 August 2007, the Trust was authorised to operate as an NHS Foundation Trust under the NHS Act 2006.

On 1 October 2010, the transfer of tier 2 primary mental health child and adolescent mental health services (CAMHS) from Doncaster Council (DMBC) and tier 3 CAMHS from Doncaster and Bassetlaw Hospitals NHS Foundation Trust (DBH) to the Trust took place.

Also in 2010, the Trust integrated with Doncaster Community Healthcare and Rotherham Community Health Services under the Transforming Community Services programme. The Trust was renamed Rotherham Doncaster and South Humber NHS Foundation Trust (formerly known as Rotherham Doncaster and South Humber Mental Health NHS Foundation Trust) to reflect the range of services provided.

From October 2021, the Trust was appointed as Lead Provider for the Adult Eating Disorder Provider Collaborative within the South Yorkshire ICS. The Trust therefore has commissioning responsibilities in respect of the Adult Eating Disorder Service across the whole of South Yorkshire.

The Trust provides a range of health and social care services across three localities: Rotherham, Doncaster, North Lincolnshire serving a population of over 735,400. The Trust operates from over 100 community and inpatient sites, employs 3,328 staff and has an annual income of just over £217 million.

Trust Strategy

During 2022/23, the NHS operating environment changed. This included the work of the Trust across the two wider systems defined as Humber and North Yorkshire Integrated Care System and South Yorkshire Integrated Care System. On 1 July 2022, Integrated Care Boards (ICBs) were formally established following the disbanding of the Clinical Commissioning Groups (CCGs). The ICBs are responsible for developing a plan for meeting the health needs of the population, managing the NHS budget and arranging for the provision of health services in a geographical area. The Trust is working with both ICBs on legislation and guidance, emerging priorities, and within the three RDaSH 'places' (Rotherham, Doncaster, and North Lincolnshire respectively).

The Trust continues to improve its work with others to make sure various plans and pathways for patients are 'joined up'. The Trust works with others where it means that the Trust can achieve better, more effective, and more efficient patient care (whether that's at a system or place level). This includes working in collaboration with other providers.

The Trust's current Strategic Plan 2021-2023 came to an end in March 2023, and the achievement against that is covered in the next section of the Annual Report.

Since the summer of 2022, strategic planning for 2023-28 has been progressing, which has included:

- An initial review of the operating environment that the Trust will be in over next three years.
- An analysis to understand national / system / place drivers and plans.
- Engagement with a range of stakeholders (over 500 patients, colleagues, and partners) during November 2022 as part of the Trust developing its long-term vision and mission.
- Analysis of system and place current and emerging plans/strategies/priorities.
- Ensuring the Trust's Board Assurance Framework risks remain appropriate.
- This will inform the development of the Trust's longer-term vision, ambitions and objectives. It is expected that these will be finalised and launched in a new strategy, supported by detailed operating plans later in summer 2023.

The strategy and plans will include meaningful action to address three priorities identified by our Council of Governors, on behalf of local residents and our membership.

Summary of principal risks

The Trust has a comprehensive risk management framework in place which enables informed management decisions in the identification, assessment, treatment and monitoring of risk. The Trust defines risk as the possibility/actual threat of damage, injury, liability, loss or any other negative occurrence that is caused by external or internal weaknesses.

The Trust's Board Assurance Framework (BAF) provides a structure for the effective and focused management of the principal risks in meeting the Trust's key objectives. It

enables the identification of the controls and assurances that exist in relation to the Trust's key objectives and the identification of significant risks.

In 2020, the Trust set out a refreshed, more streamlined set of ambitions and objective which focused on the years 2021/23 whilst continuing to adapt and deliver within unprecedented times as a result of the pandemic. Once the strategy was agreed, the Board identified the key risks that could prevent the Trust delivering against the strategy which were included in the BAF. There were seven strategic risks on the Board Assurance Framework none of which were rated as extreme as at 31 March 2023.

Strategic Risk	Links to Strategy
If the Trust fails to recruit and retain skilled staff for groups where there are shortages then this will impact on the delivery of safe services for our patients.	SA2, SO4 SA4, SO7
If the Trust does not promote and support a values-based culture and provide development opportunities then this may impact on the retention and cohesion and on the Trust's ability to provide high quality services.	SA2, SO4 SA4, SO7
If the Trust does not achieve year on year break-even control total (either being significantly above or significantly below), whilst achieving its performance commitments, then it will impact on the long-term sustainability of the Trust and its ability to deliver services.	SA4
If we do not work in collaboration with our people, patients and partners then the Trust may fail to provide integrated, co-ordinated and quality care that meets the needs of our communities / service users and operate efficiently and effectively within our health economy.	SA4
If the Trust does not recognise and deliver fundamental standards of care then this may impact on patient safety and regulatory requirements.	SA1, SO1, SO2 SA3, SO5
If we do not have a robust governance process in place then this may lead to the Trust being ineffective, inefficient and compromise the well-led status of the organisation.	SA4, SO6
If a significant destabilising event occurs then the delivery of services, financial performance and wellbeing of staff may be impacted	ALL

All risks included on the BAF have an Executive Director lead and risks are also assigned to the Board and the relevant sub-committee in line with their terms of reference. These risks and the actions in place to reduce and mitigate the risks are reviewed and monitored by the Board and its committees.

The BAF is reported to the Audit Committee at each of its meetings.

Actions were taken to mitigate the risks of not delivering the strategy between 2021 and 2023 but given the impact of the global pandemic and other external factors it was not possible to deliver on all areas of the strategy. A full evaluation of delivery against the strategy was undertaken and reported to the Board in May 2023.

Overall, the Trust has fully delivered two thirds of its deliverables during the two years of its strategy and has seen an improvement in half of its Outcome measures (where data is currently available). Given the challenges that the Trust continued to face as a result of the pandemic during 2021/22 operational pressures in 2022/23 and risks that the Trust has faced, this is good progress and demonstrates a continuing focus in the organisation on its priorities and delivery of strategic objectives and ambitions. For those deliverables not fully implemented (a third) those actions that remain relevant will be delivered in 2023/24.

A summary of some key deliverables that have been completed include:

- All 'must do' and 'should do' actions from the Care Quality Commission (CQC) inspection regarding ligature risks.
- Developed and implemented quality standards around risk assessments, which utilised best practice.
- Delivered services to patients with long-COVID, in line with agreed commissioned pathways.
- Implemented an enhanced health and wellbeing programme for colleagues.
- Introduced apprenticeships at all levels with career pathways.
- Refreshed the strategic risk and Board Assurance Framework.

Areas that proved more challenging to deliver relate to:

- Reducing the turnover of our staff.
- Reduce waiting times in our neurodiversity services.
- Implementation of live performance data.
- Undertake a policy structure review.

Overall performance of the Trust in 2022/23

Category	Indicator	Performance	
		2021/22	2022/23
NHS England	NHS Oversight Framework segmentation (1-4 with 1 = maximum autonomy)	2	2
CQC	Overall rating (either 'inadequate', 'requires improvement', 'good' or 'outstanding')	Requires Improvement	Requires Improvement
National Targets	National target relevant to mental health and community services	Partially Compliant	Partially Compliant*
The Group deficit was £4.291m for 2022/23, although this included an exceptional impairment cost of £4.022m charged to operating expenses in year**			

* Please refer to the Operational performance in the Performance Analysis section on pages 16 to 18.
** Please refer to the Financial Performance in the Performance Analysis section on pages 18 to 20

Going Concern

After making enquiries, the directors have a reasonable expectation that the services provided by the NHS foundation trust will continue to be provided by the public sector for the foreseeable future. For this reason, the directors have adopted the going concern basis in preparing the accounts, following the definition of going concern in the public sector adopted by HM Treasury's Financial Reporting Manual.

Performance Analysis

Performance management is how the Trust monitors and ensures that quality, efficient and patient-focused services are being delivered. Performance measurement, monitoring and management is directly linked to achieving Trust objectives and the vision and strategy to ensure planning, delivery and action.

The Trust is revising its approach to integrated quality and performance reporting which will support in driving decisions, improvement, performance and strategy with high quality and inciteful information. The new Integrated Performance and Quality Report (IQPR) will be launched in 23/24 and this will allow the Trust to identify areas of best practice, to focus on continuous improvement and to deliver improved outcomes for the patients we serve.

Please also refer to Data Quality and Governance on page 84.

How the Trust measures performance

The Trust's Board of Directors hold the responsibility and accountability for setting and communicating the ambition and for determining the direction of the Trust through the monitoring of the adherence to national and local performance and access standards. This is delegated to the Finance, Performance and Information Committee for regular monitoring and challenge. However, ownership of quality and performance lies with everyone working for and with the Trust, with overall accountability and leadership for quality and performance with the Chief Executive and the Executive Team.

The underlying principle that quality and performance is everyone's responsibility relies heavily on effective appraisals enabling every staff member to be the best they can be, understanding what quality and performance means for them and their role. Objective setting, not just at individual level, is required and those objectives will provide the context for how performance will be measured, whether a KPI or local measure or how an individual contributes to team/ward objectives.

The Trust measures its performance primarily through monitoring compliance with the NHS Oversight Framework, against the Long-Term Plan Metrics and with key metrics which form the integrated quality and performance dashboard. In addition, the Trust has a comprehensive suite of service specific Key Performance Indicators within service contracts.

Operational Performance

As expected, there is a continuing increase of requests for Mental Health support which has resulted in increasing demand placed on the Trust's mental health and community-based services. Despite the increase in both demand and acuity of patients requiring treatment, the Trust has performed well against the majority of targets. The table below summarises the position against the NHS Long-Term Plan targets.

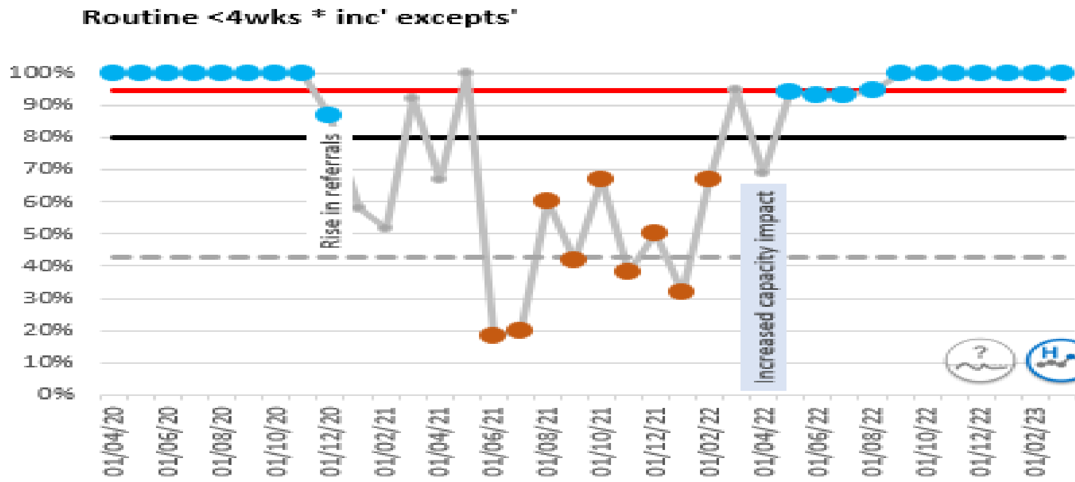
Performance Metric – Provider Led Long Term Plan Metrics Only	22/23 RDASH Target	RDASH Actual 2023	
		21/22	22/23
The number of referrals to and within the Trust with suspected first episode psychosis or at 'risk mental state' that start a NICE – recommended care package in the reporting period within 2 weeks of referral	60%	93%	92%
Discharge Followed Up within 72 Hours	56%	97%	90%
Perinatal Access	390	410	545
Out of Area Placement bed days – inappropriate	676	3,385	2,253
Improving Access to Psychological Therapies (IAPT) Access	20,800	16,784	15,468
Children and Young People (CYP) Eating Disorder Waiting Time – Urgent (within 1 week)	95%	79%	100%
Children and Young People (CYP) Eating Disorder Waiting Time – Routine (within 4 weeks)	95%	48%	95%

For 2023/24 the Trust is working towards the achievement the national metrics identified in the Operating Framework, as we renew our commitment to recovery after the pandemic.

The NHS Long Term Plan sets out the priorities for expanding Children and Young People's Mental Health Service (CYPMHS) over the next 10 years with an aim to widen access to services closer to home, reduce unnecessary delays, and deliver specialist mental health care which is based on a clearer understanding of young people's needs and provided in ways that work better for them. To reflect the ambition the Trust is working towards increased access to CYPMHS and it is noted that there has been a very positive increase in the number of children and young people accessing our CYMH service.

There have been significant and sustained improvements in routine and urgent access to children and young people's eating disorder services with a year-to-date performance of 95% of children and young people accessing the services with 4 weeks of referral.

The graph below indicates the waiting times to see Children and Young People (CYP) in 4 weeks has risen from 40% of CYP being seen within 4 weeks of referral during December 2020 to February 2022 to consistently achieving the 95% target from June 2022 onwards.



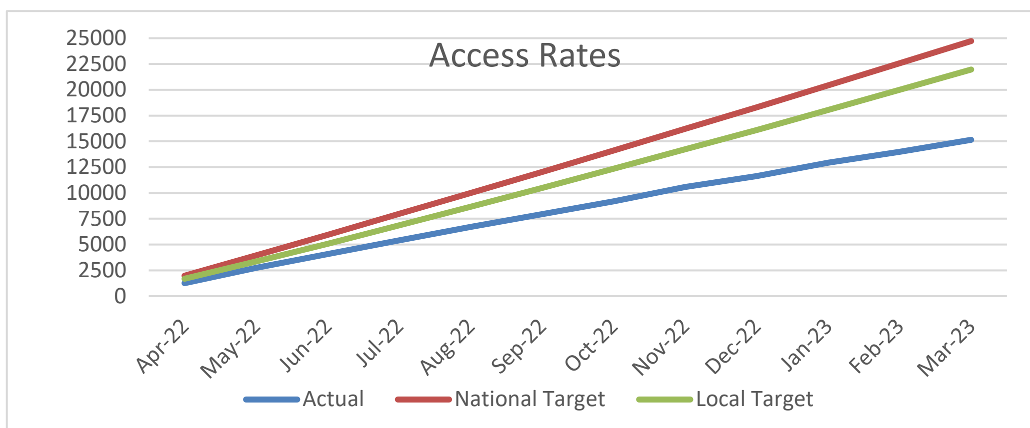
Key

- Special Cause – Improvement
- Special Cause – Concern
- Moving Range
- Mean
- Process Limit
- Target

The Five Year Forward View for Mental Health set out plans for expanding IAPT services. We will continue to expand access to IAPT services for adults and older adults with common mental health problems, with a focus on those with long-term conditions. IAPT services have now evolved to deliver benefits to long-term conditions, providing genuinely integrated care for people at the point of delivery. More than half of patients who use IAPT services are moving to recovery, and nine out of ten people now start treatment in less than six weeks.

Waiting times and recovery rates remain above the target and continue to benchmark well nationally and against the Trust's nearest neighbours. However, the aim to increase access rates when compared with the population continue to prove challenging.

It has been recognised that along with the majority of other IAPT services, the Trust's service has not achieved the access target this year, however improvement work continues to maximize delivery against existing resources including using demographic data on health inequalities to inform targeted initiatives. The Board is committed to meeting expectations by 2024.



Within our Inpatient Services

- Within the Trust, the ethos on patient flow is that people receive care in the most appropriate setting for them and if that is in a hospital setting then for no longer than clinically necessary. This recognises that inpatient admission can be distressing and disempowering for people and that timely discharge is as important as timely admission. However, there are many reasons why we may not be able to safely discharge patients as soon as they are clinically ready.
- The most obvious impact of discharge delays is that at high levels of occupancy, it is not always possible to find the most appropriate bed for someone needing admission (taking into account the type of bed needed and whether it is on a male or female ward) and therefore we are forced to place people in beds outside their home area. The first resort in this situation is to admit to Trust beds within another locality and the second is to agree 'mutual aid' with one of our ICB partners, most commonly Sheffield Health and Social Care Trust. However, if this isn't possible – with other trusts often experiencing the same bed pressures as RDaSH – people sometimes have to be placed a considerable distance from home, which has included beds in other areas of England. These placements are known as inappropriate out of area placements.
- The use of inappropriate out of area placements (OAPs) spiked in July and August 2021, such placements were successfully reduced down to just a handful of days in July and August 2022, towards the national requirement to reduce them to zero. Unfortunately, bed pressures over winter have meant that these have gone up considerably again. Whilst this is clearly not good for patients, it is worth noting that our neighbouring providers have all faced similar challenges over the last six months.
- Recognising that the challenges described are multi-factorial, a comprehensive programme of work has been put in place to improve patient flow on the Trust's inpatient wards and whilst there is clearly still a lot of work to do, including further analysis of data to better understand issues and challenges by locality, the Trust is very firmly committed to working with system partners to deliver the national ambition of eliminating non-specialist acute out of area mental health placements by the end of 2023/24.

Financial Performance

The Group deficit was £4.291m for 2022/23, although this included an exceptional net impairment cost of £4.022m* charged to operating expenses in year (refer note 7, Page 24 in the accounts).

However, the position against which operational performance is measured by NHSE was a deficit of £0.433m.

The difference in these positions relate to the aforementioned impairment cost, a Charitable Funds surplus of £0.240m and an adverse movement on the value of the Local Government Pension scheme ('LGPS') of £0.076m.

*The exceptional impairment cost of £4.022m consisted of a charge of £4.398m which was as a result of the assessment of the Woodlands land lease to be onerous. The assessment was required as part of the process of implementing the International Financial Reporting Standard 'IFRS 16 Leases'. This significant impairment was somewhat mitigated by an overall impairment credit of £0.376m which was due to changes in market prices in the desktop revaluation of the Trust's estate.

Revenue

Total revenue in 2022/23 amounted to £217m, an increase on the prior year total of £23m. Revenue included £7.1m received to cover the costs of the anticipated additional pay award for 2022/23 and £6.4m of notional income recorded in the accounts for additional pension contributions which have been paid directly to NHS pensions in year (compared to £5.7m in 2021/22). Around £185m (85%) of our income is received from NHS bodies for the purchase of healthcare activity. A further £20m (9%) is received from Local Authorities for public health activity.

Expenditure

Our operating expenditure excluding financing costs was £219m and the largest element of this was the pay bill for our staff costs of £172m (79%). Other significant components of the Trust's expenditure baseline are the purchase of healthcare services from other providers of £9m (4%), establishment and premise costs of £10m (5%) and supplies, service, and drugs costs of £10m (5%).

Capital and Cash

The Group had a cash balance of £40.3m at the close of the financial year. Capital expenditure in 2022/23 totaled £6.5m, of which £4.7m (71%) was spent on clinical refurbishment and reconfiguration, £0.8m (12%) on IT hardware and £0.3m (4.5%) on estate maintenance. The remaining capital projects included the provision of electric vehicle chargers and bespoke clinical software.

Group Position and Underlying Position for NHSE monitoring purposes

The accounts included in the annual report reflect a group position which consolidates the Foundation Trust, Rotherham Doncaster & South Humber NHS Foundation Trust Charitable Funds accounts and Flourish CIC. The Charitable Funds accounts had a positive movement of £0.24m in the year 2022/23, with Flourish CIC finishing the year with a £4k deficit.

A reconciliation from the overall group position to the underlying deficit for NHSE operational performance purposes is shown below:

22-23 Group Position to 22-23 Underlying Deficit for Operational Performance	**Surplus / (Deficit) £'000**
RDaSH FT (note after charge of £4,022,000 impairment)	(4,527)
Flourish CIC	(4)
Charitable Fund	240
Group Position	**(4,291)**
Plus: impairments charged to operating expenses	4,022
Add: non-cash pension movement	76
Less: Charitable Fund Surplus	(240)
Underlying Position for NHSE Operational Performance	**(433)**

Forward look to 2023/24

The financial outlook going into 2023/24 is a challenging one, with the Trust submitting a deficit plan of £6.2m and efficiency savings planned for 2023/24 of £9m. There is an aim for returning the Trust to financial balance over two years.

The underlying deficit is driven by historic non recurrent under delivery against previous savings targets, cost inflation above funding levels, a significant increase in patient acuity requiring enhanced support, and the recruitment to Community Mental Health Transformation and Crisis initiatives that have supported the Trust's financial position on a non-recurrent basis in previous years.

The financial outlook is consistent with local, regional and national NHS systems and will require collaborative working with ICB partners to identify new ways of working and recurrent savings, whilst continuing to improve health outcomes for the population we serve.

Environmental Matters

The Trust is committed to ensuring that environmental management and sustainability are embedded throughout the organisation. The significant threat that climate change poses is recognised both to our environment, and to the health and wellbeing of our communities.

In March 2022 the Trust's first Net Zero Green Plan was produced accompanied by a sustainable action plan to drive the Trust to a net zero position by 2040 for emissions under direct control and 2045 for the emissions the Trust can only influence. During the year 2022/23 the Trust formed a Net Zero Carbon Group to drive forward the sustainable action plan.

As a healthcare provider, The Trust has a responsibility to reduce carbon emissions, air pollution and waste to produce positive health outcomes in the region. There is acknowledgement that our environment is a social asset, and the Trust will continue to protect and enhance it to provide health and wellbeing benefits for the communities. To this end the Trust is working with Flourish CIC and the local wildlife Trust to increase biodiversity and accessibility for all.

Since starting the journey to reduce carbon emissions in 2010 the Trust has more than halved its carbon footprint. The largest source of emissions from Trust buildings originates from the direct burning of gas for heating systems approximately 2,000 tonnes per year. Given therefore that over 50% of carbon emissions are derived from space heating and hot water demand, the Trust are commissioning a heat decarbonisation study to look at alternatives to burning fossil fuels.

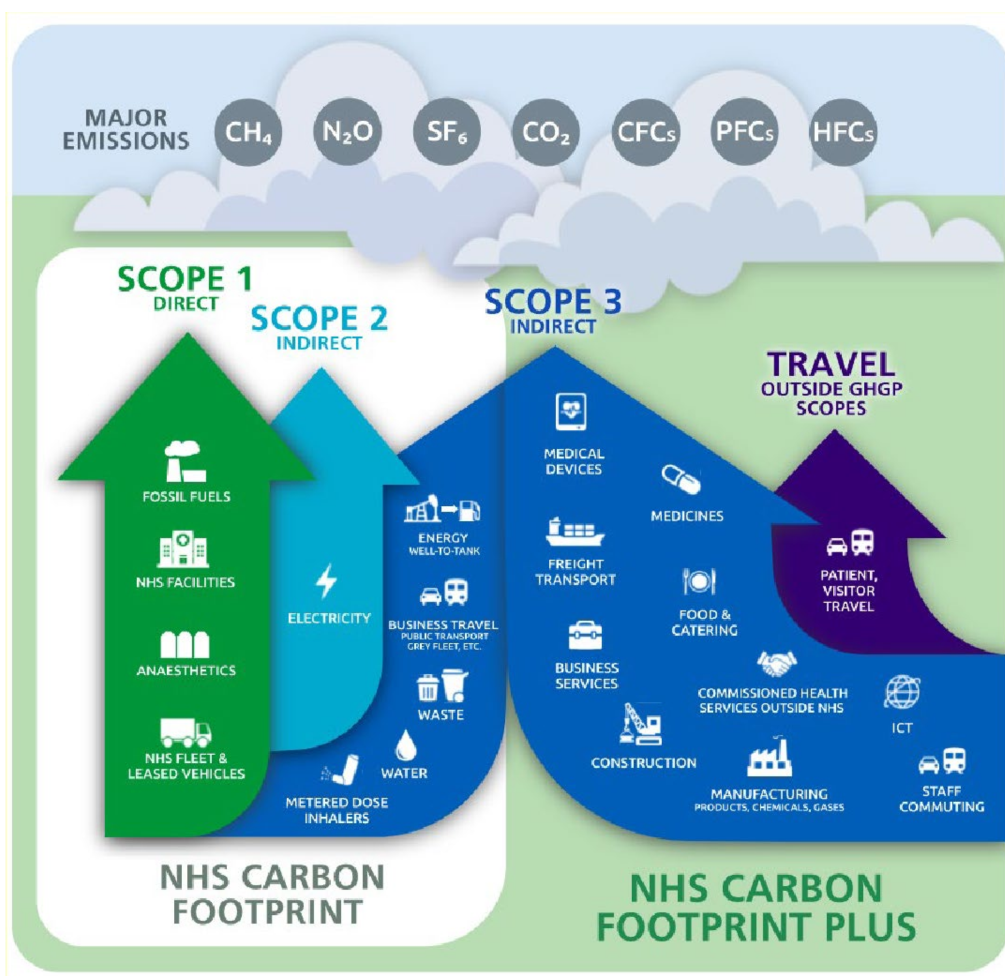
In 2020 the Trust committed to buying only Green electricity and continues to do so.

The Solar PV panels which have been installed across numerous Trust locations continue to generate approximately 150,000 kilowatt hours of electricity per annum of which most is consumed locally.

In relation to business travel, the geographically dispersed nature of the Trust and the

activities of its staff lead to a high use of vehicles which has a significant contribution to the Trust's carbon consumption. Emissions from vehicles should decrease as new technology leads to the development of lower emission vehicles. Measures such as teleconferencing and virtual online meetings have recently reduced the need to travel and it is anticipated that this will continue. A large part of business miles travelled is by clinicians travelling to see patients. Work is required to more accurately assess the actual carbon figure from business travel, this aspiration will be captured within a sustainable action plan that will accompany the green plan.

The Trust is investing in charge points for electric vehicles across the main inpatient sites to encourage the use of Hybrid and Electric vehicles and this will continue to grow. In 2023 we will be commissioning a further 43 charge points across our sites to add to the 22 already in place.



The Green Plan will set out the sustainability strategy for the Trust over the next 5 years up to 2027. The Plan will act as a framework which will enable us to achieve our targets and objectives and improve our environmental, social, and financial sustainability to become a more holistically sustainable organisation. The Green Plan highlights the Trust's successes to date and outlines the ambitions for the future as well as setting out the actions that will be taken as RDaSH moves towards becoming a carbon net- zero organisation.

Waste management

The Trust has a duty of care to manage its waste in accordance with the Environmental Protection Act (1990). A proactive approach is taken to waste management, approximately 54% of waste, including food waste, produced by the Trust is reused or recycled. The remainder of waste is sent for incineration into a plant that has an award-winning district heating system, delivering 45MW of heat to over 140 buildings, and generates up to 21MW of electricity per year, enough to power more than 25,000 homes.

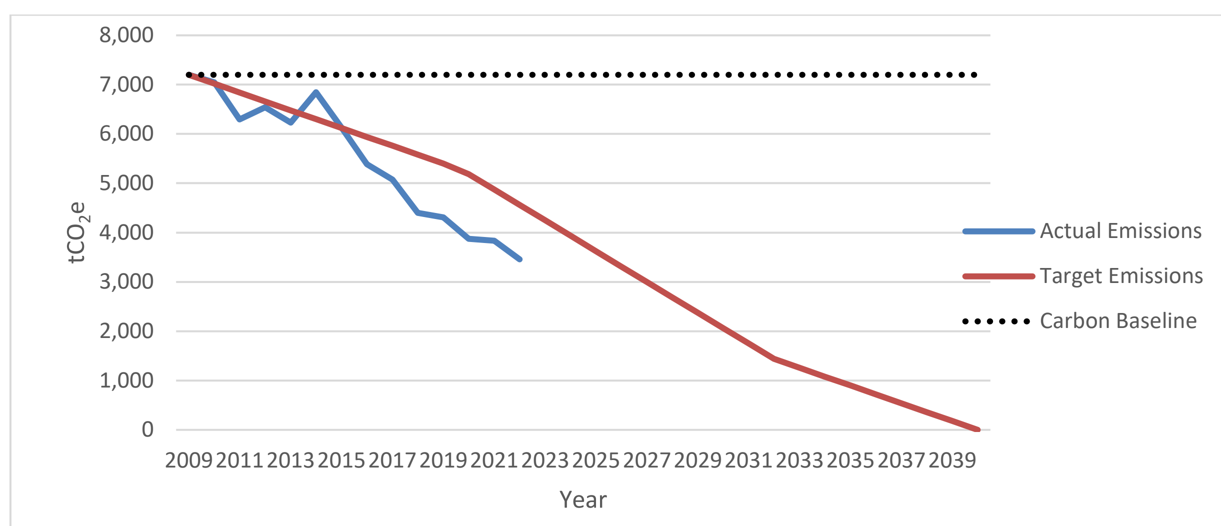
Food waste is sent to a local bio-mass plant where it is also used to generate electricity, a by-product from the biomass process is an organic liquid fertiliser.

During 2022/23 the Trust achieved its zero to land fill promise.

Carbon Footprint

Since 2009/10 the Trust has been producing an annual carbon footprint for its scope 1 and 2 emissions, and scope 3 emissions that are easily quantifiable, such as business travel from grey fleet vehicles. It is worth noting that the NHS recognises the 2007/2008 year as a comparable year to represent the 1990 baseline that the Climate Change Act requires all organisations to set targets against. The Trust did not have a complete set of data to produce a fully accurate footprint for 2007/08 which is why we use the 2009/10 year. Looking at gas and power data for the Tickhill Road site only, it is notable that the Trust reduced its energy consumption in the 2 years from 2008 to 2010 equating to a 9.49% drop in carbon emissions at the site. We have no data for carbon emissions from other sites or travel and transport, however as the Tickhill Road site is the largest consumer this equates to approximately 50% of total emissions. The reduction targets for the Trust are therefore more challenging since we have most likely started from a lower baseline than we should have.

As it stands from the 2009/10 baseline 7,200 Tonnes, the Trust has steadily reduced emissions by 52% overall so it now stands at 3,458 Tonnes, putting the Trust ahead of the 2022/23 target of 4,650 Tonnes.



Carbon Emissions against the Target emissions to achieve net zero by 2040

The Trust is continuing to look at ways to reduce emissions and through 2023 we will be producing a heat decarbonisation plan (HDP) for all sites. The HDP will look at all buildings, their construction, efficiency and how they are being used to prioritise work that needs to be done to reduce emissions from buildings to a minimum.

To fully decarbonize heating in buildings we will need to move away from fossil fuel (natural gas) to a more sustainable heating source. Electrical powered heating systems are much less carbon intensive but not as easy and more expensive to install, so the HDP will look at all different scenarios and technologies to come up with more than a single option for decarbonisation of heat.

In addition to the HDP, the Trust is also looking at the possibility of building a solar farm on the Tickhill Road Site, the feasibility study into this should be complete by the autumn of 2023, and if feasible this will help to power any electrical heating system we may install with zero carbon electricity.

Health Inequalities

The 2022/23 NHS Planning Guidance stated that across all nationally determined priority areas there would be a focus on preventing ill-health and tackling health inequalities. ICSs were to take a lead role in tackling health inequalities, building on the Core20PLUS5 approach introduced in 2021/22 to support the reduction of health inequalities experienced by adults, children and young people, at both the national and system level. In simple terms, Core20PLUS5 can be broken down as:

- **Core 20** – focus upon the most 20% deprived communities. For the Trust's places:
    - Doncaster – 40% of the population live in the top 20% of deprived communities nationally.
    - Rotherham – 36% of the population live in the top 20% of deprived communities nationally.
    - North Lincolnshire – 20% of the population live in the top 20% of deprived communities nationally.
- **PLUS** – priorities determined at a place or system level (e.g. certain communities or protected characteristics).
- **5** – Five particular areas of focus, the most relevant to the Trust being health checks for people with a severe mental illness (SMI).

The Health & Social Care Act (2022) also places a legal duty on the organisation to have regard to wider effects of our decisions. This is to make sure the Trust better meets a 'triple aims' of:

- The health and wellbeing of our population (including health inequalities).
- Quality of services provided (including addressing health inequalities).
- Efficiency and sustainability in the use of resources.

The work on addressing health inequalities has focused upon three overall objectives:

- Ensuring all parts of our communities have **access** to **and knowledge of services** available to them, through working with system and place partners.
- **Understanding if variations in service exist** for all parts of our communities (e.g. variation in waiting times for people with protected characteristics), the

reason(s) for this, and the potential action required if the reason(s) are unwarranted.
- **Understanding the experience of different parts of our communities**, in terms of outcomes from services / treatment and their views of their experience (e.g. comments / compliments / complaints).

As mentioned in previous Annual Reports, the Trust continues to look at what is needed in line with our commitments to address health inequalities. This has included working with system and place partners, as the contributory factors of health inequalities are varied and require responses from one or more organisations. Some of the activity in 2022/23 included:
- Working with primary care to increase the level of annual health checks for people with a Severe Mental Illness.
- Looking at who is accessing RDaSH services, using a 'Core20PLUS' lens to understand if variations in services exist.
- Profiling of schools the Trust works in, so that interventions and support of children and young people receiving school nursing are better tailored to their needs.
- Outreach work in Doncaster, to support those people experiencing Long-COVID.
- Ensure the Trust's information (e.g. website) better meets accessibility standards.
- Understanding how different communities receive our care. For example, we have analysed the percentage ethnicity of the population we serve and how we apply the mental health act to people of different ethnic groups. The data indicates that RDaSH has a very small gap between the ethnicity of the population we serve and how we apply the mental health act to people of different ethnic groups indicating an absence of discrimination.

We continue to develop the work programme of priorities agreed as:
- Develop a Trust long term plan for the reduction of health inequalities, supported by a clear framework and rolling programme of work. This is expected to form a central part of our strategy to launch later in 2023.
- Work with partners to better define the actions required to reduce health inequalities in the medium and long term.
- Work with public health and commissioners to build into services an ability to focus more specifically on a reduction in inequality as an outcome and translate into specifications/ funding.
- Improve data completeness for patient groups in relation to protected characteristics and deprived areas.
- Improve the analysis of data to better understand any discrimination or inequality in service offer, access and health outcomes.
- Engage with communities where discrimination or inequality is experienced to better understand why any particular barriers or cultural issues may be contributing to this.
- Consider how services more routinely support vulnerable groups and evidence the impact of any such activity.
- Introduce performance reporting to Board of Directors broken down by ethnicity and deprived neighborhoods' during 2023/24

For information relating to the Trust polices on human rights please refer to the Staff

report on pages 60 to 73.

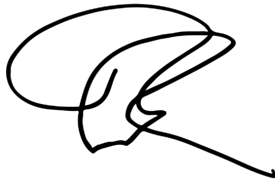
Counter Fraud, Bribery and Corruption

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

Further information on policy is provided with the staff report – see page 63.

There have been no important events since the end of the financial year affecting the Trust nor is there any overseas operations to report against.

Performance Report signed on behalf of the Board of Directors



Toby Lewis, Chief Executive
26 October 2023

PATIENT STORIES

Teacher welcomes ADHD diagnosis

When teacher Miriam Micklethwaite was diagnosed with ADHD it changed her life.

For the first time Miriam (44) of Doncaster, knew why she had felt that 'something wasn't quite right' and the diagnosis helped her to have support in her job.

Miriam, a teacher of 16 years who is now a private tutor, had always been academic at school but she said: "I knew there was something wrong but didn't know what it was. I would get depressed and struggle with anxiety too."

Miriam's daughter, now nine, had also started school and was displaying autistic and ADHD traits.

"I was trying to find out about my daughter's condition and doing a lot of research," said Miriam. "I started to read about ADHD and things were ringing true for me. Some ADHD isn't stereotypical. I've read about women with ADHD that have had it for a long time without realising. We also did some training about ADHD at school. I went to see my GP, as ADHD can be hereditary, and he referred me to the ADHD clinic in Doncaster at the end of 2018. By September 2019 I was diagnosed."

Miriam met Mandy Cresswell, the Lead Nurse for ADHD in Doncaster, and said: "Mandy is really lovely. She was really supportive. We discussed strategies for coping. Just knowing what I had was really helpful." Initially Miriam was put on medication too, which suited her lifestyle.

"The medication helped me to focus and remember words, it made my life so much easier," said Miriam. "It was also nice to see Mandy and have someone understand how difficult my everyday life is. The service has helped me massively. It wasn't a magic wand and I wasn't suddenly better, but it had a positive impact on me. I didn't feel like a failure anymore. Sometimes I've felt stupid, I have all of these qualifications, I've done really well, but I'd have a conversation with someone and I would worry about forgetting words. I now knew why. I even did a MENSA test and got in, but I felt it was a fluke.

"The RDaSH service and staff made me feel better," she added. "I had a better understanding of myself and I felt kinder to myself, because I had had a lot of guilt.

"I could tell my employer that I had a condition and they put reasonable adjustments in place, and knowing about my condition also helped my relationship with my husband," said Miriam, "I also used my ADHD to help kids in school who had it. They knew I understood about how they found things difficult. It also gave me the confidence to change jobs."

Support from RDaSH was a ‘game changer.’

Louise (49) of Crowle in Lincolnshire, describes the first 37 years of her life as ‘chaotic.’ It was only when she came into RDaSH’s services that she realised she had a health disorder and a few years later at the age of 40 she was diagnosed with ADHD.

Initially, Louise, who wants to remain anonymous, was diagnosed as having an emotionally unstable personality disorder. Three years later she was also diagnosed with ADHD. But, with the support of RDaSH’s services, medication and sheer hard work by Louise, she says the combination of the three have been a ‘game changer.’

“When I told my friends I’d been diagnosed with ADHD they said they weren’t surprised,” said Louise. “My life was chaotic. I made wrong choices. I hung around with the wrong people. My life wasn’t easy as a single mum with two children. My life really was chaos. “At 37 I had a breakdown, I was drinking too much and I rang the Crisis Team,” she explained. “I didn’t want to live any more. I thought I’d got bipolar. I was erratic. I was either really happy or really sad. I went into services and I wasn’t being honest about how much I was drinking. I should have been honest from the offset.

“Eventually I had assessments with the Intensive Therapy Team and psychiatric nurses who said I had an emotionally unstable personality disorder,” explained Louise. “This was an awful time in my life.”

Three years later, Louise was also diagnosed with ADHD. Louise started on a low dose of medication, which over the years has been amended to best suit her needs.

“I initially felt angry, cheated out of life,” said Louise. “But my medication was amended and it really changed my life. The doctors have been amazing.

“I didn’t think it was possible to get better,” she added. “I initially thought my life was over at 37 – now I’m excited about where my life is going.”

Patient’s future looks bright

A Dinnington man who has ADHD has now held down a job for over a year, turning his life around, thanks to dedicated NHS support. He also has high ambitions.

Andre Simms (32) also has suspected bipolar and learning disabilities, but thanks to help from psychiatrists and nurses at Rotherham Doncaster and South Humber NHS Foundation Trust (RDaSH), he has gone from thinking he’d never get a job again, to celebrating having a job for a year at KFC.

Andre said: “Before I asked for help from services my ADHD was very bad. I could not have a civil conversation with anyone. I was thinking people were talking behind my back. It just got out of control.”

When Andre came to RDaSH services his community mental health nurse got him the support and help he needed and the psychiatrist gave him the medication required, helping Andre to 'mellow.' This made Andre well enough to apply and get a job at the KFC restaurant.

"Getting a job and keeping it is a big achievement for me," said Andre. "Usually, I would get a job and it would last about six weeks because of my ADHD. After my previous job my ADHD was out of control and at that point, I thought I'd never get a job again."

Andre worked with Sharon Raybold, senior community nurse, and he says she helped him look at life with a different aspect on it, and that's how he got his job.

"RDaSH services have helped me to deal with the problems that I couldn't deal with on my own," said Andre. "The staff do a wonderful job."

Andre's future is now looking bright, and he's hoping to become a cook and aspires to be a deputy manager.

You can watch Andre's story here: https://youtu.be/Fjt4ZY-cUHI

ACCOUNTABILITY REPORT

Directors Report

The Board leads the Trust by formulating strategy; ensuring accountability by holding the organisation to account for the delivery of the strategy and through seeking assurance that systems of control are robust and reliable; and shaping a positive culture for the Board and the organisation. The Board is also responsible for establishing the values and standards of conduct for the Trust and its staff in according with NHS values and accepted standards of behaviour in public life – Nolan Principles – including selflessness, integrity, objectivity, accountability, openness, honesty and leadership.

The composition of the Board of Directors is in accordance with the Trust's constitution, and it is appropriately composed to fulfil its statutory and constitutional function and to meet the terms of the licence issued by NHS England The Board of Directors comprises of a Non-Executive Chair, six voting Non-Executive Directors, Chief Executive, five voting Executive Directors and 3 non-voting Directors. The key Non-Executive roles with the Trust are as follows:

- Chair – Kathryn Lavery
- Vice Chair – Dave Vallance
- Senior Independent Director – Dawn Leese
- Audit Committee Chair – Justin Shannahan

Board of Director Profiles

Kathryn Lavery - Non-Executive Chair
(term of office expires 30 November 2025)

Kath joined the Trust as Chair on 1 December 2022. She was first appointed to an NHS Board in 1998 and since then served as the Chair of West Hull Primary Care Trust and NHS Hull, as a Non-Executive Director of NAViGO (a community interest company which runs NHS mental health services in North East Lincolnshire) and as a Hull City Councillor.

Kath is currently also Chair of Humber Business Week Steering Group and is a Consultant to the University of Hull's Faculty of Health Sciences.

Dave Vallance – Non-Executive Director and Vice Chair
(*term of office expires 13 December 2025*)

Dave joined the Trust as Non-Executive Director on 12 December 2019.

Dave has built up a vast range of HR experience through working for over 20 years with Walgreen Boots Alliance, most recently as HR Director, Global Brands. He is particularly experienced in organisation

transformations, and in putting in place HR policies and processes that enable high performance and increase customer and patient care.

He previously worked in the NHS for The Audit Commission for 5 years, evaluating the value for money of a range of health and local government organisations.

He has been a Trustee of one of the largest UK Pension schemes, a school governor and holds a Master's in Business Administration and a BA in Organisation Studies.

Dawn Leese – Non-Executive Director and Senior Independent Director
(*term of office expires 30 November 2024)*

Dawn joined the Board of Directors in November 2016 and was re-appointed by the Council of Governors in November 2018 and again in November 2021. She is an experienced nurse and clinical leader with extensive experience working at board level within the NHS as an Executive Director and with experience as a commissioner and provider.

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

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

Justin Shannahan – Non-Executive Director and Audit Committee Chair
(*term of office expires 30 November 2024)*

Justin joined the Board of Directors in November 2016 and was re-appointed by the Council of Governors in November 2018 and again in November 2021. He has a broad finance and purchasing background and previously worked for over 20 years in a number of roles at Rolls-Royce, including Divisional Director of Finance.

As well as his current role with the Trust, Justin is also Non-Executive Director, Vice Chair and Chair of the Audit Committee at University Hospitals of Derby and Burton NHS Foundation Trust and works on a part-time basis as Head of Finance Strategy and Processes at Derbyshire County Cricket Club.

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

Pauline Vickers - Non-Executive Director
(*term of office expires 31 March 2026*)

Pauline joined the Trust in April 2021, prior to that she was a Non-Executive Director and Senior Independent Director with Bradford Teaching Hospitals NHS Foundation Trust. She worked for Royal Mail since graduating in 1985 across a range of leadership and commercial

executive roles, most recently as Export Director for Royal Mail's International business, with accountability to grow the export business across 230 countries worldwide. Pauline now enjoys a portfolio career as an accredited Executive Coach and is an end point assessor for the Business Sales Degree Apprenticeship courses at Leeds Trinity and Middlesex Universities.

She holds a degree in management science from the University of Manchester Institute of Science and Technology, a post graduate diploma in personnel training and development from Leeds Metropolitan University and is a Chartered Member of the Institute of Personnel and Development. Pauline has a passion for diversity and inclusion, and during her career she has chaired a range of women's networks to support the success of women.

Sarah Fulton Tindall - Non-Executive Director
(*term of office expires 31 December 2024*)

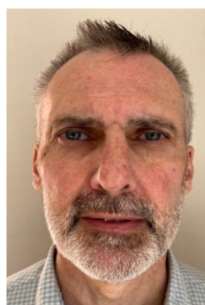
Sarah joined the Trust as a Non-Executive Director on 1 January 2022.

She has a strong executive level professional services delivery background in the Higher Education sector, with a broad experience of operating within complex, highly regulated and dynamic people-based environments for public and societal benefit, underpinned with a wide and diverse stakeholder base. Sarah spent overs 20 years in a wide range of leadership roles at the University of Sheffield, and more latterly advising universities both in the UK and overseas.

Sarah has extensive experience in leading successful organisation-wide strategy, business transformation and people talent growth.

In addition to her current role, Sarah is also a Trustee and Director of Age UK Sheffield and a Director of CASEwork Services Community Interest Company, which provides business support to the charities and social enterprises sector.

Sarah holds a BA (Hons) in Politics and Social Policy from the University of Sheffield.



Janusz Jankowski - Non-Executive Director
(*term of office expires 30 November 2025*)

Janusz joined the Trust as a Non-Executive Director on 1 December 2022.

Janusz has holistic leadership experience having served in health roles including mental wellbeing in the UK, European Union, North America, the Middle East and the Pacific Region as Deputy Vice Chancellor, National Clinical Advisor, and Academic Consultant Physician.

He is a strong and effective advocate of mental health and disability services having supported appropriate guidelines from the National Institute for Health and Care Excellence (NICE). He is also a successful, experienced, executive coach and mentor who, has helped improve institutional culture and the subsequent Care Quality Commission inspection outcomes.

Toby Lewis – Chief Executive Officer

Toby joined the Trust on 13 March 2023 from The King's Fund where he has been a senior visiting fellow in health inequalities, with a focus on poverty and inclusion health. He joined the NHS in 1994 and began his career in Worksop. He has worked in primary care, mental and community health, and hospitals in London, West Yorkshire and the West Midlands.

After working in Downing Street, he joined his first NHS Board in 2005 and has served in executive roles since that time, including eight years as Chief Executive of an integrated care organisation in the Black Country. He helped establish a new medical school at Aston University and led work to use the apprenticeship levy to the benefit for often excluded populations, such as care leavers and those at risk of experiencing homelessness, creating jobs as a route to better health. He is a part time student in public health at Edinburgh University and holds degrees in occupational psychology and history from Oxford and London.

Sheila Lloyd – Executive Director of Nursing and Deputy Chief Executive Officer

Sheila has over 33 years' experience in the NHS and has extensive experience in nursing, leadership, operational management, and clinical governance.

Immediately prior to joining the Trust, Sheila was Director of Nursing at the Florence Nightingale Foundation based in London, providing leadership development to nurses and midwives with a specific interest in supporting the recruitment, retention and pastoral care of international nurses already based within the NHS in England and international nurses new to the NHS. During the eight years prior to that, she was an Executive Nurse Leader within acute, specialist and mental health NHS organisations within the northwest and the midlands.

She has previously assisted the Care Quality Commission with hospital inspections, is a member of the national Black, Minority, Ethnic (BME) Executive Director of Nursing and Midwifery Group and is an active mentor and coach to NHS staff.

Dr Graeme Tosh – Executive Medical Director

Graeme took on the role of Executive Medical Director in April 2022, prior to that he was one of our Deputy Medical Directors and has been with the Trust as a General Adult Consultant Psychiatrist since 2012. RDaSH is the only Trust Graeme has worked for since completing his training to become a consultant.

Graeme completed his training in a diverse variety of places including Derby, Mansfield, Scotland, the Isle of Wight and London; he has specialist training in Rehabilitation and Perinatal Psychiatry and was instrumental in setting up the Perinatal Mental Health services here at the Trust.

Ian Currell – Executive Director of Finance & Performance

Ian took up the post of Director of Finance and Performance on the 9 August 2021, following a role of Chief Finance & Deputy Chief Officer at NHS Kirklees Clinical Commissioning Group (CCG).

Ian started out in the NHS as a graduate finance trainee and went on to work in a range of provider and commissioner organisations including as Director of Finance at NHS England area teams and Deputy and Acting Director of Finance at Calderdale and Huddersfield NHS Foundation Trust.

Nicola McIntosh – Executive Director of People and Organisational Development

Nicola took up the position of Director of People and Organisational Development in August 2020, following a role as HR Operations Director at Sheffield Teaching Hospitals NHS Trust, which she held from 2016.

Nicola has previously held senior roles in HR, OD and Operations in FMCG environments including United Biscuits, Morrisons Supermarkets plc and Jet2.com.

Nicola has a BSc (Hons) degree and is a Chartered Fellow of the Institute of Personnel and Development. Nicola is a Trustee of Chorus Education Trust.

Marie Watkins – Interim Executive Chief Operating Officer (from 17 November 2022)

Marie's substantive role is as the Deputy Chief Operating Officer, but she became the Interim Executive Chief Operating Officer on 17 November 2022.

She has extensive management experience across health and social care including a number of previous roles with RDaSH. She has also worked overseas including for the South African Department of Health.

Marie has a Masters degree in Social Welfare and Social Work from the University of Northumbria.

Richard Banks – Director of Health Informatics

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

Prior to joining RDaSH he worked in local government, the Sheffield FHSA, Health Authority and Community Health Sheffield, before joining RDaSH in 2000 as Head of Planning.

Richard has a degree in economic and social history, a post graduate certificate in managing health and social care and has completed the Kings Fund top manager programme. In 2016 he gained an MSc in Health & Social Care leadership.

Philip Gowland – Director of Corporate Assurance and Board Secretary

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

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

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

Joanne McDonough – Director of Strategy

Joanne joined the Trust in April 2011 when the Community Services transferred into the Trust from the Primary Care Trust in Doncaster.

Prior to that she worked with a range of public sector organisations on service improvement with the Audit Commission for 11 years including working with NHS Providers on improving mental health and physical health services.

Since joining the Trust, Joanne has held a number of roles including Deputy Director for Business Assurance, Head of Business Services Unit and Care Group Director for Doncaster. She moved into the Director of Strategy role in 2020 which includes responsibility for Strategic Development and Communications. Joanne holds a master's in business administration (MBA).

During the year there were a number of changes to the Board of Directors. Most notably, Alan Lockwood, Chair stepped down after 3 years with the Trust. Kathryn Singh, Chief Executive retired on 31 December 2022 after over seven years with the Trust. Michelle Veitch, Chief Operating Officer also departed the Trust during the year for a new role.

Alan Lockwood

Kathryn Singh

Michelle Veitch

Other changes and interim positions put in place during the year are listed below:

- For the period of 1 April to 30 June 2022 Alan Lockwood was the Non-Executive Chair.
- For the period of 1 July to 30 November 2022 Dave Vallance was the Interim Chair.
- For the period of 1 July to 30 November 2022 Dawn Leese was the Vice Chair.
- For the Period of 1 April to 5 June 20222, Sarah Fatchett was a Non-Executive Director.
- For the period of 1 December 2022 to 12 March 2023, Sheila Lloyd was the Interim Chief Executive Officer.
- For the period of 1 December 2022 to 12 March 2023, Kate McCandlish was Interim Director of Nursing and AHPs.
- Ian Currell Executive Director of Finance and Performance was absent from the Trust between 11 July 2022 to 1 February 2023 and for the period from 18 July to 7 October 2022, Hayley Tingle (Chief Finance Officer – Doncaster (SY ICB)) provided the Trust with Interim Director of Finance input; and support to the senior finance team. There were no financial consequences of this arrangement. In addition, for the period from 11 October 2022 to 31 January 2023 Izaaz Mohammed Deputy Director of Finance was the Interim Director of Finance.
- Michelle Veitch, Executive Chief Operating Officer was absent from the Trust between 17 November 2022 and 28 February 2023 and from the 17 November to date Marie Watkins has provided Interim cover.

Director Independence and Register of Interests

The Trust is committed to ensuring that the Board is comprised of a majority of independent Non-Executive Directors who objectively challenge management. Our Non- Executive Directors provide a wide range of skills and experience. They bring strong, independent oversight and judgement on issues of strategy, performance and risk through their contribution at Board and Committee meetings. The Board considers that throughout the year each Non-Executive Director was independent in character and judgement.

The Council of Governors is responsible for all decisions to reappoint Non-Executive Directors and is supported in its consideration by the recommendations it receives from the Chair and the Remuneration Committee. Non-Executive Directors declare their interests and in the unlikely event that such interests conflict with those of the Trust, then the individual would be excluded from any discussion and decision relating to that specific matter.

All Board Directors are required to disclose their relevant interests as defined in our constitution. These are recorded in a publicly available register that is formally reported to the Board at the beginning of each meeting. A copy of the full register of declarations is available on the website https://www.rdash.nhs.uk/ or on request from the Director of Corporate Assurance at Woodfield House, Tickhill Road Hospital Site, Balby, Doncaster DN4 8QN or email rdash.doi@nhs.net

The table overleaf shows the attendance of the Board of Directors at the Board, its Committees and the Council of Governors meetings during the 2022/23 financial year.

Director	Title	Board of Directors	Audit	Remuneration	Mental Health Legislation	Charitable Funds	Commissioning Committee	Quality	People and Organisational Development	Finance, Performance and Informatics
Alan Lockwood	Chair	1 out of 1								
Kathryn Lavery	Chair	2 out of 2		1 out of 1						
Dave Vallance	Non-Executive Director / Vice Chair	6 out of 6	5 out of 5	4 out of 4				6 out of 6	5 out of 6	
Dawn Leese	Non-Executive Director	6 out of 6	5 out of 5	4 out of 4			4 out of 4	6 out of 6		
Justin Shannahan	Non-Executive Director	6 out of 6	5 out of 5	4 out of 4	4 out of 4					4 out of 6
Pauline Vickers	Non-Executive Director	6 out of 6	4 out of 5	4 out of 4		4 out of 4	2 out of 3		5 out of 5	6 out of 6
Sarah Fulton Tindall	Non-Executive Director	6 out of 6		4 out of 4	4 out of 4	3 out of 3			5 out of 6	5 out of 6
Janusz Jankowski	Non-Executive Director	2 out of 2		1 out of 1			1 out of 1	2 out of 2		
Kathryn Singh	Chief Executive Officer	3 out of 4								
Toby Lewis	Chief Executive Officer	1 out of 1								
Sheila Lloyd	Executive Director of Nursing and AHPs/Deputy CE	6 out of 6			2 out of 3		4 out of 4	4 out of 4	1 out of 4	
Kate McCandlish	Interim Executive Director of Nursing	2 out of 2			1 out of 1			2 out of 2	2 out of 2	
Dr Graeme Tosh	Executive Medical Director	5 out of 6			4 out of 4			4 out of 6	3 out of 6	
Ian Currell	Executive Director of Finance and Performance	2 out of 3	2 out of 3			2 out of 2	2 out of 3			3 out of 3
Hayley Tingle	Interim Executive Director of Finance and Performance		1 out of 1			1 out of 1				0 out of 1
Izaaz Mohammed	Interim Executive Director of Finance & Performance	3 out of 3	1 out of 1			2 out of 2				2 out of 2
Nicola McIntosh	Executive Director for People and Organisational Development	6 out of 6				4 out of 4		4 out of 6	6 out of 6	
Michelle Veitch	Executive Chief Operating Officer	2 out of 4			1 out of 2			4 out of 4	2 out of 5	3 out of 4
Marie Watkins	Interim Executive Chief Operating Officer	2 out of 2			2 out of 2			1 out of 2	1 out of 1	2 out of 2
Richard Banks	Director of Health Informatics	5 out of 6								6 out of 6
Philip Gowland	Director of Corporate Assurance/Board Secretary	5 out of 6	5 out of 5				4 out of 4	6 out of 6	5 out of 6	5 out of 6
Joanne McDonough	Director of Strategy	5 out of 6					2 out of 4			6 out of 6

Cost Allocation and Charging

The Trust has complied with the cost allocation and charging guidance issued by HM Treasury.

Political Donations

No political donations were made in 2022/23 (None in 2021/22).

Better Payment Practice Code

The Trust adopts the Better Payment Practice Code in respect of invoices received from suppliers. The code requires the Trust to aim to pay all undisputed invoices within 30 calendar days of receipt of goods or a valid invoice (whichever is later) unless other payment terms have been agreed. The table below shows the performance against this metric by NHS / Non NHS supplier and shows the volume and value of invoices paid.

2022/23	By Number				By Value			
	Total number of invoices	Paid in 30 days	Not paid in 30 days	% paid in 30 days	Total £ of invoices	Paid in 30 days	Not paid in 30 days	%paid in 30 days
NHS	1,562	1,528	34	97.8%	11,428	11,220	208	98.2%
Non-NHS	25,438	23,047	2,391	90.6%	85,673	82,321	3,352	96.1%
Combined Total	27,000	24,575	2,425	91.0%	97,101	93,541	3,560	96.3%

Interest Liability

No interest was accrued and paid by the Trust for failing to pay invoices within the 30-day period where obligated to do so.

Income generation

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

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

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

NHS England Well-led Framework

NHS England's well-led framework identifies the characteristics required of good provider organisations that ensure quality services are provided:

- Leadership capacity and capability.

- Clear vision and credible strategy.
- Culture of high quality care.
- Clear responsibilities, roles and systems of accountability.
- Clear and effective processes for managing risks.
- Robust and appropriate information effectively processed and challenged.
- People using services, the public, staff and partners engaged and involved.
- Robust systems and processes for learning, continuous improvement and innovation.

The Trust has robust quality and corporate governance arrangements in place to ensure the quality of services it provides. Quality governance and quality performance are covered in detail in the Annual Governance Statement as well as in the performance section of the annual report.

The Board undertakes regular reviews of its performance and effectiveness as this provides a useful opportunity to step back and reflect. This includes:

- The Chair conducts individual performance evaluations of the Non-Executive Directors and the Chief Executive, as well as Executive Directors in relation to their duties as Board members.
- The Senior Independent Director conducts a performance evaluation of the Chair having collectively met with all other Non-Executive Directors and received feedback from Governors and Executive Directors via the Chief Executive
- The Chief Executive conducts performance evaluations of the Executive Directors.
- The Board had an externally facilitated development programme in year.

Care Quality Commission (CQC)

The Trust is required to register with the CQC and its current registration status is ‘Registered with no conditions applied’. The CQC has not taken enforcement action against the Trust during 2022/23.

The latest inspection by the CQC was a ‘Well-led’ inspection of the Trust that took place in November 2019 and the inspection report was published in February 2020. The Trust received an overall rating of 'Requires Improvement', with ratings of 'Good' in the domains of Caring and Responsive and a rating of 'Requires Improvement' in the domain of Safe, Effective and Well Led.

The CQC identified 33 Must Do actions and 44 Should Do actions as a result of their inspection and an action plan developed to address these. Significant progress has been made in implementing the actions following a pause in 2020 due to the COVID pandemic and there were two actions remaining outstanding as at 31 March 2023 in relation to seclusion and community Mental Capacity Act.

Throughout the last year quality and safety has remained at the core of the Trust’s business and governance structure. The reporting structure from the Committees of the Board has created a stronger and more prominent focus on these at the Trust. It supports risk management and the Board Assurance Framework as well as providing greater scrutiny of performance.

Office of Modern Governance

The Office of Modern Governance (OMG) was appointed to undertake a well-led review during April, May and June 2022 using the eight key lines of enquiry set out in the NHS England's well-led framework. The key conclusion was positive and during the course of their review observed many elements of good or leading-edge leadership and governance practice. There were areas where a sharpening or subtle refocusing of the Trust approach would support the journey of improvement the Trust was already on.

The Board of Directors received the outcome report at its meeting in public in July 2022 and since then has continued to progress its response to the suggested areas of improvement. The Trusts expects to have largely completed its response by the end of quarter one 2023.

Quality Improvements Priorities

In 2022/23, we continued to address the ambitions and commitments identified in the Safety and Quality Delivery Strategy and made significant achievements against the three pillars of safety and quality:

- Insight
- Involvement
- Improvement

Insight – We will improve our understanding of patient safety by developing and drawing from multiple sources of information. **Achievements are:**	
Insight Report	• Expanded the use and reporting function of the incident reporting system to further enhance incident reporting and action taken. • Each care group has access to their own incident data live dashboard on Ulysses. • Continued to develop the Integrated Dashboard and Patient Safety Dashboards to report against key themes and action taken. • Reporting timeframes on incidents and closures are monitored on a monthly basis. • Task and finish group has been commenced on 2 May 2022 ensure that incidents are closed within the required timeframes and learning is shared.
Tendable	• Review of compliance undertaken identifying any challenges and difficulties. • Task and Finish group established led by Head of Quality to troubleshoot any barriers to usage within inpatient services. • Developed a trajectory of application within community team settings. • App to be relaunched in 2023 with the aim of achieving full implementation.
New National Reporting and Learning System	• Learning from Patient Safety Events (LFPSE) system has been mapped against the trust incident management system, Ulysses. From Q4 2022/2023, the test system has been operational and the required test incidents have been submitted to LFPSE pending feedback from NHS England. Post-feedback and discussion with senior leaders, a "go-live" date for implementation of the live LFPSE system will be set in Q3 2023/2024. • The local risk management system (LRMS) is compliant with LFPSE and there are clear processes for communication with the LFPSE team at NHS England to provide assurance and pace with successful implementation.

Involvement - Our patients, carers, families, staff and partners have the skills and opportunities to improve patient safety across the whole system. Achievements are:	
Patient safety partners	• Two patient safety partners successfully recruited and commenced in post. • Patient safety partners are actively involved in the work to implementation of PSIRF, especially in relation to patients and families/carers. They are also active in learning response forums such as the pressure ulcer review panel.
Patient safety training	• A Learning Needs Analysis (LNA) has been completed in Q1 2023/2024 and engagement with training providers, approved by NHS England, has been undertaken to achieve compliance with the national syllabus. • Level 1 and Level 2 training outlined in the national syllabus has been available via e-learning for all employees to complete on ESR and this is monitored by care groups monthly.

Patient safety web page	• A Patient Safety webpage has been developed which includes:
	  ○ NHS Patient Safety Strategy
	  ○ Patient Safety Messages
	  ○ A Just Culture Guide
	  ○ Learn from Patient Safety Events (LFPSE)
	  ○ Patient Safety Incident Response Framework (PSIRF)
	• An Organisational Learning webpage has been created and is being further developed. This includes copies of all clinical learning briefs developed

Medication Safety	• reported incidents:
	  ○ All IR1s are reviewed to determine if medicines are involved in the incident.
	  ○ All medicines related incidents are categorised with respect to severity, nature of incident.
	  ○ All incidents where a patient has come to harm or an intervention was required to ensure 'no harm' are reported through Medicines Management Committee (MMC).
	  ○ Trend reports are received by MMC on a rolling program based on type of incident or in response to an emerging concern.
	• Log maintained of responses to Clinical Alert System and other medicines alerts which are reviewed by Medicines Management Committee (MMC)on a monthly basis.
	• Developed a medicines related training portal to enable on-line registering to a program of training, delivered via teams which has enabled wider and more frequent access to the training. Additionally, there are a new series of therapeutic update training sessions regarding medicines management and particular drug groups, this continues to be developed.
	• Assurance reporting is undertaken routinely on electronic prescribing activity, including allergy status recording, medicines reconciliation at admission and a pharmacy overview care plan for inpatients.

Incident Reporting system	• This is part of the Learn from Patient Safety Events (LFPSE) process where Patient and family will also be able to report events regarding care received. This will be launched during Q2 2023/24.
Forums/Focus Groups	• Patient Safety partners have been recruited and are undergoing induction. • Patient Safety Champions in place and we are looking at specific roles for champions including ligature risk leads etc. • A forum will be developed in 2023/24
Patient safety Specialists	• Head of Patient Safety and Deputy Director for Organisational Learning and Inquests have undertaken training level 1 & 2. Awaiting national roll out of levels 3,4, and 5.
Complaints Training	• Complaints training was commissioned and Effective Written Responses to Complaints in the Public Sector was delivered to front line staff, managers and investigators during Q4 2022/23
Complaints Improvement Plan	• Mapping and learning review being undertaken with completion Q2 2023/24.

Improvement - Our improvement programmes will enable effective and sustainable change to enhance the safety and quality of our services. **Achievements are:**	
Complaints Handbook	• The handbook has been developed and approved by the Serious Incident Group in July 2022. • The handbook is being reviewed as part of the Complaints Improvement Plan.
Ligature risk heatmaps	• Completed awaiting finalising of 2 heatmaps. • These are now on wards and in information packs.
Alternative Risk assessment tool	• The National Forum of Directors of Nursing for Mental Health are leading work on developing an alternative tool to be used and we have had no further information on when this will be available. In 2022/23 Trust risk assessments were updated to include low level ligature risks and action to be taken.
Restraint Reduction Strategy	• A consultation event was held in 2022/23. • A policy on the Mental Health Units Use of Force Act-in place and approved. This will be reviewed in 2023/24. • Information for patients on their rights and expectations regarding the Use of Force disseminated to all clinical areas. This will be reviewed in 2023/24. • A designated responsible person is in place in respect of the Mental Health Units Use of Force Act. • Arrangements in place for reporting of incidents where force has been used. • Training for staff is in place and complaint with BILD accreditation (certified training providers and services including restrictive interventions). • QUIT embedded across inpatient areas providing support and nicotine replacement to support patient experience and reduce withdrawal from nicotine. • Safer Engagement Network and Innovation Group in place which oversees the work. • Restraint reduction strategy to be developed 2023/24.
Sexual Safety Charter	• Developed a sexual safety leaflet for patients on admission. • Developed a sexual safety charter. • Routine reporting on sexual safety to Quality Committee as part of the Patient Safety report ensuring a line of sight from floor to Board. • Completed cascaded to Matrons at Environmental Risk in Clinical Areas (ERICA) Group.
Suicide Prevention Strategy	• Part of suicide prevention groups at ICS level and at Place base. • Observations Policy implemented, training undertaken with further ongoing review being undertaken in Q4 and Q1 and 2 2023/24. • Ligature deep dive work done around self ligaturing with a plan for further review of demographics and patient history. Managed through ERICA. • Mapped the Trust against 10 Points to Patient Safety. • Internal bathroom doors changed across organisation to ensure that they do not provide a ligature point. • Environmental risks closely monitored at the ERICA meetings. • Strengthened relationships with Drug and Alcohol services provided by third sector organisations in Rotherham and North Lincs to work closer with RDASH. • Additional controlled access entrance door added to lobby at Swallownest Court • Single point of contact for each Trust Crisis Team • Review being undertaken of learning Disability deaths due for completion Q2 2023/24 • In patient standards developed and will form part of a Trust wide strategy • Partnership work commenced with Doncaster council and other partner agencies in April 2023 looking at deaths in the homeless.
Stop the Pressure Campaign	• Stop the Pressure Campaign continues and workstreams have included developing a three-level educational package for staff, In the Know practice

	updates and a forward plan to update electronic Care Plans to ensure they are patient centred.
STOMP and STAMP programme	• A work stream is actively reviewing audits around transitions and the STOMP (Stopping The Over-Medication of children and young People with a learning disability, autism or both) agenda. Further work steams have been developed to undertake targeted work in relation to training staff in the role of Learning Disability Ambassador's and reviewing how we receive feedback, concerns and complaints and embedding "Ask Listen Do".
Learning Disability Improvement Standards	• This is monitored by the Learning Disability Quality Circle and Quality Committee. A six-monthly report is produced including benchmarking against the standards.
Just Culture approach	• Safety Huddles are being held across all inpatient areas and in some community areas and the feedback is very positive regarding how they are supporting patient safety, staff safety and reflection, including being a key forum to share good practice and ideas. These are being strengthened. • Schwartz rounds are in place and the feedback from participants is excellent, highlighting how they are supporting the work of professionals. • Just Culture approach embedded in SI processes. • During 2023/34 daily incident reviews and Roll out SWARM model (a rapid response to patient safety incidents, allowing immediate action and enhancing organisational safety culture) will be rolled out and implemented. • Trust wide organisational learning forum in place for 9 June 2023.
Just culture guide	• The Just Culture principles and ways of working are being considered and applied when we review the HR policies as part of their scheduled review. • The HR team and managers have incorporated the principles into employee relations matters. Upon review in Q4 2022/2023, there has been a reduction in cases proceeding via the disciplinary policy. • This work will be further strengthened during 2023/24. • In Q4 2022/2023, the culture team have led on completion of a Just Culture self-assessment tool, engaging colleagues across the Trust to identify a baseline of where the Trust is at and seek areas for development to fully adopt a Just Culture approach. This will inform future strategies developed across 2023/2024.
Just Culture training	• The Trust has commissioned training programmes for colleagues to attend the 5-day accredited programme, which has been further supported with a bespoke Board training programme which has been achieved by Q3 2022/2023. Three cohorts have successfully completed the training and will support with the development of the Trust Just Culture strategy. • The Trust will look to further roll out training in 2023/24 across the organisation to meet specific job roles and specialties with regards patient safety and staff wellbeing.
Patient Safety Response Framework	• There is a clear implementation plan and agreed forums to monitor and progress PSIRF. • There is collaborative approach with ICB colleagues to support with providing assurance and eventual sign-off of the Patient Safety Incident Response Plan (PSIRP). • There is dedicated resource to the implementation of PSIRF, and strong engagement with stakeholders.
Current resources	• Process mapping and review of current resources has been undertaken in Q4 2022/2023. There are processes in place to continuously review resources required for successful implementation of PSIRF.
National Patient safety measurement principles	• The Trust recognises and works to the safety measurement principles outlined in the National Patient Safety Strategy produced by NHS England and Improvement (page 22). • The national measure for improvement is linked to objectives and aims to allow the Trust to demonstrate whether the changes are making improvements.

	A Just Culture of Safety • The Trust has achieved successful engagement with colleagues at all levels of the organisation in completing and contributing to the Just Culture self-assessment framework. • Proxy Indicators such as staff suspensions and absence management have noted a reduction in Q3 and Q4 2022/2023. This will continue to be monitored in 2023/2024. • In 2023/2024, the Trust will enhance monitoring of existing culture metrics, such as the NHS Staff Survey to obtain staff perceptions of fairness and effectiveness of patient safety management. In 2022/2023, the Trust received positive staff survey results and will continue to support development in this area. **Patient & Carer Engagement** • There is a developed People First Group forum, and recruitment of two Patient Safety Partners. Roles will be measured based on engagement and representation from groups in this area. **Continuous Learning & Improvement** • The Trust has developed local Organisational Learning forums in each care group to share local and organisational learning from incidents and learning from death events. • An organisational learning forum will commence in Q2 2023/2024, and this will be a forum of robust governance for the PSIRF. • The Trust engages in incident learning forums with all Integrated Care Boards; this will continue with a greater emphasis on learning and oversight of the provision of safe care and enhance cross-system working. **Leadership and Quality Improvement** • The Trust has an established Quality Improvement programme. • The Quality and Safety Strategy is in place and the measurements are reviewed at governance forums to support staff in keeping people safe. • Proxy Indicators such as anonymous incident reporting, whistleblowing and Freedom To Speak Up concerns continue to be monitored by the senior leadership teams and board to create a well-led patient safety culture.
Patient Falls	• New Trust Falls Lead in place. • Review of patient falls undertaken and Action plan in place for 2023/24.
Community Safe Staffing	• Implementation of the Community Nursing Safer Staffing Tool, as an acuity and dependency measure for caseloads is on track. • Community safe staffing is included in the Quality Report, noted as assured in March 2023. • International Recruitment pipeline process continues for mental health and adult registered nurses. It has been expanded into Allied health professionals such as Occupational Therapy and Podiatry.

The reviewing, monitoring and measuring of quality has been reported to Trust Board through the Trust's governance structures (via the Quality Committee and the Mental Health Legislation Committee and their subcommittees/groups) by various reporting methodology including:

- Quality Dashboard Reports
- Board Assurance Framework (BAF)
- Quality Committee Summary Report to Board
- CQC Inspection Reports and Action Plans
- Quality Priorities Progress Report
- Internal Audit reports
- 'Deep dive' investigation/review reports

Patient Feedback

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

Indicator	2022/23	2021/22
Patient Advice and Liaison Service (number of contacts)	613	512
Your Opinion Counts (number of returned forms)	1,490	1,688

In addition, the Trust takes part on the Mental Health Community Survey which is an independently administered national survey of patients receiving mental health care in community settings. The survey is comprehensive and provides valuable quantitative data to facilitate comparison with other Trusts and benchmark our services numerically against a range of indicators. The results are provided to the Trust as a whole trust and it is not possible to break this down by geographical area.

Overall, the 2022 results for RDaSH were encouraging, with most scores for the Trust sitting in the intermediate 60% of Trusts surveyed, with 9 scores in the top 20% range. In response to the results the Trust has:

- Diversified the way in which service feedback, which includes the Friends and Family Test (FFT) is shared, with the intention of increasing the feedback response. A digital pilot was developed to test feedback through SMS messaging and launched on the 4 April 23 across trust wide IAPT services. This is currently being monitored and evaluated.
- The need to proactively increase the opportunities and processes by which we engage with patients has been acknowledged in the development of our Patient Experience and Involvement Plan, The LIVED Experience Plan, and is represented within one of the quality priorities for 2023/34.
- Review the volunteering offer for the organisation, and to develop peer volunteer roles for people with lived experience of receiving health care. To date, we have developed peer support volunteer roles within mental health, and breastfeeding support, with the intention of expanding into learning disability and autism, and to focus on volunteer to career pathways both generally, and for people with a lived experience is using Trust services. This is a core action within the Volunteering plan within the LIVED Experience plan, which is one of the quality priorities for 2023/34.

Complaints handling

The Trust has continued to develop the complaints handling process and a recovery plan is in place and is being monitored by the Quality Committee.

Indicator	2022/23	2021/22
Number of complaints received	73	114
Number acknowledged within 3 working days	68	103
Number ongoing (still open)	20	0

Indicator	2022/23	2021/22
Number upheld	2	16
Number partially upheld	19	30
Number not upheld	23	48
Number withdrawn	7	16
Number forwarded to the Ombudsman	1	0
Number of complaints that went on to be a claim	1	2

At the end of 2022/23 the Trust had 20 formal complaints ongoing, 14 complaints were still in time, the remaining 6 complaints were delayed due to workforce and capacity issues.

The main three categories for complaints in 2022/23 (consistent to 2021/22) were:

- Patient Care (28)
- Communication (14)
- Clinical Treatment (7)

Actions and learning from complaints are shared via the patient safety dashboards which are discussed at the Care Group Quality Assurance meetings.

Remuneration Report

In accordance with the requirements of the HM Treasury Financial Reporting Manual and reporting requirements issued by NHS England, this report is in three parts:

- **Annual statement on remuneration** describes the major decisions on senior managers' remuneration as well as any substantial changes to senior managers' remuneration which were made during the year and the context in which those changes occurred and decisions taken.
- **Senior managers' remuneration policy** sets out information about the Trusts policy.
- **Annual report on remuneration** includes details about senior managers' service contracts and sets out other matters such as committee membership, attendance and the business transacted.

A 'senior manager' is defined as 'Those persons in senior positions having authority or responsibility for directing or controlling the major activities of the Foundation Trust.' For the Trust, the report covers seven Non-Executive Directors (including the Chair), six Executive Directors (including the Chief Executive), the Director of Health Informatics, Director of Corporate Assurance and the Director of Strategy – these are the 'senior managers

Whilst the Annual Report is prepared on a group basis, Flourish CIC and the Charity are not considered to be material and as such none of the senior managers of Flourish CIC meet the definition of senior manager above and are not therefore included in this Remuneration Report.

Details of the Directors including their start date in their role and their relative experience and expertise are on pages 29 to 35**.** For detail on the meeting of meetings attended please refer to page 36.

Annual statement on remuneration

The Trust has two committees responsible for reviewing the remuneration of Non-Executive and Executive Directors:

- Nominations Committee of the Council of Governors
- Remuneration Committee.

The two committees aim to ensure that both Non-Executive and Executive Directors' remuneration is set appropriately taking into account relevant market conditions.

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

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

distributed by NHS Providers. Of most relevance however are the guidelines entitled, "*Structure to align remuneration for chairs and Non-Executive directors of NHS trusts and NHS foundation trusts Implementation document: November 2019".* These have been used as the basis for the Non-Executive Director remuneration since it was published and the respective remuneration paid is in line with that guidance.

The Nominations Committee were involved during 2022/23 in the following:

- Appointment of the Chair, Kathryn Lavery
- Appointment of Non-Executive, Janusz Jankowski
- Appointment of the Non-Executive, Kathy Gillat (started in the Trust 1 April 2023)
- Re-appointment of Non-Executive, Dave Vallance

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

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

The Remuneration Committee met on 4 occasions during 2022/23. The key matters discussed at the meetings included:

- Appointment of Chief Executive, Toby Lewis
- Interim arrangements necessary in the Executive Team (see page 35)

Senior managers' remuneration policy

In any recruitment process undertaken, the Committee has sought to contribute to the delivery of Strategic Ambition 2 'People' and Strategic Objective 4 '*Ensure the right people with the right skills deliver care*'. The Trust therefore utilises open, widely advertised recruitment processes, with external professional support to ensure the best candidates are identified and appointed.

Non-Executive Directors

The component of the remuneration packages for the Non–Executive Directors is shown in the table below:

Element	Policy
Fee Payable	A 'spot fee' which is subject to regular review. The setting of that fee and the subsequent review are undertaken with reference to national benchmarking data and national pay awards (Agenda for Change). The current spot salaries are in line with the guidance document entitled *Structure to align remuneration for chairs and Non-Executive directors of NHS trusts and NHS foundation trusts* November 2019.

Element	Policy
Additional Fee	The Senior Independent Director receives an additional £1,000; the Vice Chair receives an additional £1,000; and the Chair of the Audit Committee an additional £2,000. The total additional fees of £4,000 are in line with the guidance document entitled *Structure to align remuneration for chairs and Non-Executive directors of NHS trusts and NHS foundation trusts* November 2019.
Percentage uplift (cost-of-living increase)	Reviewed annually by the Nominations Committee taking into consideration national pay awards and financial implications and related national guidance.
Travel	Travel and subsistence expenses are reimbursed and paid with remuneration via payroll.
Pension Contributions	Non-Executive Directors do not have access the NHS Pension scheme.
Other remuneration	None.

The Chair and Non-Executive Directors do not have a notice period. The letters of appointment include no provisions or obligations which could give rise to, or impact on, remuneration payments or payments for loss of office.

For information on the Policy for Equality Diversity and Inclusion please refer to page 58 within the Staff Report.

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

- Four service user/carer or public governors
- Three appointed or staff governors

The Nominations Committee was chaired by the Lead Governor - Joan Cox, Community Services, Carer and is supported administratively by the Director of Corporate Assurance / Board Secretary.

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

Executive Directors

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

Element	Policy
Salary	A 'spot' salary which is reviewed annually. The setting of that salary and the subsequent review are undertaken with reference to relevant guidance and other related information as described above. This is the maximum amount that will be paid. There are no provisions for the recovery of sums paid or for the withholding of the payments.
Salary (Medical Director)	Spot salary paid for the role as Medical Director. The post holder's total remunerations comprises of this 'spot' salary together with a separate contract for clinical duties performed for the Rotherham Care

Element	Policy
	Group.
Salary (Deputy Chief Executive)	Additional remuneration paid on an annual basis in respect of the fulfilment of the Deputy Chief Executive role.
Percentage uplift (cost-of-living increase)	Reviewed annually by the Remuneration Committee taking into consideration national pay awards, benchmarking data and the related financial implications.
Taxable benefits	Travel and subsistence expenses are reimbursed and paid with salary via payroll
Annual performance related bonuses	No performance related bonuses are paid. The Chief Executive's contract includes 10% of earn-back pay (a requirement to meet agreed performance objectives to earn back an element of base pay placed at risk)
Long-term performance related bonuses	No long-term performance related bonuses are paid.
Pension-related benefits	Executive Directors and Directors can access the NHS Pension scheme.

The current senior managers are on substantive contracts that incorporate a six-month notice period, except for the Director of Health Informatics, Director of Strategy and the Director of Corporate Assurance / Board Secretary who have a three-month notice period.

For information on the Policy for Equality Diversity and Inclusion please refer to page 64 within the Staff Report.

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

Annual Report on Remuneration

The Remuneration Committee was chaired by Alan Lockwood, Chair until 30 June 2022 then by Dave Vallance as Interim Chair from 1 July 2022 to 30 November 2022 after which Kathryn Lavery, Chair took over on 1 December 2022. The remaining members of the Committee are the other Non- Executive Directors. By invitation from the Chair of the Committee, the Chief Executive attends meetings as does the Director of Corporate Assurance / Board Secretary and the Executive Director for People and Organisational Development.

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

The Chief Executive is remunerated at a level greater than £150,000. The remuneration paid to these three Directors is considered to be reasonable for the posts given the relative position in terms of benchmarking with similar foundation trusts.

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

	2022/23							2021/22			
	Salary and fees paid by RDASH (bands of £5,000) £'000	Salary and fees - associated to director role at RDASH (bands of £5,000) £'000	Taxable benefits (Rounded to the nearest £100)	Annual Performance related bonuses (bands of £5,000)	Long-term Performance related bonuses (bands of £5,000)	Pension related benefit (bands of £2,500)	Total (bands of £5,000)	Salary and fees (bands of £5,000) £'000	Taxable benefits (Rounded to the nearest £100)	Pension related benefit (bands of £2,500)	Total (bands of £5,000)
Alan Lockwood, Chair (1 April to 30 June 2022)	10-15	10-15	0	0	0	0	10-15	40-45	0	0	40-45
Kathryn Lavery, Chair (from 1 December 2022)	10-15	10-15	0	0	0	0	10-15				
Dave Vallance, Non–Executive Director	25-30	25-30	0	0	0	0	25-30	10-15	0	0	10-15
Dawn Leese, Non-Executive Director/SID: Interim Vice Chair (1 July to 30 November 2022)	10-15	10-15	0	0	0	0	10-15	10-15	0	0	10-15
Justin Shannahan, Non-Executive Director	15-20	15-20	0	0	0	0	15-20	15-20	0	0	15-20
Pauline Vickers, Non-Executive Director	10-15	10-15	0	0	0	0	10-15	10-15	0	0	10-15
Sarah Fulton Tindall, Non-Executive Director	10-15	10-15	0	0	0	0	10-15	0-5	0	0	0-5
Sarah Fatchett, Non-Executive Director (1 April to 6 June 2022)	0-5	0-5	0	0	0	0	0-5				
Prof. Janusz Jankowski, Non-Executive Director (from 1 December 2022)	0-5	0-5	0	0	0	0	0-5				
Kathryn Singh, Chief Executive (1 April to 31 December 2022)	120-125	120-125	0	0	0	0	120-125	160-165	0	45-47.5	205-210
Toby Lewis, Chief Executive (from 13 March 2023)	5-10	5-10	0	0	0	2.5-5	10-15				
Sheila Lloyd, Executive Director of Nursing/Deputy CE (Interim CE (from 1 December 2022 to 12 March 2023)	155-160	155-160	0	0	0	0	155-160				
Dr Graeme Tosh - Executive Medical Director	160-165	160-165	0	0	0	197.5-200	360-365				
Ian Currell, Executive Director of Finance and Performance	130-135	130-135	0	0	0	52.5-55	185-190	85-90	0	75-77.5	160-165
Izaaz Mohammed, Interim Executive Director of Finance (from 11 October 2022 to 31 January 2023)	65-70	35-40	0	0	0	2.5-5	40-45				
Kate McCandlish, Interim Executive Director of Nursing and AHP (from 1 December 2022 to 12 March 2023)	85-90	30-35	0	0	0	25-27.5	60-65				
Marie Watkins, Interim Executive Chief Operating Officer (from 17 November 2022)	90-95	40-45	0	0	0	2.5-5	40-45				
Michelle Veitch, Executive Chief Operating Officer (1 April 2022 to 28 February 2023)	110-115	110-115	0	0	0	0	110-115	120-125	0	37.5-40	160-165
Nicola McIntosh, Executive Director for People and OD	105-110	105-110	0	0	0	27.5-30	135-140	105-110	0	27.5-30	135-140
Joanne McDonough, Director of Strategy	95-100	95-100	0	0	0	22.5-25	120-125	100-105	0	32-5-35	135-140
Richard Banks, Director of Health Informatics	95-100	95-100	0	0	0	25-27.5	125-130	95-100	0	27.5-30	125-130
Philip Gowland, Director of Corporate Assurance/Board Secretary	95-100	95-100	0	0	0	25-27.5	120-125	95-100	0	85.5-85	180-185
Alison Pearson – Non-Executive Director (to 30/09/2021)								5-10	0	0	5-10
Nigel Smith – Non-Executive Director (to 28/02/2022)								10-15	0	0	10-15
Dr Navjot Ahluwalia – Executive Medical Director (to 31/03/2022)								215-220	0	107.5-110	325-330
Steve Hackett – Executive Director of Finance and Performance (to 30/06/2021)								35-40	0	0	35-40
David Holmes – Acting Executive Director of Finance and Performance (01/07/21 to 08/08/2021)								10-15	0	5-7.5	15-20
Tracey Wrench – Executive Director of Nursing and AHPs (to 31/03/2022)								140-145	0	157.5-160	300-305

- Dave Valance was Interim Chair from 1/7/2022 to 30/11/2022.
- Sheila Lloyd was Interim Chief Executive from 1/12/2023 to 12/3/2023.
- For the period 18/7/2022 to 7/10/2022 Hayley Tingle – Chief Finance Officer – Doncaster (SY ICB) provided the Trust with interim Director of Finance input, and support to the senior finance team. There were no financial consequences of this arrangement.

The value of pension benefits accrued during the year is calculated as the real increase in pension multiplied by 20, less the contributions made by the individual. The real increase excludes increases due to inflation or any increase or decrease due to a transfer of pension rights.

This value derived does not represent an amount that will be received by the individual. It is a calculation that is intended to provide an estimation of the benefit being a member of the pension scheme could provide.

The real increase has been apportioned to only reflect the amount estimated to relate to employment at RDaSH.

The pension benefit table provides further information on the pension benefits accruing to the individual.

Name and title	Real increase in pension at pension age (bands of £2,500) £'000	Real increase in lump sum at pension age (bands of £2,500) £'000	Total accrued pension at pension age at 31 March 2023 (bands of £5,000) £'000	Lump sum at pension age related to accrued pension at 31 March 2023 (bands of £5,000) £'000	Cash Equivalent Transfer Value at 31 March 2023 (Rounded to the nearest £1,000) £'000	Cash Equivalent Transfer Value at 31 March 2022 (Rounded to the nearest £1,000) £'000	Real increase in Cash Equivalent Transfer Value (Rounded to the nearest £1,000) £'000	Normal retirement age
Kathryn Singh - Chief Executive Officer (to 31/12/2022)	0	0	0	0	0	1416	0	SPA
Toby Lewis - Chief Executive Officer (from 13/03/2023)	0-2.5	0-2.5	75-80	140-145	1358	1237	3	SPA
Sheila Lloyd, Executive Director of Nursing & AHP /Deputy CE: Interim Chief Executive	0	0	45-50	120-125	1007	997	0	SPA
Dr Graeme Tosh, Executive Medical Director	7.5-10	20-22.5	35-40	60-65	553	376	145	SPA
Ian Currell - Executive Director of Finance and Performance	2.5-5	2.5-5	55-60	115-120	1130	1020	59	SPA
Izaaz Mohammed - Interim Director of Finance and Performance (from 11/10/2022 to 31/01/2023)	0-2.5	0	0-5	0	28	172	0	SPA
Kate McCandlish - Interim Director of Nursing and AHPs (from 01/12/2022 to 12/03/2023)	0-2.5	0-2.5	25-30	45-50	435	343	23	SPA
Marie Watkins - Interim Chief Operating Officer (from 17/11/2022 to 31/03/2023)	0-2.5	0	15-20	35-40	309	280	2	SPA
Michelle Veitch, Executive Chief Operating Officer	0-2.5	0	30-35	45-50	425	405	0	SPA
Nicola McIntosh, Executive Director for People and Organisational Development	0-2.5	0	10-15	0	169	133	17	SPA
Joanne McDonough, Director of Strategy	0-2.5	0	20-25	0	325	285	18	SPA
Richard Banks, Director of Health Informatics	0-2.5	0	45-50	95-100	907	835	33	SPA
Philip Gowland, Director of Corporate Assurance/Board Secretary	0-2.5	0	35-40	70-75	647	591	25	SPA

CETV figures are calculated using the guidance on discount rates for calculating unfunded public service pension contribution rates that was extant at 31 March 2023. HM Treasury published updated guidance on 27 April 2023; this guidance will be used in the calculation of 2023 to 24 to CETV figures.

Payments for loss of office

In the year to 31 March 2023, no payments were made by the Trust to senior managers for loss of office. This is the same as for 2021/22.

Payments to past senior managers

In the year to 31 March 2023, no payments were made by the Trust to past senior managers. This is the same as for 2021/22.

Fair pay disclosures

NHS foundation trusts are required to disclose the relationship between the remuneration of the highest-paid director in their organisation and the lower quartile, median and upper quartile remuneration of the organisation's workforce.

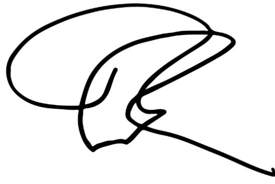
The banded remuneration for the highest-paid director in the organisation in the financial year 2022-23 was £160k - £165k (2021-22, £215k - £220k). This is a drop of 25% between the two years.

For employees of the Trust as a whole, the range of remuneration in 2022-23 was from £181,286 to £15,339 (2021-22 £320,640 to £18,546). The percentage change in average employee remuneration (based on total for all employees on an annualised basis divided by full time equivalent number of employees) between years is 4.9%. 4 employees received remuneration in excess of the highest-paid director in 2022-23 (2 in 2021-22).

The remuneration of the employee at the 25th percentile, median and 75th percentile is set out below. The pay ratio shows the relationship between the total pay and benefits of the highest paid director (excluding pension benefits) and each point in the remuneration range for the organisation's workforce.

2022/2023	25th percentile	Median	75th percentile
Salary component of pay	23,177	29,180	40,588
Total pay and benefits excluding pension benefits	23,949	31,131	40,832
Pay and benefits excluding pension: pay ratio for highest paid director	6.79:1	5.22:1	3.98:1

2021/2022	25th percentile	Median	75th percentile
Salary component of pay	23,086	31,222	40,095
Total pay and benefits excluding pension benefits	23,086	31,222	40,095
Pay and benefits excluding pension: pay ratio for highest paid director	9.47:1	7.00:1	5.45:1



Toby Lewis, Chief Executive
26 October 2023

The Council of Governors

The Council of Governors comprises 41 seats for members of the public, service users/patients, carers, colleagues and representatives from partner organisations.

Governors have responsibility for:
- Advising the Trust on its strategic direction.
- Representing the interests of members and partner organisations.
- Regularly feeding back to their constituency.
- Appointing (and removing) the Chair and Non-Executive directors.
- Approving the appointment of the Chief Executive.
- Appointing the Trust's auditor and receiving the Annual Accounts, Auditor's Report and Annual Report.
- Informing NHS England of any unresolved issues.

The Council of Governors provides an important link between the Trust, the local community and key organisations, sharing information and views that can be used to develop and improve services. The Council of Governors is chaired by Kathryn Lavery, who was recently appointed to the Trust in December 2022, Alan Lockwood the former chair stepped down in June 2022. Dave Vallance, Vice Chair, filled the role of acting Chair between June 2022 and November 2022. The chair ensures that there are strong links between the Council of Governors and the Board of Directors. The Lead Governor Joan Cox, Community Services, Carer, took up the Lead Governor position in June 2021 having been in the Governor role since August 2017.

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

Composition of the Council of Governors

Public 12 governors	**Service users** 7 governors	**Carers** 7 governors
4 Rotherham	3 mental health	3 mental health
4 Doncaster	2 community services	2 community services
2 North Lincolnshire	1 learning disabilities	1 learning disabilities
1 North East Lincolnshire	1 specialist services	1 specialist services
1 Rest of England		

Staff 6 governors	**Partner organisations** 9 governors
1 nursing	1 Doncaster Clinical Commissioning Group (CCG)
1 allied health professionals (AHP)/psychology	1 Rotherham CCG
1 medical and pharmacy	1 North Lincolnshire CCG
1 social care	1 Doncaster Council
1 nonclinical	1 Rotherham Council
1 community nursing	1 North Lincolnshire Council

Staff 6 governors	Partner organisations 9 governors
	1 University 1 Community voluntary sector
	1 GP

At the start of the year, 18 governors were in post. Over the year there have been a number of changes to those holding positions on the Council of Governors, resulting in 23 seats being filled at the year end. Elections were called to fill the following vacancies in 2022.

Public	Service User / Patients	Carer	Staff
Doncaster (1)	Community Services (2)	Community Services (1)	Community Nursing (1)
Rotherham (2)	Specialist Services (1)	Specialist Services (1)	Social Care (1)
N Lincolnshire (2)	Mental Health (2)	Mental Health (1)	Medical & Pharmacy (1)
Rest of England (1)	Learning Disability (1)	Learning Disability (1)	Nursing (1)

Whilst there were several new Governors elected as a result of these elections, there remains a number of gaps on the Council of Governors. These will be the focus of renewed efforts in 2023/24 to re-engage with the Trust's stakeholder and membership and to seek to support individuals to put themselves forward to undertake this opportunity.

Over the last year, the Governors have continued to demonstrate their commitment and to show their enthusiasm in their role. Since April 2022, the Council of Governors has held nine formal meetings; eight via MS Teams and one hybrid (in person or via teams). Three meetings were chaired by the Chair of the Trust and six by the acting Chair. Meetings were attended by members of the Board of Directors. The Governors and their attendance at the meetings are shown in the table below:

Name	Constituency	No. of Council meetings attended / possible total	Term expired
Marie McClay	Public: Doncaster	1 out of 9	November 2023
Richard Rimmington	Public: Doncaster	8 out of 9	November 2023
Ruth Sanderson	Public: Doncaster	2 out of 3	November 2025
Maureen Young	Public: Doncaster	8 out of 9	November 2024
Sally French	Public: Rotherham	7 out of 9	November 2024
Mohammed Suleman	Public: Rotherham	7 out of 9	November 2025
Kamlesh Vatish	Public: Rotherham	3 out of 9	November 2024
David Vickers	Public: Rotherham	2 out of 3	November 2025
George Baker	Public: North East Lincolnshire	6 out of 9	November 2023
Mark Johnson	Service User: Learning Disabilities	1 out of 3	
Helen Ward	Service User: Mental Health	8 out of 9	November 2023
Diana Foster	Carer: Mental Health	6 out of 9	November 2023
Joan Cox	Carer: Community Services	8 out of 9	November 2023
Alex Haig	Carer: Community Services	3 out of 4	November 2025
Ruth O'Shea	Carer: Mental Health	6 out of 9	November 2025

Name	Constituency	No. of Council meetings attended / possible total	Term expired
Mohammed Ramzan	Carer: Mental Health	4 out of 9	November 2024
Michael Seneviratne	Staff: Medical and Pharmacy	3 out of 9	November 2025
James Dickinson	Staff: Non Clinical	4 out of 9	November 2024
Rachel Bradley	Staff: AHP & Psychology	8 out of 9	November 2024
Lee Golze	Partner: DMBC	1 out of 9	November 2023
Dean Eggitt	Partner: LMC	1 out of 2	February 2026
David Roach	Partner: RMBC	1 out of 2	February 2026
Christine Smith	Partner: Universities	1 out of 2	February 2026

Governors that served during 2022 and have stepped down/ term expired.

Name	Constituency	No. of Council meetings attended / possible total	Term expired
Joanne Forestall	Partner: Doncaster CCG	0 out of 1	May 2022

The Council of Governors meets four times a year for its planned business but during the year met on five additional occasions in order to make timely decisions, which were to cover some of the issues below:

- Reappointment of the Auditors
- Approval of the appointment of the Chief Executive
- Appointment of Kathryn Lavery as Chair, Janusz Jankowski and Kathryn Gillatt, as Non-Executive Directors.
- Stakeholder recruitment meetings for the appointment of the Chief Executive, Chair and Non-Executive Directors.

The Trust had invited Governors to attend virtual and in person briefings these have recently included Humber and North Yorkshire (HNY) Briefing. The Trust has distributed to Governors written updates on the Trust's activities and challenges. Governors are also provided with the Trust's monthly newsletter.

Governors have throughout the year also been represented at the Board of Directors meetings held in public in person and virtually. Likewise at the Committee meetings of the Board too. This has allowed several Governors to keep much more aware of the challenges faced, the responses and action being taken and more generally about the overall position of the Trust. It also affords them a great opportunity to see the Non-Executive Directors undertaking their role at the Trust.

Governors have also been invited to attend several external events including NHS Providers training, conferences, regional and national workshops.

Register of interests

The interests for the Council of Governors are presented to the Council of Governors at each meeting and are part of the Register of Interests. The Register of Interests is a public document and is available via the Trust's website.
https://www.rdash.nhs.uk/about-us/public-declarations/declaration-of-interests/

Expenses

Governors receive no remuneration for their role. However, the Trust provides appropriate reimbursement, for example to cover travel expenses for Governors who participate in events or activities arranged by the Trust. Given the significant impact on the ability of Governors to attend meetings or participate in events in 2021/22 the total amount paid / reimbursed to support their attendance was less than £50 in total. In 2022/23 there were no direct reimbursement to the Governors.

How to contact your Governor

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

Telephone: Freephone 0800 015 0370
Post: FT Membership office, FREEPOST RSGC – RKYB – BCHH,
Woodfield House, Tickhill Road, Balby, Doncaster, DN4 8QN.
Email: rdash.ftmembershipoffice@nhs.net

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

Foundation Trust Membership

Becoming a member of the Trust offers local people a unique opportunity to have their say and to be involved in how the Trust and it's services are developed. The Trust wants to build a meaningful and representative membership.

The Trust continued its engagement with members in the wider community (patients, service users, carers and public) through social media such as Twitter, Facebook and Instagram and through the website and direct mailouts to Members.

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

Other ongoing communication with all members is through Trust Matters, the staff and members' magazine published on a monthly basis with a range of articles and news items.

Membership constituencies

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

Public

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

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

Service users

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

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

Carers

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

Staff

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

- Non-clinical
- Social care
- Medical and pharmacy
- Allied Health Professionals
- Nursing
- Community nursing

On 1 April 2023, the Trust had a total membership of 9,208.

Membership size and movements	
Public constituency	**2022/23**
At year start (April 1)	4,581
New members	96
Members leaving	64
At year end (March 31)	4,613
Staff constituency	**2022/23**
At year start (April 1)	3,624
New members	701
Members leaving	457
At year end (March 31)	3,858
Patient/Carer constituency	**2022/23**
At year start (April 1)	757
New members	4
Members leaving	24
At year end (March 31)	737

Analysis of current Public membership		
	Number of members	**Eligible membership***
Age (years):		
0-16	2	184,956
17-21	11	46,040
22+	4,155	684,608
Ethnicity:		
White	4,076	844,993
Mixed	30	8,302
Asian or Asian British	172	24,843
Black or Black British	16	5,354
Other	325	3,252
AB	966	51,265
C1	1,267	100,711
C2	1,092	100,101
DE	1,233	139,112
Gender		
Male	1,600	452,194
Female	2,798	463,410
Transgender	1	
Unspecified	220	

* For the purposes of the table, the eligible membership is taken as those members of the public that live in the Trust's principal geographical locations – Doncaster, Rotherham and North Lincolnshire. There is however, Rest of England membership constituency which effectively means that any member of the public in England can be a member.

Staff Report

The Trust values its employees and has 3,328 staff working across our geographical footprint.

Staff Costs	**Permanent £000**	**Other £000**	**2022/23 Total £000**	**2021/22 Total £000**
Staff and Executive Directors	121,404	8,649	130,053	112,704
Non-Executive Directors	127	0	127	121
Social security costs	11,949	0	11,949	9,629
Apprenticeship levy	578	0	578	526
Employer's contributions to NHS pensions	14,597	0	14,597	13,161
Pension cost - employer contributions paid by NHSE on provider's behalf	6,379	0	6,379	5,724
Pension cost - other	0	154	154	97
Other post-employment benefits	0	0	0	3
Agency	0	8,092	8,092	6,873
Total staff costs	155,034	16,895	171,929	148,838
Of which				
Costs capitalised as part of assets	68	0	68	59
Total staff costs excluding capitalised costs	154,966	16,895	171,861	**148,779**
Termination benefits	23	0	23	59

Average number of employees (WTE basis)		**Group**		
	Permanent Numbers	**Other Numbers**	**2022/23 Total Numbers**	**2021/22 Total Numbers**
Medical and dental	54	29	83	71
Administration and estates	889	0	889	850
Healthcare assistants and support staff	727	0	727	659
Nursing	1,098	0	1,098	1,062
Scientific and technical staff	425	0	425	387
Social care staff	0	0	0	0
Bank	0	70	70	70
Agency	0	36	36	13
Total Average numbers	3,193	135	3,328	3,112
Of which				
Average engaged on capital projects	2	0	2	2

Year-end analysis

As at 31 March 2023, the profile of staff in post was:

	2022/23		2021/22	
	Male	Female	Male	Female
Directors	8	10	10	9
Senior Managers (Band 8a and above)	36	117	39	102
Others	661	3,599	636	3,443
Total	705	3,726	685	3,554

Sickness absence data

	2022/23	2021/22
Sickness Figure	6.0%	5.6%
WTE days lost	50,434	44,678
Average WTE	3,241	3,050
Days per employee (WTE)	15.56	14.6

During 2022 we were managing an unusual increase in the number of long-term sick cases, some complex health conditions and unfortunately some terminal cancer cases. In addition, from September 2022 covid absence was classed as general sickness absence which hadn't previously been the case, it had previously been classed as authorised absence and not counted in the sickness percentage.

Staff engagement

Engagement with people who are our colleagues, volunteers, trainees and students is central to the successful delivery of high-quality healthcare.

The Trust approach to ensuring high-quality healthcare is delivered through meeting our vision and strategic objectives whilst following our values.

The Trust has continued to develop our staff networks; REaCH – Race Equality and Cultural Heritage, Lesbian Gay Bisexual Transgender + Ally (LGBT+) and Disability and Wellbeing network (DAWN).

Our colleagues have been engaged using digital means - Zoom and MS Teams throughout the pandemic. A number of successful Ask me Anything engagement sessions have been held whereby colleagues met with the directors and other colleagues to discuss key topics, and ask any questions, keeping lines of communication open.

Our people are our greatest asset and the Trust continues to invest in them to build on both capability and the culture for continuous improvement in quality and culture within everything that the Trust does.

The Trust Staff council meets every 6 weeks and membership includes senior managers and nominated, local representatives of recognised trade unions and professional organisations. The purpose of the meeting is so that staff representatives are consulted on strategic and operational planning decisions which have impact upon staff members; consulted on the development of employment policies which require a common approach across the Trust. It also provides staff representatives with a forum through which they can express their collective views on issues affecting the employment of staff members including job security and job environment. Through this forum a joint review can take place of commitments made to our colleagues in either strategic or annual service direction documents.

Like Trust Staff Council, our medical colleagues have a similar forum, referred to as Joint Local Negotiating Committee, which meets every 12 weeks to discuss matters relating to the British Medical Association (BMA), General Medical Council (GMC) and other national and local agreements which impact the medical workforce.

Freedom to Speak Up

The Freedom to Speak Up (FTSU) guardian and the FTSU Champions as well as the Health and Wellbeing Guardians continue to promote a culture that is safe, open and healthy through ensuring that all colleagues have the psychological safety to speak up about issues relating to patient safety and colleague experiences.

The organisation has an established range of routes that our colleagues can take to speak up about issues that concern them and this includes speaking to line managers and clinical leads as well as the FTSU team, staff-side representatives, safeguarding team, spiritual care team and the health and wellbeing team. In light of the pandemic and accessibility we have digital routes in which colleagues can raise issues, including an anonymous 'speak up' button on the staff intranet, text, email, and via virtual means such as MS Teams to support and promote flexibility as some colleagues work remotely. This collective approach has been critical in enabling the early detection and escalation of issues and in ensuring consistency in the approach and ease of access to support colleagues.

Once a concern is raised, it is appropriately and confidentially shared with relevant teams or members of staff within hours of receipt to ensure rapid action and risk triangulation with other patient and safety measures. Following initial identification and action, a personalised plan is agreed to manage the concern co- produced where possible with those who raised the concern. The FTSU guardian and ambassadors provide support to individuals and teams until the point where mutual agreement to close the concern is reached, providing regular updates and supportive monitoring to ensure that concerns are managed in a timely manner where possible.

When concerns are raised options related to confidentiality are discussed and people's experience of 'speaking up' is monitored throughout the process and after concern closure via a written feedback form. This ongoing monitoring is to both ensure people feel supported, and also to ensure that any signs of detriment may be identified and also rapidly responded to. Our feedback shows that people in RDaSH have had a very positive experience of speaking up, and this is shown when national comparators are analysed.

Staff support

Throughout 2022/23, the Trust has committed to deliver the NHS People Promise, where all 7 themes give support to colleagues through a variety of different areas.

The Trusts People and OD plan alongside our aims and ambitions have allowed us to invest in Occupational Health and Health and Wellbeing interventions, some of which are provided by specialist national providers as well as our own relationships and contracts with regional providers.

During 2022/23 over 560 colleagues accessed appointments for either physical health support and/or mental wellbeing support. In addition, there is a confidential Employee Assistance Programme which gives our colleagues access to 24-hour telephone support. Staff also had access to the South Yorkshire Integrated Care System Health and Wellbeing (SY ICS HWB) Hub where an accessible 24-hour portal allows access to a whole variety of additional support for colleagues and their families.

Health & Wellbeing

The Trust has a dedicated Health and Wellbeing coordinator who provides a varied programme of information and activities throughout the year and ensures colleagues are kept up to date through the Trust health and wellbeing Facebook page and twitter. The Trust has a vast network of Health and Wellbeing Champions across all services who provide a valuable link to staff and their individual service health and wellbeing needs.

Policies in relation to countering fraud and corruption

The Trust is committed to applying the highest standards of ethical conduct and integrity in our business activities and every employee and individual acting on our behalf is responsible for maintaining the organisation's reputation and for conducting Trust business honestly and professionally.

The Board and senior management are committed to implementing and enforcing effective systems to prevent, monitor and eliminate bribery, in accordance with the Bribery Act 2010. The Trust has ensured related policies including, the Counter Fraud, Bribery and Corruption Policy, Standards of Business Conduct and Whistleblowing outline our position on preventing and prohibiting bribery.

Colleagues and others acting for or on behalf of the organisation are strictly prohibited from making, soliciting or receiving any bribes or unauthorised payments. Business will not be conducted with service providers, agents or representatives that do not support the organisation's anti-bribery objectives.

Equality Diversity and Inclusion

The Trust is a diverse employer and provider of services across Rotherham, Doncaster and North Lincolnshire. The aim is to create a culture of inclusion where everyone feels valued and respected for who they are and what they bring to our organisation. The Equality, Diversity and Inclusion activity is linked to the NHS People Plan, the Trust's People Plan and Strategic Objectives.

The Equality Delivery System (EDS) is a system that helps NHS organisations improve the services they provide for their local communities and provide better working environments, free of discrimination, for those who work in the NHS, while meeting the requirements of the Equality Act 2010. A review of the EDS2 was undertaken to incorporate system changes and take account of the new system architecture and through collaboration and co-production and considering the impact of COVID-19, the EDS has been updated and EDS pilot has been completed by the Trust and has been included in the recent Public Sector Equality Duty (PSED).

The Equality, Diversity and Inclusion (EDI) team has hosted a variety of engagement events and training sessions and have continued to meet the needs of colleagues via virtual platforms where appropriate. The Inclusion Networks have also continued to meet in a hybrid fashion in order to facilitate easy access and manage time effectively. The EDI workstream has oversight of a range or programmes to help us to improve our overall position these have included.

Reverse Mentoring Programme

Reverse mentoring aims to educate leaders in diversity issues and expose them to challenging dialogue which they might not otherwise encounter. The purpose of the programme is to promote understanding of Equality, Diversity and Inclusion issues, and to provide opportunities for those in protected groups to challenge and influence the Trust based on their lived experiences.

Rainbow Badge Training

The Rainbow Badge training and implementation has a simple objective to make a positive difference by promoting a message of inclusion. The badge itself is intended to be a simple visual symbol identifying its wearer as someone who is identified as an LGBTQ+ person can feel comfortable talking to about issues relating to sexuality or gender identity. It shows that the wearer is there to listen without judgement and signpost to further support if needed. There have been Rainbow Badge training sessions held throughout 2022 and 2023.

Working with Transgender and Gender Diverse Communities

Online professional level education and training sessions designed to increase the knowledge and concepts of gender identity and gender expression, and the diverse ways in which these can manifest. Through increased understanding, medical and health providers, hospital and medical clinics, and all other care providers who work with or provide services for those who are transgender and/or gender non-conforming can advance their skills and knowledge in addressing the needs of these diverse populations. There has been training sessions held throughout 2022 and 2023.

Celebrating Difference

We recognise that Unconscious Bias training should not be used as an isolated intervention to enable people to explore their values, beliefs and behaviour and we no longer use this term. This training has played an important part in improving self-awareness for colleagues and creating an inclusive culture. There has been training sessions held throughout 2022 and 2023.

Cultural Competence Training

People who use our services and our colleagues come from many different backgrounds and to be able to better understand the importance of inclusion, allyship, cultural intelligence and lived experience we have held training sessions throughout 2022 and 2023.

Neurodiversity in the Workplace for Managers

The Trust recognises the benefits of having a diverse workforce and that embracing difference improves performance. This workshop is aimed at increasing manager's understanding of neurodiversity and the benefits it brings to the workplace and service delivery. We have held training sessions throughout 2022 and 2023.

Developing a Disability Confident Culture

The purpose of this has been to explore inclusion, disability discrimination, understanding bias and reasonable adjustments. We have held training sessions throughout 2022 and 2023.

Inclusion Networks

The Trust has three Inclusion Networks: - LGBTQ+, Disability and Wellbeing (DAWN) and Race Equality and Cultural Heritage network (REaCH). These networks are important platforms of support for colleagues which carry out Trust business and inform on inclusive practices.

The Inclusion Networks offer an effective mechanism for engaging and supporting colleagues from protected characteristic backgrounds, they act as a forum for colleagues to discuss their experiences, provide insight into unseen barriers, devise solutions to help improve the experiences of those colleagues and others and offer peer support.

Talent Management and Succession Planning

The Trust Talent Management Programme was launched in March 2021 with a range of trust wide communications and events, which have continued through 2022. Currently over 52% of our colleagues have had a career conversation recorded.

Gender pay gap

In accordance with the Equality Act 2010 (Gender Pay Gap Information) Regulations

2017, employers with 250 or more employees are required to publish information on the pay gap between male and female employees as of 31st March each year. This information must be published on the employer's website. The Gender Pay Gap Report is based on a snapshot date of pay of 31st March 2022. https://www.rdash.nhs.uk/about-us/equality-and-diversity/gender-pay-gap/

RDaSH data can be compared to other organisations by using the government Gender Pay Gap reporting portal. https://gender-pay-gap.service.gov.uk/

Modern Slavery

Although the Trust is not classed as a "commercial organisation" for the purpose of the Modern Slavery Act 2015, a number of steps have been taken to ensure that slavery and human trafficking is not taking place in any of our supply chains or in any part of our business to the best of our knowledge, through recruitment and payroll processes. The inclusion of statements in contracts that the Trust enters into with providers that states that the supplier agrees that it is responsible for controlling its own supply chain and that it shall encourage compliance with ethical standards, human rights, health and safety and environmental standards by any subsequent supplier of goods and services that are used by the supplier when performing its obligations under this agreement.

Staff Turnover

Turnover data is published by NHS Digital: https://digital.nhs.uk/data-and-information/publications/statistical/nhs-workforce-statistics

Staff Survey

The NHS staff survey is conducted annually. From 2021/22 the survey questions align to the seven elements of the NHS 'People Promise' and retains the two previous themes of engagement and morale. These replace the ten indicator themes used in previous years. All indicators are based on a score out of 10 for specific questions with the indicator score being the average of those.

The response rate to the 2022/23 survey among our colleagues was 51% (2021/22: 56%).

2022/23 and 2021/22

Scores for each indicator together with that of the survey benchmarking group (51 organisations across Mental Health/Learning Disability and Community Trusts) are presented below.

Indicators	2022/23		2021/22	
People Promise elements and themes	Trust score	Benchmarking group score	Trust score	Benchmarking group score
People Promise:				
We are compassionate and inclusive	7.7	7.5	7.7	7.5
We are recognsied and rewarded	6.5	6.3	6.5	6.3

Indicators People Promise elements and themes	2022/23		2021/22	
	Trust score	Benchmarking group score	Trust score	Benchmarking group score
People Promise:				
We each have a voice that counts	7.2	7.0	7.1	7.0
We are safe and healthy	6.6	6.2	6.4	5.2
We are always learning	5.9	6.1	5.8	5.6
We work flexibly	7.1	6.7	6.9	6.7
We are a team	7.2	7.1	7.2	7.1
Staff engagement	7.3	7.0	7.2	7.0
Morale	6.4	6.0	6.3	6.0

In 2022 an additional survey was introduced specifically for Bank Staff. Questionnaires were sent to 596 bank staff and 115 questionnaires were returned yielding a response rate of 19.3%, no national comparison data is available for the bank response rate.

2020/21

Scores for each indicator together with that on the survey benchmarking group (51 organisations across Mental Health/Learning Disability and Community Trusts) are presented below:

	2020/21	
	Trust	Benchmarking group score
Equality, diversity and inclusion	9.5	9.1
Health and wellbeing	6.7	6.4
Immediate managers	7.3	7.3
Morale	6.6	6.4
Quality and appraisals	7.7	7.5
Quality of care	9.5	9.1
Safe environment – bullying and harassment	8.6	8.3
Safe environment – violence	9.6	9.5
Safety culture	7.0	6.9
Staff engagement	6.9	7.2

A breakdown of the Trusts performance against the benchmarking group for the 9 key themes/areas in 2022/23 is detailed below:

	We are compassionate and inclusive	We are recognised and rewarded	We each have a voice that counts	We are safe and healthy	We are always learning	We work flexibly	We are a team	Staff Engagement	Morale
Best	7.9	6.6	7.4	6.6	6.1	7.2	7.4	7.4	6.5
RDaSH	7.7	6.5	7.4	6.6	5.9	7.1	7.2	7.3	6.4
Average	7.5	6.3	7.0	6.2	5.7	6.7	7.1	7.0	6.0
Worst	7.0	5.9	6.1	5.7	4.6	6.2	6.7	6.2	5.2

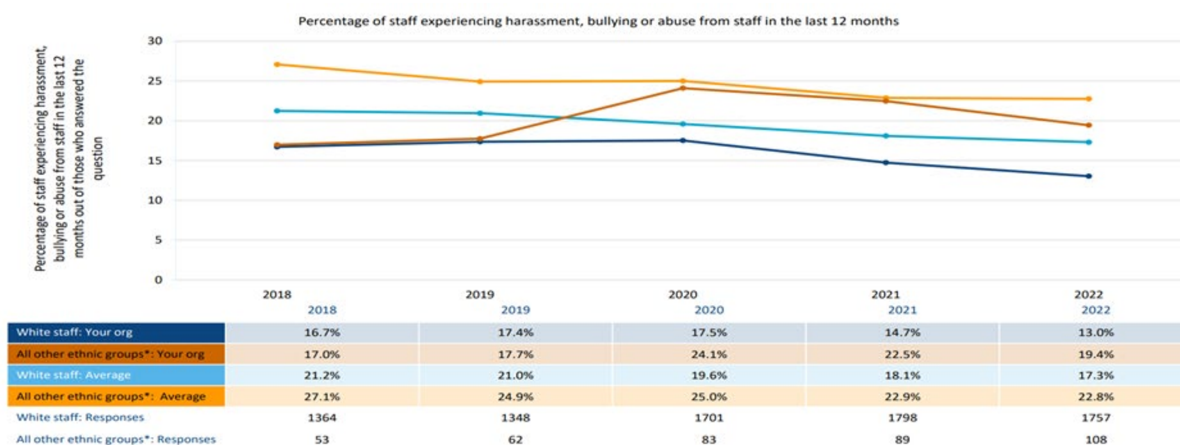
The results demonstrate that the Trust is performing above the national average in all 9 of the key themes.

The ‘We are compassionate and inclusive’ theme was rated the highest for the Trust at 7.7 and the greatest increase in score was “we work flexibly” which increased from 6.9 to 7.1. The lowest results were in the ‘We are always learning’ key theme, scoring 5.8, Although this was still above average it was the area with the lowest score for our organisation.

Areas of focus for 2023/24

Whilst the results are positive the Trust will not be complacent and will maintain focus and momentum to maintain the areas which have been improved and focus on becoming the top performing Trust in all areas of the People Promise.

Diversity and Equality - Whilst the Trust scored highly overall for diversity and equality focus needs to be given to reducing discrimination in all areas. Although discrimination on the grounds of “age” and “other” was identified as being higher than average there are still colleagues experiencing discrimination due to the other protected characteristics (race, gender, sexual orientation, disability and religion). Work has been undertaken in previous years and the Trust is seeing a decline in those experiencing harassment, bullying or abuse, but further work needs to be undertaken to reduce this further and ensure that all colleagues feel comfortable coming to work safe in the knowledge that they will not experience discrimination in the workplace.



	2018	2019	2020	2021	2022
White staff: Your org	16.7%	17.4%	17.5%	14.7%	13.0%
All other ethnic groups*: Your org	17.0%	17.7%	24.1%	22.5%	19.4%
White staff: Average	21.2%	21.0%	19.6%	18.1%	17.3%
All other ethnic groups*: Average	27.1%	24.9%	25.0%	22.9%	22.8%
White staff: Responses	1364	1348	1701	1798	1757
All other ethnic groups*: Responses	53	62	83	89	108

Bank Colleagues - For bank colleagues consideration needs to be given to how their opinions are sought and how care groups include them when service developments are discussed. Only 35% of bank colleagues said they’d received an appraisal in the last 12 months. Care Groups/Corporate teams need to ensure that bank colleagues are included in the appraisal process and that they have a discussion that helps them to achieve their potential.

Appraisal - A key area of focus following the 2021 staff survey was appraisal, which is linked to People Promise element 5. The 2022 survey data highlights that this is still an area of focus for the Trust, as the Trust is scoring 0.1 above average in this area. In reviewing this data, it has been noted that there is a differential in the responses to “in the last 12 months have you had an appraisal” between the Quality Health survey results and the CQC survey results. The Quality Health results show 91% of colleagues receiving an appraisal in 2022 and the CQC data shows 88%.

Whilst the number of people receiving an appraisal has reduced the other elements ie

“it helped me to agree objectives for my work”, “it helped me to improve how I do my job” and “it left me feeling that my work is valued by my organisation” have all increased from 2021. This is a really positive result as it shows that as an organisation, more meaningful appraisals are being undertaken and colleagues are seeing the value of them. The focus for 2023 is to ensure that all colleagues receive an appraisal and that the Trust continues to see improvements in.

Whilst the Trust saw a small decline in the number of responses from 1,913 (56%) to 1897 (51%) the number of responses was still above the median response rate. As this was the second year that the survey results have been based on the people promise it was still above results.

Trade Union Facility Time

Total number of Trust employees who were relevant union officials during the relevant period (1 April 2022 to 31 March 2023):

Number of employees who were relevant union officials during the relevant period	Full-time equivalent employee number
9	7.986

Number of Trust employees who were relevant union officials employed during the relevant period spending a) 0%, b) 1%-50%, c) 51%-99% or d) 100% of their working hours on facility time:

Percentage of time	Number of employees
0%	3 representatives
1 – 50%	4 representatives
50-99%	0 representatives
100%	2 representatives

The information in the table below determines the percentage of the Trust total pay bill spent on paying employees who were relevant union officials for facility time during the relevant period (2022/23):

Column 1	Figures
Total cost of facility time (Includes gross salary, employer pension contribution and national insurance contributions)	£59,453.13
Total Trust pay bill*	£108,156,504.56
Percentage of the total pay bill spent on facility time is calculated as: (total cost of facility time ÷ total pay bill) x 100	0.05%

* Total Pay Bill – this figure differs from the ‘Total Staff Costs’ presented on page 60; Total Pay Bill represents the expenditure of directly employed individuals and excludes costs such as those associated with agency staff, journaled expenditure and secondment arrangements. This means the calculation more closely aligns to the staff that the paid union staff represent.

Number of hours spent by relevant union officials on paid union activities as a percentage of total paid trade union facility time hours:

Column 1	Figures
Time spent on paid trade union activities as a percentage of total paid facility time hours is calculated as: (total hours spent on paid trade union activities by relevant union officials during the relevant period ÷ total paid facility time hours) x 100	0.59

Details of the Trade Union Facility Time disclosures are published on the Trust's website at https://www.rdash.nhs.uk/about-us/public-declarations/facilities-information-data/

Expenditure on consultancy

As per note 6 to the accounts, the Trust spent a total of £258,000 on consultancy in the financial year (2021/22 - £142,000). The key pieces of consultancy work commissioned related to the Value Circle, Attain Project Management Support, and the Office of Modern Governance. Reducing such spend forms part of our financial plan.

Off-payroll arrangements

Table 1: Highly-paid off-payroll worker engagements as at 31 March 2023 earning £245 per day or greater

Number of existing engagements as of 31 March 2023	
Of which...	
Number that have existed for less than one year at time of reporting.	33
Number that have existed for between one and two years at time of reporting.	0
Number that have existed for between two and three years at time of reporting.	0
Number that have existed for between three and four years at time of reporting.	0
Number that have existed for four or more years at time of reporting.	0

Table 2: All highly paid off-payroll workers engaged at any point during the year ended 31 March 2023 earning £245 per day or greater.

Number of off-payroll workers engaged during the year ended 31 March 2023	
Of which:	
Not subject to off-payroll legislation *	56
Subject to off-payroll legislation and determined as in-scope of IR35 *	0
Subject to off-payroll legislation and determined as out-of-scope of IR35 *	0
Number of engagements reassessed for compliance or assurance purposes during the year	0
Of which: number of engagements that saw a change to IR35 status following review	0

* A worker that provides their services through their own limited company or another type of intermediary to the client will be subject to off-payroll legislation and the Trust must undertake an assessment to determine whether that worker is in-scope of Intermediaries legislation (IR35) or out-of-scope for tax purposes

Table 3: For any off-payroll engagements of board members, and/or, senior officials with significant financial responsibility, between 1 April 2022 and 31 March 2023

Number of off-payroll engagements of board members, and/or, senior officials with significant financial responsibility, during the financial year.	0
Number of individuals that have been deemed 'board members and/or senior officials with significant financial responsibility' during the financial year. This figure must include both off-payroll and on-payroll engagements.	22

Staff exit packages

The Trust actively manages services to ensure effective care for patients/service users within the resources available, which may necessitate organisational changes to the workforce as a result of the external environment or an internal review of service requirements. Where the redeployment of employees cannot be facilitated there are occasions when the efficiency programme leads to the need for redundancy payments.

Information below provides an analysis of exit packages agreed during the year. Redundancy and other departure costs have been paid in accordance with the provisions of the agenda for change terms and conditions.

Exit package cost band	Number of compulsory redundancies	Number of other departures agreed	Total number of exit packages by cost band
<£10,000	0	0	0
£10,000 - £25,000	1	0	1
£25,001 - £50,000	0	0	0
£50,001 - £100,000	0	0	0
£100,001 - £150,000	0	0	0
£150,001 - £200,000	0	0	0
Total number of exit packages by type	1	0	1
Total resource cost	£23K	0	£23K

Exit packages: Non-compulsory departure payments

	Agreements Number	Total value of agreements £000
Voluntary redundancies including early retirement contractual costs	1	26
Mutually agreed resignations (MARS) contractual costs	0	0
Early retirements in the efficiency of the service contractual costs	0	0
Contractual payments in lieu of notice	0	0
Exit payments following Employment Tribunals or court orders	0	0
Non-contractual payments requiring HMT approval	0	0
Total	1	26
Of which: non-contractual payments requiring HMT approval made to individuals where the payment value was more than 12 months of their annual salary	0	0

NHS FT Code of Governance Disclosures

The NHS Foundation Trust Code of Governance (the Code of Governance) was first published in 2006 and was most recently updated in July 2014.

The purpose of the Code of Governance is to assist NHS foundation trust boards in improving their governance practices by bringing together the best practice of public and private sector corporate governance. The code is issued as best practice advice but imposes some disclosure requirements.

Rotherham Doncaster and South Humber NHS Foundation Trust has applied the principles of the NHS Foundation Trust Code of Governance on a comply or explain basis. The NHS Foundation Trust Code of Governance, most recently revised in July 2014, is based on the principles of the UK Corporate Governance Code issued in 2012.

This Annual Report includes all the disclosures required by the Code. The Trust has applied the principles of the *Code* on a comply-or-explain basis. The Board of Directors and Council of Governors are committed to continuing to operate according to the highest standards of corporate governance, and support and agree with the principles set out in the *Code*.

There are no provisions within the *NHS Foundation Trust Code of Governance* that we did not comply with for the period 1 April 2022 to 31 March 2023.

NHS System Oversight Framework

NHS England's NHS Oversight Framework provides the framework for overseeing systems including providers and identifying potential support needs. NHS organisations are allocated to one of four 'segments'.

A segmentation decision indicates the scale and general nature of support needs, from no specific support needs (segment 1) to a requirement for mandated intensive support (segment 4). A segment does not determine specific support requirements. By default, all NHS organisations are allocated to segment 2 unless the criteria for moving into another segment are met. These criteria have two components:

a) objective and measurable eligibility criteria based on performance against the six oversight themes using the relevant oversight metrics (the themes are: quality of care, access and outcomes; people; preventing ill-health and reducing inequalities; leadership and capability; finance and use of resources; local strategic priorities)
b) additional considerations focused on the assessment of system leadership and behaviours, and improvement capability and capacity.

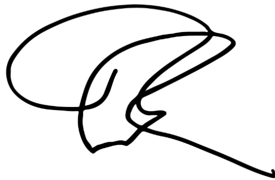
An NHS foundation trust will be in segment 3 or 4 only where it has been found to be in breach or suspected breach of its licence conditions.

Segmentation

During 2022/23 the Trust was assessed in Segment 2 (2021/22 Segment 2).

No enforcement action has been taken by NHS England against the Trust.

This segmentation information is the trust's position as at 31 March 2023. Current segmentation information for NHS trusts and foundation trusts is published on the NHS England website: https://www.england.nhs.uk/publication/nhs-system-oversight-framework-segmentation/



Toby Lewis, Chief Executive
26 October 2023

Statement of Accounting Officer's Responsibilities

The NHS Act 2006 states that the chief executive is the accounting officer of the NHS foundation trust. The relevant responsibilities of the accounting officer, including their responsibility for the propriety and regularity of public finances for which they are answerable, and for the keeping of proper accounts, are set out in the NHS Foundation Trust Accounting Officer Memorandum issued by NHS England.

NHS England has given Accounts Directions which require Doncaster Rotherham and South Humber NHS foundation trust to prepare for each financial year a statement of accounts in the form and on the basis required by those Directions. The accounts are prepared on an accruals basis and must give a true and fair view of the state of affairs of [name] NHS foundation trust and of its income and expenditure, other items of comprehensive income and cash flows for the financial year.

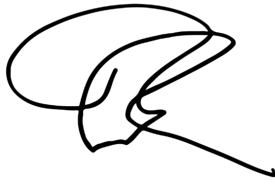
In preparing the accounts and overseeing the use of public funds, the Accounting Officer is required to comply with the requirements of the Department of Health and Social Care Group Accounting Manual and in particular to:

- observe the Accounts Direction issued by NHS England, including the relevant accounting and disclosure requirements, and apply suitable accounting policies on a consistent basis
- make judgements and estimates on a reasonable basis
- state whether applicable accounting standards as set out in the NHS Foundation Trust Annual Reporting Manual (and the Department of Health and Social Care Group Accounting Manual) have been followed, and disclose and explain any material departures in the financial statements
- ensure that the use of public funds complies with the relevant legislation, delegated authorities and guidance
- confirm that the annual report and accounts, taken as a whole, is fair, balanced and understandable and provides the information necessary for patients, regulators and stakeholders to assess the NHS foundation trust's performance, business model and strategy and
- prepare the financial statements on a going concern basis and disclose any material uncertainties over going concern.

The accounting officer is responsible for keeping proper accounting records which disclose with reasonable accuracy at any time the financial position of the NHS foundation trust and to enable them to ensure that the accounts comply with requirements outlined in the above mentioned Act. The Accounting Officer is also responsible for safeguarding the assets of the NHS foundation trust and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

As far as I am aware, there is no relevant audit information of which the foundation trust's auditors are unaware, and I have taken all the steps that I ought to have taken to make myself aware of any relevant audit information and to establish that the entity's auditors are aware of that information.

To the best of my knowledge and belief, I have properly discharged the responsibilities set out in the NHS Foundation Trust Accounting Officer Memorandum.



Toby Lewis, Chief Executive
26 October 2023

Annual Governance Statement

Scope of responsibility

As Accounting Officer, I have responsibility for maintaining a sound system of internal control that supports the achievement of the NHS foundation trust's policies, aims and objectives, whilst safeguarding the public funds and departmental assets for which I am personally responsible, in accordance with the responsibilities assigned to me. I am also responsible for ensuring that the modern slavery NHS foundation trust is administered prudently and economically and that resources are applied efficiently and effectively. I also acknowledge my responsibilities as set out in the NHS Foundation Trust Accounting Officer Memorandum.

The purpose of the system of internal control

The system of internal control is designed to manage risk to a reasonable level rather than to eliminate all risk of failure to achieve policies, aims and objectives; it can therefore only provide reasonable and not absolute assurance of effectiveness. The system of internal control is based on an ongoing process designed to identify and prioritise the risks to the achievement of the policies, aims and objectives of Rotherham, Doncaster and South Humber NHS Foundation Trust, to evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively and economically. The system of internal control has been in place in Rotherham, Doncaster and South Humber NHS Foundation Trust for the year ended 31 March 2023 and up to the date of approval of the annual report and accounts.

Capacity to handle risk

As the Accountable Officer, I am accountable for ensuring that the Trust can discharge its legal duty for all aspects of risk. I have overall responsibility for the management of risk and for maintaining a sound system of internal control.

Leadership arrangements for risk management are detailed in the Trust's Risk Management Framework and further supported by the Board Assurance Framework and individual job descriptions. The Risk Management Framework outlines our approach to risk and the accountability arrangements including the responsibilities of the Board and its committees, Executive Directors and all staff. Active leadership from all managers at all levels to ensure effective risk management is a fundamental part of an integrated approach to quality, corporate and clinical governance, performance management and assurance.

The Trust's Strategy sets out the Strategic objectives and the Board Assurance Framework (BAF) identifies the risks that could compromise the Trust from achieving these objectives. The BAF maps the key controls in place to manage the strategic risks and provides the Board of Directors with assurance against the controls and gaps identified.

The Director of Corporate Assurance/Board Secretary has delegated responsibility for the Trust's Board Assurance Framework and for ensuring the implementation of the risk management framework within services. All Executive Directors have responsibility to

identify and manage risk within their specific areas of control in line with the management and accountability arrangements in the Trust.

The Audit Committee monitors and oversees both the internal control issues and the processes for risk management. Both Internal and External Auditors attend the Audit Committee.

The management of strategic and operational risk is detailed in the Risk Management Framework and the 'Risk and how we manage it' leaflet. All policies are available to staff via the Trust's website and undergo an equality impact assessment and is part of the approval process along with consultation.

The Trust ensures that staff are equipped to manage risk in a variety of ways and at different levels of strategic and operational function. Additional training is made available to all levels of staff, covering areas such as fire safety, health and safety, moving and handling, resuscitation and first aid.

All operational risks are recorded in the risk module within 'Ulysses'. Risk module training and general risk training is provided to identified risk leads.

The Trust learn from a range of sources including patient and staff feedback, outcomes of reported incidents and innovations. The Trust's Organisational Learning Framework articulates the key opportunities and mechanisms in place that create the culture of informal and formal learning. During 2023/24 we will be revisiting the approach and systems by which we learn internally to consider what changes of scale and what measures of impact are needed. Our current approach is consistent with many in the NHS, but this is a field in which RDaSH wishes to excel.

The risk and control framework

The Trust considers risk management to be an intrinsic part of its governance and quality frameworks and an essential element of the entire management process and not a separate entity. It underpins the achievement of the Trust's strategic objectives, and effective risk management is imperative to provide a safe environment and improved quality of care for service users and staff.

The Risk Management Framework explains how risks are identified, evaluated, scored and monitored within the organisation. The Trust has in place a risk matrix, which is used to evaluate all risks. Once agreed, operational risks are included in the relevant Risk Registers and monitored by the relevant Board Committee in accordance with allocated theme associated with the BAF. In addition, all operational risks with a score of 15 or above are presented to the Board on a bimonthly basis.

For risks other than those considered as 'tolerated', managers are required to develop and implement a specific risk management action plan. No risk with a likelihood of three will be tolerated without approval by the Executive Management Team.

The Trust manages its most significant current and future potential risks to the achievement of our strategic objectives through the Board Assurance Framework that provides a structure for the effective and focused management of the principal risks. Risks are assessed by using a 5 x 5 risk matrix where the total score is an indicator as

to seriousness of the risk. Each risk is allocated an Executive Director lead and a lead committee of the Board, and these risks are reviewed at every other committee meeting.

The Board Assurance Framework contains 7 strategic risks each having been assigned to an executive director with oversight by designated Board assurance committees, with the exception of two risks that remained with the Board of Directors for oversight. The strategic risks relate to:

- Recruitment and retention
- Culture and Development
- Financial Stability
- Collaboration
- Standards of Care
- Governance
- Destabilising Events

The Board has reserved to review two of the strategic risks itself and receives an overview of the remaining risks within the Board Assurance Framework at every other meeting in public.

All the strategic risks are reported to the committees and the Board of Directors to discuss whether the controls are working and the gaps are being mitigated. During 2022/23 there was one extreme strategic risk relating to recruitment and retention. This risk was proposed to be reduced to a high risk, supported by the People and OD Committee in October 2022 and approved by the Board of Directors in November 2022 on the basis that the action taken and strengthened controls reduced the risk rating to high.

The Risk Management Framework is in place throughout the Trust and an annual review was undertaken which was reported to the Audit Committee. This report provided assurance of its implementation and confirmed that the Trust was operating in line with the principles of the Framework.

Significant work is scheduled for 2023 to review the Risk Management Framework, including the approach to risk appetite and develop specific risk training as part of the Trust ongoing development to ensure processes and practice remain fit for purpose.

The Trust is committed to supporting patient safety by ensuring information is accessible, its integrity is protected against loss or damage, and confidentiality is maintained. The Trust recognises that information handling represents a corporate risk in that failures to protect information properly, or to use it appropriately, can have a damaging impact on the safety of our patients and the reputation of the organisational.

Information risk management is monitored via our information risk management framework. As part of this, information risks are clearly recognised, and the appropriate controls implemented through the risk management framework. The Senior Information Risk Owner (SIRO) is responsible for overseeing the development and implementation of the information risk management framework. The SIRO is supported in this by the Information Governance (IG) team and by the Information Asset Owners (IAO) within each business area. IAO’s are responsible for managing information risks to the assets within their control.

In addition to the strategic risks within the Board Assurance Framework there are other key operational risks. These key operational risks are extreme risks, rated as 15 or above and have the highest impact on the organisation. Agreement of risk rating for all extreme risks is through the Executive Management Team, in terms of both accepting the risk as extreme and the reduction down from extreme rating. There has been one extreme risk monitored in year relating to the recruitment and retention of consultation psychiatrists in North Lincolnshire Care Group. In June 2022 the executive management team agreed de-escalation to a high risk due to the progress made on mitigating the risk. As at the 31 March 2023 although the risk continues to be monitored as a live risk, it is currently considered as posing a moderate level of risk. As we review our risks against our intention, as a Trust, in 2023/24 to become 'fully staffed' we will consider how cross cutting recruitment and retention risks are best represented and actionably mitigated.

The Trust has also developed a range of guidelines, policies and procedures to assist managers in the assessment, control and investigation of risks. These procedures set out the levels of risk and identify where in the organisation each should be managed. The key policies and procedures are:

- Incident reporting policy
- Learning from deaths policy
- Being open and duty of candour policy
- Clinical Risk Assessment and Management policy
- Complaints handling policy
- Freedom to speak up policy

NHS Foundation Trust License Condition Compliance

As an NHS Foundation Trust, the Trust is required by its license to apply relevant principles, systems and standards of good corporate governance (FT4). To discharge this requirement the Trust has a Board of Directors and committee structure with responsibilities set out in formal terms of reference. The Board and its Committees have associated reporting lines, performance and risk management systems. Each Committee is chaired by a Non-Executive Director and has an associated executive team member as its executive lead. The work plans of the committees are reviewed annually with the Terms of reference and an assurance statement is provided to the Board of Directors confirming that the Committee has effectively discharged its responsibilities during the year.

A self-assessment of compliance against the Trust's licence is undertaken by the Director of Corporate Assurance and reviewed by the Board of Directors. The Board of Directors has not identified any principal risks to compliance with provider licence condition FT4 and is satisfied with the timeliness and accuracy of information to assess risks to compliance with the provider licence and degree of rigour of oversight it has over performance.

The Trust also has a comprehensive programme of internal audit in place aligned to key areas of potential financial and operational risk. This will increasingly be examined, set, and managed alongside our clinical audit programme, as we look to work on an integrated basis.

The Board of Directors, as required under the NHS Foundation Trust condition 4(8)(b)

assures itself of the validity of its Corporate Governance statement. The Board of Directors review the Corporate Governance Statement every year to ensure that the declaration being made can be supported. It considers the risks and mitigating actions that management provided and determines whether the statements are valid through its own work throughout the year, assurances from internal and external audit and other reviews.

Stakeholder relations

As referenced earlier, on a more formal basis the Trust works closely with our two ICBs (South Yorkshire and Humber and North Yorkshire).

The Trust is part of formal Provider Collaboratives in South Yorkshire and Humber & North Yorkshire. In South Yorkshire we contribute to hub arrangements for the specialised services Secure Care, Adult Eating Disorders and CAMHS Tier 4. Our organization leads the commissioning of adult eating disorders.

The Provider Collaborative for Mental Health, Learning Disabilities and Autism in South Yorkshire forms an increasingly crucial role in how we work, and has agreed four improvement priorities to which contributing partners devote time and effort. In 2023/24 I would expect to see material progress in these areas, impacting service quality to the benefit for patients.

The community mental health transformation programme (CMHT) has redesigned integrated models of primary and community mental health care across Rotherham, Doncaster and North Lincolnshire supporting adults and older adults with severe mental illnesses. Three new community-based offers coproduced at place include access to psychological therapies, improved physical health care, employment support, personalised and trauma-informed care. This includes maintaining and developing new services for people who have the most complex needs and proactive work to address racial disparities tackling health inequalities. Local areas have supported the redesign and re-organisation of core community mental health teams to move towards a new place-based, multidisciplinary service across health and social care aligned with primary care networks. This work has been delivered in partnership in each place working with healthcare commissioners and secondary and primary care providers, the voluntary sector, social care, housing and people with a lived experience.

The Trust continues to deliver the Drug and Alcohol addiction services in partnership with The Alcohol & Drug Service (ADS) under the name of Aspire. This includes working to deliver services such as supporting people who have problems with drugs and alcohol, rough sleepers in Doncaster and people in prisons.

In addition, the Trust has worked with provider partners in the independent sector to reduce waiting times for patients (e.g. for diagnosis of autism and attention deficit hyperactivity disorder) and provide additional capacity for mental health in-patient care.

The Trust also works very closely with its Council of Governors and wider Foundation Trust members to engage them in our work. Most importantly, patients and carers are viewed as key stakeholders and have partnered with a Participation Partner to help us work with local communities to co-produce, design and oversee the delivery of our services. Our Council of Governors have established priorities for the year ahead and

will play an increasingly vital role connecting the management of the Trust with the wider community.

The Voluntary and Community Sector are increasingly better recognized as key players in the delivery of our service models across communities and our relationships with them are strengthening into working in partnerships. During 2022/23, there has been a range of examples where the Trust has consulted and involved the Voluntary and Community Sector in developments. Here are some examples:

- Survey and event as the Trust looks to transform mental health crisis services with other organisations.
- Introduction of Patient Safety Partners.
- Family and Carer Engagement for Serious Incidents and Complaints.
- Patient stories at Trust Board meetings.
- Contract to deliver the CQC-led patient survey.
- Commissioned engagement to help the Trust shape its ambitions and vision.

My expectation is that our forthcoming strategy will place much more overt reliance on the role of patient and community partners.

Safer staffing and workforce development

Following the Pandemic, the Trust has invested heavily in the health and wellbeing of our colleagues and is focusing more on our commitment to be a compassionate and inclusive organisation, which has a Restorative Just and Learning Culture and where the Trust is an Employer of Choice. The trust has joined a mental health collaborative for international recruitment, and we are looking at new and diverse roles whilst delivering exceptional care.

E-Rostering is used to monitor clinical staffing levels primarily in our inpatient environments. The national Electronic Staff Record (ESR) is utilised to manage budgeted establishments and actual establishments and provide detailed information in relation to skill mix, vacancies, and turnover. ESR is also utilised for monitoring professional registration, statutory employment checks, statutory and mandatory training compliance, and professional development review compliance. In addition, the Trust has an in-house Staff Portal which is utilised to monitor clinical and managerial supervision compliance and the Trust and each directorate is provided with data from all of these systems on a monthly basis to ensure compliance is monitored and actioned.

The numbers of our colleagues on our wards are monitored and managed operationally through the Chief Operating Officer and the Care Group structures. The safe staffing requirements are determined and monitored by the Executive Director for Nursing and Allied Health Professions and locally at 'place level' by locality Associate Nurse Directors. Staffing levels are published on our website. Safe staff reporting is a requirement for health trusts and has been published the data in line with national requirements set by NHS England.

In 2023/24 we will develop our safe staffing model further to ensure that it examines all professional groups, and the combined impact of their time, availability, and expertise in the care we provide. An initial analysis of our baseline position has been considered by our Board of Directors.

As with many other trusts in the country, we have staffing pressures in terms of specific clinical roles in certain areas – particularly nursing and medical vacancies. Work has been undertaken locally, regionally and nationally, to address these issues creatively and safely. There is a dedicated People Plan Steering group that meets to progress focussed work streams, identify areas of improvement and change, and also work upon interventions to ensure a more sustainable workforce.

Key focus areas over the past year have been the development of nursing career pathways assisted by the introduction of the trainee nursing associate role; improved communications and engagement with local communities and international agencies encouraging people to choose healthcare as a career of choice; and the revision of recruitment processes and the recent agreement to fund a designated recruitment team to support all areas of the organisation. Trajectories to recruit to all roles within our Trust are being set alongside our budgets in 23/24. Unambiguously recruiting to our funded roles is the basis for the Trust's Operating Plan 23/24.

Culture

The Trust is committed to improving its culture, as improved colleague experience is linked to improved patient experience. The Trust collectively focuses on improving both what we do (quality/process) and the way we do things around here (culture). The approach is underpinned by 2 core programmes: NHSE/ Improvement - 'Quality, Service Improvement and Redesign' (QSIR) methodology. The organisational development team is comprised of specialists in Improvement and Culture team, 'Equality, Diversity & Inclusion team and the Spiritual Care team. This team work together, with colleagues, patients, carers and third-party organisations to improve the lives of those who work in our organisation and those who receive care and treatment.

Compliance Statements

The foundation trust is fully compliant with the registration requirements of the Care Quality Commission.

The foundation trust has published on its website an up-to-date register of interests, including gifts and hospitality, for decision-making staff (as defined by the trust with reference to the guidance) within the past twelve months as required by the Managing Conflicts of Interest in the NHS guidance.

As an employer with staff entitled to membership of the NHS Pension Scheme, control measures are in place to ensure all employer obligations contained within the Scheme regulations are complied with. This includes ensuring that deductions from salary, employer's contributions and payments into the Scheme are in accordance with the Scheme rules.

Control measures are in place to ensure that all the organisation's obligations under equality, diversity and human rights legislation are complied with.

The foundation trust has undertaken risk assessments and has plans in place which take account of the 'Delivering a Net Zero Health Service' report under the Greener NHS programme. The trust ensures that its obligations under the Climate Change Act and the Adaptation Reporting requirements are complied with.

Review of economy, efficiency and effectiveness of the use of resources

The Finance, Performance and Informatics Committee (FPIC) and ultimately the Board of Directors ensure through a series of robust review mechanisms, that the use of resources is planned in an efficient and effective manner, and that our financial position is monitored and scrutinised on a monthly basis. They monitor the monthly position against the approved financial plan for the year. I have responsibility for ensuring that the resources used in the day-to-day operational activities of the Trust are done so in an economic, efficient and effective manner, alongside the wider executive group.

In addition to the monthly budgetary control system, the Trust ensures economy, efficiency and effectiveness as well as value for money through the implementation of a suite of effective and consistently applied financial controls, effective tendering procedures and procurement practices, robust establishment controls and continuous service improvement and modernisation programmes.

We have a quarterly Audit Committee that includes reports from Internal and External Audit. Audit provides a view to Non-Executive Directors on our overall governance and control processes. FPIC and the Audit Committee, referred to above, are two of the eight committees put in place by the Board of Directors as part of its governance structure. Further details on the structure, the attendance of directors at meetings of the Board – see page 36. The annual assessment of compliance statement with the Corporate Governance Code is provided in the Annual Report – see page 72.

Information governance

The Trust has a nominated Senior Information Risk Officer (SIRO) at executive level who has been nominated responsibility for information risk. The Data Protection Officer (DPO), overseas Data Protection compliance throughout the Trust and provides independent advice to the Trust.

Information Governance incidents are monitored through the Information Governance Group (chaired by the SIRO) on a monthly basis. During 2022/23 there have been 515 incidents reported of which 2 required notification to the Information Commissioner via Data Security & Protection toolkit (during 2021/22 there was one incident). Details for the incident are summarised in the table overleaf:

No.	Month/Year	Summary of Breach	Action Taken by the ICO
1.	04/2022	SystmOne regular audit undertaken by Service. Staff member found four separate records that didn't have a reason as to why they had been accessed. New member of staff to the team working on a temporary basis was identified as entering the records. Further investigation found the staff member had accessed over 100 medical records inappropriately. Police and ICO informed.	ICO advised the Trust to complete internal investigation then forward findings to ICO. ICO will then review and make a decision on whether they will conduct a full investigation based on the evidence and information provided. Investigation ongoing ICO kept informed.

No.	Month/Year	Summary of Breach	Action Taken by the ICO
2.	04/2022	Patient's GP was asked by an insurance company for a report, which included information regarding the patient's access to RDaSH Substance Misuse Services. Patient contacted RDaSH to state this is incorrect information due to never accessing Substance Misuse Services. This caused problems with the insurers. On investigation the information had been entered onto the wrong patient's record.	ICO informed the Trust that no further actioned would be taken further to the investigation and removal of the incorrect information from the patient's record.

Data quality and governance

Data quality and accuracy is governed through the Trust's annual Data Quality Improvement programme, reporting a quarterly position to the Finance, Performance and Informatics Committee on progress and position. This programme provides key focus on measures linked to NHS Oversight Framework and quality related Board Assurance Framework risks, whilst also supporting wider data quality discussion.

The Trust Head of Information Quality/Clinical Safety Officer provides clinical leadership to translate and drive data quality needs into improved clinical recording accuracy and practice, whilst also understanding needs for improved quality of care delivery and efficiency.

Subject to both internal and external validation, the Trust is committed to continuously improving the Board Assurance Framework position for data quality and related quality of care outcomes.

The quality of our services will continue to be increasingly defined at an operational level through care groups, with service user, carer and stakeholder involvement, with due regard to appropriate organisational governance arrangements and oversight by the Board of Directors.

There is an approved Clinical Audit Policy which describes the Trust's approach and arrangements and an approved clinical audit programme. The clinical audit function is used appropriately to focus on risks, as well as on nationally identified issues. Progress against the clinical audit programme and the outcomes of audits are reported to the care groups.

The Trust Data Quality Policy provides assurance on the approach to data quality as a Trust, aligning to the Trust information governance & management framework, national data standards and legal commitments & obligations. The policy and framework drives a clear directive for Trust wide data quality ownership, accountability, and action to ensure continuous data quality, whilst recognising the importance of accuracy for patient care and safety.

Review of effectiveness

As Accounting Officer, I have responsibility for reviewing the effectiveness of the system of internal control. My review of the effectiveness of the system of internal control is informed by the work of the internal auditors, clinical audit and the executive managers and clinical leads within the NHS foundation trust who have responsibility for the development and maintenance of the internal control framework. I have drawn on performance information available to me.

My review is also informed by comments made by the external auditors in their management letter and other reports. I have been advised on the implications of the result of my review of the effectiveness of the system of internal control by the board, the, the quality committee, the peoples and organisational development committee, the finance performance and informatics committee, commissioning committee and the mental health legislation committee and a plan to address weaknesses and ensure continuous improvement of the system is in place. Routine reporting from the Board subcommittees into the Board of Directors and Annual Assurance Statements provided to confirm discharges of duties under their terms of reference.

The Audit Committee provides the Board of Directors with an independent and objective view of arrangements for internal control and risk management within the Trust and ensure that the internal audit service complies with mandatory auditing standards. It approves the annual audit plans for internal and external audit services, receives regular progress reports and ensures that recommendations arising from audits are actioned.

The system of internal control is regularly reviewed and the processes for maintaining and reviewing include:

- The maintenance of a view of the overall position with regards to internal controls by the Board of Directors through routine reporting processes and review of the Board Assurance Framework.
- The receipt of internal and external Audit reports on the Trust's internal control processes by the Audit Committee.
- Input into the controls and risks management processes from Executive Directors and senior managers.

The Board of Directors review of the Trusts risk and internal control framework is supported by the Annual Head of Internal Audit Opinion. The opinion is based on and limited to their work performed on the overall adequacy and effectiveness of the Trust risk management, control and governance processes.

The work of internal audit is monitored via the Audit Committee, from which further assurances, through their objective and independent view of the system of internal control, have been received. Plans to address any weaknesses identified through these audits are subject to regular follow up by the Corporate Assurance Team and are overseen by the Audit Committee.

The Head of Internal Audit's opinion for 1 April 2022 to 31 March 2023 confirms that there have been no issues identified as part of the internal audit work that is considered as requiring reporting as a significant control issue within the Trust's Annual Governance Statement.

I am providing an opinion of significant assurance that there is a generally sound framework of governance, risk management and control designed to meet the organisation's objectives, and controls are generally being applied consistently.

In providing my opinion three main areas are considered:

- Board Assurance Framework (BAF)
- individual assignments
- follow up of actions.

I am providing an opinion of significant assurance for the Board Assurance Framework.

I am providing an opinion of moderate assurance for the outturn of individual assignments. Of the eight assurance opinion reports issued since our 2021/22 opinion, four have provided limited assurance (three of which were core audits) and four provided significant assurance or equivalent (two of which were core).

I am providing an opinion of significant assurance for the follow up of actions. The first follow up rate is 93% with an overall implementation rate of 100%.

This Opinion should be taken in its entirety for the Annual Governance Statement and any other purpose for which it is repeated.

External Audit report to the Trust on the findings from their audit work, in particular their audit of the financial statements and the Trust's arrangement for the secure economy, efficiency and effectiveness in its use of resources. For 2022/23 an unmodified audit opinion has been issued in respect of the financial statements and no specific risks have been identified in respect of the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources.

The Quality Committee approves the annual audit plan for clinical audit services, receives regular progress reports on outcomes and around the implementation rates for actions arising from the recommendations made. In future this work will be integrated into the Audit Committee's workplan, informed by wider clinical advice from across the senior leadership.

Summary

I concur with audit opinions that the Trust does not have material deficiencies of risk management, governance, or control. Notwithstanding that there is scope for improvement in how we achieve impact from our systems to improve the working lives of our teams and the outcomes and experiences for carers and patients.

Having completed two months in post and considered with executive and Board colleagues the current state of how we work, I would highlight four areas for focused improvement in the months ahead – which necessarily implies that the existing arrangements could be improved. They have not, with the exception of finance, given rise to in year risks under the year in report, but they do require strengthening.

Data for care: Whilst there is an effective Board quality committee, and significant resource involved in oversight, the expressed view of the new Clinical Leadership Executive is that we do not yet have an agreed safety and quality dataset, together with clear performance expectations. The key domains of safety are tracked consistent with the wider NHS. But we wish to make sure that our ambulatory services have sufficient support with dataflow to acknowledge the risks faced there by patients and staff, alongside the more traditionally reportable inpatient profile. It is recognised, not least through the development of the IQPR referenced above, that the Trust has work to do to migrate the balance of its approach further towards quantitative assessment, and reliance on accurate data to test the quality of services offered. Managers leading clinical services must have to hand the data needed, and comparative performance must be visible routinely and closer to real-time in oversight settings.

Financial improvement: The Trust starts 23/24 with a proportionately significant I&E deficit, albeit with a healthy cash balance. This deficit reflects not simply forthcoming in-year pressures associated with the national efficiency ask, but also the accumulation of prior years reliance on non-recurrent measures. The Board has been sighted on this situation, and well sighted during 22/23. However, the mitigations put in place during the year under report did not meet the challenge involved. There is no reflection on controls in that performance, but it does suggest that the understanding and drive required to provide better quality at lower cost requires further support in 2023/24. Work with corporate directorates and Care Groups has begun not just on the budgetary plans but on capability and capacity to make sure that we can deliver on those plans.

Data about staffed teams: The Trust holds much of the central data about its workforce that is traditionally used in peer organisations. The use of that data is much more live for nursing than for other roles, despite a well-developed and integrated staffing model across professions. The Trust cannot suggest that it is nearing best practice in joining up its workforce data to prompt action and response, as yet, and the data is not set alongside safety data, for reasons apparent above. As an organization where the greatest risk is staffing, it is important that data on these issues of widely available across the Trust and that there is good understanding of how everyone can play their part in improvement. Reducing our reliance on unfamiliar agency staff is a quality transformation as much as it is required financially.

Delivery capacity: In support, for example, of work described above on risk, we need to define and then support the local, middle, and senior management structure – and ensure we have the capacity and can develop further capability. As a distributed organization, we necessarily rely on individuals working at scale, and with the added complexity of routine remote working, we need to make sure that the structure and skills we have are as required to deliver the day-to-day and our future strategy. There are existing support plans, as at January 2023, in many areas to provide this support, and during 2023/24 and 24/25 we will quicken and deepen those endeavors'. Our structure review will conclude this summer with a commitment to stability over coming years.

The Board of Directors as a whole will take oversight of these issues, which will be reflected in our revised BAF and risk register. In reporting in 2023/24 these four issues will be reflected on, as we look to match the highest standards expected by the Well-Led framework.

Toby Lewis, Chief Executive
26 October 2023

AUDITORS REPORT

Independent auditor's report to the Council of Governors and Board of Directors of Rotherham Doncaster and South Humber NHS Foundation Trust.

Report on the audit of the financial statements

Opinion

In our opinion the financial statements of Rotherham Doncaster and South Humber NHS Foundation Trust (the 'foundation trust') and its subsidiaries (the 'group'):

- give a true and fair view of the state of the group's and the foundation trust's affairs as at 31 March 2023 and of the group's and foundation trust's income and expenditure for the year then ended;
- have been properly prepared in accordance with the accounting requirements of the Department of Health and Social Care Group Accounting Manual, as directed by NHS England; and
- have been prepared in accordance with the requirements of the National Health Service Act 2006.

We have audited the financial statements which comprise:

- the consolidated statement of comprehensive income;
- the consolidated statement of financial position;
- the group and foundation trust statements of changes in equity;
- the statement of cash flows; and
- the related notes 1 to 37.

The financial reporting framework that has been applied in their preparation is applicable law and the accounting requirements of the Department of Health and Social Care Group Accounting Manual, as directed by NHS England.

Basis for opinion

We conducted our audit in accordance with International Standards on Auditing (UK) (ISAs (UK)), the Code of Audit Practice issued by the Comptroller & Auditor General and applicable law. Our responsibilities under those standards are further described in the auditor's responsibilities for the audit of the financial statements section of our report.

We are independent of the group and the foundation trust in accordance with the ethical requirements that are relevant to our audit of the financial statements in the UK, including the Financial Reporting Council's (the 'FRC's') Ethical Standard, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Conclusions relating to going concern

In auditing the financial statements, we have concluded that the accounting officer's use of the going concern basis of accounting in the preparation of the financial statements is appropriate.

Based on the work we have performed, we have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on the group's and the foundation trust's ability to continue as a going concern for a period of at least twelve months from when the financial statements are authorised for issue.

Our responsibilities and the responsibilities of the directors with respect to going concern are described in the relevant sections of this report.

The going concern basis of accounting for the group and the foundation trust is adopted in consideration of the requirements set out in the Department of Health and Social Care Group Accounting Manual which require entities to adopt the going concern basis of accounting in the preparation of the financial statements where it is anticipated that the services which they provide will continue into the future.

Other information

The other information comprises the information included in the annual report, other than the financial statements and our auditor's report thereon. The accounting officer is responsible for the other information contained within the annual report. Our opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in our report, we do not express any form of assurance conclusion thereon.

Our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the course of the audit, or otherwise appears to be materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether this gives rise to a material misstatement in the financial statements themselves. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact.

We have nothing to report in this regard.

Responsibilities of accounting officer

As explained more fully in the statement of accounting officer's responsibilities, the accounting officer is responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view, and for such internal control as the accounting officer determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the accounting officer is responsible for assessing the group's and the foundation trust's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless they have been informed by the relevant national body of the intention to dissolve the foundation trust without the transfer of the foundation trust's services to another public sector entity.

Auditor's responsibilities for the audit of the financial statements
Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

A further description of our responsibilities for the audit of the financial statements is located on the FRC's website at: www.frc.org.uk/auditorsresponsibilities. This description forms part of our auditor's report.

Extent to which the audit was considered capable of detecting non-compliance with laws and regulations, including fraud. We design procedures in line with our responsibilities, outlined above, to detect material misstatements in respect of non-compliance with laws and regulations, including fraud. The extent to which our procedures are capable of detecting non-compliance with laws and regulations, including fraud is detailed below.

We considered the nature of the group and its control environment, and reviewed the group's documentation of their policies and procedures relating to fraud and compliance with laws and regulations. We also enquired of management and internal audit about their own identification and assessment of the risks of non-compliance with laws and regulations.

We obtained an understanding of the legal and regulatory framework that the group operates in, and identified the key laws and regulations that:

- had a direct effect on the determination of material amounts and disclosures in the financial statements. This included the National Health Service Act 2006.
- do not have a direct effect on the financial statements but compliance with which may be fundamental to the group's ability to operate or to avoid a material penalty. These included the Data Protection Act 2018 and relevant employment legislation.

We discussed among the audit engagement team regarding the opportunities and incentives that may exist within the organisation for fraud and how and where fraud might occur in the financial statements.

As a result of performing the above, we identified the greatest potential for fraud or non-compliance with laws and regulations in the following areas, and our specific procedures performed to address it is described below:

- the judgemental nature of key assumptions used in property valuations: we engaged our property specialists to assess the assumptions and methodology used to value the estate.

In common with all audits under ISAs (UK), we are also required to perform specific procedures to respond to the risk of management override. In addressing the risk of fraud through management override of controls, we tested the appropriateness of journal entries and other adjustments; assessed whether the judgements made in making accounting estimates are indicative of a potential bias; and evaluated the business rationale of any significant transactions that are unusual or outside the normal course of business.

In addition to the above, our procedures to respond to the risks identified included the following:

- reviewing financial statement disclosures by testing to supporting documentation to assess compliance with provisions of relevant laws and regulations described as having a direct effect on the financial statements;
- performing analytical procedures to identify any unusual or unexpected relationships that may indicate risks of material misstatement due to fraud;
- enquiring of management and internal audit concerning actual and potential litigation and claims, and instances of non-compliance with laws and regulations;
- enquiring of the local counter fraud specialist and review of local counter fraud reports produced; and
- reading minutes of meetings of those charged with governance and reviewing internal audit reports.

Report on other legal and regulatory requirements

Opinions on other matters prescribed by the National Health Service Act 2006 In our opinion:

- the parts of the Remuneration Report and Staff Report subject to audit have been prepared properly in accordance with the National Health Service Act 2006 in all material respects; and
- the information given in the Performance Report and the Accountability Report for the financial year for which the financial statements are prepared is consistent with the financial statements.

Matters on which we are required to report by exception

Use of resources

Under the Code of Audit Practice and Schedule 10(1(d)) of the National Health Service Act 2006, we are required to report to you if we have not been able to satisfy ourselves that the foundation trust has made proper arrangements for

securing economy, efficiency and effectiveness in its use of resources.

Our work in respect of the foundation trust's arrangements is not complete at the date of our report on the financial statements. We will report the outcome of our work on the foundation trust's arrangements and include any additional exception reporting in respect of significant weaknesses in our audit completion certificate and our separate Auditor's Annual Report. We are satisfied that the remaining work is unlikely to have a material impact on the financial statements.

Respective responsibilities of the accounting officer and auditor relating to the foundation trust's arrangements for securing economy, efficiency and effectiveness in the use of resources
The accounting officer is responsible for putting in place proper arrangements to secure economy, efficiency and effectiveness in the use of the foundation trust's resources.

We are required under the Code of Audit Practice and Schedule 10(1(d)) of the National Health Service Act 2006 to satisfy ourselves that the foundation trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources.

We are not required to consider, nor have we considered, whether all aspects of the foundation trust's arrangements for securing economy, efficiency and effectiveness in its use of resources are operating effectively.

We undertake our work in accordance with the Code of Audit Practice, having regard to the Auditor Guidance Notes issued by the Comptroller & Auditor General, as to whether the foundation trust has proper arrangements for securing economy, efficiency and effectiveness in the use of resources against the specified criteria of financial sustainability, governance, and improving economy, efficiency and effectiveness.

The Comptroller & Auditor General has determined that under the Code of Audit Practice, we discharge this responsibility by reporting by exception if we have reported to the foundation trust a significant weakness in arrangements to secure economy, efficiency and effectiveness in its use of resources for the year ended 31 March 2023 by the time of the issue of our audit report. Other findings from our work, including our commentary on the foundation trust's arrangements, will be reported in our separate Auditor's Annual Report.

Annual Governance Statement and compilation of financial statements

Under the Code of Audit Practice, we are required to report to you if, in our opinion:

- the Annual Governance Statement does not meet the disclosure requirements set out in the NHS Foundation Trust Annual Reporting Manual, is misleading, or is inconsistent with information of which we are aware from our audit; or
- proper practices have not been observed in the compilation of the financial statements.

We are not required to consider, nor have we considered, whether the Annual Governance Statement addresses all risks and controls or that risks are satisfactorily addressed by internal controls.

We have nothing to report in respect of these matters.

Reports in the public interest or to the regulator

Under the Code of Audit Practice, we are also required to report to you if:

- any matters have been reported in the public interest under Schedule 10(3) of the National Health Service Act 2006 in the course of, or at the end of the audit; or
- any reports to the regulator have been made under Schedule 10(6) of the National Health Service Act 2006 because we have reason to believe that the foundation trust, or a director or officer of the foundation trust, is about to make, or has made, a decision involving unlawful expenditure, or is about to take, or has taken, unlawful action likely to cause a loss or deficiency.

We have nothing to report in respect of these matters.

Delay in certification of completion of the audit

We cannot formally conclude the audit and issue an audit certificate until we have completed our work in respect of the foundation trust's arrangements for securing economy, efficiency and effectiveness in its use of resources (as reported in the Matters on which we are required to report by exception – Use of resources section of our report) and the work necessary to issue our statement on consolidation schedules. We are satisfied that our remaining work in these areas are unlikely to have a material impact on the financial statements.

Use of our report
This report is made solely to the Council of Governors and Board of Directors ("the Boards") of Rotherham Doncaster and South Humber NHS Foundation Trust, as a body, in accordance with paragraph 4 of Schedule 10 of the National Health Service Act 2006. Our audit work has been undertaken so that we might state to the Boards those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Boards as a body, for our audit work, for this report, or for the opinions we have formed.

Paul Hewitson (Key Audit
Partner) For and on behalf
of Deloitte LLP Appointed
Auditor
Newcastle upon Tyne, United
Kingdom 3 October 2023

Independent auditor's certificate of completion of the audit

Issue of opinion on the audit of the financial statements

In our audit report for the year ended 31 March 2023 issued on 3 October 2023 we reported that, in our opinion, the financial statements:

- gave a true and fair view of the state of the group's and the foundation trust's affairs as at 31 March 2023 and of the group's and foundation trust's income and expenditure for the year then ended;
- had been properly prepared in accordance with the accounting policies directed by NHS England; and
- had been prepared in accordance with the requirements of the National Health Service Act 2006.

Foundation trust's arrangements for securing economy, efficiency and effectiveness in its use of resources

As part of our audit, we are required to report to you if we are not able to satisfy ourselves that the foundation trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources.

As at the date of issue of our audit report for the year ended 31 March 2023 on 3 October 2023, we had not completed our work on the foundation trust's arrangements, and had nothing to report in respect of this matter as at that date.

Certificate of completion of the audit

In our audit report for the year ended 31 March 2023 issued on 3 October 2023, we explained that we could not formally conclude the audit on that date until we had completed our work in respect of the foundation trust's arrangements for securing economy, efficiency and effectiveness in its use of resources and the work necessary to issue our statement on consolidation schedules. We have now completed our work in these areas.

No matters have come to our attention since that date that would have a material impact on the financial statements on which we gave our opinion.

We have nothing to report in respect of the foundation trust's arrangements for securing economy, efficiency and effectiveness in its use of resources.

We certify that we have completed the audit of Rotherham Doncaster and South Humber NHS Foundation Trust in accordance with requirements of Chapter 5 of Part 2 of the National Health Service Act 2006 and the Code of Audit Practice issued by the Comptroller & Auditor General.

Paul Hewitson (Key Audit Partner)
For and on behalf of Deloitte LLP
Appointed Auditor
Newcastle upon Tyne, United Kingdom
26 October 2023

Rotherham Doncaster and South Humber NHS Foundation Trust

Annual accounts for the year ended 31 March 2023

Foreword to the accounts

Rotherham Doncaster and South Humber NHS Foundation Trust

These accounts, for the year ended 31 March 2023, have been prepared by Rotherham Doncaster and South Humber NHS Foundation Trust in accordance with paragraphs 24 & 25 of Schedule 7 within the National Health Service Act 2006.

Signed ……………………………………………….

Name	**Toby Lewis**
Job title	**Chief Executive**
Date	**26 October 2023**

Consolidated Statement of Comprehensive Income for the year ended 31 March 2023

	Note	Group 2022/23 £000	2021/22 £000
Operating income from patient care activities	3	205,135	183,106
Other operating income	4	12,424	10,984
Operating expenses	6	(219,184)	(187,618)
Operating (deficit)/surplus from continuing operations		**(1,625)**	**6,472**
Finance income	11	983	80
Finance expenses	12	(1,909)	(1,548)
PDC dividends payable		(1,584)	(1,523)
Net finance costs		**(2,510)**	**(2,991)**
Other losses	13	(156)	(23)
(Deficit)/surplus for the year from continuing operations		**(4,291)**	**3,458**
(Deficit)/surplus for the year		**(4,291)**	**3,458**
Other comprehensive income			
Will not be reclassified to income and expenditure:			
Impairments	7	(2,352)	(2,657)
Revaluations		8,457	5,269
Remeasurements of the net defined benefit pension scheme liability / asset	32	933	417
May be reclassified to income and expenditure when certain conditions are met:			
Fair value (losses)/gains on financial assets mandated at fair value through OCI	19	(215)	13
Total comprehensive income/(expense) for the period		**2,532**	**6,500**
(Deficit)/surplus for the period attributable to:			
Rotherham Doncaster and South Humber NHS Foundation Trust		(4,291)	3,458
TOTAL		**(4,291)**	**3,458**
Total comprehensive income/(expense) for the period attributable to:			
Rotherham Doncaster and South Humber NHS Foundation Trust		2,532	6,500
TOTAL		**2,532**	**6,500**

Consolidated and Parent Statement of Financial Position as at 31 March 2023

		Group		Trust	
		31 March 2023	31 March 2022	31 March 2023	31 March 2022
	Note	£000	£000	£000	£000
Non-current assets					
Intangible assets	15	2,361	2,866	2,361	2,866
Property, plant and equipment	16	86,134	78,480	87,305	78,480
Right of Use Assets	19	11,589	-	11,589	-
Investment property	18	3,549	2,493	3,099	2,493
Other investments / financial assets	20	2,527	2,547	22	22
Receivables	24	129	54	129	54
Pension asset	32	470	-	470	-
Total non-current assets		**106,759**	**86,440**	**104,975**	**83,915**
Current assets					
Inventories	23	505	511	487	493
Receivables	24	13,470	4,389	13,447	4,370
Cash and cash equivalents	25	40,295	48,429	39,590	47,652
Total current assets		**54,270**	**53,329**	**53,524**	**52,515**
Current liabilities					
Trade and other payables	26	(22,359)	(17,306)	(22,017)	(17,012)
Borrowings	28	(2,185)	(911)	(2,185)	(911)
Provisions	29	(241)	(1,682)	(241)	(1,682)
Other liabilities	27	(1,385)	(1,606)	(1,385)	(1,453)
Total current liabilities		**(26,170)**	**(21,505)**	**(25,828)**	**(21,058)**
Total assets less current liabilities		**134,859**	**118,264**	**132,671**	**115,372**
Non-current liabilities					
Trade and other payables	26	-	(3)	-	-
Borrowings	28	(25,242)	(12,016)	(25,242)	(12,016)
Provisions	29	(990)	(496)	(990)	(496)
Other liabilities	32	-	(387)	-	(387)
Total non-current liabilities		**(26,232)**	**(12,902)**	**(26,232)**	**(12,899)**
Total assets employed		**108,627**	**105,362**	**106,439**	**102,473**
Financed by					
Public dividend capital		40,855	40,735	40,855	40,735
Revaluation reserve		35,725	30,267	36,446	30,267
Income and expenditure reserve		29,180	31,518	29,138	31,471
Charitable fund reserves	21	2,867	2,842	-	-
Total taxpayers' equity		**108,627**	**105,362**	**106,439**	**102,473**

The notes on pages 103 to 143 form part of these accounts.

Name: Toby Lewis
Position: Chief Executive
Date: 26 October 2023

Statement of Changes in Equity for the year ended 31 March 2023 - (Group)

Group	Note	Public dividend capital £000	Revaluation reserve £000	Income and expenditure reserve £000	Charitable fund reserves £000	Total £000
Taxpayers' and others' equity at 1 April 2022 - brought forward		**40,735**	**30,267**	**31,518**	**2,842**	**105,362**
Implementation of IFRS 16 on 1 April 2022		**-**	**-**	**613**	**-**	**613**
(Deficit) for the year		-	-	(4,531)	240	**(4,291)**
Other transfers between reserves		-	(647)	647	-	**-**
Net Impairments		-	(2,352)	-	-	**(2,352)**
Revaluations		-	8,457	-	-	**8,457**
Fair value (losses) on financial assets mandated at fair value through OCI		-	-	-	(215)	**(215)**
Remeasurements of the defined net benefit pension scheme liability/asset	33	-	-	933	-	**933**
Public dividend capital received		120	-	-	-	**120**
Taxpayers' and others' equity at 31 March 2023		**40,855**	**35,725**	**29,180**	**2,867**	**108,627**

Statement of Changes in Equity for the year ended 31 March 2022 - (Group)

Group	Note	Public dividend capital £000	Revaluation reserve £000	Income and expenditure reserve £000	Charitable fund reserves £000	Total £000
Taxpayers' and others' equity at 1 April 2021 - brought forward		**39,928**	**28,267**	**26,925**	**2,935**	**98,055**
Surplus for the year		-	-	3,564	(106)	**3,458**
Other transfers between reserves		-	(612)	612	-	**-**
Impairments	7	-	(2,657)	-	-	**(2,657)**
Revaluations	17	-	5,269	-	-	**5,269**
Fair value gains on financial assets mandated at fair value through OCI		-	-	-	13	**13**
Remeasurements of the defined net benefit pension scheme liability/asset	33	-	-	417	-	**417**
Public dividend capital received		807	-	-	-	**807**
Taxpayers' and others' equity at 31 March 2022		**40,735**	**30,267**	**31,518**	**2,842**	**105,362**

Statement of Changes in Equity for the year ended 31 March 2023 Trust

Trust	Note	Public dividend capital £000	Revaluation reserve £000	Income and expenditure reserve £000	Total £000
Taxpayers' and others' equity at 1 April 2022 - brought forward		**40,735**	**30,267**	**31,471**	**102,473**
Implementation of IFRS 16 on 1 April 2022		**-**	**-**	**613**	**613**
(Deficit) for the year		**-**	**-**	(4,527)	**(4,527)**
Other transfers between reserves		**-**	(647)	647	**-**
Impairments	7	**-**	(2,352)	**-**	**(2,352)**
Revaluations		**-**	8,457	**-**	**8,457**
Remeasurements of the defined net benefit pension scheme liability/asset	33	**-**	**-**	**933**	**933**
Public dividend capital received		120	**-**	**-**	**120**
Other - Trust only Investment Property classification			**721**		**721**
Taxpayers' and others' equity at 31 March 2023		**40,855**	**36,446**	**29,138**	**106,439**

Statement of Changes in Equity for the year ended 31 March 2022 Trust

Trust	Note	Public dividend capital £000	Revaluation reserve £000	Income and expenditure reserve £000	Total £000
Taxpayers' and others' equity at 1 April 2021 - brought forward		**39,928**	**28,267**	**26,875**	**95,070**
Surplus for the year		**-**		3,567	**3,567**
Other transfers between reserves		-	(612)	612	**-**
Impairments	7	-	(2,657)	-	**(2,657)**
Revaluations	17	-	5,269	-	**5,269**
Remeasurements of the defined net benefit pension scheme liability/asset	33	-	-	417	**417**
Public dividend capital received		807	-	-	**807**
Taxpayers' and others' equity at 31 March 2022		**40,735**	**30,267**	**31,471**	**102,473**

Information on reserves

Public dividend capital
Public dividend capital (PDC) is a type of public sector equity finance based on the excess of assets over liabilities at the time of establishment of the predecessor NHS organisation. Additional PDC may also be issued to trusts by the Department of Health and Social Care. A charge, reflecting the cost of capital utilised by the trust, is payable to the Department of Health as the public dividend capital dividend.

Revaluation reserve
Increases in asset values arising from revaluations are recognised in the revaluation reserve, except where, and to the extent that, they reverse impairments previously recognised in operating expenses, in which case they are recognised in operating income. Subsequent downward movements in asset valuations are charged to the revaluation reserve to the extent that a previous gain was recognised unless the downward movement represents a clear consumption of economic benefit or a reduction in service potential.

Income and expenditure reserve
The balance of this reserve is the accumulated surpluses and deficits.

Charitable funds reserve
This reserve comprises the ring-fenced funds held by the NHS charitable funds consolidated within these financial statements. These reserves are classified as restricted or unrestricted; a breakdown is provided in note 21.

Statements of Cash Flows

	Note	Group		Trust	
		2022/23	2021/22	2022/23	2021/22
		£000	£000	£000	£000
Cash flows from operating activities					
Operating (deficit)/surplus		(1,625)	6,472	(1,793)	6,714
Non-cash income and expense:					
Depreciation and amortisation	6	5,978	4,466	5,978	4,466
Net impairments	7	4,022	(660)	4,022	(660)
Non-cash movements in on-SoFP pension liability		76	107	76	107
(Increase) in receivables and other assets		(9,230)	(1,090)	(9,229)	(1,053)
Decrease/(increase) in inventories		6	(138)	6	(137)
Increase/(decrease) in payables		4,881	(2,442)	4,815	(2,429)
(Decrease)/increase in other liabilities		(221)	64	(68)	(15)
(Decrease) / increase in provisions		(947)	(373)	(947)	(373)
Movements in charitable fund working capital		18	61	-	-
NHS Charitable Funds: Other movements in operating cash flows		(238)	230	-	-
Other movements in operating cash flows		(3)		(2)	-
Net cash flows from / (used in) operating activities		**2,717**	**6,697**	**2,858**	**6,620**
Cash flows from investing activities					
Interest received		839	27	839	27
Purchase of intangible assets		(103)	(726)	(103)	(726)
Purchase of PPE and investment property		(6,677)	(4,806)	(6,677)	(4,806)
Net cash flows from charitable fund investing activities		69	53	-	-
Net cash flows (used in) investing activities		**(5,872)**	**(5,452)**	**(5,941)**	**(5,505)**
Cash flows from financing activities					
Public dividend capital received		120	807	120	807
Movement on loans from DHSC		(363)	(363)	(363)	(363)
Capital element of lease liability repayments		(1,253)	-	(1,253)	-
Capital element of PFI, LIFT and other service concession payments		(539)	(494)	(539)	(494)
Interest on loans		(171)	(185)	(171)	(185)
Interest element of lease liability repayments		(138)	-	(138)	-
Interest paid on PFI, LIFT and other service concession obligations		(1,524)	(1,369)	(1,524)	(1,369)
PDC dividend (paid) / refunded		(1,111)	(1,110)	(1,111)	(1,110)
Net cash flows (used in) financing activities		**(4,979)**	**(2,714)**	**(4,979)**	**(2,714)**
(Decrease) in cash and cash equivalents		**(8,134)**	**(1,469)**	**(8,062)**	**(1,599)**
Cash and cash equivalents at 1 April - brought forward		**48,429**	**49,898**	**47,652**	**49,251**
Cash and cash equivalents at 31 March	25	**40,295**	**48,429**	**39,590**	**47,652**

Notes to the Accounts

Note 1 Accounting policies and other information

Note 1.1 Basis of preparation

NHS Improvement, in exercising the statutory functions conferred on Monitor, has directed that the financial statements of the Trust shall meet the accounting requirements of the Department of Health and Social Care Group Accounting Manual (GAM), which shall be agreed with HM Treasury. Consequently, the following financial statements have been prepared in accordance with the GAM 2022/23 issued by the Department of Health and Social Care. The accounting policies contained in the GAM follow International Financial Reporting Standards to the extent that they are meaningful and appropriate to the NHS, as determined by HM Treasury, which is advised by the Financial Reporting Advisory Board. Where the GAM permits a choice of accounting policy, the accounting policy that is judged to be most appropriate to the particular circumstances of the Trust for the purpose of giving a true and fair view has been selected. The particular policies adopted are described below. These have been applied consistently in dealing with items considered material in relation to the accounts.

Accounting convention

These accounts have been prepared under the historical cost convention modified to account for the revaluation of property, plant and equipment, intangible assets, inventories and certain financial assets and financial liabilities.

Note 1.2 Going concern

After making enquiries, the directors have a reasonable expectation that the services provided by Rotherham Doncaster and South Humber NHS Foundation Trust will continue to be provided by the public sector for the foreseeable future. For this reason, the directors have adopted the going concern basis in preparing the accounts, following the definition of going concern in the public sector adopted by HM Treasury's Financial Reporting Manual.

Rotherham Doncaster & South Humber NHS Foundation Trust’s annual report and accounts have been prepared on a going concern basis. Non-trading entities in the public sector are assumed to be going concerns where the continued provision of a service in the future is anticipated, as evidenced by inclusion of financial provision for that service in published documents

Note 1.3 Consolidation

NHS Charitable Fund

The Trust is the corporate trustee to the Rotherham Doncaster and South Humber NHS charitable fund. The Trust has assessed its relationship to the charitable fund and determined it to be a subsidiary because the Trust is exposed to, or has rights to, variable returns and other benefits for itself, patients, and staff from its involvement with the charitable fund and could affect those returns and other benefits through its power over the fund.

The charitable fund’s statutory accounts are prepared to 31 March each year in accordance with the UK Charities Statement of Recommended Practice (SORP) which is based on UK Financial Reporting Standard (FRS) 102. On consolidation, necessary adjustments are made to the charity’s assets, liabilities, and transactions to:

• recognise and measure them in accordance with the Trust's accounting policies and

• eliminate intra-group transactions, balances, gains and losses

Charitable Fund key accounting policies

The accounts are prepared under the historical cost convention, with the exception of investments which are included at market value. The fund comprises:

Unrestricted funds - funds which the trustee is free to use for any purpose in furtherance of the charitable objectives.
Restricted funds - funds which must be used for the specific purpose set out by the donor.

Gains and losses on investments are taken to the Statement of Financial Activities as they arise. Realised gains and losses on investments are calculated as the difference between the sale proceeds and the opening market value, or purchase date if later. Unrealised gains and losses are calculated as the difference between the market value at the year-end and the opening market value, or purchase value.

Other subsidiaries

Flourish Enterprises Community Interest Company (Flourish) is a wholly owned subsidiary of the Trust.

Subsidiary entities are those over which a trust is exposed to, or has rights to, variable returns from its involvement with the entity and can affect those returns through its power over the entity. The income, expenses, assets, liabilities, equity and reserves of subsidiaries are consolidated in full into the appropriate financial statement lines.

The amounts consolidated are drawn from the financial statements of the subsidiary for the year ended 31 March 2023.

Flourish prepares its financial statements in accordance with Financial Reporting Standard 102.

Where subsidiaries' accounting policies are not aligned with those of the trust (including where they report under UK FRS 102), then amounts are adjusted during consolidation where the differences are material. There are no material differences between amounts in the financial statements of the Trust and Flourish. Inter-entity balances, transactions and gains/losses are eliminated in full on consolidation

Note 1.4 Revenue from contracts with customers

Where income is derived from contracts with customers, it is accounted for under IFRS 15. The GAM expands the definition of a contract to include legislation and regulations which enables an entity to receive cash or another financial asset that is not classified as a tax by the Office of National Statistics (ONS).

Revenue in respect of goods/services provided is recognised when (or as) performance obligations are satisfied by transferring promised goods/services to the customer and is measured at the amount of the transaction price allocated to those performance obligations. At the year end, the Trust accrues income relating to performance obligations satisfied in that year. Where the Trust's entitlement to consideration for those goods or services is unconditional a contract receivable will be recognised. Where entitlement to consideration is conditional on a further factor other than the passage of time, a contract asset will be recognised. Where consideration received or receivable relates to a performance obligation that is to be satisfied in a future period, the income is deferred and recognised as a contract liability.

Payment is typically received within thirty days of the satisfaction of the performance obligations and as such has no impact on contract balances.

Revenue from NHS contracts

The main source of income for the Trust is contracts with commissioners for health care services. In 2022/23, the largest proportion of the Trust's income from NHS commissioners was in the form of block contract arrangements. The Trust receives block funding from its commissioners where funding envelopes are set within a 'Place' ['Place' being the smaller geographical footprint within the system which aligns with patient flows for care], and then aggregated via an Integrated Care Board (ICB). The related performance obligation is the delivery of healthcare and related services during the period, with the Trust's entitlement to consideration not varying based on the levels of activity performed.

The Trust receives additional income outside of the block to reimburse specific costs incurred. In 2022/23 other income top-ups to support the delivery of services was received. The Trust also received payment from the Elective Recovery Fund.

The Trust exercises the following practical expedients mandated by the GAM: (1) As per paragraph 121 of the Standard the Trust does not disclose information regarding performance obligations part of a contract that has an original expected duration of one year or less. (2) The GAM does not require the Trust to disclose information where revenue is recognised in line with the practical expedient offered in paragraph B16 of the Standard where the right to consideration corresponds directly with value of the performance completed to date. (3) The GAM has mandated the exercise of the practical expedient offered in C7A of the Standard that requires the Trust to reflect the aggregate effect of all contracts modified before the date of initial application.

Mental health provider collaboratives

NHS lead provider collaboratives for specialised mental health, learning disability and autism services involve an NHS lead provider taking responsibility for managing services, care pathways and specialised commissioning budgets for a population. As lead provider for the South Yorkshire Adult Eating Disorder Provider Collaborative, the Trust is accountable to NHS England and Improvement and as such recognises the income and expenditure associated with the commissioning of services from other providers in these financial statements. Where the Trust is the provider of commissioned services, this element of income is recognised in the provision of services, after eliminating internal transactions. Any income balances that remain at the financial year end are deferred to fund commissioned services over the remaining life of the contract

Revenue from research contracts

Where research contracts fall under IFRS 15, revenue is recognised as and when performance obligations are satisfied. For some contracts, it is assessed that the revenue project constitutes one performance obligation over the course of the multi-year contract. In these cases, it is assessed that the Trust’s interim performance does not create an asset with alternative use for the Trust, and the Trust has an enforceable right to payment for the performance completed to date. It is therefore considered that the performance obligation is satisfied over time, and the Trust recognises revenue each year over the course of the contract. Some research income alternatively falls within the provisions of IAS 20 for government grants.

Note 1.5 Other forms of income

Grants and donations

Government grants are grants from government bodies other than income from commissioners or trusts for the provision of services. Where a grant is used to fund revenue expenditure it is taken to the Statement of Comprehensive Income (SOCI) to match that expenditure. Where the grants are used to fund capital expenditure, they are credited to the consolidated statement of comprehensive income once conditions attached to the grant have been met. Donations are treated in the same way as government grants.

Apprenticeship service income

The value of the benefit received when accessing funds from the Government's apprenticeship service is recognised as income at the point of receipt of the training service. Where these funds are paid directly to an accredited training provider from the Trust's Digital Apprenticeship Service (DAS) account held by the Department for Education, the corresponding notional expense is also recognised at the point of recognition for the benefit.

Note 1.6 Expenditure on employee benefits

Short-term employee benefits

Salaries, wages and employment-related payments such as social security costs and the apprenticeship levy are recognised in the period in which the service is received from employees. The cost of annual leave entitlement earned but not taken by employees at the end of the period is recognised in the financial statements to the extent that employees are permitted to carry-forward leave into the following period.

Pension costs

NHS Pension Scheme

Past and present employees are covered by the provisions of the two NHS Pension Schemes. Both schemes are unfunded, defined benefit schemes that cover NHS employers, general practices and other bodies, allowed under the direction of Secretary of State for Health and Social Care in England and Wales. The scheme is not designed in a way that would enable employers to identify their share of the underlying scheme assets and liabilities. Therefore, the scheme is accounted for as though it is a defined contribution scheme: the cost to the Trust is taken as equal to the employer's pension contributions payable to the scheme for the accounting period. The contributions are charged to operating expenses as and when they become due.

Additional pension liabilities arising from early retirements are not funded by the scheme except where the retirement is due to ill-health. The full amount of the liability for the additional costs is charged to the operating expenses at the time the Trust commits itself to the retirement, regardless of the method of payment.

Local Government Pension Scheme

There are Trust employees that are members of the Local Government Pension Scheme which is a defined benefit pension scheme. The scheme assets and liabilities attributable to these employees can be identified and are recognised in the Trust's accounts. The assets are measured at fair value, and the liabilities at the present value of future obligations

The increase in the liability arising from pensionable service earned during the year is recognised within operating expenses. The net interest cost during the year arising from the unwinding of the discount on the net scheme liabilities is recognised within finance costs. Remeasurements of the defined benefit plan are recognised in the income and expenditure reserve and reported in the Statement of Comprehensive Income as an item of 'other comprehensive income'.

Note 1.7 Expenditure on other goods and services

Expenditure on goods and services is recognised when, and to the extent that they have been received, and is measured at the fair value of those goods and services. Expenditure is recognised in operating expenses except where it results in the creation of a non-current asset such as property, plant and equipment.

Note 1.8 Discontinued operations

Discontinued operations occur where activities either cease without transfer to another entity, or transfer to an entity outside of the boundary of Whole of Government Accounts, such as private or voluntary sectors. Such activities are accounted for in accordance with IFRS 5. Activities that are transferred to other bodies within the boundary of Whole of Government Accounts are 'machinery of government changes' and treated as continuing operations.

The Trust had no discontinued operations in 2022/23 or 2021/22 .

Note 1.9 Property, plant and equipment

Recognition

Property, plant and equipment is capitalised where:

• it is held for use in delivering services or for administrative purposes
• it is probable that future economic benefits will flow to, or service potential be provided to, the Trust
• it is expected to be used for more than one financial year
• the cost of the item can be measured reliably
• the item has cost of at least £5,000, or
• collectively, a number of items have a cost of at least £5,000 and individually have cost of more than £250, where the assets are functionally interdependent, had broadly simultaneous purchase dates, are anticipated to have similar disposal dates and are under single managerial control.

Where a large asset, for example a building, includes a number of components with significantly different asset lives, eg, plant and equipment, then these components are treated as separate assets and depreciated over their own useful lives.

Subsequent expenditure

Subsequent expenditure relating to an item of property, plant and equipment is recognised as an increase in the carrying amount of the asset when it is probable that additional future economic benefits or service potential deriving from the cost incurred to replace a component of such item will flow to the enterprise and the cost of the item can be determined reliably. Where a component of an asset is replaced, the cost of the replacement is capitalised if it meets the criteria for recognition above. The carrying amount of the part replaced is de-recognised. Other expenditure that does not generate additional future economic benefits or service potential, such as repairs and maintenance, is charged to the Statement of Comprehensive Income in the period in which it is incurred.

Measurement

Valuation

All property, plant and equipment assets are measured initially at cost, representing the costs directly attributable to acquiring or constructing the asset and bringing it to the location and condition necessary for it to be capable of operating in the manner intended by management.

Assets are measured subsequently at valuation. Assets which are held for their service potential and are in use (ie operational assets used to deliver either front line services or back office functions) are measured at their current value in existing use. Assets that were most recently held for their service potential but are surplus with no plan to bring them back into use are measured at fair value where there are no restrictions on sale at the reporting date and where they do not meet the definitions of investment properties or assets held for sale.

Revaluations of property, plant and equipment are performed with sufficient regularity to ensure that carrying values are not materially different from those that would be determined at the end of the reporting period. Current values in existing use are determined as follows:

- Land and non-specialised buildings – market value for existing use
- Specialised buildings – depreciated replacement cost on a modern equivalent asset basis.

For specialised assets, current value in existing use is interpreted as the present value of the asset's remaining service potential, which is assumed to be at least equal to the cost of replacing that service potential. Specialised assets are therefore valued at their depreciated replacement cost (DRC) on a modern equivalent asset (MEA) basis. An MEA basis assumes that the asset will be replaced with a modern asset of equivalent capacity and meeting the location requirements of the services being provided. Assets held at depreciated replacement cost are valued on an alternative site basis.

Valuation guidance issued by the Royal Institute of Chartered Surveyors states that valuations are performed net of VAT where the VAT is recoverable by the entity. This basis has been applied to the Trust's Private Finance Initiative (PFI) scheme where the construction is completed by a special purpose vehicle and the costs have recoverable VAT for the Trust.

Properties in the course of construction for service or administration purposes are carried at cost, less any impairment loss (if any). Cost includes professional fees. Assets are revalued and depreciation commences when the assets are brought into use.

IT equipment, transport equipment, furniture and fittings, and plant and machinery that are held for operational use are valued at depreciated historic cost where these assets have short useful lives or low values or both, as this is not considered to be materially different from current value in existing use.

Assets which are not sufficiently low value and/or do not have sufficiently short lives are valued at depreciated historic cost as a proxy for current value in existing use.

Depreciation

Items of property, plant and equipment are depreciated, on a straight line basis, over their remaining useful lives in a manner consistent with the consumption of economic or service delivery benefits. Freehold land is considered to have an infinite life and is not depreciated.

Property, plant and equipment which has been reclassified as 'held for sale' cease to be depreciated upon the reclassification. Assets in the course of construction are not depreciated until the asset is brought into use.

Revaluation gains and losses

Revaluation gains are recognised in the revaluation reserve, except where, and to the extent that, they reverse a revaluation decrease that has previously been recognised in operating expenses, in which case they are recognised in operating expenditure.

Revaluation losses (impairments) re charged to the revaluation reserve to the extent that there is an available balance for the asset concerned, and thereafter are charged to operating expenses.

Gains and losses recognised in the revaluation reserve are reported in the Statement of Comprehensive Income as an item of 'other comprehensive income'.

Impairments

In accordance with the GAM, impairments that arise from a clear consumption of economic benefits or of service potential in the asset are charged to operating expenses. A compensating transfer is made from the revaluation reserve to the income and expenditure reserve of an amount equal to the lower of (i) the impairment charged to operating expenses; and (ii) the balance in the revaluation reserve attributable to that asset before the impairment.

An impairment that arises from a clear consumption of economic benefit or of service potential is reversed when, and to the extent that, the circumstances that gave rise to the loss is reversed. Reversals are recognised in operating expenditure to the extent that the asset is restored to the carrying amount it would have had if the impairment had never been recognised. Any remaining reversal is recognised in the revaluation reserve. Where, at the time of the original impairment, a transfer was made from the revaluation reserve to the income and expenditure reserve, an amount is transferred back to the revaluation reserve when the impairment reversal is recognised.

Other impairments are treated as revaluation losses. Reversals of ‘other impairments’ are treated as revaluation gains.

De-recognition

Assets intended for disposal are reclassified as ‘held for sale’ once all of the following criteria are met. The sale must be highly probable and the asset available for immediate sale in its present condition.

Following reclassification, the assets are measured at the lower of their existing carrying amount and their ‘fair value less costs to sell’. Depreciation ceases to be charged. Assets are de-recognised when all material sale contract conditions have been met.

Property, plant and equipment which is to be scrapped or demolished does not qualify for recognition as ‘held for sale’ and instead is retained as an operational asset and the asset’s useful life is adjusted. The asset is de-recognised when scrapping or demolition occurs.

Private Finance Initiative (PFI)

PFI transactions which meet the IFRIC 12 definition of a service concession, as interpreted in HM Treasury’s *FReM*, are accounted for as ‘on-Statement of Financial Position’ by the Trust. In accordance with HM Treasury’s FReM, the underlying assets are recognised as property, plant and equipment, together with an equivalent liability. Subsequently, the assets are accounted for as property, plant and equipment.

The annual contract payments are apportioned between the repayment of the liability and a finance cost. The charges for services and lifecycle replacement of components of the asset. The element of the annual unitary payment increase due to cumulative indexation is treated as contingent rent and is expensed as incurred.

The finance cost and the contingent rent are charged to finance costs in the Statement of Comprehensive Income.

Useful lives of property, plant and equipment

Useful lives reflect the total life of an asset and not the remaining life of an asset. The range of useful lives are shown in the table below:

	Min life	**Max life**
	Years	**Years**
Land	Infinite	Infinite
Buildings, excluding dwellings	90	90
Dwellings	23	23
Plant & machinery	5	25
Transport equipment	7	7
Information technology	5	8
Furniture & fittings	5	10

Note 1.10 Intangible assets

Recognition

Intangible assets are non-monetary assets without physical substance which are capable of being sold separately from the rest of the Trust's business or which arise from contractual or other legal rights. They are recognised only where it is probable that future economic benefits will flow to, or service potential be provided to, the Trust and where the cost of the asset can be measured reliably.

Software
Software which is integral to the operation of hardware, eg an operating system, is capitalised as part of the relevant item of property, plant and equipment. Software which is not integral to the operation of hardware, eg application software, is capitalised as an intangible asset.

Measurement
Intangible assets are recognised initially at cost, comprising all directly attributable costs needed to create, produce and prepare the asset to the point that it can operate in the manner intended by management.

Subsequently intangible assets are measured at current value in existing use. Where no active market exists, intangible assets are valued at the lower of depreciated replacement cost and the value in use where the asset is income generating. Revaluations gains and losses and impairments are treated in the same manner as for property, plant and equipment. An intangible asset which is surplus with no plan to bring it back into use is valued at fair value where there are no restrictions on sale at the reporting date and where they do not meet the definitions of investment properties or assets held for sale.

Intangible assets held for sale are measured at the lower of their carrying amount or fair value less costs to sell.

Amortisation
Intangible assets are amortised over their expected useful lives, on a straight line basis, in a manner consistent with the consumption of economic or service delivery benefits.

Useful lives of intangible assets

Useful lives reflect the total life of an asset and not the remaining life of an asset. The range of useful lives are shown in the table below:

	Min life Years	Max life Years
Software licences	2	10

Note 1.11 Inventories

All of the Trust's inventories are in respect of consumables. Inventories are valued at the lower of cost and net realisable value. The cost of inventories is measured using the first in, first out (FIFO) method.

In 2022/23, the Trust received inventories including personal protective equipment from the Department of Health and Social Care at nil cost. In line with the GAM and applying the principles of the IFRS Conceptual Framework, the Trust has accounted for the receipt of these inventories at a deemed cost, reflecting the best available approximation of an imputed market value for the transaction based on the cost of acquisition by the Department.

Note 1.12 Investment Properties

Investment properties are measured at fair value. Changes in fair value are recognised as gains or losses in income/expenditure.

Only those assets which are held solely to generate a commercial return are considered to be investment properties. Where an asset is held, in part, for support service delivery objectives, then it is considered to be an item of property, plant and equipment. Properties occupied by employees, whether they pay rent at market rates, are not classified as investment properties.

Note 1.13 Cash and cash equivalents

Cash is cash in hand and deposits held with established financial institutions claimable without penalty on notice of not more than 24 hours. Cash equivalents are investments that mature in 3 months or less from the date of establishment and that are readily convertible to cash with insignificant risk of change in face value.

In the Statement of Cash Flows (SoCF), cash and cash equivalents are shown net of bank overdrafts that are repayable on demand if claimed. Cash, bank, and overdraft balances are recorded at current values.

Note 1.14 Financial assets and financial liabilities

Recognition

Financial assets and financial liabilities arise where the Trust is party to the contractual provisions of a financial instrument, and as a result has a legal right to receive or a legal obligation to pay cash or present other financial instruments in settlement. The GAM expands the definition of a contract to include legislation and regulations which give rise to arrangements that, in all other respects, would be a financial instrument and do not give rise to transactions classified as a tax by the Office of National Statistics (ONS).

This includes the purchase or sale of non-financial items (such as goods or services), which are entered into in accordance with the Trust's normal purchase, sale or usage requirements and are recognised when, and to the extent which, performance occurs, i.e., when receipt or delivery of the goods or services is made.

Classification and measurement

Financial assets and financial liabilities are initially measured at fair value plus or minus directly attributable transaction costs except where the asset or liability is not measured at fair value through income and expenditure. Fair value is taken as the transaction price, or otherwise determined by reference to quoted market prices or valuation techniques.

Financial assets are classified as subsequently measured at amortised cost, fair value through income and expenditure or fair value through other comprehensive income.

Financial liabilities classified as subsequently measured at amortised cost.

Financial assets and financial liabilities at amortised cost

Financial assets and financial liabilities at amortised cost are those held with the objective of collecting contractual cash flows and where cash flows are solely payments of principal and interest. This includes cash equivalents, contract and other receivables, trade and other payables, rights and obligations under lease arrangements and loans receivable and payable.

After initial recognition, these financial assets and financial liabilities are measured at amortised cost using the effective interest method less any impairment (for financial assets). The effective interest rate is the rate that exactly discounts estimated future cash payments or receipts through the expected life of the financial asset or financial liability to the gross carrying amount of a financial asset or to the amortised cost of a financial liability.

Interest revenue or expense is calculated by applying the effective interest rate to the gross carrying amount of a financial asset or amortised cost of a financial liability and recognised in the Statement of Comprehensive Income and a financing income or expense. In the case of loans held from the Department of Health and Social Care, the effective interest rate is the nominal rate of interest charged on the loan.

Financial assets measured at fair value through other comprehensive income

A financial asset is measured at fair value through other comprehensive income where business model objectives are met by both collecting contractual cash flows and selling financial assets and where the cash flows are solely payments of principal and interest. Movements in the fair value of financial assets in this category are recognised as gains or losses in other comprehensive income except for impairment losses. On derecognition, cumulative gains and losses previously recognised in other comprehensive income are reclassified from equity to income and expenditure, except where the Trust elected to measure an equity instrument in this category on initial recognition.

The unrealised gain on the Charitable Fund investments is measured at fair value through 'other comprehensive income'.

Financial assets and financial liabilities at fair value through income and expenditure

Financial assets measured at fair value through profit or loss are those that are not otherwise measured at amortised cost or at fair value through other comprehensive income. This category also includes financial assets and liabilities acquired principally for the purpose of selling in the short term (held for trading) and derivatives. Derivatives which are embedded in other contracts, but which are separable from the host contract are measured within this category. Movements in the fair value of financial assets and liabilities in this category are recognised as gains or losses in the Statement of Comprehensive income.
The realised profit/loss on the sale of Charitable Fund investments is measured at fair value through income and expenditure.

Impairment of financial assets

The Trust's financial assets which are measured at amortised cost, are in respect of contract and other receivables. At the Statement of Financial Position date, the Trust assesses whether any receivables are impaired. Financial receivables are impaired and credit losses recognised if, and only if, there is objective evidence of impairment because of one or more events which occurred after the initial recognition of the asset and which has an impact on future cash flows of the asset

For financial assets measured at amortised cost, the amount of the impairment loss is measured as the difference between the asset's carrying value and the expected future cash flow from the asset.

The Trust assess potential credit loss on an ongoing basis and makes provision based on actual credit loss. A review of historic credit loss provides evidence that such losses are not material and therefore the Trust does not make provision for expected general credit loss.

Expected losses are charged to operating expenditure within the Statement of Comprehensive Income and reduce the net carrying value of the financial asset in the Statement of Financial Position.

Derecognition

Financial assets are de-recognised when the contractual rights to receive cash flows from the assets have expired or the Trust has transferred substantially all the risks and rewards of ownership.

Financial liabilities are de-recognised when the obligation is discharged, cancelled or expires.

Note 1.15 Leases

From 1 April 2022 NHS organisations implemented IFRS16 as a standard for accounting for leases. The objective of the standard is to report information that (a) faithfully represents lease transactions and (b) provides a basis for users of financial statements to assess the amount, timing and uncertainty of cash flows arising from leases. To meet that objective, lessees were to recognise assets and liabilities arising from leases over their lease terms.

IFRS 16 introduces a single lessee accounting model that required lessees to recognise assets and liabilities for all leases with a term of more than 12 months unless the underlying asset is of low value (peppercorn). Lessees were required to recognise a right-of-use asset representing its right to use the underlying leased asset and a lease liability representing its obligation to make lease payments. Note that the right of use was calculated based on lease fees and not on the underlying value of the leased assets.

Leases are classified as finance leases when substantially all the risks and rewards of ownership are transferred to the lessee. All other leases are classified as operating leases. IFRS 16 Leases nominal discount rate applicable on calendar year basis is 3.51% (2022 year 0.95%)

The trust as a lessee

From 1st April 2022, the Trust implemented IFRS16 as a standard for accounting for leases. All leases where the Trust are lessees were transferred to the asset registers at the “Right of Use” value equivalent to the rental fees over the term of the leases. The exception were leases considered as peppercorn (individually below the value of £5,000) or those with a remaining lease period of under a year. The leases were depreciated on a straight-line basis over their lease terms.

Note 1.16 Provisions

The Trust recognises provisions where there are legal or contractual obligations of uncertain timing or amount; for which it is probable that there will be a future outflow of cash or other resources; and a reliable estimate can be made of such outlays. The amount recognised in the Statement of Financial Position is the best estimate of the resources required to settle such obligations. Where the effect of the time value of money is significant, the estimated risk-adjusted cash flows are discounted using HM Treasury's discount rates published in January 2023 to cover the 2023 calendar year:

		Nominal rate	Prior Year Rate
Short-term	Up to 5 years	3.27%	0.47%
Medium-term	After 5 years up to 10 years	3.20%	0.70%
Long-term	Exceeding 10 years	3.51%	0.95%
Very long-term	Exceeding 40 Years	3.00%	0.66%

HM Treasury provides discount rates for general provisions on a nominal rate basis. Expected future cash flows are adjusted for the impact of inflation before discounting using nominal rates. The following inflation rates are set by HM Treasury, effective from 31 March 2023:

	Inflation rate	Prior Year Rate
Year 1	7.40%	4.00%
Year 2	0.60%	2.60%
Into perpetuity	2.00%	2.00%

Early retirement provisions and injury benefit provisions both use the HM Treasury's pension discount rate of minus 1.30% in real terms (prior year minus 0.95%).

Other HM Treasury Rates are shown below:

Post-employment benefits discount rate

Inflation rate	Inflation rate	Prior Year Rate
Real rate	1.7	Minus 1.30%
Nominal rate	4.15	1.55%
CPI Inflation	2.4	2.90%
Financial instrument discount rate		
Nominal rate	1.9	1.9
Real rate with reference to RPI until February 2030	Minus 1.3%	Minus 1.1%
Real rate with reference to RPI from February 2030	Minus 0.2%	Minus 0.2%

Clinical negligence costs

NHS Resolution operates a risk pooling scheme for which the Trust pays an annual contribution. NHS Resolution in turn settles all clinical negligence claims. Although NHS Resolution is administratively responsible for all clinical negligence cases, the legal liability remains with the Trust. The total value of clinical negligence provisions carried by NHS Resolution on behalf of the Trust is disclosed on note 29.1 but is not recognised in the Trust's accounts.

Non-clinical risk pooling

The Trust participates in the Property Expenses Scheme and the Liabilities to Third Parties Scheme. Both are risk pooling schemes under which the Trust pays an annual contribution to NHS Resolution and in return receives assistance with the costs of claims arising. The annual membership contributions, and any excesses payable in respect of these claims, are charged to operating expenditure when liability arises.

Note 1.17 Contingencies

Contingent assets (that is, assets arising from past events whose existence will only be confirmed by one or more future events not wholly within the Trust's control) are not recognised as assets, but are disclosed on note 30 where an inflow of economic benefits is probable.
Contingent liabilities are not recognised, but are disclosed in note 30, unless the probability of a transfer of economic benefits is remote.

Contingent liabilities are defined as:

• possible obligations arising from past events whose existence will be confirmed only by the occurrence of one or more uncertain future events not wholly within the entity's control; or

• present obligations arising from past events but for which it is not probable that a transfer of economic benefits will arise or for which the amount of the obligation cannot be measured with sufficient reliability.

Note 1.18 Public dividend capital

Public dividend capital (PDC) is public sector equity finance based on the excess of assets over liabilities at the time of establishment of the predecessor NHS organisation. PDC payment for the public asset that was transferred to the Trust on inception. HM Treasury has determined that PDC is not a financial instrument within the meaning of IAS 32.

The Secretary of State can issue new PDC to support Trust capital and operations. The Secretary of State can request repayments of PDC from the Trust. Where PDC is given or paid it is recorded at the value received or paid.

A charge, reflecting the cost of capital utilised by the Trust, is payable as public dividend capital dividend. The charge is calculated at the rate set by HM Treasury (currently 3.5%) on the average relevant net assets of the Trust during the financial year. Relevant net assets are calculated as the value of all assets less the value of all liabilities, with certain additions and deductions as defined by the Department of Health and Social Care.

This policy is available at https://www.gov.uk/government/publications/guidance-on-financing-available-to-nhs-trusts-and-foundation-trusts.

In accordance with the requirements laid down by the Department of Health and Social Care (as the issuer of PDC), the dividend for the year is calculated on the actual average relevant net assets as set out in the pre-audit version of the annual accounts. The dividend calculated is not revised should any adjustment to net assets occur as a result the audit of the annual accounts.

Note 1.19 Value added tax

Most of the activities of the Trust are outside the scope of VAT. In general, output tax does not apply and input tax on purchases is not recoverable. Irrecoverable VAT is charged to the relevant expenditure category or included in the capitalised purchase cost of fixed assets. Where output tax is charged or input VAT is recoverable, the amounts are stated net of VAT.

Note 1.20 Corporation tax

All activities of the Trust are exempt from corporation tax. Flourish, the subsidiary of the Trust, is subject to corporation tax at the rate of 19% (2021/22:19%). The Corporate tax rates changes with government budgets.

Note 1.21 Foreign exchange

The functional and presentational currency of the Trust is sterling.

A transaction which is denominated in a foreign currency is translated into the functional currency at the spot exchange rate on the date of the transaction. The Trust has very few foreign currency transactions.

Note 1.22 Third party assets

Assets belonging to third parties in which the Trust has no beneficial interest (such as money held on behalf of patients) are not recognised in the accounts. However, they are disclosed on a separate note to the accounts in accordance with the requirements of HM Treasury's FReM.

Note 1.23 Losses and special payments

Losses and special payments are items that Parliament would not have contemplated when it agreed funds for the health service or passed legislation. By their nature they are items that arise outside the expected norms of operating services. They are therefore subject to special control procedures compared with the generality of payments. They are divided into different categories, which govern the way that individual cases are handled. Losses and special payments are charged to the relevant functional headings in expenditure on an accrual basis.

Losses and special payments note is compiled directly from the losses and compensations register which reports on an accrual basis except where they are provisions for future known losses.

Note 1.24 Gifts

Gifts are items that are voluntarily donated without preconditions and expectations of any returns. Gifts include all transactions economically equivalent to free and unremunerated transfers, such as the loan of an asset for its expected useful life, and the sale or lease of assets at below market value.

The Trust received no gifts in this or the previous reporting period.

Note 1.25 Early adoption of standards, amendments, and interpretations

IFRS 16 was adopted by NHS Trusts from 1st April 2022. The financial statement of the Trust shows the impact of the standard on the asset and borrowing base. No other new accounting standards or revisions to existing standards have been in 2022/23.

Note 1.26 Standards, amendments, and interpretations in issue but not yet effective or adopted

No new standards have been notified for the coming year. IFRS16 is expected to apply to PFI assets from the beginning of 2024/25 financial year.

Note 1.27 Critical judgements in applying accounting policies

The following are the judgements, apart from those involving estimations (see below) that management has made in the process of applying the Trust accounting policies and that have the most significant impact on the amounts recognised in the financial statements:

Property values are kept up to date and an annual review carried out on all lands and buildings; the frequency of valuations depends on the volatility of asset values. Building indices are reviewed regularly to ensure that the carrying value of assets is not materially different from what they would be at the end of the reporting period.

Provision for credit losses

All long outstanding debts are reviewed regularly, and judgements made, based on individual circumstances and the quantum of the debt, as to whether provisions should be made for expected losses through default.

Note 1.28 Sources of estimation uncertainty

The following are assumptions about the future and other major sources of estimation uncertainty that have a significant risk of resulting in a material adjustment to the carrying amounts of assets and liabilities within the next financial year:

Property valuation and asset lives

Property valuations are undertaken by an independent external valuer. These values are subject to market conditions and market values. Asset lives are also estimated by the external valuer and are subject to their professional judgement.

Accruals

Estimates of accruals are based on the best available information. This is applied in conjunction with historic experience and individual circumstance.

Provisions

Estimates of the outcome and financial impact of provisions are based on management experience, reports and external expert opinions. Uncertainties surrounding the amount to be recognised as a provision are dealt with by various means in line with circumstances existing at the time of providing for expense/income. Where the provision being measured involves more than one outcome, the obligation is estimated by weighing all possible outcomes by their associated probabilities - the expected value of the outcome. Where there is a range of possible outcomes and each point in the range is as likely as the other, the mid-point of the range is used. Where single outcomes are measured, the individual most likely outcome is the best estimate of the liability.

Local government pension scheme

Estimation of the net liability of the local government pension fund depends on several complex judgements relating to the discount rate used, the rate at which salaries are projected to increase, changes in retirement ages, mortality rates and the expected return on pension fund assets. A firm of consulting actuaries is engaged through South Yorkshire Pension Fund to provide the Trust with expert advice on the assumptions used.

Note 2 Operating Segments

Most of the activity of the Rotherham Doncaster and South Humber NHS Foundation Trust is healthcare. The Board of Directors is considered to be the chief operating decision maker (CODM); management information provided to the CODM reports activities as a whole and not segmentally.

Note 3 Operating income from patient care activities (Group)

All income from patient care activities relates to contract income recognised in line with accounting policy 1.4.

Note 3.1 Income from patient care activities (by nature)

	2022/23 £000	2021/22 £000
Mental health services		
Block contract /system envelope income	125,037	111,569
Income for commissioning services in a mental health collaborative	2,863	873
Other clinical income from mandatory services	5,186	3,170
Community services		
Block contract /system envelope income*	38,931	43,816
Income from other sources (e.g. local authorities)	19,646	17,886
All services		
Elective recovery fund	-	68
Agenda for change pay pay award central funding**	7,093	-
Additional pension contribution central funding***	6,379	5,724
Total income from activities	**205,135**	**183,106**

*Aligned payment and incentive contracts are the main form of contracting between NHS providers and their commissioners. More information can be found in the 2022/23 National tariff payments system documentation.
https://www.england.nhs.uk/publication/past-national-tariffs-documents-and-policies/

** In March 2023 the government announced an additional pay offer for 2022/23, in addition to the pay award earlier in the year. Additional funding was made available by NHS England for implementing this pay offer for 2022/23 and the income and expenditure has been included in these accounts as guided by the Department of Health and Social Care and NHS England. In May 2023 the government confirmed this offer will be implemented as a further pay award in respect of 2022/23 based on individuals employment at 31 March 2023.

***The employer contribution rate for NHS pensions increased from 14.3% to 20.6% (excluding administration charge) from 1 April 2019. Since 2019/20, NHS providers have continued to pay over contributions at the former rate with the additional amount being paid over by NHS England on providers' behalf. The full cost and related funding have been recognised in these accounts.

Note 3.2 Income from patient care activities (by source)

Income from patient care activities received from:	2022/23 £000	2021/22 £000
NHS England	17,523	9,762
Clinical commissioning groups	37,558	151,218
Integrated care boards	125,222	-
Other NHS providers	4,264	3,170
Local authorities	19,646	17,886
Non NHS: other	922	1,070
Total income from activities	**205,135**	**183,106**
Of which:		
Related to continuing operations	**205,135**	**183,106**

Note 4 Other operating income (Group)

	2022/23	2021/22
	£000	£000
Research and development	621	-
Education and training (excluding notional apprenticeship levy income)	6,079	5,705
Non-patient care services to other bodies	1,150	877
Reimbursement and top up funding	300	940
Income in respect of employee benefits accounted on a gross basis	1,560	1,034
Education and training - notional income from the apprenticeship fund	571	377
Charitable and other contributions to expenditure received from other bodies	32	67
Contributions to expenditure - consumables (inventory)donated from DHSC group bodies for COVID response	129	256
Rental revenue from operating leases	606	526
Charitable fund incoming resources	644	298
Other contract income	732	904
Total other operating income	**12,424**	**10,984**

Of which:

Related to continuing operations	**12,424**	**10,984**

Note 5 Additional information on contract revenue (IFRS 15) recognised in the period

	2022/23	2021/22
	£000	£000
Revenue recognised in the reporting period that was included in within contract liabilities at the previous period end	1,453	1,542
Revenue recognised from performance obligations satisfied (or partially satisfied) in previous periods	-	-

Note 5.1 Income from activities arising from commissioner requested services

Under the terms of its provider licence, the Trust is required to analyse the level of income from activities that has arisen from commissioner requested and non-commissioner requested services. Commissioner requested services are defined in the provider licence and are services that commissioners believe would need to be protected in the event of provider failure. This information is provided in the table below:

	2022/23	2021/22
	£000	£000
Income from services designated as commissioner requested services	185,489	175,830
Income from services not designated as commissioner requested services	32,070	17,962
Total	**217,559**	**193,792**

The income from activities arising from commissioner requested services is in respect of the consolidated income of the Trust and Flourish and excludes charitable fund income of £654,000 (2021/22 £298,000).

Note 5.2 Profits and losses on disposal of property, plant and equipment

There were no sales of property, plant or equipment in 2022/23 or 2021/22.

Note 6 Operating expenses (Group)

	2022/23 £000	2021/22 £000
Purchase of healthcare from non-NHS and non-DHSC bodies	6,375	6,635
Mental health collaboratives (lead provider) purchase of healthcare - from NHS bodies	267	72
Mental health collaboratives (lead provider) purchase of healthcare - from non-NHS bodies	2,513	801
Staff and executive directors costs	171,711	148,649
Remuneration of non-executive directors	127	130
Supplies and services - clinical (excluding drugs costs)	3,218	4,123
Supplies and services - general	3,737	2,168
Drug costs (drugs inventory consumed and purchase of non-inventory drugs)	3,125	2,837
Consultancy costs	258	142
Establishment	2,177	1,570
Premises - business rates paid to local authorities	457	503
Premises - other	7,105	6,539
Transport (including patient travel)	2,166	1,693
Depreciation on property, plant and equipment and right of use assets	5,370	3,855
Amortisation on intangible assets	608	611
Net impairments	4,022	(660)
Movement in credit loss allowance: contract receivables / contract assets	46	9
Change in provisions discount rate(s)	(92)	41
Audit fees payable to the external auditor		
audit services- statutory audit	175	59
other auditor remuneration (external auditor only)	-	15
charitable fund independent examination	6	5
Internal audit costs	98	117
Clinical negligence	689	702
Legal fees	567	278
Insurance	176	221
Education and training	1,082	801
Expenditure on short term leases (current year only)	99	-
Education and training - notional expenditure funded from the apprenticeship fund	571	377
Rentals under operating leases	-	1,869
Redundancy	23	30
Car parking & security	131	114
Losses, ex gratia & special payments	50	95
Other NHS charitable fund resources expended	466	532
Other	1,861	2,685
Total	**219,184**	**187,618**
Of which:		
Related to continuing operations	**219,184**	**187,618**

Note 6.1 Other auditor remuneration (Group)

	2022/23	2021/22
	£000	£000
Other auditor remuneration paid to the external auditor:		
1. Other - Value for money audit	-	15
Total	**-**	**15**

Note 6.2 Limitation on auditor's liability (Group)

The limitation on the auditor's liability for external audit work is £1m (2021/22: £1m).

Note 7 Impairment of assets (Group)

	2022/23	2021/22
	£000	£000
Net impairments charged to operating surplus / deficit resulting from:		
Land onerous lease impairment	4,398	-
Changes in market price	(376)	(660)
Total net impairments charged to operating surplus / deficit	**4,022**	**(660)**
Impairments charged to the revaluation reserve	2,352	2,657
Total net impairments	**6,374**	**1,997**

During the year of implementation of IFRS 16 in 2022/23 an impairment of £4,398k was made to a land Right of Use asset since it was assessed to be an onerous lease. As at 31 March 2023 land and buildings were valued using an alternative site methodology. This resulted in a net reversal of impairment to operating expenses of £376k and a net impairment to the revaluation reserve of £2,352k.

Note 8 Employee benefits (Group)

	2022/23	Restated 2021/22
	Total	Total
	£000	£000
Staff and executive directors costs *	130,053	112,704
Non - executive directors	127	121
Social security costs	11,949	9,629
Apprenticeship levy	578	526
Employer's contributions to NHS pensions	14,597	13,161
Pension cost - employer contributions paid by NHSE on provider's behalf	6,379	5,724
Pension cost - other	154	97
Other post employment benefits	-	3
Temporary staff (agency) *	8,092	6,873
Total gross staff costs	**171,929**	**148,838**
Included within		
Costs capitalised as part of assets	68	59
Total employee benefits excluding capitalised costs	**171,861**	**148,779**
Termination benefits - redundancy	23	30

* 2020/21 Staff and executive director costs restated by £9,988,000 Debit to include costs previously disclosed in Temporary staff (agency) after a review of these cost categories.

Note 8.1 Retirements due to ill-health (Group)

During 2022/23 there were 1 early retirements from the Trust agreed on the grounds of ill-health (3 in the year ended 31 March 2022). The estimated additional pension liabilities of these ill-health retirements is £26k (£168k in 2021/22).

Note 9 Pension costs

Past and present employees are covered by the provisions of the two NHS Pension Schemes. Details of the benefits payable and rules of the Schemes can be found on the NHS Pensions website at www.nhsbsa.nhs.uk/pensions. Both are unfunded defined benefit schemes that cover NHS employers, GP practices and other bodies, allowed under the direction of the Secretary of State for Health and Social Care in England and Wales. They are not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, each scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS body of participating in each scheme is taken as equal to the contributions payable to that scheme for the accounting period.

In order that the defined benefit obligations recognised in the financial statements do not differ materially from those that would be determined at the reporting date by a formal actuarial valuation, the FReM requires that “the period between formal valuations shall be four years, with approximate assessments in intervening years”. An outline of these follows:

a) Accounting valuation

A valuation of scheme liability is carried out annually by the scheme actuary (currently the Government Actuary’s Department) as at the end of the reporting period. This utilises an actuarial assessment for the previous accounting period in conjunction with updated membership and financial data for the current reporting period, and is accepted as providing suitably robust figures for financial reporting purposes. The valuation of the scheme liability as at 31 March 2023, is based on valuation data as 31 March 2022, updated to 31 March 2023 with summary global member and accounting data. In undertaking this actuarial assessment, the methodology prescribed in IAS 19, relevant FReM interpretations, and the discount rate prescribed by HM Treasury have also been used.

The latest assessment of the liabilities of the scheme is contained in the report of the scheme actuary, which forms part of the annual NHS Pension Scheme Accounts. These accounts can be viewed on the NHS Pensions website and are published annually. Copies can also be obtained from The Stationery Office.

b) Full actuarial (funding) valuation

The purpose of this valuation is to assess the level of liability in respect of the benefits due under the schemes (taking into account recent demographic experience), and to recommend contribution rates payable by employees and employers.

The latest actuarial valuation undertaken for the NHS Pension Scheme was completed as at 31 March 2016. The results of this valuation set the employer contribution rate payable from April 2019 to 20.6% of pensionable pay.

Local government pension scheme

Some employees are members of the Local Government scheme, which is a defined benefit scheme. The scheme assets and liabilities attributable to these employees can be identified and are recognised in the Trust's financial statements. The assets are measured at fair value and the liabilities at the present value of future obligations.

The increase in the liability arising from pensionable service earned during the year is recognised within operating expenses. The net interest cost during the year arising from the unwinding of the discount on the net scheme liabilities is recognised within finance costs. Remeasurements of the defined benefit plan is recognised in the income and expenditure reserve and reported in the Statement of Comprehensive Income as an item of 'other comprehensive income'.

Employer contributions to the scheme in 2022/23 were £Nil (21/22: £7k).

NEST pension scheme

Some employees are members of the NEST pension scheme, a scheme set up by Government to enable employers to meet their pension duties and is free for employers to use. Employee and employer contribution rates were a combined minimum of 5% (with a minimum of 2.1% contributed by the Trust) up to October 2018; from 2018 the combined contribution is 8% (with a minimum of 3% contributed by the Trust).

Employer contributions in 2022/23 were £154k (21/22: £90k).

Note 10 Operating leases (Group)

Note 10.1 Rotherham Doncaster and South Humber NHS Foundation Trust as a lessor

This note discloses income generated in operating lease agreements where Rotherham Doncaster and South Humber NHS Foundation Trust is the lessor.

The Trust has applied IFRS 16 to account for lease arrangements from 1 April 2022 without restatement of comparatives. Comparative disclosures in this note are presented on an IAS 17 basis. This includes a different maturity analysis of future minimum lease receipts under IAS 17 compared to IFRS 16.

	2022/23	2021/22
	£000	£000
Operating lease revenue		
Minimum lease receipts	606	526
Total	**606**	**526**

	2023
	£000
Future minimum lease receipts due at 31 March 2023:	
- not later than one year	928
Total	**928**

Note 11 Finance income (Group)

Finance income represents interest received on assets and investments in the period.

	2022/23	2021/22
	£000	£000
Interest on bank accounts	915	27
NHS charitable fund investment income	68	53
Total finance income	**983**	**80**

Note 12 Finance expenditure (Group)

Finance expenditure represents interest and other charges involved in the borrowing of money.

	2022/23	2021/22
	£000	£000
Interest expense:		
Loans from the Department of Health and Social Care	171	185
Interest on lease obligations	138	-
Main finance costs on PFI and LIFT schemes obligations	710	756
Contingent finance costs on PFI and LIFT scheme obligations	814	613
Total interest expense	**1,833**	**1,554**
Unwinding of discount on provisions	-	(6)
Other finance costs	76	-
Total finance costs	**1,909**	**1,548**

Note 12.1 The late payment of commercial debts (interest) Act 1998 / Public Contract Regulations 2015 (Group)

No payments were made in 2022/23 under the late payment of commercial debts (interest) Act 1998. (2021/22: nil)

Note 13 Other gains / (losses) (Group)

	2022/23	2021/22
	£000	£000
Fair value (losses) on investment properties	(156)	(103)
Fair value gains on charitable fund investments	-	80
Total other gains / (losses)	**(156)**	**(23)**

Note 14 Trust income statement and statement of comprehensive income

In accordance with Section 408 of the Companies Act 2006, the Trust is exempt from the requirement to present its own income statement and statement of comprehensive income. The Trust's deficit for the period was £4.527m (2021/22: £3.567m surplus). The Trust's total comprehensive income for the period was £2.512m (2021/22: £6.596m)

Note 15 Intangible assets - 2022/23

Group and Trust	Software licences	Intangible assets under construction	Total
	£000	£000	£000
Valuation / gross cost at 1 April 2022	**5,087**	**426**	**5,513**
Additions	103	-	**103**
Reclassifications	**426**	**(426)**	**-**
Valuation / gross cost at 31 March 2023	**5,616**	**-**	**5,616**
Amortisation at 1 April 2022	**2,647**	**-**	**2,647**
Provided during the year	608	-	**608**
Amortisation at 31 March 2023	**3,255**	**-**	**3,255**
Net book value at 31 March 2023	**2,361**	**-**	**2,361**
Net book value at 1 April 2022	**2,440**	**426**	**2,866**

Note 15.1 Intangible assets - 2021/22

Group and Trust	Software licences	Intangible assets under construction	Total
	£000	£000	£000
Valuation / gross cost at 1 April 2021	**4,815**	267	**5,082**
Additions	327	159	**486**
Disposals / derecognition	(55)	-	**(55)**
Valuation / gross cost at 31 March 2022	**5,087**	**426**	**5,513**
Amortisation at 1 April 2021	**2,091**	**-**	**2,091**
Provided during the year	611	-	**611**
Disposals / derecognition	(55)	-	**(55)**
Amortisation at 31 March 2022	**2,647**	**-**	**2,647**
Net book value at 31 March 2022	**2,440**	**426**	**2,866**
Net book value at 1 April 2021	**2,724**	**267**	**2,991**

Note 16 Property, plant and equipment - 2022/23

Group	Land	Buildings excluding dwellings	Dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Valuation/gross cost at 1 April 2022	**5,125**	**67,104**	**160**	**1,037**	**1,693**	**103**	**10,617**	**517**	**86,356**
Additions	-	-	-	6,471	-	-	-	-	**6,471**
Impairments	(92)	(1,171)	-	-	-	-	-	-	**(1,263)**
Impairments charged to the revaluation reserve	(274)	(2,078)	-	-	-	-	-	-	**(2,352)**
Reversals of impairments	63	1,576	-	-	-	-	-	-	**1,639**
Revaluations	-	8,447	10	-	-	-	-	-	**8,457**
Reclassifications	35	1,070	-	(3,748)	481	-	931	19	**(1,212)**
Disposals / derecognition	-	-	-	-	(13)	-	(773)	-	**(786)**
Valuation/gross cost at 31 March 2023	**4,857**	**74,948**	**170**	**3,760**	**2,161**	**103**	**10,775**	**536**	**97,310**
Accumulated depreciation at 1 April 2022	**-**	**608**	**2**	**-**	**947**	**103**	**5,835**	**381**	**7,876**
Provided during the year	-	2,442	8	-	140	-	1,465	31	**4,086**
Impairments	-	0	-	-	-	-	-	-	**0**
Reversals of impairments credited to operating expenses	-	-	-	-	-	-	-	-	**-**
Disposals / derecognition	-	-	-	-	(13)	-	(773)	-	**(786)**
Accumulated depreciation at 31 March 2023	**-**	**3,050**	**10**	**-**	**1,074**	**103**	**6,527**	**412**	**11,176**
Net book value at 31 March 2023	**4,857**	**71,898**	**160**	**3,760**	**1,087**	**-**	**4,248**	**124**	**86,134**
Net book value at 1 April 2022	**5,125**	**66,496**	**158**	**1,037**	**746**	**-**	**4,782**	**136**	**78,480**

Note 16 (continued) Property, plant and equipment - 2022/23

Trust	Land	Buildings excluding dwellings	Dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	**£000**	**£000**	**£000**	**£000**	**£000**	**£000**	**£000**	**£000**
Valuation/gross cost at 1 April 2022	5,125	67,104	160	1,037	1,693	103	10,617	517	**86,356**
Additions				6,471					**6,471**
Impairments	(92)	(1,171)	-	-	-	-	-	-	**(1,263)**
Impairments charged to the revaluation reserve	(274)	(2,078)	-	-	-	-	-	-	**(2,352)**
Reversals of impairments	63	1,576	-	-	-	-	-	-	**1,639**
Revaluations	-	8,447	10						**8,457**
Reclassifications	35	2,241	-	(3,748)	481	-	931	19	**(41)**
Disposals / derecognition	-	-	-	-	(13)	-	(773)	-	**(786)**
Valuation/gross cost at 31 March 2023	**4,857**	**76,119**	**170**	**3,760**	**2,161**	**103**	**10,775**	**536**	**98,481**
Accumulated depreciation at 1 April 2022	-	608	2	-	947	103	5,835	381	**7,876**
Provided during the year	-	2,442	8	-	140	-	1,465	31	**4,086**
Impairments	-	-	-	-	-	-	-	-	**-**
operating expenses	-	-	-	-	-	-	-	-	**-**
Revaluations	-	-	-	-	-	-	-	-	**-**
Reclassifications	-	-	-	-	-	-	-	-	-
Disposals / derecognition	-	-	-	-	(13)	-	(773)	-	**(786)**
Accumulated depreciation at 31 March 2023	**-**	**3,050**	**10**	**-**	**1,074**	**103**	**6,527**	**412**	**11,176**
Net book value at 31 March 2023	**4,857**	**73,069**	**160**	**3,760**	**1,087**	**-**	**4,248**	**124**	**87,305**
Net book value at 1 April 2022	**5,125**	**66,496**	**158**	**1,037**	**746**	**-**	**4,782**	**136**	**78,480**

Note 16.1 Property, plant and equipment - 2021/22

Group and Trust	Land	Buildings excluding dwellings	Dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Valuation / gross cost at 1 April 2021	**4,180**	**65,109**	**130**	**241**	**1,467**	**103**	**7,712**	**777**	**79,719**
Additions	-	863	-	796	134	-	2,905	-	**4,698**
Impairments charged to operating expenses	-	(1,274)	-	-	-	-	-	-	**(1,274)**
Impairments charged to the revaluation reserve	-	(2,657)	-	-	-	-	-	-	**(2,657)**
Reversal of impairments credited to the revaluation reserve	190	1,402	-	-	-	-	-	-	**1,592**
Revaluations	755	2,915	30	-	-	-	-	-	**3,700**
Reclassifications	-	746	-	-	92	-	-	-	**838**
Disposals / derecognition	-	-	-	-	-	-	-	(260)	**(260)**
Valuation/gross cost at 31 March 2022	**5,125**	**67,104**	**160**	**1,037**	**1,693**	**103**	**10,617**	**517**	**86,356**
Accumulated depreciation at 1 April 2021	**-**	**189**	**1**	**-**	**813**	**98**	**4,494**	**597**	**6,192**
Provided during the year	-	2,326	7	-	132	5	1,341	44	**3,855**
Reversals of impairments credited to operating expenses	-	(342)	-	-	-	-	-	-	**(342)**
Revaluations	-	(1,563)	(6)	-	-	-	-	-	**(1,569)**
Reclassifications	-	(2)	-	-	2	-	-	-	-
Disposals / derecognition	-	-	-	-	-	-	-	(260)	**(260)**
Accumulated depreciation at 31 March 2022	**-**	**608**	**2**	**-**	**947**	**103**	**5,835**	**381**	**7,876**
Net book value at 31 March 2022	**5,125**	**66,496**	**158**	**1,037**	**746**	**-**	**4,782**	**136**	**78,480**
Net book value at 1 April 2021	**4,180**	**64,920**	**129**	**241**	**654**	**5**	**3,218**	**180**	**73,527**

Note 16.2 Property, plant and equipment financing - 2022/23

Group	Land	Buildings excluding dwellings	Dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Net book value at 31 March 2023									
Owned - purchased	4,857	54,997	160	3,760	1,087	-	4,248	124	**69,233**
On-SoFP PFI contracts and other service concession arrangements	-	16,901	-	-	-	-	-	-	**16,901**
NBV total at 31 March 2023	**4,857**	**71,898**	**160**	**3,760**	**1,087**	**-**	**4,248**	**124**	**86,134**

Trust	Land	Buildings excluding dwellings	Dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Net book value at 31 March 2023									
Owned - purchased	4,857	56,168	160	3,760	1,087	-	4,248	124	**70,404**
concession arrangements	-	16,901	-	-	-	-	-	-	**16,901**
NBV total at 31 March 2023	**4,857**	**73,069**	**160**	**3,760**	**1,087**	**-**	**4,248**	**124**	**87,305**

Note 16.3 Property, plant and equipment financing - 2021/22

Group and Trust	Land	Buildings excluding dwellings	Dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Net book value at 31 March 2022									
Owned - purchased	5,125	49,544	158	1,037	746	-	4,782	136	**61,528**
On-SoFP PFI contracts and other service concession arrangements	-	16,952	-	-	-	-	-	-	**16,952**
NBV total at 31 March 2022	**5,125**	**66,496**	**158**	**1,037**	**746**	**-**	**4,782**	**136**	**78,480**

Note 17 Revaluations of property, plant and equipment

The Trust carried out a revaluation of land and buildings as at 31 March 2023. The valuation was performed by an independent RICS registered valuer from DVS Property Specialists. The valuation was that of an alternative site basis. The revaluation is hypothetical and assumes that clinical and support services will be delivered from three sites, Swallownest in Rotherham; Great Oaks in North Lincolnshire and Tickhill Road in Doncaster.

The Doncaster PFI is valued exclusive of VAT (as opposed to the Trust owned land and buildings which are valued gross of VAT) and is therefore valued as a separate asset.

The valuation of the Trust owned land and building resulted in an increase in value of £3.9m. The valuation of the PFI resulted in an increase in value of £3.5m.

Note 18 Investment Property

Group and Trust

	Group		Trust	
	2022/23	**2021/22**	**2022/23**	**2021/22**
	£000	**£000**	**£000**	**£000**
Carrying value at 1 April	**2,493**	**3,408**	**2,493**	**3,408**
Acquisitions in year	-	26	-	26
Fair value gains taken to SoCI	-	57	-	57
Fair value (losses) taken to SoCI	(156)	(160)	(156)	(160)
Reclassifications to/from PPE	1,212	(838)	762	(838)
Carrying value at 31 March	**3,549**	**2,493**	**3,099**	**2,493**

Note 18.1 Investment property income and expenses (Group)

	2022/23	**2021/22**
	£000	**£000**
Direct operating expense arising from investment property which generated rental income in the period	(23)	(30)
Total investment property expenses	**(23)**	**(30)**
Investment property income	309	316

IAS 40 defines investment property as property that is held by the owner to earn rentals or for capital appreciation or both. Investment properties are measured at fair value and are categorised at level 3 of the fair value hierarchy. The fair value is measured using the price per square metre for a building from observable market data (for example, prices derived from observed transactions involving comparable buildings in similar locations), adjusted to reflect differences in physical characteristics such as the quality of interior finishes, size and parking.

The Trust carried out a revaluation of investment property as at 31 March 2023. The valuation was performed by an independent RICS registered valuer from DVS Property Specialist.

The valuation resulted in a hypothetical increase of £156k.

Note 19 Leases - Rotherham Doncaster and South Humber NHS Foundation Trust as a lessee

This note details information about leases for which the Trust is a lessee.

The Trust has a lease for land with The Rotherham NHS FT for the provision of an older people's unit. It commenced in October 2009 and is for 99 years with a minimum lease term of 60 years.

All other leases are short term and are reviewed in accordance with service provision. These include buildings, lease cars, transport vehicles and other leases

The Trust has applied IFRS 16 to account for lease arrangements from 1 April 2022 without restatement of comparatives. Comparative disclosures in this note are presented on an IAS 17 basis.

Note 19.1 Right of use assets - 2022/23

Group and Trust	**Property (land and buildings)**	**Transport equipment**	**Total**	**Of which: leased from DHSC group bodies**
	£000	**£000**	**£000**	**£000**
IFRS 16 implementation - adjustments for existing operating leases / subleases	17,048	222	**17,270**	15,706
Impairments	(4,398)	-	**(4,398)**	(4,398)
Valuation/gross cost at 31 March 2023	**12,651**	**222**	**12,873**	**11,309**
Provided during the year	1,148	136	**1,284**	1,037
Accumulated depreciation at 31 March 2023	**1,148**	**136**	**1,284**	**1,037**
Net book value at 31 March 2023	**11,503**	**86**	**11,589**	**10,272**
Net book value of right of use assets leased from other NHS providers				-
Net book value of right of use assets leased from other DHSC group bodies				10,272

Note 19.2 Reconciliation of the carrying value of lease liabilities

Lease liabilities are included within borrowings in the statement of financial position. A breakdown of borrowings is disclosed in note .

Group and Trust	**2022/23**
	£000
Carrying value at 31 March 2022	
IFRS 16 implementation - adjustments for existing operating leases	16,657
Interest charge arising in year	138
Lease payments (cash outflows)	(1,391)
Carrying value at 31 March 2023	**15,403**

Lease payments for short term leases, leases of low value underlying assets and variable lease payments not dependent on an index or rate are recognised in operating expenditure.

These payments are disclosed in Note 6. Cash outflows in respect of leases recognised on-SoFP are disclosed in the reconciliation above.

Note 19.3 Maturity analysis of future lease payments at 31 March 2023

Group and Trust	**Total 31 March 2023**	**Of which leased from DHSC group bodies: 31 March 2023**
	£000	**£000**
Undiscounted future lease payments payable in:		
- not later than one year;	1,359	1,159
- later than one year and not later than five years;	4,616	4,277
- later than five years.	11,066	10,901
Total gross future lease payments	**17,041**	**16,337**
Finance charges allocated to future periods	(1,638)	(1,620)
Net lease liabilities at 31 March 2023	**15,403**	**14,717**
Of which:		
Leased from other NHS providers		4,324
Leased from other DHSC group bodies		10,393

Note 19.4 Commitments in respect of operating leases at 31 March 2022 (IAS 17 basis)

This note discloses costs incurred in 2021/22 and commitments as at 31 March 2022 for leases the trust previously determined to be operating leases under IAS 17.

Group and Trust

	2021/22
	£000
Operating lease expense	
Minimum lease payments	1,869
Total	**1,869**

	2022
	£000
Future minimum lease payments due:	
- not later than one year;	1,460
- later than one year and not later than five years;	4,524
- later than five years.	11,767
Total	**17,751**
Future minimum sublease payments to be received	-

Note 19.5 Initial application of IFRS 16 on 1 April 2022

IFRS 16 as adapted and interpreted for the public sector by HM Treasury has been applied to leases in these financial statements with an initial application date of 1 April 2022.

The standard has been applied using a modified retrospective approach without the restatement of comparatives. Practical expedients applied by the Trust on initial application are detailed in the leases accounting policy in note 15.

Lease liabilities created for existing operating leases on 1 April 2022 were discounted using the weighted average incremental borrowing rate determined by HM Treasury as 0.95%.

Reconciliation of operating lease commitments as at 31 March 2022 to lease liabilities under IFRS 16 as at 1 April 2022

Group and Trust	**1 April 2022**
	£000
Operating lease commitments under IAS 17 at 31 March 2022	**17,751**
Impact of discounting at the incremental borrowing rate	
IAS 17 operating lease commitment discounted at incremental borrowing rate	**16,395**
Less:	
Commitments for short term leases	(73)
Other adjustments:	
Rent increases/(decreases) reflected in the lease liability, not previously reflected in the IAS 17 commitment	233
Other adjustments	102
Total lease liabilities under IFRS 16 as at 1 April 2022	**16,657**

Note 20 Other investments / financial assets (non-current)

	Group		Trust	
	2022/23	**2021/22**	**2022/23**	**2021/22**
	£000	**£000**	**£000**	**£000**
Carrying value at 1 April	**2,547**	**2,684**	**22**	**22**
Acquisitions in year	306	132	-	-
Movement in fair value through income and expenditure	-	80	-	-
Movement in fair value through OCI	(215)	13	-	-
Disposals	(111)	(362)	-	-
Carrying value at 31 March	**2,527**	**2,547**	**22**	**22**

Note 21 Disclosure of interests in other entities

Flourish is a wholly owned subsidiary of the Trust. The accounting date of Flourish is 31 March 2023. In 2022/23 Flourish's income was £2.426m (2021/22: £2.161m) and the expenditure was £2.430m (2021/22: £2.164m). At 31 March 2023 the net assets are £66k . Flourish trading results are consolidated in the Trust's financial statements.

Note 22 Analysis of charitable fund reserves

The Rotherham Doncaster and South Humber NHS Charitable Fund is a subsidiary of the Trust and the Fund's trading results are consolidated in the Trust's financial statements. The accounting date of the Fund is 31 March 2023.

	31 March 2023	**31 March 2022**
	£000	**£000**
Unrestricted funds:		
Unrestricted income funds	1,691	1,578
Restricted funds:		
Other restricted income funds	1,176	1,264
	2,867	**2,842**

Unrestricted income funds are accumulated income funds that are expendable at the discretion of the corporate trustee in furtherance of the charity's objects. Unrestricted funds may be earmarked or designated for specific future purposes which reduces the amount that is readily available to the charity.

Restricted funds may be accumulated income funds which are expendable at the discretion of the corporate trustee only in furtherance of the specified conditions of the donor and the objects of the charity. They may also be capital funds (e.g. endowments) where the assets are required to be invested, or retained for use rather than expended.

Note 23 Inventories

Consumables	Group		Trust	
	31 March 2023	31 March 2022	31 March 2023	31 March 2022
	£000	£000	£000	£000
Balance 1 April	511	373	493	356
Additions	1,533	1,463	1,533	1,462
Consumed and recognised in expenditure	(1,539)	(1,325)	(1,539)	(1,325)
Balance 31 March	**505**	**511**	**487**	**493**

In response to the COVID 19 pandemic, the Department of Health and Social Care centrally procured personal protective equipment and passed these to NHS providers free of charge. During 2022/23 the Trust received £129k of items purchased by DHSC (2021/22: £256k).

These inventories were recognised as additions to inventory at deemed cost with the corresponding benefit recognised in income. The utilisation of these items is included in the expenses disclosed above.

Note 24 Receivables

	Group		Trust	
	31 March 2023	31 March 2022	31 March 2023	31 March 2022
	£000	£000	£000	£000
Current				
Contract receivables	1,844	1,237	1,837	1,231
Contract receivables not yet invoiced	10,673	2,040	10,673	2,040
Allowance for impaired contract receivables	(113)	(67)	(113)	(67)
Prepayments (non-PFI)	730	685	730	685
PDC dividend receivable	-	77	-	77
VAT receivable	320	350	320	350
Clinician pension tax provision reimbursement funding from NHSE	-	54	-	54
NHS charitable funds receivables	16	13	-	-
Total current receivables	**13,470**	**4,389**	**13,447**	**4,370**
Non-current				
Clinician pension tax provision reimbursement funding from NHSE	129	54	129	54
Total non-current receivables	**129**	**54**	**129**	**54**
Total receivables	**13,599**	**4,443**	**13,576**	**4,424**
Of which receivable from NHS and DHSC group bodies:				
Current	9,079	1,954	9,079	1,954
Non-current	129	54	129	54

Note 24.1 Allowances for credit losses - 2022/23

Group and Trust	31 March 2023 Contract receivables	31 March 2022 Contract receivables
	£000	£000
Allowances as at 1 April	67	58
New allowances arising	84	21
Reversal of allowances - where receivable is collected in year	(38)	(12)
Allowances as at 31 Mar	**113**	**67**

Note 25 Cash and cash equivalents movements

Cash and cash equivalents comprise cash at bank, in hand and cash equivalents. Cash equivalents are readily convertible investments of known value which are subject to an insignificant risk of change in value.

	Group		Trust	
	2022/23	2021/22	2022/23	2021/22
	£000	£000	£000	£000
At 1 April	**48,429**	**49,898**	**47,652**	**49,251**
Net change in year	(8,134)	(1,469)	(8,062)	(1,599)
At 31 March	**40,295**	**48,429**	**39,590**	**47,652**
Broken down into:				
Cash at commercial banks and in hand	855	847	150	70
Cash with the Government Banking Service	39,440	47,582	39,440	47,582
Total cash and cash equivalents as in SoFP	**40,295**	**48,429**	**39,590**	**47,652**
Total cash and cash equivalents as in SoCF	**40,295**	**48,429**	**39,590**	**47,652**

Note 25.1 Third party assets held by the trust

Rotherham Doncaster and South Humber NHS Foundation Trust held cash and cash equivalents which relate to monies held by the Trust on behalf of patients or other parties. This has been excluded from the cash and cash equivalents figure reported in the accounts.

	Group and Trust	
	31 March 2023	31 March 2022
	£000	£000
Bank balances	201	239
Monies on deposit	221	275
Total third party assets	**422**	**514**

Note 26 Trade and other payables

	Group		Trust	
	31 March 2023	31 March 2022	31 March 2023	31 March 2022
	£000	£000	£000	£000
Current				
Trade payables	2,995	3,499	2,693	3,499
Capital payables	557	763	557	763
Accruals	12,913	7,621	12,913	7,621
Social security costs	1,638	1,595	1,638	1,595
Other taxes payable	1,257	1,176	1,257	1,176
PDC dividend payable	396	-	396	-
Pension contributions payable	1,994	1,847	1,994	-
Other payables	561	736	569	2,358
NHS charitable funds: trade and other payables	48	69	-	-
Total current trade and other payables	**22,359**	**17,306**	**22,017**	**17,012**
Non-current				
Other payables	-	3	-	-
Total non-current trade and other payables	**-**	**3**	**-**	**-**
Total trade and other payables	**22,359**	**17,309**	**22,017**	**17,012**
Of which payables from NHS and DHSC group bodies:				
Current	2,412	1,650	2,412	1,650

Note 27 Other liabilities

	Group		Trust	
	31 March 2023	31 March 2022	31 March 2023	31 March 2022
	£000	£000	£000	£000
Current				
Deferred income: contract liabilities	1,385	1,606	1,385	1,453
Total other current liabilities	**1,385**	**1,606**	**1,385**	**1,453**
Non-current				
Net pension scheme liability	-	387	-	387
Total other non-current liabilities	**-**	**387**	**-**	**387**

Note 28 Borrowings

Group and Trust	31 March 2023	31 March 2022
	£000	£000
Current		
Loans from DHSC	373	371
Lease liabilities*	1,222	-
Obligations under PFI, LIFT or other service concession contracts (excl. lifecycle)	590	540
Total current borrowings	**2,185**	**911**
Non-current		
Loans from DHSC	3,841	4,206
Lease liabilities*	14,181	-
Obligations under PFI, LIFT or other service concession contracts	7,220	7,810
Total non-current borrowings	**25,242**	**12,016**

* The Trust has applied IFRS 16 to lease arrangements within these accounts from 1 April 2022 without restatement of comparatives. More information about leases and the impact of this change in accounting policy can be found in note .

Note 28.1 Reconciliation of liabilities arising from financing activities

Group and Trust - 2022/23	Loans from DHSC	Lease liabilities	PFI and LIFT schemes	Total
	£000	£000	£000	£000
Carrying value at 1 April 2022	**4,577**	**-**	**8,350**	**12,927**
Cash movements:				
Financing cash flows - payments and receipts of principal	(363)	(1,253)	(539)	**(2,155)**
Financing cash flows - payments of interest	(171)	(138)	(711)	**(1,020)**
Non-cash movements:				
IFRS 16 implementation - adjustments for existing operating leases / subleases	-	16,658	-	**16,658**
Application of effective interest rate	171	138	710	**1,019**
Carrying value at 31 March 2023	**4,214**	**15,405**	**7,810**	**27,429**

Group and Trust - 2021/22	Loans from DHSC	Finance leases	PFI and LIFT schemes	Total
	£000	£000	£000	£000
Carrying value at 1 April 2021	**4,940**	**-**	**8,844**	**13,784**
Cash movements:				
Financing cash flows - payments and receipts of principal	(363)	-	(494)	**(857)**
Financing cash flows - payments of interest	(185)	-	(756)	**(941)**
Non-cash movements:				
Application of effective interest rate	185	-	756	**941**
Carrying value at 31 March 2022	**4,577**	**-**	**8,350**	**12,927**

Note 29 Provisions for liabilities and charges analysis

Group and Trust	Pensions: early departure costs	Pensions: injury benefits	Legal claims	Redundancy	Dilapidations	Clinicians' pension reimbursement	Other	Total
	£000	£000	£000	£000	£000	£000	£000	£000
At 1 April 2022	**125**	**337**	**74**	**30**	**669**	108	**835**	**2,178**
Change in the discount rate	-	(92)	-	-	-	(113)	-	**(205)**
Arising during the year	-	1	32	-	-	132	-	**165**
Utilised during the year	(10)	(5)	(25)	(30)	-	-	(835)	**(905)**
Reversed unused	-	(4)	-	-	-	(1)	-	**(5)**
Unwinding of discount	-	-	-	-	-	3	-	**3**
At 31 March 2023	**115**	**237**	**81**	**-**	**669**	**129**	**-**	**1,231**
Expected timing of cash flows:								
- not later than one year;	10	5	81	-	145	-	-	**241**
- later than one year and not later than five years;	50	25	-	-	256	129	-	**460**
- later than five years.	55	207	-	-	268	-	**-**	**530**
Total	**115**	**237**	**81**	**-**	**669**	**129**	**-**	**1,231**

Pension provisions are calculated using the criteria provided by the Government Actuary department. Payments are made over the lifetime of the member and on his/her death a reduced sum is paid to the survivor.

The personal injury allowance is in respect of one ex employee. The provision is calculated using information as to gender, life expectancy and amount of allowance payable.

The legal claim provision is in respect of personal injury claims and is calculated using information provided by NHS Resolution as to probability of outcome and cost.

The redundancy provision relates to the introduction of new models for the provision of services.

The dilapidation provision relates to the 'dilapidation' costs for expired building leases.

The clinicians' pension provision is in respect of liabilities arising from the 2019/20 clinicians' pension compensation scheme.

Other provisions relate to the potential payback of a Vat reclaim.

The exact timing of cash-flows is uncertain; the expected timing is shown above.

Note 29.1 Clinical negligence liabilities

At 31 March 2023, £2.713m was included in provisions of NHS Resolution in respect of clinical negligence liabilities of the Trust (31 March 2022: £2.239m).

Note 30 Contingent assets and liabilities

Group and Trust	31 March 2023	31 March 2022
	£000	£000
Value of contingent liabilities		
NHS Resolution legal claims	33	43
Gross value of contingent liabilities	**33**	**43**
Amounts recoverable against liabilities		
Net value of contingent liabilities	**33**	**43**

Contingent liabilities relate to employer and public personal injury claims

Note 31 Contractual capital commitments

Group and Trust	31 March 2023	31 March 2022
	£000	£000
Property, plant and equipment	200	200
Intangibles	-	87
Total	**200**	**287**

Note 32 Defined benefit pension schemes

Note 32.1 Actuarial assumptions

The main actuarial assumptions used at the date of the Statement of Financial Position in measuring the present value of the defined benefit scheme liabilities are:

	31 March 2023	31 March 2022
Rate of increase in pensions (CPI)	3.00%	3.30%
Rate of increase in salaries	3.60%	4.30%
Discount rate	4.75%	2.70%

Duration information at the end of the accounting year

As at the date of the most recent valuation, the duration of the Employer's funded obligations is 15 years.

The financial actuarial assumptions used for IAS19 calculations at the 31 March year ends depends on the market yields at that date. These yields vary from employer to employer depending on the duration of their pension liabilities. For accounting purposes, the duration is assessed as at the date of the latest formal actuarial valuation of the Fund (or the date of admission to the fund if later).

Note 32.2 Sensitivity analysis

The sensitivities regarding the principal assumptions used to measure the scheme obligations are set out below:

Change in assumptions at 31 March 2023	Approximate % increase in Defined Benefit Obligation	Approximate monetary amount (£000)
0.1% decrease in Real Discount Rate	1%	72
1 year increase in member life expectancy	4%	194
0.1% increase in Salary Increase Rate	0%	7
0.1% increase in the Pension Increase Rate (CPI)	1%	67

Note 32.3 Detailed asset breakdown as at 31 March 2023

	31 March 2023	31 March 2022
	£000's	£000's
Equities	4,150	3,936
Government bonds	1,404	1,244
Property	520	1,068
Cash/liquidity	58	73
Other	0	0
Total	**6,132**	**6,321**

The plan assets are invested in a wide range of categories of investments and therefore the Trust is not exposed to any plan specific risks.

Note 32.4 Changes in the defined benefit obligation and fair value of plan assets during the year

Group and Trust	**2022/23**	**2021/22**
	£000	**£000**
Present value of the defined benefit obligation at 1 April	**(6,708)**	**(6,725)**
Current service cost	(64)	(98)
Interest cost	(180)	(141)
Contribution by plan participants	(10)	(15)
Remeasurement of the net defined benefit (liability) / asset:		
- Actuarial gains/(losses)	1,935	130
Benefits paid	165	141
Present value of the defined benefit obligation at 31 March	**(4,862)**	**(6,708)**
Plan assets at fair value at 1 April	**6,321**	**6,028**
Interest income	168	125
Remeasurement of the net defined benefit (liability) / asset:		
- Actuarial gain	(202)	287
- Changes in the effect of limiting a net defined benefit asset to the asset ceiling	(800)	-
Contributions by the employer	-	7
Contributions by the plan participants	10	15
Benefits paid	(165)	(141)
Administration expenses		
Plan assets at fair value at 31 March	**5,332**	**6,321**
Plan surplus/(deficit) at 31 March	**470**	**(387)**

Employer contributions in 2023/24 are projected to be £37k

Note 32.5 Reconciliation of the present value of the defined benefit obligation and the present value of the plan assets to the assets and liabilities recognised in the balance sheet

Group and Trust

	31 March 2023	31 March 2022
	£000	£000
Present value of the defined benefit obligation	(4,862)	(6,708)
Plan assets at fair value	5,332	6,321
Net defined benefit (obligation) / asset recognised in the SoFP	**470**	**(387)**
Fair value of any reimbursement right		
Net asset/(liability) after the impact of reimbursement rights	**470**	**(387)**

Note 32.6 Amounts recognised in the SoCI
Group and Trust

	2022/23	2021/22
	£000	£000
Current service cost	(64)	(98)
Interest expense / income	(12)	(16)
Total net (charge) / gain recognised in SOCI	**(76)**	**(114)**

Note 33 On-SoFP PFI

The PFI provides services accommodation for Mental Health services for Older People and for Mental Health Rehabilitation services. The PFI buildings are on the St Catherine's site and Bentley in Doncaster.

The PFI agreement is with Albion Healthcare Ltd who have a contract with HBG (Facilities Management) Ltd to provide the hard facilities management services to the buildings. The PFI arrangement is for 27 years commencing in 2005 and ending in 2032. There are no renewal or termination options in the agreement.

The service element of the lease was bought out in 2017/18 and payments now relate solely to the lease of the property. The annual payment in 2022/23 was £1.250m. The re-pricing of the annual charge is yearly on 1 April in line with the movement in the Retail Price Index.

The scheme has not resulted in any guarantees, commitments or other rights or obligations.

Note 33.1 On-SoFP PFI obligations

The following obligations in respect of the PFI are recognised in the statement of financial position:

Group and Trust	31 March 2023	31 March 2022
	£000	£000
Gross PFI liabilities	**11,354**	**12,604**
Of which liabilities are due		
- not later than one year;	1,250	1,250
- later than one year and not later than five years;	5,000	5,000
- later than five years.	5,104	6,354
Finance charges allocated to future periods	(3,544)	(4,254)
Net PFI obligation	**7,810**	**8,350**
- not later than one year;	590	540
- later than one year and not later than five years;	2,943	2,697
- later than five years.	4,277	5,113

Note 33.2 Total on-SoFP PFI commitments

Total future commitments under these on-SoFP schemes are as follows:

Group and Trust	31 March 2023 £000	31 March 2022 £000
Total future payments committed in respect of the PFI, LIFT or other service concession arrangements	**11,354**	**18,630**
Of which payments are due:		
- not later than one year;	1,250	1,863
- later than one year and not later than five years;	5,000	7,452
- later than five years.	5,104	9,315

Note 33.3 Analysis of amounts payable to service concession operator

This note provides an analysis of the unitary payments made to the service concession operator:

	Trust	
	2022/23 £000	**2021/22 £000**
Unitary payment payable to service concession operator	**2,064**	**1,863**
Consisting of:		
- Interest charge	710	756
- Repayment of balance sheet obligation	540	494
- Contingent rent	814	613
Total amount paid to service concession operator	**2,064**	**1,863**

Note 34 Financial instruments

Note 34.1 Financial risk management

Financial Reporting Standard IFRS 7 requires disclosure of the role that financial instruments have had during the year in creating or changing the risks a body faces in undertaking its activities. Because of the continuing service provider relationship that the Trust has with the ICBs and local authorities and the way in which these bodies are financed, the Trust is not exposed to the degree of financial risk faced by business entities. Also financial instruments play a much more limited role in creating or changing risk that would be typical of listed companies, to which the financial reporting standard mainly applies. The Trust has limited powers to borrow or invest surplus funds and financial assets and liabilities are generated by day-to-day operational activities rather than being held to change the risks facing the Trust in undertaking its activities.

The Trust's treasury management operations are carried out by the finance department, within parameters defined formally within the Trust's standing financial instructions and policies agreed by the board of directors. The Trust's treasury activity is subject to review by internal audit.

Currency risk

The Trust is principally a domestic organisation with the great majority of transactions, assets and liabilities being in the UK and sterling based. The Trust has no overseas operations; the Trust therefore has low exposure to currency rate fluctuations.

Credit risk

Because the majority of the Trust's income comes from contracts with other public sector bodies, the Trust has little exposure to credit risk. The maximum exposures at 31 March 2023 are in receivables from other customers, as disclosed in Trade and other receivables, note 23.

Liquidity risk

The Trust's operating costs are incurred under annual service agreements with ICBs and local authorities, which are financed from resources voted annually by Parliament. The Trust is not, therefore exposed to significant liquidity risk.

Interest rate risk

The Trust is not exposed to any interest rate risk. The only loan that the Trust has is with the Department of Health and Social Care and this is at a fixed interest rate.

Note 34.2 Carrying values of financial assets (Group)

Carrying values of financial assets as at 31 March 2023	Held at amortised cost	Held at fair value through OCI	Total book value
	£000	£000	£000
Trade and other receivables excluding non financial assets	12,296	-	**12,296**
Cash and cash equivalents	39,923	-	**39,923**
Consolidated NHS Charitable fund financial assets	388	2,527	**2,915**
Total at 31 March 2023	**52,607**	**2,527**	**55,134**

Carrying values of financial assets as at 31 March 2022	Held at amortised cost	Held at fair value through OCI	Total book value
	£000	£000	£000
Trade and other receivables excluding non financial assets	3,318	-	**3,318**
Cash and cash equivalents	48,078	-	**48,078**
Consolidated NHS Charitable fund financial assets	364	2,547	**2,911**
Total at 31 March 2022	**51,760**	**2,547**	**54,307**

Note 34.3 Carrying values of financial assets (Trust)

Carrying values of financial assets as at 31 March 2023	Held at amortised cost	Held at fair value through OCI	Total book value
	£000	£000	£000
Trade and other receivables excluding non financial assets	12,289	-	**12,289**
Other investments / financial assets	22	-	**22**
Cash and cash equivalents	39,590	-	**39,590**
Total at 31 March 2023	**51,901**	-	**51,901**

Carrying values of financial assets as at 31 March 2022	Held at amortised cost	Held at fair value through OCI	Total book value
	£000	£000	£000
Trade and other receivables excluding non financial assets	3,312	-	**3,312**
Other investments / financial assets	22	-	**22**
Cash and cash equivalents	47,652	-	**47,652**
Total at 31 March 2022	**50,986**	-	**50,986**

Note 34.4 Carrying values of financial liabilities (Group)

Carrying values of financial liabilities as at 31 March 2023	Held at amortised cost	Total book value
	£000	£000
Loans from the Department of Health and Social Care	4,214	**4,214**
Obligations under leases	15,403	**15,403**
Obligations under PFI, LIFT and other service concessions	7,810	**7,810**
Trade and other payables excluding non financial liabilities	17,026	**17,026**
Consolidated NHS charitable fund financial liabilities	48	**48**
Total at 31 March 2023	**44,501**	**44,501**

Carrying values of financial liabilities as at 31 March 2022	Held at amortised cost	Total book value
	£000	£000
Loans from the Department of Health and Social Care	4,577	**4,577**
Obligations under PFI, LIFT and other service concessions	8,350	**8,350**
Trade and other payables excluding non financial liabilities	14,469	**14,469**
Consolidated NHS charitable fund financial liabilities	69	**69**
Total at 31 March 2022	**27,465**	**27,465**

Note 34.5 Carrying values of financial liabilities (Trust)

Carrying values of financial liabilities as at 31 March 2023	Held at amortised cost	Total book value
	£000	£000
Loans from the Department of Health and Social Care	4,214	**4,214**
Obligations under leases	15,403	**15,403**
Obligations under PFI, LIFT and other service concessions	7,810	**7,810**
Trade and other payables excluding non financial liabilities	16,723	**16,723**
Total at 31 March 2023	**44,150**	**44,150**

Carrying values of financial liabilities as at 31 March 2022	Held at amortised cost	Total book value
	£000	£000
Loans from the Department of Health and Social Care	4,577	**4,577**
Obligations under PFI, LIFT and other service concessions	8,350	**8,350**
Trade and other payables excluding non financial liabilities	14,241	**14,241**
Total at 31 March 2022	**27,168**	**27,168**

Note 34.6 Fair values of financial assets and liabilities

The book value of the Trust's assets and liabilities at 31 March 2023 is a reasonable approximation of fair value.

Note 34.7 Maturity of financial liabilities

The following maturity profile of financial liabilities is based on the contractual, undiscounted cash flows. This differs to the amounts recognised in the statement of financial position, which are discounted to present value.

	Group		Trust	
	31 March 2023	31 March 2022	31 March 2023	31 March 2022
	£000	£000	£000	£000
In one year or less	20,057	16,320	19,706	16,026
In more than one year but not more than five years	11,430	7,003	11,430	7,000
In more than five years	18,200	9,543	18,200	9,543
Total	**49,687**	**32,866**	**49,336**	**32,569**

Note 35 Losses and special payments

	2022/23		2021/22	
Group and trust	Total number of cases	Total value of cases	Total number of cases	Total value of cases
	Number	£000	Number	£000
Losses				
Cash losses	4	-	1	8
Bad debts and claims abandoned	24	62	10	7
Stores losses and damage to property	1	-	-	-
Total losses	**29**	**62**	**11**	**15**
Special payments				
Compensation under court order or legally binding arbitration award	2	21	1	15
Ex-gratia payments	14	187	26	574
Special severance payments	-	-	1	15
Total special payments	**16**	**208**	**28**	**604**
Total losses and special payments	**45**	**270**	**39**	**619**

Note 36 Related parties

The Trust is a body corporate established by order of the Secretary of State.

The Department of Health is regarded as the ultimate controlling party. During the year the Trust had a number of material transactions with the Department and with other entities for which the Department is regarded as the parent. The Trust also had a number of material transactions with other Government departments and other central and local government bodies. These entities are listed below.

- The Department of Health and Social Care
- Other NHS providers
- ICBs, CCGs and NHS England
- Other health bodies
- Other Government departments
- Local authorities

Note 37 Events after the reporting date

There are no events after the reporting date.