

AGENDA

BOARD OF DIRECTORS

Thursday 28 November 2024 at 10.00am
The Centre, Brinsworth Lane, Brinsworth, Rotherham, S60 5BU

No	Item	Request to	Lead	Enc.
1	Welcome	Note Information	KL	
2	Apologies for Absence:			
3	Quoracy (One third of the Board; inc. one NED and one ED)			
4	Declarations of Interest			A
Staff Story				
5	Staff Story - RRI Project	Information	CH	Verb
Standing items				
6	Minutes of the meeting held in public on the 26 September 2024	Decision	KL	B
7	Matters Arising and Follow up Actions	Decision		C
Board Assurance Committee Reports to the Board of Directors				
8	Quality Committee	Assurance	RF	D
9	Audit Committee	Assurance	KG	E
10	Mental Health Act Committee	Assurance	SFT	F
11	People & Organisational Development Committee	Assurance	RB	G
12	Public Health Patient Involvement & Partnerships Committee	Assurance	DV	H
13	Finance, Digital & Estates Committee	Assurance	PV	I
14	Trust People Council (inc Terms of Reference)	Assurance/ Decision	DV	J
15	Chief Executive’s Report	Information	TL	K
BREAK				

Key matters for decision or assurance				
16	Care Quality Commission Readiness: Well-Led	Assurance	PG	L
17	Sexual Safety Charter – Action and Results	Decision	JG	M
18	An Overview of Research Activity in the Trust	Assurance	DS	N
19	Productivity at RDaSH 2025/26	Information	IM	O
20	Promises 6, 7, 8 – Accelerating Delivery	Information	JMc	P
21	Baby Friendly Status	Information	JG	Q
Routine Reports				
22	Operational Risk Report - Extreme Risks / High Impact – Low Likelihood Risks	Assurance	PG	R
23	Strategy Delivery Risks 2024/25 – SDR2 and SDR5	Assurance	PG	S
24	Integrated Quality Performance Report (IQPR)	Assurance	TL	T
25	Promises and Priorities Scorecard	Assurance	TL	U
Supporting Papers (previously presented at Committee)				
26	Mortality 6 Monthly Report	Information	KL	V
	WRES / WDES Annual Report			
	Guardian of Safe Working Hours			
	FTSU Biannual update			
27	Any Other Urgent Business (to be notified in advance)		KL	Verb
28	Any risks that the Board wishes the Risk Management Group to consider			
29	Public Questions *			
30	Chair to resolve <i>‘that because publicity would be prejudicial to the public interest by reason of the confidential nature of the business to be transacted, the public and press are excluded from the remainder of the meeting, which will conclude in private.’</i>		KL	
31	Minutes of the meeting held on the 26 September 2024 (private session)	Decision	KL	AA
32	Matters Arising and Follow up Action List (private session)	Decision		BB
33	Reflections on the staff story	Discussion		Verb
34	Chief Executive Private Update to the Board of Directors	Information	TL	CC
35	Cyber Security	Information	RB	DD

*** Public Questions:**

Questions from the public may be raised at the meeting where they relate to the papers being presented that day. Alternatively, questions on any subject may sent in advance and they will be presented to the Board of Directors via the Director of Corporate Assurance. Responses will be provided after the meeting to the originator and included within the formal record of the meeting.

**The next meeting of the Board of Directors will take place on Thursday 30 January 2025
10am in North Lincolnshire - venue to be confirmed**

ROTHERHAM DONCASTER AND SOUTH HUMBER NHS FOUNDATION TRUST

Report Title	Declarations of Interest	Agenda Item	Paper A	
Sponsoring Executive	Kathryn Lavery, Chair			
Report Author	Chloe Pearson, Corporate Assurance Officer			
Meeting	Board of Directors	Date	28 November 2024	
Suggested discussion points (two or three issues for the meeting to focus on)				
<ul style="list-style-type: none"> The report is presented as a standing agenda item at each meeting to ensure board awareness to any declarations and if needed, actions taken to prevent any conflicts during the business of the Board. The report outlines the changes to the register since the last meeting which relates to Pauline Vickers and Philip Gowland. 				
Alignment to strategic objectives (indicate with an 'x' which objectives this paper supports)				
Business as usual			x	
Previous consideration (where has this paper previously been discussed – and what was the outcome?)				
Not applicable				
Recommendation (indicate with an 'x' all that apply and where shown elaborate)				
The Board is asked to:				
x	RECEIVE and note the Register of Interests.			
Impact (indicate with an 'x' which governance initiatives this matter relates to and where shown elaborate)				
Trust Risk Register				
Strategic Delivery Risks				
System / Place impact				
Equality Impact Assessment	Is this required?	Y	N	x
				If 'Y' date completed
Quality Impact Assessment	Is this required?	Y	N	x
				If 'Y' date completed
Appendix (please list)				
None				

ROTHERHAM DONCASTER AND SOUTH HUMBER NHS FOUNDATION TRUST

BOARD OF DIRECTORS – REGISTER OF INTERESTS

Executive Summary

The Trust and the people who work with and for it, collaborate closely with other organisations, delivering high quality care for our patients. These partnerships have many benefits and should help ensure that public money is spent efficiently and wisely. But there is a risk that conflicts of interest may arise.

Providing best value for taxpayers and ensuring that decisions are taken transparently and clearly, are both key principles in the NHS Constitution. The Trust is committed to maximising its resources for the benefit of the whole community. As a Trust and as individuals, there is a duty to ensure that all dealings are conducted to the highest standards of integrity and that NHS monies are used wisely so that the Trust uses the finite resources in the best interests of patients. For this reason each Director makes a continual declaration of any interests they have. Declarations are made to the Board Secretary as they arise, recorded on the public register and formally reported to the Board of Directors at the next meeting. To ensure openness and transparency during Trust business, the Register is included in the papers that are considered by the Board of Directors each month.

Amendments are shown in bold text.

Name / Position	Interests Declared
Kathryn Lavery, <i>Chair</i>	<ul style="list-style-type: none">• Owner / Director of K Lavery Associates Ltd• Chair ACCIA Yorkshire and Humber Panel• Consultant with Agencia Ltd.• Chair of the Advisory Board Space2BHeard CIC HULL• Non-Executive Director at Locala Community Interest Company
Toby Lewis, <i>Chief Executive</i>	<ul style="list-style-type: none">• Nil
Richard Banks, <i>Director of Health Informatics</i>	<ul style="list-style-type: none">• Wife works in administration at Sheffield Children's NHS Foundation Trust.
Rachael Blake, <i>Non-Executive Director</i>	<ul style="list-style-type: none">• People and Transformation Lead – Jacobs (Global Rail & Transit Solutions Provider)• Elected Member - City of Doncaster Council• Trustee - South Yorkshire Community Foundation• Director - Bawtry Community Library

Name / Position	Interests Declared
Richard Chillery, Chief Operating Officer	<ul style="list-style-type: none"> • Nil
Dr Richard Falk, Associate Non-Executive Director	<ul style="list-style-type: none"> • Medical Consultancy advice to H I Weldricks Pharmacies (who have a footprint across the RDaSH geographical area).
Steve Forsyth, <i>Chief Nursing Officer</i>	<ul style="list-style-type: none"> • Coach at the Gambian National Police Force • Ambassador and Affiliation for WhizzKidz • Non-Executive Director for the African Caribbean Community Initiative
Philip Gowland, Board Secretary and Director of Corporate Assurance	<ul style="list-style-type: none"> • Wife is North West Primary Care Network (PCN) Digital and Transformation Lead employed by Primary Care Doncaster (PCD). • Wife is Primary Care Strategic Lead employed by RDaSH.
Dr Jude Graham, <i>Director of Psychological Professionals and Therapies</i>	<ul style="list-style-type: none"> • Trustee for the Queens Nursing Institute • Executive Coach – registered and accredited with the European Mentoring and Coaching Council • ImpACT International Fellow for the University of East Anglia.
Kathryn Gillatt, <i>Non-Executive Director</i>	<ul style="list-style-type: none"> • Non-Executive Director at the NHS Business Services Authority and Chair of the Audit & Risk Committee. • Sole trader of a Finance and Business Consultancy.
Carlene Holden, <i>Director of People and Organisational Development</i>	<ul style="list-style-type: none"> • Governor and Vice-Chair at Brighter Futures Learning Partnership Trust – Hungerhill School, Doncaster.
Prof Janusz Jankowski, <i>Non-Executive Director</i>	<ul style="list-style-type: none"> • Non-Executive Director at the Tavistock and Portman NHS Foundation Trust, London • Trustee, Oesophageal Patients Association National Charity, Hockley Heath, Solihull • Clinical Adviser for NHS and National Institute for Care and Health Excellence (NICE) • Adviser and Vice President of Research and Innovation, University of the South Pacific • Consultant Gastroenterologist, Medinet NHS Provider Agency for Ad hoc Remote Out-patient GI work • Consultant to Industry around Healthcare • Magistrate (Family and Adult Courts), His Majesty's Courts and Tribunal Services, Leicestershire • Hon. Clinical Professor, University College London • Chair, Translational Science Board TransCan-3, European Union. • A Trustee role for a Limited Charity called AGREE (Acknowledge Girls Right to End Exploitation). • A consultancy Advisor/ Provost role for the largest private Charity in the UAE, The Saeed Lootah Foundation.

Name / Position	Interests Declared
Dawn Leese, <i>Non-Executive Director</i>	<ul style="list-style-type: none"> • NHS Responder Volunteer • Covid-19 Vaccinator with St John's Ambulance.
Jo McDonough, <i>Director of Strategic Development</i>	<ul style="list-style-type: none"> • Nil
Izaaz Mohammed, <i>Director of Finance and Estates</i>	<ul style="list-style-type: none"> • Chair of Governing Body – Westmoor Primary School, Church Lane, Dewsbury, West Yorkshire. • Trustee of Howlands Community Hub – charity based in Dewsbury which runs arts and crafts sessions for people with learning difficulties and physical disabilities.
Dr Diarmid Sinclair, <i>Acting Medical Director</i>	<ul style="list-style-type: none"> • Nil
Sarah Fulton Tindall, <i>Non-Executive Director</i>	<ul style="list-style-type: none"> • Member of the Patient Participation Group at the NHS Heeley Green General Practice Surgery, Sheffield. • Age UK Readers' Panel member.
Dave Vallance, <i>Non-Executive Director</i>	<ul style="list-style-type: none"> • Nil
Pauline Vickers, Non-Executive Director	<ul style="list-style-type: none"> • Independent Assessor for the Business to Business (B2B) Sales Professional Degree Apprenticeship for Middlesex University and Leeds Trinity University • Associate Coach with Performance Coaching International • Managing Director and Executive Coach Insight Coaching for Leaders • Director of Marsh and Vickers Coaching Limited

Rotherham Doncaster and South Humber NHS Foundation Trust
Board of Directors – 28 November 2024

Staff Story: Reducing Restrictive Interventions

ROTHERHAM DONCASTER AND SOUTH HUMBER NHS FOUNDATION TRUST

MINUTES OF THE BOARD OF DIRECTORS MEETING ON THURSDAY 26 SEPTEMBER 2024 AT 10.00AM THE PAVILION, ASKERN ROAD, BENTLEY, DONCASTER, DN5 0HU

PRESENT

Dave Vallance	Non-Executive Director - Chair
Rachael Blake	Non-Executive Director
Richard Chillery	Chief Operating Officer
Sarah Fulton-Tindall	Non-Executive Director
Steve Forsyth	Chief Nurse
Kathryn Gillatt	Non-Executive Director
Carlene Holden	Director of People and Organisational Development
Dr Janusz Jankowski (v)	Non-Executive Director
Kathryn Lavery (v)	Chair
Dawn Leese	Non-Executive Director
Toby Lewis	Chief Executive
Izaaz Mohammed	Director of Finance and Estates
Dr Diarmid Sinclair	Interim Medical Director
Pauline Vickers (v)	Non-Executive Director

IN ATTENDANCE

Joy Bullivant (v)	Governor
Glyn Butcher	People Focussed Group
Sarah Dean	Corporate Assurance Officer (Minutes)
Lea Fountain	NeXT Director
Philip Gowland	Director of Corporate Assurance / Board Secretary
Dr Jude Graham	Director for Psychological Professions and Therapies
Ann Llewellyn (v)	Governor
Kate McCandlish	Deputy Director of Nursing
Jyoti Mehan (v)	NeXT Director
Jo McDonough	Director of Strategic Development
Paula Rylatt	Deputy Patient Experience and Involvement Director
Ian Spowart (v)	Governor
Cora Turner (v)	Care Group Director, Physical Health and Neurodiversity
David Vickers (v)	Governor
Kate	Patient Story
Wayne	Patient Story

Ref		Action
Bpu 24/09/01 & Bpu 24/09/02	<p>Welcome and Apologies</p> <p>Mr Vallance welcomed all attendees to the meeting and advised he would be chairing today's meeting on behalf of Mrs Lavery, who was absent unwell.</p> <p>A warm welcome was given to Dr Sinclair in his role as Interim Medical Director. Apologies for absence were noted from Richard Banks, Director of Health Informatics and Dr Richard Falk, Associate Non-Executive Director.</p>	

Bpu 24/09/03	Quoracy Mr Vallance declared the meeting was quorate.	
Bpu 24/09/04	Declarations of Interest Mr Vallance presented the Declarations of Interest report which outlined the changes to the register since the last meeting which relates to the removal of Dr Graeme Tosh and the inclusion of Dr Diarmid Sinclair as the Interim Medical Director. Mr Lewis declared a related interest, given his forthcoming involvement relating to disciplinary staff cases of racism, with respect to the Anti-Racism paper later on the agenda. Mr Gowland, on behalf of Mrs Vickers, declared her new interest, Director of Marsh and Vickers Coaching Limited. The Board received and noted the changes to the Declarations of Interest Report.	
PATIENT STORY		
Bpu 24/09/05	Patient Story: Experiences of care within a ward Mr Vallance welcomed Kate and Wayne to the meeting who were invited to share their stories and experiences of care within a ward. Thanks were also given to Mr Butcher for providing peer support today for Kate and Wayne alongside Mrs Rylatt. Wayne and Kate both offered detailed reflections on their admissions and care. They highlighted both positive kindness and difficulties with their care. Wayne explained the impact that detention had had on him and highlighted how ward areas changed in his view over weekends and evenings. Wayne suggested introducing quiet times on an evening, reducing lighting / turn off bedroom lighting, update notice boards with information for patients, and to have more staff generally on weekend and bank holidays. Kate highlighted that communication and environmental factors were part of the negative experiences of care on the ward such as being stripped of her mobile phone, laces and cords. Kate did not believe anyone observed her on her first day of admission whilst she suffered hallucinations, and felt she would have felt safer by someone staying with her. Overall Kate believed RDaSH had saved her life and there were lots of positive experiences, however communication and environmental factors could be improved. Board members reflected that the environmental factor of lighting in patients' bedrooms related to the use of Oxevision, and acknowledged the ethical issues this presented in relation to sleep deprivation. Mr Lewis referred to the development of the workforce and the role of peer support workers which was underway. Each clinical service would have a peer support worker aligned to it and working with patients in their care. Kate and Wayne agreed this was positive to hear and it would have been helpful for them to have someone on the ward with lived experience.	

	<p>Ms Fountain noted Kate did not feel able to come forward for help when her mental health deteriorated and questioned whether there was anything different which could have been done to have made her feel safer. Kate stated it was mostly down to the stigma that surrounded mental health at that time, and mental health awareness was more prominent and available.</p> <p>In response to Mr Chillery, Wayne suggested communication within the ward environment could be improved with up to date patient notice boards including the activities planned for the week ahead. The Board noted work would be incorporated within the patient communication workstream, a part of the wider inpatient improvement work to be discussed later on the agenda.</p> <p>Mr Vallance and the Board thanked Kate and Wayne for taking the time to speak about their experiences and noted the intended reflection time later on the agenda.</p>	
STANDING ITEMS		
Bpu 24/09/06	<p>Minutes of the previous Board of Directors meeting held on 25 July 2024</p> <p>The Board approved the minutes of the meeting held on 25 July 2024 as an accurate record.</p>	
Bpu 24/09/07	<p>Matters Arising and Follow up Action Log</p> <p>There were no matters arising from the minutes.</p> <p>The Board received the action log and noted the progress updates. All actions noted as 'propose to close' were agreed.</p> <p>The Board supported Mr Lewis' request to change ownership of the open action regarding Response to Regulation 28's (open action Bpu 24/05/15a), to himself.</p>	
BOARD ASSURANCE COMMITTEE REPORTS TO THE BOARD OF DIRECTORS		
Bpu 24/09/08	<p>Report from the Trust People Council</p> <p>Mr Vallance presented the report of the inaugural Trust People Council (TPC) meeting held on 24 July 2024. The TPC explored Promise 26 and the working approach to anti-racism, and he noted the paper on the topic later on today's agenda. The TPC understood it had been established to provide direct advice and that advice would be considered in public, alongside the People & Organisational Development Committee. The TPC Terms of Reference would be drafted and will be considered at its next meeting before being presented for approval to the Board of Directors in November.</p> <p>The Board received and noted the report from the Trust People Council.</p>	TL
Bpu 24/09/09	Report from the Quality Committee (QC)	

	<p>Mrs Leese presented the paper and highlighted significant progress had been made in relation to safe staffing. A comprehensive 6 month assessment of the ward-based nurse staffing programme showed arrangements were robust and compliant with required standards. Evidence was provided of the operational management of day to day safe staffing and forward look to effectively manage nurse staffing resources. There were no immediate risks identified, and further work was ongoing to continue progressing the 6 monthly workforce assessment (annual due March 2025).</p> <p>Compliance with Resuscitation equipment checks remained a key area of focus, and with a significant improvement made recently, the topic would revert to routine reporting (next to QC in January 2025). Significant progress had also been made with respect to medical devices compliance and staff competency.</p> <p>Work continues to address the outstanding actions in relation to the implementation of the Patient Safety Incident Response Framework (PSIRF) and Complaints Management process. The final report is expected at QC in November 2024.</p> <p>Work was underway in relation to Quality Safety Impact Assessment (QSIA) to assess and provide assurance of the cumulative impact and any mitigating risks as a result of service change.</p> <p>Mr Lewis noted the report stated there were 3 overdue internal audit actions relating to complaints and safe staffing, and would need to understand any residual 2023/24 audit recommendations and actions as he believed they were 100%.</p> <p>Mr Vallance gave thanks to Mrs Leese for her work and contributions as Chair of QC, noting this was her final QC report to the Board of Directors prior to her departure.</p> <p>The Board received and noted the report from the Quality Committee.</p>	
Bpu 24/09/10	<p>Report from the Audit Committee</p> <p>Mrs Gillatt presented the paper which confirmed the conclusion of the 2023/24 external and internal audit work and the start of the 2024/25 internal audit plan.</p> <p>The change in internal audit's approach for 2024/25 was acknowledged with the intention to support improvement and to enable additional insight into the elements of the head of internal audit opinion throughout the year.</p> <p>Improvements had been made in relation to the Risk Management Framework. The revised oversight arrangements were in place with regards to Strategic Delivery Risks.</p> <p>The Board received and noted the report from the Audit Committee.</p>	
Bpu 24/09/11	<p>Report from the Mental Health Act (MHA) Committee</p>	

	<p>Ms Fulton Tindall presented the paper, highlighting there were 439 detentions in Q1 under the MHA. The Committee continued to identify issues with incorrect Receipt, Scrutiny and Recording – an issue the Board was already sighted on – as well as appropriate induction and preparedness of temporary medical staff.</p> <p>In response to this, a new weekly urgent metrics review report had been introduced at ward level (senior level) for continued oversight and almost real time checks. This should start to show improvements within key areas of MHA compliance.</p> <p>In response to Mrs Leese, Dr Graham advised a pilot questionnaire had been developed and trialled to understand and learn from peoples experience of care who had been detained under the MHA.</p> <p>The Board received and noted the report from the Mental Health Act Committee.</p>	
<p>Bpu 24/09/12</p>	<p>Report from the People & Organisational Development (POD) Committee</p> <p>Ms Blake presented the paper and highlighted sickness absence rates had increased slightly due to short term sickness absence (seasonal variation). Flu vaccination roll out had commenced with increased ambition from last year's programme.</p> <p>The vacancy rate had reduced with the delivery of the target to be '97.5% staffed' by January 2025 being on track - with recruitment campaigns underway across directorates.</p> <p>With regards to Guardian of Safe Working Hours, a monitoring exercise review had led to a change in shift patterns. There was further work underway within Doncaster on exception reporting and breaches.</p> <p>Reporting of Injuries, Diseases, and Dangerous Occurrence Regulations (RIDDOR) showed an increase in incidents. The POD Committee discussed support for staff and the approach taken to deal with such incidents, including the acceptable behaviour policy and anti-racism work.</p> <p>Mr Lewis and Dr Sinclair referred to Medical Revalidation and the Medical Appraisal Policy ratification, noting the need to ensure there was no confusion between the Trust's proposed new approach and that required of medical staff to maintain registration.</p> <p>The Board received and noted the report from the People & Organisational Development Committee.</p>	
<p>Bpu 24/09/13</p>	<p>Report from the Public Health, Patient Involvement & Partnerships (PHPIP) Committee</p> <p>Mr Vallance presented the paper, highlighting the progress made against the Promises under the PHPIP remit.</p> <p>The Board's Community Involvement Framework was in development (Promise 5), recognising there may be challenge with shifting mindsets</p>	

	<p>from attendance at NHS and other meetings to community engagement. The Trust's approach to Community Power would need to be considered further to understand how changes would be made. Mrs McDonough explained community power and engagement was explored with partners and peers at the Leaders' Conference held 27 September 2024.</p> <p>Health Inequalities Data remained in development, and he noted this was part of the Strategic Objective 2. Although some baseline data was available, there remained gaps in generating data and / or evidence to support interventions that address Health Inequalities. Mrs McDonough advised health inequalities data was already being reflected within Care Group Delivery Reviews to help better understand and help improve service delivery rather than monitor and target data.</p> <p>The Board received and noted the report from the Public Health, Patient Involvement & Partnerships Committee.</p>	
<p>Bpu 24/09/14</p>	<p>Report from the Finance, Digital & Estates (FDE) Committee</p> <p>On behalf of Mrs Vickers, Ms Fulton-Tindall presented the paper highlighting the work to rebase Trustwide vacancy factors as part of 2024/25 planning was complete. Monthly monitoring continued to ensure a consistent approach was taken across all areas.</p> <p>The NHSE Investigation and Intervention Report found the Trust had strong controls with respect to agency spend. The Trust was working across South Yorkshire providers to share best practice and review rostering controls.</p> <p>Mr Lewis clarified that the delivery of the Cost Improvement Programmes (CIPs) <u>was</u> on track. Mr Mohammed noted he was confident schemes had now been identified to deliver the Savings Plan in full.</p> <p>The Board received and noted the report from the Finance, Digital and Estates Committee.</p>	
<p>Bpu 24/09/15</p>	<p>Chief Executive's Report</p> <p>Mr Lewis drew attention to the key items within his report.</p> <p>The Trust had previously been involved with two Regulation 28 letters, of which the Board had previously been sighted on, with a further letter recently issued in relation to the death through suicide of a patient in Rotherham Older Peoples Services. Mr Lewis and Dr Sinclair would be responding to the Coroner's Regulation 28 letter by 30 October.</p> <p>A specific review of ward bedroom doors, bathroom doors and ongoing ligature risk concluded that previously identified risks could be mitigated or tolerated, and that the Trust would therefore continue to use the existing bedroom door supplier. Work was progressing to complete the replacement programme as part of the previously approved capital programme 2024/25, with the exception of Section 136 doors and other environments were to be considered alongside wider anti-ligature work.</p>	<p>TL</p>

	<p>There had been continued progress made in relation to basic inpatient ward practice. In particular Grab Bag audits, recording of MHA Section 132 rights and Oxevision consent, with oversight at the Delivery Reviews.</p> <p>A number of questions were raised and explored, and in response to Mr Vallance, Mr Lewis confirmed the Board would be able considering all plans associated with the strategy in the October timeout, deferred from the cancellation of the August session owing to leave.</p> <p>The Board received and noted the Chief Executive's report and the forward actions it contained.</p> <p>Mr Lewis then noted the two annexes to his report considered under succeeding items</p>	
<p>Bpu 24/09/15 a</p>	<p>Independent investigation of the NHS in England by Lord Darzi</p> <p>Mrs McDonough presented the paper which outlined the key issues faced by patients, carers and communities, and by public sector staff, through the present circumstances of NHS delivery. The report recognised the root causes of those key issues faced, such as funding models and NHS reorganisation.</p> <p>The findings recognised health inequalities across the nation; increasing long term conditions and worsening mental health, and the damaging impact these have. The recommendations require consideration and shift in how wider social systems would be supported to be able to address this over the next 10 years.</p> <p>The Board recognised the optimistic opportunities made within Lord Darzi's recommendations alongside the NHS 10 year plan, and the alignment with the Trust's Clinical and Organisational Strategy and Promises including addressing health inequalities, social care, expanding homecare / virtual ward, unlock Community Power, and delivery of shorter waiting times.</p> <p>Mrs McDonough acknowledged the risk of 'novelty' and explained that place and system 'groups' were already mushrooming with this in mind. The executive was carefully considering how best to contribute to that work, with a particular emphasis on ensuring patient voice.</p> <p>The Board received and noted the Independent investigation of the NHS in England by Lord Darzi.</p>	
<p>Bpu 24/09/15 b</p>	<p>Emergency Preparedness Resilience and Response (EPRR) provisional standards submission</p> <p>Mr Chillery noted the latest report before the Board, prior to submission regionally. The report provided the projected EPRR Core Standards statement for 2024/25. Currently there was a strong indication this would be 60.35% compliance by November 2024.</p> <p>In support of this estimated compliance and to meet the national minimum standards for EPRR, Mr Chillery suggested the EPRR standards compliance report should be presented to the Board twice yearly (November / July) as a minimum.</p>	

	<p>He also noted that a new Business Continuity Management Policy was included within the papers today and that it required approval by the Board. There were no concerns of suggested amendments and the Board of Directors approved the Business Continuity Management Policy.</p> <p>Mr Vallance queried Standard 5 'Governance' and how the Board would be satisfied there was sufficient EPRR resource. Mr Chillery explained the investments made including additional resource within the EPRR portfolio, as well as each Care Group have a senior identified EPRR lead. Overall the organisation benchmarked well compared to other Trusts in terms of resource.</p> <p>Mr Lewis noted the EPRR compliance trajectory and that by July 2025 the planned evacuation tests should have taken place. Further participative exercises would be planned.</p> <p>The Board received and noted the EPRR provisional standards submission.</p>	
KEY MATTERS FOR DECISION OR ASSURANCE		
Bpu 24/09/16	<p>Anti-Racism (including reference to WRES)</p> <p>Ms Holden presented the report and explained the paper built on the 2023 Staff Survey results, the discussions held at TSC and POD Committee, and recent experiences of colleagues as a result of the riots and supportive interventions that were implemented.</p> <p>The report outlined the clear message on values and that racist behaviour would not be accepted or tolerated. To support this, the Acceptable Behaviour Policy had been developed and would be implemented from 1 October 2024.</p> <p>Reflecting on the 2023 Staff survey results and following the recent riots, it highlighted that not all incidents were being reported or escalated, and this area would require further exploration. New phraseology would be implemented for all colleagues <i>'if you walk by it, you stand by it'</i> to call out unacceptable behaviour.</p> <p>Supportive interventions in place for colleagues include training models, the Half Learning Days, the new 5 day induction programme and Active Bystander training that forms part of the Leadership Development Offer.</p> <p>Other areas of related focus were the organisation wide appraisal approach, which is to be reframed; a review of recruitment processes; and talent management. Ms Holden advised accreditation was being explored as a result of the work with the REACH network.</p> <p>The workforce, race, equality standard (WRES) data submission focussed on 9 areas and reflected the outcomes of the 2023 Staff Survey. Ms Holden proposed that information was reviewed via the People and Teams Group, and POD Committee during October, prior to publication before 31 October 2024.</p>	

	<p>Dr Graham reflected the importance of the work underway in support of Promise 26 and the many strands that seek to address unacceptable behaviour, including discrimination and anti-racism, to support colleagues and people in care.</p> <p>Mr Mohammed reflected on the Half Learning Days, top leader and senior leadership offers, and emphasised the importance of embedding supportive training and awareness on anti-racism for colleagues within the organisation and being able to explore what that means within teams.</p> <p>Mrs McDonough recognised the support provided by the REACH network in response to the riots and contribution to the anti-racism conversations within teams and supportive interventions put in place.</p> <p>In response to Ms Fountain, Ms Holden confirmed the actions identified within the report had been co-produced with the REACH network and the Anti Racist Alliance.</p> <p>Ms Blake stated it was good to see the co-production with the REACH network and drive to take forward those conversations and actions identified. Ms Blake recognised the need for continued support for all staff and to understand why some racist incidents were not reported, noting reverse mentor programmes and other programmes would be part of the approach (associated with Promise 26).</p> <p>Mrs Gillatt provided positive feedback from a recent peer review and was pleased with the positive reinforcement and supporting interventions in response to the riots.</p> <p>Mr Lewis highlighted the importance of changing HR practices, and welcomed the review of the recruitment processes and external investigators to support any investigations relating to racism.</p> <p>Ms Holden agreed to provide a progress report against Promise 26, including all forms of discrimination, and the Trust's commitment to address and fight such, to the Board in March 2025.</p> <p>The Board received and noted the progress with the development of Promise 26, to become an anti-racist organisation by 2025, and that a progress report against the actions underway would be presented to the Board in March 2025.</p> <p>The Board delegated power to Ms Holden on behalf of the Board to review the WRES data via the People and Teams sub-group of CLE and POD Committee during October, prior to publication before 31 October 2024.</p>	CH
Bpu 24/09/17	<p>Clinical and Operational Strategy: Strategic Objective 4</p> <p>Mr Lewis presented the report and highlighted the paper was the 5th and last paper presented to the Board providing context to each Strategic Objective and the challenges in their delivery. He felt the series had been</p>	

	<p>helpful to the work of the Board, and other colleagues supported that advice.</p> <p>Mr Lewis highlighted the current staffing and service provision were antithetical to a notion of 7 day working model of care. An example of where this doesn't current occur is the lack of patient discharge over weekends. The change required (to address this) may be countercultural for some colleagues, but he also recognised that safety and resource availability would also be key challenges.</p> <p>Mr Lewis emphasised labels like 'high quality therapeutic care' mean very different things to different people. An important element was to support ward environments, acknowledging the human environments and challenges to achieve interdisciplinary and multi professional (MDT) ways of working (Promise 18). Mr Lewis summarised success to this would not be quick and would require organisational development work such as peer support and lived experience to work with clinical professionals and teams, and expert providers such as Virginia Mason Institute.</p> <p>Dr Graham suggested those changes would need to be clinically led and considerations would include therapeutic issues and interventions such as medication, talking treatments and environments (for example light and sound sensitivity).</p> <p>Mrs Leese stated that she found the paper useful to understand the complex work ahead and the path to deliver the Promises within SO4, as well as the link to enabling plans to support this.</p> <p>Mr Lewis acknowledged there had been significant change across the organisation over the last 18 months with more change ahead. It was important the Board recognised the challenges ahead in delivering the Strategic Objectives as previously presented, and the Board would continue to revisit the Strategic Objectives regularly.</p> <p>The Board received and noted the Clinical and Operational Strategy focused on Strategic Objective 4.</p>	
<p>Bpu 24/09/18</p>	<p>Trust Bed Base including closure of Emerald</p> <p>Mr Chillery presented the paper and highlighted the current, and historic, use of adult and older adult bed based environments resources and arrangements. The work in progress does not currently consider physical health or frailty bed bases.</p> <p>The work and emerging clinical model had been clinically led by the CLE and considered where the bed base sits within an enhanced therapeutic offer in the community. The future workforce model was in development and would consider MDTs. Further, safe admission and discharge processes were under review including complex discharge and packages of care. Mr Chillery had established a Complex Panel with each of the 3 local authorities.</p> <p>In 2023, the Goldcrest ward in Rotherham closed with a corresponding reinvestment and enhancement to the Assertive Outreach Team. This had been evaluated successfully, with improved outcomes for patients</p>	

	<p>who had been seen and no reports of serious incidents. This would now be repeated in Doncaster, and in October 2024, Emerald Rehab unit would close with again an increased investment in Assertive Outreach care.</p> <p>Mr Chillery drew attention to 3 scenarios of bed models detailed within the report which highlighted the length of stays and improvement work identified. During Q3, wider engagement would take place over the principles of changes with relevant stakeholders, partners and people with lived experience. The future medium-term bed base arrangements would be formalised and presented to the Board in March 2025.</p> <p>Mrs Leese stated the report provided transparency around benefits realisation and clear ambition, noting this would require support and contribution with partners and across the systems. Mr Lewis confirmed there had been initial conversations within ICB about the implications of this programme of work and were at a point where it would be positively received. In addition, local authorities would help shape the Complex Care programme of work.</p> <p>Dr Graham emphasised any bed base changes and implementation would require co-production from people with lived experiences, and there would be instances where an inpatient may not be able to be discharged safely within the community due to severity of illness.</p> <p>The Board received and noted the Trust Bed Base report, and work was being done on developing the future bed-based care arrangements and closure of the Emerald Rehab unit in Doncaster in October 2024. The future medium-term bed base arrangements would be formalised during 2024/25 (Q4) and presented to the Board in March 2025.</p>	RC
<p>Bpu 24/09/19</p>	<p>Biannual Report of the Board's Security Champion</p> <p>Mr Vallance expressed his concerns regarding the paper and introduced Steve Forsyth to introduce it. It concerned the scope of the role of the Non-Executive Patient and Staff Security Champion. This role would support executive led work on three key objectives, which the paper detailed. Ms Fulton Tindall had agreed with the chair to take on this role.</p> <p>A 6-month programme of work would involve spending time with colleagues and patients to understand security and personal safety concerns. The 3 key areas of safety and security identified were lone working arrangements, the Appropriate Behaviour Policy and the work to reduce violence and aggression towards colleagues within our wards. The time spent and intelligence gathered would test whether the support in place was effective as could be and that it represented best practice.</p> <p>As discussed earlier in the meeting, it was recognised there had been an increase in RIDDOR incidents (Minute Item Bpu 24/09/12). The role would provide an additional lens on safety and security concerns, and ensure there was continued learning from such.</p> <p>With regards to the demands and time required to undertake the role, Mr Lewis added the role was very specific to be able to hear the staff and</p>	

	<p>patient voices, as well as reviewing data to be able to challenge relevant Executives. There was no expectation Ms Fulton-Tindall would collate all data but that those assurances would be supported and provided via the Chief Nurse alongside listening to those experiences from staff and patients. Ms Fulton-Tindall noted there would be differentiating contributions between the role of Non Executive Director and the role of Non-Executive Patient and Staff Security Champion</p> <p>However, mindful of comments made, and conscious of the Chair's absence, the final agreement of the role was deferred until later in 2024/25. The paper was not approved.</p>	PG
<p>Bpu 24/09/20</p>	<p>Induction of new RDaSHians into our communities / Trust</p> <p>Ms Holden presented the report and highlighted the imminent changes to induction programme to commence in October 2024.</p> <p>During the pandemic, the 1 day face to face induction changed to a virtual event. It was recognised that induction was an important part of a person's experience within the recruitment process. The new induction process would take place over 5 days, be community based and rotate across 3 localities. Mr Lewis stated it would be purposefully rotated across community locations and not Trust locations / property.</p> <p>The induction would introduce new starters to the 28 Promises, our values and our communities. The induction programme itself was flexible, and would be interactive with question and answer sessions not presentations. The expected positive benefits from the new induction programme included staff engagement, increased retention and lower absenteeism. But any assessment would at 100/365 days.</p> <p>Mr Gowland noted the significant investment for new recruits which complemented the learning half days, leadership offer and other development initiatives.</p> <p>In response to Ms Fountain, Ms Holden confirmed the induction programme would be flexible with reasonable adjustments made for those who require such as people who had a disability or who worked part time.</p> <p>The Board received and noted the Induction of new RDaSHians into our communities / Trust report, recognising the changes in Trust Induction arrangements from October 2024 with requirement to evaluate the Trust Induction Programme over the next 12-18 months.</p>	CH
<p>Bpu 24/09/21</p>	<p>Out of Area (OOA) Placement Risk Share</p> <p>Mr Mohammed presented the paper and highlighted the developments made since the last meeting.</p> <p>South Yorkshire (SY) ICB had made an offer of settlement on general OOA placement of a £8.7m FYE budget transfer, with a contract period 1st October 2024 – 31st March 2027. The offer was within the limit delegated to the Chief Executive and Director of Finance previously.</p>	

	<p>There was further due diligence to undertake on the residual £16m the ICB intends to hold, which was expected to be completed within 2 weeks.</p> <p>Mr Mohammed proposed commencement of negotiations with Humber and North Yorkshire (HNY) / North Lincs Place for a similar transfer of budget risk.</p> <p>The Board received and noted the Out of Area Placement Risk Share report, and approved the proposed settlement with SY ICB of a £8.7m FYE budget transfer, with a contract period 1st October 2024 – 31st March 2027.</p> <p>The Board delegated power to Mr Mohammed and Mr Lewis on behalf of the Board to conclude the remaining due diligence on the residual £16m of budget the ICB intends to hold.</p> <p>The Board delegated power to Mr Mohammed and Mr Lewis on behalf of the Board to continue negotiations with HNY ICB / North Lincs Place to achieve an equitable OOA placement risk share, in line with the parameters agreed for SY.</p>	<p>IM / TL</p> <p>IM / TL</p>
<p>Bpu 24/09/22</p>	<p>Adult Eating Disorder Contract</p> <p>Mr Mohammed presented the paper and highlighted negotiations with NHSE on a settlement for the AED contract gap had concluded.</p> <p>The residual risk on the contract was within the previously agreed figure of £350k. The settlement was a 3 year contract that would transfer to SY ICB on the 1 April 2025.</p> <p>Mr Mohammed recommended that the Board re-approve contracting with NHSE on the basis of this settlement. Mrs McDonough stated her support and she noted it was positive to see the commitment from NHSE regarding complex packages of care.</p> <p>The Board received and noted the Adult Eating Disorder Contract, noting the conclusion of negotiations with NHSE on the AED risk. The contract value gap had been negotiated down to within the tolerance previously approved by the Board (£350k). The settlement was for 3 years and novates to SY ICB on 1st April 2025. The Board reapproved the proposal and contracting with NHSE on the above basis.</p>	
ROUTINE REPORTS		
<p>Bpu 24/09/23</p>	<p>Promises / Priorities Scorecard</p> <p>Mr Lewis presented the paper and highlighted the purpose of the paper was to provide an assessment of Promises and priorities, utilising a four-colour traffic lights to enable a clear understanding of progress.</p> <p>The intent of the pecking order referenced in the paper should provide clarity that safety critical work and Promises take priority, and other national and regional initiatives, have a place but are suggestions (with the exception of formal enforcement).</p>	

	<p>The Promises scoring approach reflected “deliverology” ideas most associated with Professor Michael Barber, and provided an overview visual of the work undertaken to date as well as expectations during Q3 and Q4. Mr Lewis advised the Board forward plan would include specific updates relating to Promises to demonstrate progress.</p> <p>In response to Mr Vallance, Mr Lewis confirmed the Promises and Priorities Scorecard would be shared to provide visibility with relevant Board Committees. Mr Lewis cautioned this remained in a ‘testing’ phase and to be kept collectively inside and across CLE sub groups and patient partners.</p> <p>Mr Lewis acknowledged that some Promises may be undeliverable within the timeframe originally committed and would require slightly different timeframes for delivery, such as Promise 19 “eliminating OOA by 2024” would be undeliverable. Another recognised challenge would be to deliver the NHS green plan (Promise 27) which might require an estimated £18m investment.</p> <p>The Board received and noted the Promises / Priorities Scorecard update on the work to date and expectations for coming months.</p>	TL / PG
<p>Bpu 24/09/24</p>	<p>Strategy Delivery Risks 2024/25</p> <p>Mr Gowland presented the report noting that the Board had previously received and considered the Strategic Delivery Risks (SDR) in July and since then lead Executives had progressed on their respective risks. In some cases, this included the additional scrutiny meetings with the Chair of the Audit Committee and himself.</p> <p>The report focused on 3 SDRs and provided further detail about the controls being established and assurance that those controls were working with regard to SDR1, SDR3 and SDR4.</p> <p>Key actions had been identified, and a ‘map’ would be developed of expected progress of action, reporting and reassessment in the management of those SDRs.</p> <p>Mr Gowland reflected on the earlier discussion and papers received today, recognising the leadership development offer, induction and cultural change would be pivotal to mitigate elements of all three SDRs.</p> <p>Mr Gowland agreed with Ms Fountain’s suggestion to enhance the mitigations (controls) being put in place and the assurances, by which the Board know those controls were working.</p> <p>The Board received and noted the Strategy Delivery Risks 2024/25 report, noting the planned next steps to enhance reporting.</p>	
<p>Bpu 24/09/25</p>	<p>Integrated Quality Performance Report (IQPR)</p> <p>Mr Chillery presented the paper and highlighted there were a number of metrics within the top 10 which showed improvement.</p>	

	<p>A reduction in breaches of Section 136 length of stays was achieved and maintained. Whilst achieving the rolling target and standard in Perinatal Mental Health delivery, there had been a decline. Mr Chillery advised the team were investing in an expert analyst to deliver capacity and demand work, to help understand where the challenges are within services and would expect to see the benefits from this in Q4.</p> <p>There remained challenges and variable performance in respect of Talking Therapies (OP03a) and Reliable Recovery (OP03c).</p> <p>The new RTT pathways for mental health (OP08d) continued to improve, but remained below the 92% target. An update would be provided at the next meeting as to when this target would be met. The waiting list validation programme of work was supporting patients waiting up to 18 weeks and demonstrated continued improvement.</p> <p>There had been an increase in racist incidents (QS29), and he noted the Acceptable Behaviour Policy would be implemented in October 2024. The vacancy rate was 7.48% (against the target of 2.5%) with 278 vacancies. Mr Lewis noted there were 216 people who had accepted an offer of employment and start date confirmed.</p> <p>The Board received and noted the Integrated Quality Performance Report.</p>	RC
Bpu 24/09/26	<p>Operational Risk Report – Extreme Risks</p> <p>Mr Gowland presented the report and highlighted since the last Board meeting, four extreme risks had been de-escalated, while 1 new extreme risk had emerged. The resultant five extreme risks were all subject to regular review by the respective risk owner and monthly scrutiny via the Risk Management Group (RMG) and Clinical Leadership Executive (CLE).</p> <p>Mr Gowland advised the next report of operational risks, IN November 2024, would be extended to include the low likelihood/high impact operational risks, as agreed in the revised Risk Management Framework at the Board in March.</p> <p>Mr Lewis requested the extreme risk in relation to Speech and Language Therapy Service (DCG 11/17) was scrutinised via the Risk Management Group to confirm proposed actions and expected reduction in risk score.</p> <p>The Board received and noted the Operational Risk Report – Extreme Risks update.</p>	PG
SUPPORTING PAPERS (PREVIOUSLY PRESENTED AT COMMITTEES)		
Bpu 24/09/27	<p>Supporting Papers</p> <p>Mr Vallance informed the Board of the following additional reports for information which were presented as supporting papers that had previously been presented at committee level for scrutiny and challenge:</p> <ul style="list-style-type: none"> Health, Safety and Security Annual Report 2023/24 (including fire information not available at the Quality Committee) 	

	<ul style="list-style-type: none"> • Bi- Annual Safe Staffing Review • Medical Revalidation Annual Report 2023/24 • Guardian of Safe Working Hours <p>With respect to the Health, Safety and Security Annual Report 2023/24, a further report would be presented to the Board (via QC) in March 2025 confirming that mitigation had been actioned to address the risks highlighted within the report. Mr Lewis welcomed this, as the report had raised some very fundamental questions of grip and competence across a number of corporate functions.</p> <p>The Board received and noted the additional reports for information.</p>	SF/IM
Bpu 24/09/28	<p>Any Other Urgent Business</p> <p>There was no further business raised.</p>	
Bpu 24/09/29	<p>Any risks that the Board wishes the Risk Management Group to consider</p> <p>The Board recommended and agreed that oversight of risks highlighted within the Health & Safety Action Plan to be reviewed via the Risk Management Group.</p>	PG
Bpu 24/09/30	<p>Public Questions</p> <p>There were no questions raised by members of the public.</p>	
Bpu 24/09/31	<p>The Chair resolved <i>‘that because publicity would be prejudicial to the public interest by reason of the confidential nature of the business to be transacted, the public and press would be excluded from the remainder of the meeting, which would conclude in private.’</i></p>	

ROTHERHAM DONCASTER AND SOUTH HUMBER NHS FOUNDATION TRUST
BOARD OF DIRECTORS : NOVEMBER 2024

PAPER C – ACTION LOG

REF	AGREED ACTION	OWNER	PROGRESS	OPEN / CLOSED
Bpu 24/05/17a	CQC Preparedness – Well Led Mr Lewis clarified that the evidence in respect of the Well Led Framework would be collected, a self-assessment would be undertaken.	PG	November 2024: Agenda item.	Propose to Close
Bpu 24/09/08	Report from the Trust People Council The Terms of Reference will be considered at October's Board Time Out, and presented at the November Board of Directors Meeting for approval.	TL	November 2024: Appended to the TPC Report to the Board of Directors.	Propose to Close
Bpu 24/09/16	Anti Racism (including WRES) Promise 26 progress report to be presented to the Board in March including all forms of discrimination, and the Trust's commitment to address and fight such.	CH	November 2024: Added to the workplan and will be presented to the Board in March 2025.	Propose to Close
Bpu 24/09/16	Anti Racism (including WRES) Review of WRES data via the People and Teams sub-group of CLE and POD Committee during October, prior to submission due 31 October 2024.	CH	November 2024: POD Report to Board (with supporting papers provided on the agenda) confirms this was completed and that the information has been published	Propose to Close
Bpu 24/09/18	Trust Bed Base including closure of Emerald The future medium-term bed base arrangements would be formalised and presented to the Board in March 2025.	RC	November 2024: Added to the workplan and will be presented to the Board in March 2025.	Propose to close
Bpu 24/09/21	Out of Area Placement Risk Share Mr Mohammed and Mr Lewis to conclude the remaining due diligence on the residual £16m of budget the ICB intends to hold.	IM / TL	November 2024: This specific concern has been resolved, and our anxieties allayed.	Propose to close

REF	AGREED ACTION	OWNER	PROGRESS	OPEN / CLOSED
Bpu 24/09/23	Promises / Priorities Scorecard To share and provide visibility of the Promises / Priorities Scorecard with relevant Board Committees.	TL / PG	November 2024: Added to the workplan to be presented at each Board from November, and will also feature in Board Committees from January 2025.	Propose to Close
Bpu 24/09/26	Operational Risk Report – Extreme Risks Operational risk report to be extended to include the low likelihood/high impact operational risks, to be presented at November’s Board meeting (as agreed in the revised Risk Management Framework at the Board in March).	PG	November 24: This action is responded to within the Operational Risk Report on the agenda.	Propose to Close
Bpu 24/09/26	Operational Risk Report – Extreme Risks Extreme risk in relation to Speech and Language Therapy Service (DCG 11/17) to scrutinised via the Risk Management Group on current mitigations and explore de-escalation / reduction in risk score.	PG	November 24: The update within the Operational risk Report confirms that this risk has now been de-escalated and whilst still a high risk, it is now no longer considered as ‘extreme’	Propose to Close
Bpu 24/09/27b	Supporting Papers - Health, Safety and Security Annual Report 2023/24 Health, Safety and Security Annual Report to be presented to Board in March 2025 (via QC) in March 2025 to seek assurance that mitigation had been actioned to address the risks highlighted within the report.	SF/IM	November 2024: Added to the workplan and will be presented to the Board in March 2025 .	Propose to close
Bpu 24/09/29	Any risks that the Board wishes the Risk Management Group to consider Oversight of risks highlighted within the Health & Safety Action Plan to be reviewed via the Risk Management Group.	SF	November 2024: The RMG has re-confirmed its relationship with the Health and Safety Forum, confirming the terms of reference and reporting arrangements that will ensure that H&S risks are discussed and escalated to RMG on a monthly basis as necessary.	Propose to Close

REF	AGREED ACTION	OWNER	PROGRESS	OPEN / CLOSED
Bpu 24/05/15a	Chief Executive's Report <u>Response to Regulation 28's</u> To consider progress on actions arising from the two regulation 28s received during 2023. 1) relating to the review of the disengagement policy (from Reg 28 received by the Trust) 2) relating to Eating Disorders Services (from Reg 28 sent to NHS England).	TL	November 2024: further to previous update on (2) – now at business case stage with ICB, TL briefed QC on 1). Actions not yet completed and now due to complete by March 2025 .	Open
Bpu 24/05/23a	Capital Plan 2024/25 Ligature risk and door safety - there will be a full review of ligature risk by ward, by Q4.	SF	November 2024: As noted at the previous meeting, a full review of ligature risks by ward has commenced. Upon completion it will be presented to the Board in May 2025 .	Open
Bpu 24/07/12	Report from the Quality Committee – MCA compliance There will be a full review and recovery plan of MCA compliance – recommended to be presented to QC in Q3/Q4.	SF	November 2024: This action will be addressed through a paper to the Quality Committee in March 2025 , after consideration within clinical leadership executive.	Open
Bpu 24/09/19	Biannual Report of the Board's Security Champion The final agreement of the role was deferred until later in 2024/25.	PG	November 2024: This matter will be re-scheduled for discussion in March 2025 .	Open
Bpu 24/09/21	Out of Area Placement Risk Share Mr Mohammed and Mr Lewis to continue negotiations with HNY ICB / North Lincs Place to achieve an equitable OOA placement risk share, in line with the parameters agreed for SY.	IM	November 2024: Negotiations continue and if unconcluded an inequity risk should be created within the risk register for monitoring.	Open
Bpu 24/09/25	Integrated Quality Performance Report (IQPR) The new RTT pathways for mental health (OP08d) continues to improve, but remained slightly below the 92% target.	RC	November 2024: Estimated as non-compliant to March 2025: assurance being sought that this is a timescale by which the backlog can be cleared.	Open

ROTHERHAM DONCASTER AND SOUTH HUMBER NHS FOUNDATION TRUST

Committee:	Quality Committee	Agenda Item:	Paper D
Date of meeting:	20 November 2024		
Attendees:	Dr Richard Falk (Chair), Dawn Leese, Dave Vallance, Steve Forsyth, Dr Jude Graham, Dr Diarmid Sinclair, Richard Chillery, Richard Banks, Maureen Young and David Vickers. In attendance: Toby Lewis, Jyoti Mehan and Sam Butcher.		
Apologies:	Dr Janusz Jankowski		
Matters of concern or key risks to escalate to the Board:	Nil		
Key points of discussion relevant to the Board:	<p>Patient Safety Report, August and September 2024 – concerns were raised in relation to Rotherham Care Group In Patient Services around incident reports given previous issues around safe staffing, FTSU, a past CQC report and comments from peer reviews it was felt further investigation was warranted. The COO undertook to consider an organisational approach to enhanced escalation processes. The committee noted the work that was ongoing in respect of PSIRF and looked forward to a formal report in due course.</p> <p>Quality Safety Impact Assessment (QSIA) – verbal update received on the work ongoing to review the Trusts approach to QSIA, including considering the assessment of the cumulative impact of changes across the Trust.</p> <p>Mortality Report including Regulation 28 Update – the Committee noted the continued backlog of Structured Judgement Reviews (SJRs) due to capacity in the team and the subsequent impact on compliance with the learning from deaths policy. Update received on the actions ongoing in response to Regulation 28s issued to the Trust.</p> <p>Complaints – The committee noted the continued challenges with ensuring compliance with required standards including timeliness and quality. Update received that the Trust is working to clear the backlog by the end of December with a focus on the quality of complaint responses.</p> <p>Agency Staffing – Discussion held around the impact of changes to the Trusts approach to agency. Further consideration to be given to benefits realisation and the tracking of unintended consequences.</p> <p>Strategic Delivery Risks Report (SDR4): The committee reviewed the risk, controls and plans to mitigate any risks to the delivery of high-quality therapeutic bed-based care and noted the work ongoing to align the SDR to current Promises and associated delivery plans.</p>		
Positive highlights of note:	<p>Inpatient Safe Staffing, August and September 2024 - The committee noted the plans in place, enhanced reporting and oversight to effectively manage safe ward-based staffing levels.</p> <p>Quality Peer Reviews – The committee supported the continuation of the peer review process.</p>		
Matters for information:			
Decisions made:			
Actions agreed:	Mental Capacity Act – Assessment of the current position received. Repeat audit currently ongoing, agreed that the outcome would be presented to the committee in due course.		

Dr Richard Falk, Associate Non-Executive Director
Report to the Board of Directors meeting scheduled for 28 November 2024.

ROTHERHAM DONCASTER AND SOUTH HUMBER NHS FOUNDATION TRUST

Committee	Audit Committee	Agenda Item	Paper E
Date of meeting:	2 October 2024		
Attendees:	Kathryn Gillatt (Chair), Pauline Vickers. In addition: Phil Gowland, Steve Forsyth, Izaaz Mohammed, Matthew Curtis (360 Assurance), Laura Brookshaw (360 Assurance), Kay Meats (360 Assurance), Sophia Umoh (360 Assurance).		
Apologies:	Dawn Leese.		
Matters of concern or key risks to escalate to the Board:	None.		
Key points of discussion relevant to the Board:	<p>Counter Fraud, Bribery and Corruption Progress -</p> <ul style="list-style-type: none"> Summary provided of the counter fraud work completed during 2024/25 to date, there were currently no open investigations. Plans to be progressed regarding incorporating fraud awareness training into the Trusts learning half days. <p>Clinical Audit Progress Report –</p> <ul style="list-style-type: none"> Progress update received in respect of NICE guidance, clinical policy and clinical audit. The Committee noted the improved oversight and management of delivery. <p>Audit Recommendations Progress – At the time of the Committee meeting, 2 actions were overdue from the 23/24 internal audit plan.</p> <p>Financial Development Plan Update, including response to ISA260 Recommendations</p> <ul style="list-style-type: none"> The Committee received the comprehensive update and acknowledged the ISA260 recommendations (low level) that the Trust is proposing not to progress, no concerns were raised in terms of the Trusts response. <p>Annual Governance Statement Update</p> <ul style="list-style-type: none"> The were currently no internal control issues to raise that would require inclusion in the year end Annual Governance Statement. 		
Positive highlights of note:	<ul style="list-style-type: none"> The Committee noted the positive engagement and delivery of the internal audit plan to date, and the continued sightedness and oversight required to ensure actions are completed within the agreed due dates. <p>Risk Management Framework Update</p> <ul style="list-style-type: none"> Improvement work - further refinements to risk management processes to ensure it was integrated into day-to-day decision making. Deep dives currently underway to ensure risks were correctly articulated with an accurate score / action plans. The Committee noted the comprehensive oversight arrangements with regards to Strategic Delivery Risks. 		
Matters presented for information or noting:	Research & Education Governance – Initial reflections received, additional meeting to held to gain further insight and discuss next steps.		
Decisions made:			
Actions agreed:	<p>Annual Governance Statement (AGS) Update –</p> <ul style="list-style-type: none"> Interim reflection from Chief Executive at the next meeting, in relation to previous areas of focus / improvement areas raised. Further information required on the associated action taken and learning from the reported IG incident, and further action referred to the Finance, Digital and Estates Committee re the use of AI 		

	functionality/policy and data protection issues.
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Kathryn Gillatt, Non-Executive Director, Chair of the Audit Committee.

Report to the Board of Directors meeting scheduled for 28 November 2024.

ROTHERHAM DONCASTER AND SOUTH HUMBER NHS FOUNDATION TRUST

Committee:	Mental Health Act Committee	Agenda Item:	Paper F
Date of meeting:	16 October 2024		
Attendees:	Sarah Fulton Tindall (Chair), Dr Janusz Jankowski, Toby Lewis, Dr Diarmid Sinclair, Mike Smith (TAHM), David Vickers.		
Apologies:	None.		
Matters of concern or key risks to escalate to the Board:	<p>Trust Associate Hospital Managers (TAMs) The Committee was very pleased to note the successful TAMs recruitment process currently underway, including an interest from younger people, which will provide assurance that there are enough individuals to undertake the necessary hearings in a timely way.</p> <p>MHA Compliance Report There were 277 detentions in Quarter 2. Challenges still remain in respect of Documentation Compliance (50 sets required amendment), Consent to Treatment on Admission (2 out of 54 cases in Rotherham, 5 out of 50 in Doncaster and 2 out of 33 in North Lincolnshire where consent was not recorded), Section 132 Rights (in 27 out of 249 cases rights had not been read within the initial time period). The Committee noted that the Trust has acted unlawfully in respect of some of the compliance areas listed above.</p> <p>MHA Level 3 Training compliance is still a challenge (79%), as is MHA Level 2 Core at 88%. Reducing Restrictive Interventions (RRI) (69% for Disengagement and 80% for Comprehensive training).</p> <p>The Committee confirmed that the aspiration of the Trust is to achieve 100% compliance in respect of its MHA and RRI Training provision. It was also noted that a review of how training is offered and the clinical support needed in clinical areas to maintain patient safety is ongoing.</p> <p>MHA Performance Report Work is continuing to improve seclusion experiences and medics recording of seclusion reviews. Of the 113 136 Suite Assessments, 2 were not assessed within 24 hours which was due to non-availability of a doctor.</p>		
Key points of discussion relevant to the Board:			
Positive highlights of note:	<p>MHA Compliance Report Q2</p> <ul style="list-style-type: none"> Of the 277 detentions received into the Trust, 100% were lawful and 100% were compliant at the point of scrutiny by Matrons and Medics. The weekly urgent metrics review report has contributed to improvements seen in Consent to Treatment (at admission and 3 months) and Section 132 Rights. Section 23 Discharges all had the appropriate paperwork completed prior to the patient's discharge from the ward. MHA Training Level 1 is at 95%. <p>The Committee was pleased to see that work is continuing on a number of fronts to address the above, with a range of positive and</p>		

	targeted actions underway. MHA Performance Report Q2 There was a reduction in 136 Suite closures. Rotherham, being an outlier in terms of closures in Q1, showed a good improvement.
Matters for information:	Mental Health Act reform has been delayed following the review of Nottinghamshire Healthcare NHS Foundation Trust, and there is no indication at this time how long the delay could be.
Decisions made:	None
Actions agreed:	The committee will seek to see a demonstration of how the MHA documentation is entered in clinical settings to better understand any difficulties with this process.

Sarah Fulton Tindall, Non-Executive Director, Chair of the Mental Health Act Committee
Report to the Board of Directors meeting scheduled for 28 November 2024

ROTHERHAM DONCASTER AND SOUTH HUMBER NHS FOUNDATION TRUST

Committee:	People and Organisational Development Committee	Agenda Item:	Paper G
Date of meeting:	16 October 2024		
Attendees:	Rachael Blake (Chair), Dave Vallance, Carlene Holden, Ian Spowart, Dr Judith Graham, Richard Chillery, Steve Forsyth, Lea Fountain, Richard Rimmington, Philip Gowland, Dr Diarmid Sinclair, Dr Babur Yusufi, and James Hatfield		
Apologies:	Pauline Vickers		
Matters for escalation:	<p>Workforce Race Equality Standard (WRES) annual report</p> <p>Workforce Disability Equality Standard (WDES)</p> <p>The Guardian of Safe Working Hours report.</p> <p>The Freedom To Speak Up biannual report</p>		
Key points of discussion relevant to the Board:	<p><u>Acceptable Behaviours Policy</u> with reference to overall policy effectiveness and potential public relations (PR) issues a clear strategy on trust tolerance levels and escalation process was in place. The boundary management chart was cognizant of PR and a statement on the sample letters indicated Caldicott Guardian, Data Protection and Safeguarding considerations around confidentiality.</p> <p><u>Draft People and Teams Plan</u> The plan had been to the October people and teams CLE group for feedback with the next iteration due in December as part of the 6-tick approval process.</p> <p><u>Strategic Delivery Risk - SO5</u> a process around community and social value with milestones on expected progress would be developed. Actions including leadership development offer, conference, half learning days and induction would feed into the assurance mechanism to reduce the risk score.</p> <p><u>IQPR:</u> vacancies were reducing (7.48% at 31 August 2024). There would be 60 vacancies in total in the event all offers were accepted. Sickness absence had increased from 5.70% in July to 5.85% in August. Historical suspension cases had been concluded with one new hearing due at the end of October. Personal development reviews had dipped slightly to 89.04% (target 90%) with focus on PDR KPIs at the next directorate and care group delivery reviews.</p> <p><u>Partnerships update</u> a collaboration module was included in the LDO programme which had been codesigned with up to 15 community partners and additional 15 attending the programme; 9 modules were supported by the just restorative culture and bystander training modules; with the community immersion project running throughout. Executive group colleagues had taken up relationship manager roles with partners.</p> <p><u>Workforce Race Equality Standard (WRES) Action Plan and Annual Report and appendix on anti-racism paper</u> - deterioration in representation in non-clinical Bands 8a and above and clinical Bands 1-4 and 8c to Very Senior Managers. The key issue was around bullying, harassment and abuse of global majority and diverse colleagues, a perception of less opportunity, career progression, equal opportunities, and increased discrimination from line managers and team leaders. There was a lack of correlation between staff survey and HR data which highlighted a disconnect. Work had started to iterate that the organization did not have a neutral stance and to encourage reporting with training of managers on how to deal with reports.</p> <p><u>Workforce Race Disability Standard (WDES) Action Plan and Annual Report</u> slight deterioration in bands 8c and Very Senior Managers (VSM). The data showed a similar pattern of deterioration to the WRES data on bullying, harassment and abuse by managers and colleagues. There was decreased equality of opportunity for career progression, feeling valued, adequate adjustments to help work effectively with reporting of pressure to come to work. Dr Gaham reiterated the WDES report will be reframed similar to the WRES report for 2025 with triangulation with IR1 and FTSU data to allow opportunity to hear the voice of colleagues with disabilities</p> <p><u>GoSWH report</u> A 12 monthly report in line with the NHS employer's guidance for</p>		

	<p>reporting best practice would be provided in April 2025. The report format would be improved with help on trends analysis and graphs. Further discussion offline would be held regarding dedicated support.</p> <p><u>Freedom to Speak Up Biannual Update</u> a SOP for detriment and freedom to speak up was being developed by the FTSU network. There were 66 champions trained with 39 waiting to complete training. The half day learning session held for Band 6-8 had focused on bullying and harassment, civility and respect and communication within teams and individuals. Mr Hatfield agreed to provide a FTSU presentation to the council of governors.</p> <p><u>Audit recommendations</u> there were 6 actions open; two currently overdue relating to appraisals audit review for which evidence had been submitted; one was pending sign off. Two actions were due in March 2025 and one in May 2025. Current and forthcoming audit work due this year included the fit and proper person test, equality diversity and inclusion (EDI), mandatory and statutory training (MAST) and violence and aggression towards staff.</p>
Positive highlights of note:	<p>Audit recommendations showed a good position overall</p> <p>project 3000 there were just over 1500 flu vaccinations achieved to date</p> <p>WRES improvement in representation in non-clinical bands 1-7; clinical bands 5-7 and 8a - 8b and all dental and medical grades.</p> <p>WDES improvement in representation in clinical and non-clinical roles.</p>
Matters for information / noting:	<p>National Medical Council (NMC) recommendations report</p> <p>Trust People Council update</p>
Decisions made:	<p>The draft People and Teams Plan to focus on 2-3 key metrics to address the priority strategic objectives for assurance and board debate.</p> <p>WRES/WDES lived experience of the global majority to be reflected to a greater degree to ensure next year's report would contain the actions taken</p>
Actions agreed:	<p>People and Teams Plan - action plans on stretch targets on specific metrics around promises to next meeting.</p> <p>IQPR agenda item on oversight and understanding on hard to recruit vacancies.</p> <p>additional protected characteristics outline paper to be submitted and with good practice and collaborative approaches as required by the antiracism charter.</p> <p>WRES/WDES data - triangulation of the IR1 and FTSU data</p> <p>LDO module design process for discussion at a future meeting.</p> <p>Trust People Council detailed update deferred to next meeting</p> <p>ICB Drivers of Deficit Report an update to the committee would be provided on learnings from investigation and intervention and drivers of deficit on medical job planning.</p>

Rachael Blake, Non-Executive Director and Chair of the People and Organisational Development Committee.

Report to the Board of Directors meeting scheduled for 28 November 2024.

ROTHERHAM DONCASTER AND SOUTH HUMBER NHS FOUNDATION TRUST

Committee	Public Health, Patient Involvement and Partnerships Committee	Agenda Item	Paper H
Date of meeting:	20 November 2024		
Attendees:	Dave Vallance (Chair), Dawn Leese, Toby Lewis, Carlene Holden, Jo McDonough, Phil Gowland, Janusz Jankowski, Jyoti Mehan.		
Apologies:	Jo Cox, Lead Governor; Ruth Sanderson, Governor and Diarmuid Sinclair		
Matters of concern or key risks to escalate to the Board:	<u>Promise 8</u> Concern expressed on meeting the delivery of success measure for Promise 8 which required a different intervention model to address skill gaps associated.		
Key points of discussion relevant to the Board:	<p><u>Promises 6–12 Getting to amber/green</u> The RAG rating provided in September 2024 had identified actions and timeframe to move to an Amber/Green against each success measure. Challenge was identified in capacity and capability (promise 6, 7 and 8) and structural (promise 12). Noted the importance of identifying the role of the committee, to monitor delivery against success measures that included public health rooted data and ensure recipients and partners had a strong voice in assessing delivery of success measures.</p> <p><u>Promise 17 School Readiness</u> The paper proposed what the trust would do differently and in addition to that of national expectations. Priority actions would be targeted health campaigns and engagement with the right groups and to link to adult services.</p> <p><u>Innovation</u> Conceptual thinking about innovation models was proposed. Discussion points for the committee to consider were barriers to innovation at RDASH and priorities for 2025/26 around innovative approaches, identification of measures to assess successful development of an innovation incubation approach by the end of 2026.</p> <p><u>Strategic Delivery Risks SDR1 and SDR3</u> Working with colleagues and across EG, will continue to be refined and strengthened to reduce their potential impact on the delivery of the Clinical and Organisational Strategy.</p>		
Positive highlights of note:	None		
Matters presented for information or noting:	<p>Promises under remit of committee – committee to focus on what had been achieved</p> <p>Promises tracker was adopted and anticipated roll out to all committees</p> <p>Health Inequalities Data – capacity and capability challenge in some areas required addressing the skills gap through potential external resource with technical business intelligence skills.</p>		
Decisions made:	<p>Promises 6–12 Getting to amber/green - The committee supported the proposal, and next steps.</p> <p>Strategic Delivery Risks SDR1 and SDR3 supported the risk scores and next steps to make progress.</p> <p>2025 Workplan agreed</p>		
Actions agreed:	None		

Dave Vallance, Non-Executive Director and Chair of the Public Health, Patient Involvement and

Partnerships Committee
Report to the Board of Directors meeting scheduled for 28 November 2024

Rotherham Doncaster and South Humber NHS Foundation Trust

Committee:	Finance, Digital & Estates Committee	Agenda Item:	Paper I
Date of meeting:	16 October 2024		
Attendees:	Pauline Vickers (Chair), Richard Banks, Sarah Fulton Tindall, Carlene Holden, Izaaz Mohammed, Ian Spowart, Rachael Blake, Richard Chillery,		
Apologies:	Richard Rimmington		
Matters of concern or key risks to escalate to the Board:	Trust Underlying Financial Deficit Position of £6.2m and forward look - linked to the potential shortfall in pay award. The Board agreed in September to submit an updated forecast to NHSE at Month 7 if a shortfall in allocations materialises. The Committee noted the update on the 2024/25 capital spend and slippage in the Great Oaks scheme , and actions being taken to mitigate any in year underspend.		
Key points of discussion relevant to the Board:	<p>Month 6 Finance Report – at Month 6, the Trust had a deficit of £74k and consistent with reporting during the last few months. The Adult Eating Disorder (AED) Collaborative was overspent by £463k year to date</p> <p>Estates Update – Statutory and mandatory compliance continued to improve and Estates were responding to the clinical and financial needs of the Trust. Fire Safety compliance remained a key area of focus (partially compliant). An update would be provided at December's meeting against the fire safety door inspection programme of work currently underway.</p> <p>Estates Enabling Plan - Phase 1 of current capital and project works completed. The emerging view on our future estates in our 3 places continues to progress, and the planned work in Q3 on the funding formula to progress a plan.</p> <p>Strategic Delivery Risk (SDR) Report – progress noted for the allocated SO2, noting the development of the mitigating plan would continue to be refined and strengthen the availability of health inequalities data and educating leaders to enable change.</p> <p>Information Quality Work Programme 2024/25 – provided moderate assurance. Focus remained on the Integrated Quality and Performance Report and remedial action continued to develop data quality.</p>		
Positive highlights of note:	<p>Cyber Security – assured there were effective cyber controls in place, noting the six month forward plan in place (October 2024 – March 2025). Following new risk management guidance, the Cyber Security risk was reviewed with initial risk assessment of 16 (extreme) but with current controls in place was reduced to 12 (high).</p> <p>Internal Audit Recommendations – actions identified by internal audit were managed appropriately. Currently 6 actions open under the remit of the Committee with 3 overdue with mitigating remedial action underway.</p>		
Matters presented for information or noting:	<p>AED Funding from NHSE – 3 year contract settlement concluded and residual risk accepted, transferring to South Yorkshire ICB on the 1 April 2025.</p> <p>Out of Area Risk Share – funding settled with South Yorkshire ICB with a contract period 1 October 2024 to 31 March 2027. Further due diligence to undertake on the residual £16m the ICB intended to hold. Negotiations with Humber and North Yorkshire / North Lincs Place had commenced for a similar transfer of budget risk.</p>		

Decisions made:	The Committee received and approved the Procurement of Electronic Patient Record (TPP) .
Actions agreed:	Estates Enabling Plan – Funding options to be developed within Q3-Q4 to enable the plan to progress. Cyber Security – Work continues against the new DSPT standards and mandatory assessment framework (CAF). An update on the draft submission of the DSPT by December 2024 to be provided at the next meeting.

Pauline Vickers, Non-Executive Director and Chair of the Finance, Digital & Estates Committee

Report to the Board of Directors meeting scheduled for 28 November 2024.

ROTHERHAM DONCASTER AND SOUTH HUMBER NHS FOUNDATION TRUST

Committee	Trust People Council	Agenda Item	Paper J
Date of meeting:	30 October 2024		
Attendees:	Dave Vallance, Carlene Holden, Toby Lewis (Board) Babur Yusufi (GOSWH), Jaqui Hallam (Womens'), Glyn Butcher (Patient rep), Tinashe Mahaso (REACH), Dr Mike Seneviratne (staff gov) Sue Statter (JLNC), James Hatfield (FSTU)		
Apologies:	Kathleen Green (volunteer), Naomi Handley-Ward (LGBTQ+), James Hatfield (FTSU), Dr Amanda Hendry (Sen Doctors Ctte), five staff governors (pending), Kath Lavery (chair) Simon Mullins (LNC), Rosie Elliott (DAWN),		
Matters of concern or key risks to escalate to the Board:	The terms of reference of the Council are due consideration and approval by the Board of Directors and are attached for that purpose		
Key points of discussion relevant to the Board:	<p>An initial, first look version of the Voice Scorecard was presented. This sought to bring together key people data, such as vacancies, with feedback data drawn from FTSU, incidents, and staff survey. The data was presented at directorate level: and there was a request for historic/trend data to also be shown. A number of data items spiked within Rotherham-acute and this was considered. Mr Lewis noted that we also needed to focus on areas with no, or very low, citings of incidents and concerns – to consider this reflected underreporting. A rich discussion took place about how we would use the data to clarify what was understood and being done by relevant management teams.</p> <p>The 'culture' 2027 page of the People and Teams Plan was considered – with final feedback requested from members mindful of the January 2025 Board approval for all eight plans. Some members sought greater specificity in the descriptors, recognising that we needed to be ambitious about what we want to keep and what we want to change.</p> <p>Promise 26: the council considered WDES data in considerable depth, and examined what some of the challenges may be, including where improvements have been made (reasonable adjustments) but the survey data does not show a change in experiences. We explored how managers might be better incentivised/required to apply best practice in this field.</p> <p>National FTSU detriment work was presented by James Hatfield. He confirmed, in response to feedback, that he would commence monitoring of detriment from Nov 1, rather than awaiting a national approach. Council discussed existing concerns, and steps being taken to ensure that neither detriment nor perception of detriment could arise.</p> <p>The likely content of the terms of reference were welcomed, recognising that they were for the Board to confirm, which was expected in November.</p>		
Positive highlights of note:	Continued feedback welcoming the creation of TPC and what it indicates about the wider Board culture		
Matters presented for information or noting:	As above		
Decisions made:	Support for the content of the terms of reference as outlined		
Actions agreed:	Revised version of the scorecard to be developed and circulated before the start of January 2025		

ROTHERHAM DONCASTER AND SOUTH HUMBER NHS FOUNDATION TRUST

TRUST PEOPLE COUNCIL – TERMS OF REFERENCE

Purpose:

The Trust People Council (TPC) is established to support the Board of Directors to develop the culture of the Trust in line with our values and the strategic mission.

The TPC will provide honest feedback, advice and suggestions, and other inputs and may be asked by the Board of Directors to advance specific projects. TPC members may also propose work to be undertaken by others. Whilst not an assurance committee of the Board, TPC will operate with standing at that peer level, as clear signal to our people of how importantly we take their feedback, advocacy, and commitment.

Scope of work:

1. To ensure that sufficient effective action is being taken to develop the Trust culture as outlined in the People and Teams Plan
2. To support the Trust's work to meet objective 5, in particular promises 25 (Achieve Real Living Wage Accreditation by 2025) and 26 (Become an Anti-Racist organisation by 2025)
3. To ensure that seldom-hear voices among staff, and the wider perspective of staff including our professions are heard by the Trust Chair, Vice Chair, CEO and Director of People and OD; and through them by the Board as a whole
4. To bring together patient, volunteer and professional leaders to ensure that the organisation finds the right balance between those interests as it seeks to deliver a mission to nurture the power in our communities.
5. To support the work of our Staff Networks, and enhance the role of formal representative bodies including trade unions, in the life of the Trust and its decision making process

Membership: (where there are network co-chairs, either one may attend)

Trust Vice Chair – TPC Chair
JLNC Convenor/chair
Freedom to Speak Up Guardian
Guardian of Safe Working Hours
Staff chair, REACH Network
Staff chair, Rainbow Network Chair
Staff chair DAWN Network Chair
Staff chair of Women's Network
Staff Lead – Local Negotiating Committee (LNC)
Chair of the Senior Doctor's Consultants Committee
Staff Governor (Backbone Services)
Staff Governor (Children's)
Staff Governor (North Lincolnshire Adult MH and Talking Therapies)
Staff Governor (Physical Health and Neurodiversity)
Staff Governor (Doncaster Adult MH and Learning Disabilities)
Staff Governor (Rotherham Adult MH)
Patient Representative
Volunteer Representative
Trust Chair
Chief Executive
Executive Director of People and OD

Other colleagues will be invited as necessary to support papers / discussions in the achievement of the ToR.

Quorum:

The meeting will be quorate with at least eight members, of whom half or more must be drawn from outside the Trust's Board.

Frequency:

The Committee will meet on a quarterly basis on the fourth Wednesday of a month in line with the corporate calendar. This may change if that calendar alters.

Standing agenda items:

1. Welcomes, introduction, apologies, declarations of interest and quoracy.
2. Minutes of previous meeting and matters arising.
3. Trust Culture work to support delivery of the People Plan.
4. Consideration of the wellbeing and impact of our Staff Networks and formal representative bodies
5. Promise 25 to support the Trust to meet objective five
6. Promise 26 to support the Trust to meet objective five
7. Matters to escalate to the Board of Directors or to advise to Board committees.

Reporting Arrangements:

OUT: An outbrief summarising each meeting of the TPC will be provided to the Board of Directors at the next available meeting.

OUT: Staff Governors will provide feedback on the TPC to the Governing Body, with the input of the TPC Chair / Trust Vice Chair.

OUT: TPC members are actively encouraged to share the outbrief and their reflections with other colleagues to ensure broader knowledge and understanding of the work of TPC.

Support Arrangements:

Venue: The venue for meetings will normally in person in Boardroom 2, Woodfield House.

Agenda: Set by a meeting involving TPC Chair and Chief Executive with due consideration for the Terms of Reference.

Papers: Received from authors 6 business days prior to meeting.
Circulated to members/attendees 5 business days prior to the meeting.

Minutes: Draft produced within 1 business week and agreed by the Chair within 2 business weeks.

Monitoring:

The effectiveness of the Council and adherence to its terms of reference will be assessed periodically by the Board of Directors. (First review to be scheduled for March 2026)

Date approved: 28 November 2024
Approved by: Board of Directors

ROTHERHAM DONCASTER AND SOUTH HUMBER NHS FOUNDATION TRUST

Report Title	Chief Executive's Report	Agenda Item	Paper K				
Sponsoring Executive	Toby Lewis, Chief Executive						
Report Author	Toby Lewis, Chief Executive						
Meeting	Board of Directors	Date	29 November 2024				
Suggested discussion points (two or three issues for the meeting to focus on)							
The paper summarises some critical cultural, patient care, and institutional changes over the past eight weeks, and highlights joint work undertaken with partners. In particular, the report notes the launch of the Taskforce, support (help) team, and other changes to improve inpatient care. This is crucial to the changes to Out of Area Placements we adopted some weeks ago. This focus on urgent and emergency provision, will be balanced next time the Board meets with work on promise 14, waiting lists, and planned care models.							
We are making continued progress with key changes, for example the implementation of Care Opinion, and changes to agency staffing arrangements. The paper notes successful transfer of NHS Professionals in October. And work to meet our very ambitious flu vaccination programme goals.							
Alignment to 23-28 strategic objectives							
SO1. Nurture partnerships with patients and citizens to support good health.			X				
SO2. Create equity of access, employment and experience to address differences in outcome.			X				
SO3. Extend our community offer, in each of – and between – physical, mental health, learning disability, autism and addition services.			X				
SO4. Deliver high quality and therapeutic bed-based care on our own sites and in other settings.			X				
SO5: Help deliver social value with local communities through outstanding partnerships with neighbouring local organisations.			X				
Previous consideration							
Not applicable							
Recommendation							
The Board of Directors is asked to:							
X	EXPLORE the patient, people and population issues described						
X	CONSIDER any matters of concern <i>not</i> covered within the report						
X	NOTE the regulation 28 response issued on behalf of the Trust in month						
Impact							
Trust Risk Register	x	NF18/24, F35/23, F3/24, CCG 15/24, MP 11/24, CA 2/23, NQ 3/24, S6/22, S2/22, E 9/24, NQ3/24, NLCCG 6/24					
Board Assurance Framework (SDR)	x	Induction, Learning Half Days and Leadership Development Offer– SDR1 and SDR 5; Health Inequalities Data - SDR2					
System / Place impact	x	See text, multiple reference to system / place re: financial positions of ICB, Right Care, Right Person and within the section 'Our Communities'					
Equality Impact Assessment	required?	Y	<table><tr><td></td><td>N</td><td>X</td><td>If 'Y' date completed</td></tr></table>		N	X	If 'Y' date completed
	N	X	If 'Y' date completed				
Quality Impact Assessment	required?	Y	<table><tr><td></td><td>N</td><td>X</td><td>If 'Y' date completed</td></tr></table>		N	X	If 'Y' date completed
	N	X	If 'Y' date completed				
Appendix							
Annex 1: CLE summary October and November 2024							
Annex 2: Current register of Trust vacancies October 2024							
Annex 3: National publications October/November 2024							
Annex 4: Board summary of South Yorkshire MHLDA Collaborative Board (November 24)							

Chief Executive's Report

November 2024

Introduction

- 1.1 Last month this report drew attention to the suite of cultural changes we are making to begin to develop the delivery culture the Board seeks, whilst retaining the kindness and compassion that has long been at the heart of RDaSH. These continue to progress, with this week marking our second week-long community-based induction programme, and widespread launch of local award schemes in October within the Trust, intended to create loops of gratitude. In February, we launch our high-volume QI Poster contest; and work has begun on both a significantly amended appraisal model and our long-term remote working policy, due by May. Whilst our high staff survey response rate will give us additional data from 2024 in Q4, from Q4 we will make much more high-profile use of the Pulse Survey method to build near-live update data on colleague feedback. At the second Trust People Council, we trialled **our 'voice' scorecard** which aims to bring together a range of sources of insight to identify both red flags and great practice in how people and teams are experiencing the workplace (this was the substance of our Chester deaths response).
- 1.2 Equally significantly, the rollout of **Care Opinion** continues to be well-received. This is our principal, but not our only, promise 4 mechanism to put patient feedback into the heart of our work. In some teams, for example Long Covid, there is already evidence of high-volume use by patients and carers. All Care Groups have outlined an initial view of how they plan to use the material and, as a Board in February, we will have chance to explore the first few weeks' worth and hear from James Munro (company CE) about lessons from across the NHS over the last ten years - where this product has been deployed. Our ambition is to use this feedback to pinpoint and make changes; and I am optimistic that our Quality Account for 24/25 will begin to look and feel different in being able to identify how we are acting on what we hear.
- 1.3 I would hope we continue, as a Board, to give strong and visible support to **our flu vaccination programme**. At 59% of HCSW coverage, the Trust currently leads the NHS in NEY in the proportion achieved (3rd nationally: we were 8th last year). More importantly, with over 2,300 vaccinations completed among staff, and a higher figure with students, volunteers, and contractors, we are moving ever closer to our 3000 ambition, exceeded last year's best-ever 2,500 flu vaccines. The opportunity to protect ourselves and others is a significant one, and I'd hope managers are using this dynamic to renew health and wellbeing conversations with those they manage. A key part of supervision is that check-in, and we will consider how we test the prevalence of that approach – notwithstanding that during 25/26 all line managers will be subject to a 360-feedback process within the Trust.
- 1.4 The October **financial results** for the Trust show us £154k adverse to our plan, which is a stable position through Q2. Looking forward, our success will be hinged on two factors: very subtle titration of our recruitment and vacancy factor position. We have moved our requirements back from a vacancy factor of 2.5% to 3.3% temporarily to aid that balance. The second variable remains delivery of repeated

national assurances that the 24/25 pay award will be fully funded. Whilst in October staff were back-paid their due, and mid-point band 8-9 payments were made in November, no credible reconciliation of the assurances has yet been achieved either for the NHSE routed money (£1.25m additional) or the public health grant/LA funded contracts (£1m). The Board has always been explicit that such sums cannot come from cutting patient services. I am satisfied that everything possible has been done to fully explain the risks involved to ICB, regional, and national colleagues, and the position is well documented in our financial returns: a request to reflect it in an adjusted year end forecast was rejected externally pending further efforts to make a welcome differential allocation to mental health / community organisations.

Our patients

- 2.1 **Medication provision for people diagnosed with ADHD** has been discussed within the Board in the context of our promise 14 ambitions and, of course, based on a patient story last time we met in Rotherham. Our team have now completed their review of a distinct but important (inter)national issue, which is the unavailability of some medications. This position has been ongoing for over a year, and last year we derogated part of the national guidance in order to try and maintain services. Review of our current practice, noting revised guidance including this month, has been considered by the Clinical Leadership Executive (CLE) (see annex). We are complying with the guidance, but the impact for patients is threefold, with no estimated end date in sight. Some patients are needing to switch medication from one product to another, which takes time and causes distress; the time to supervise this is reducing by about 30 appointments a month, our service to achieve initial diagnosis; and some of our primary care shared care agreements, do not yet cover all products, including the new agreement due to start with Rotherham GPs in January.
- 2.2 The Integrated Quality Performance report continues to show a reasonable prospect of **meeting many of the national standards** set out in the 2024/25 planning guidance, together with additional measures our Board has prioritised. This builds on 2023/24, which was a step-change from prior positions. Whilst noting slightly lowered outcome data for Talking Therapies, we need to recognise that as we move to measuring the effectiveness of care, natural variation will need to be understood, and the Board is reminded that longitudinal study over ten years of these services would suggest that, in high-deprivation populations, any recovery position above 35% should be considered good performance. Our improvement, and work by others, is helping to lift the ICB-wide position, where recent review of ten indicators (a slightly different set to ours) suggest eight could plausibly be met for this year. Our failure to meet promise 19 stands out. Our work plan to substantially reduce out of area placements will be presented to the Board with our annual financial plan in March 2025, and pursuant to the last Board's approval, negotiations to take on 'risk' for funding inappropriate placements is nearing completion and remains within agreed parameters. In my report served in private, I consider some specific challenges our plan will pose, which are worth considering against the staff story, which begins our meeting.
- 2.3 The Board was briefed in September, and Quality Committee this month, on a **Regulation 28 letter** issued to us in respect of the death by suicide of an older adult

(Carol). I can confirm that the actions contained in the Trust's response, overseen by myself, Steve Forsyth and Diarmid Sinclair, have been completed. The material step has been to move to equalise and standardise our approach to crisis assessment to a model already applied within North Lincolnshire. Wider work, to be completed by the end of Q1, to address age 'cut offs' in services is ongoing, let through the E&I group on behalf of the CLE. Discussions with local authorities and commissioners to recognise their complicity in existing arrangements have begun.

- 2.4 During Q4, we will implement new computer systems to cover **all our governance data and risks systems in the Trust**. This represents a significant opportunity to improve quality, because we will be able to operate with data on a near live-time basis. The selected system also allows much better integration of different sources of safety and quality intelligence drawn from key data collection points, like our risk register, policies, and incidents. The 2025/26 vision is for this system to also allow us to track, at individual employee level, policy awareness, and major renovation to rationalise our present 338 policies is underway.
- 2.5 Board members will recall my outline in May of our radically revised approach to **agency controls**. The scale of impact of the changes in Q2, and so far in Q3 is dramatic, with a 90% reduction in spend and shifts vs. peak. My briefing at the Quality Committee (QC) this month outlined the real-world changes made by teams, and especially leaders, to implement such a huge transformation. The Executive Group are clear that no identified harms have arisen so far from the programme, and some anticipated risks have been met through mitigation. I asked QC to advise on any key lines of enquiry beyond the two I proposed (spot study of declined requests and feedback study among prior high requesters). My recommendation is to remain *fiercely curious*, as now that the system we have put in place is 'normalised' the benefits of attention fade, and we may see atrophy of vigilance and consequent harms. QC asked for sight of some specific data, which will be notified in January.
- 2.6 Whilst inpatient care, and risk, is very much not the only issue we face as a Trust, the care of those we detain, and those we support, is a critical matter for us, as for many other similar sectoral organisations. **Strategic objective 4**, debated at the last Board meeting, and amplified by the stories we heard, testifies to our belief, as a Board, that therapeutically, we could do better. After six-month genuine debate and consideration across the executive, and several sessions across the CLE, we have adopted a three-part approach now to change. The scope of that change within our wards is 'everything', in order to balance matters of staffing, flow, safety plan, and culture. Kicking off from January and running for twelve months, we will:
- Introduce a 17-person taskforce ¹(High Quality Therapeutic Care – HQTC) to oversee the reform design and implementation,
 - Create a 'help team' (other names are available) to actively support the pilot and phased ward deployment of our work, led by Jon Rouston,
 - Move to wards led on a multi-professional basis, by a genuine multi-professional leadership team (or MPLT).

¹ CNO, Med Director, COO, Dir of Psych Prof, Patient Rep, Patient Flow Manager, Community directorate rep, DAS, Chief Executive, Care Group DON, Acute directorate medical lead, acute directorate AHP, acute directorate psych prof lead, acute directorate matron, acute direction service manager, resident doctor, and director of therapies

I am happy to amplify orally the work to be done or bring a focused paper in January to the Board of Directors. I would venture that the third change is the critical one, and that reflects some of the 'what's difficult' briefing in the paper we debated in September.

Significantly, the frontline leaders within the taskforce will be predominantly drawn from the clinical directorates we created in 2023, rather than from our Care Groups, as we begin to prepare for a more devolved model in 2025/26. Conversely, five executive directors will serve on the taskforce, as will a patient representative, and to ensure organisational mobilisation, I have agreed to colleagues' request that I chair the body.

Our people

- 3.1 Once again an annex is supplied with the extant vacancy position of the Trust, and each of our directorates. Whilst recruitment, and new starters, continues to progress well, the figures reflect investments made, including national funding for roles in local schools. As outlined above, we have extended our vacancy factor mid-year to ensure we manage to budget, albeit our base plan is to return to 2.5% in 2025/26. The focus remains on under one-year leavers. We are also working on a tweak to the national turnover data item (which essentially measures those leaving) to **add a turbulence measure**, which shows anyone exiting a team, even internally. This is because our quality and cultural focus remains on stability to nurture learning, and the turnover measure may well undercount the extent of transition being managed within teams.
- 3.2 Launch of the **acceptable behaviour policy** has now taken place, and we need to persistently reinforce the new arrangements. The policy provides for implementation review led through our director of corporate assurance (paper to People and OD – March 2025). The policy is one part of our anti-racism plan, agreed as a Board, and a key step in tackling wider discriminatory behaviours. It is to be hoped that the four stages of exclusion are rarely fully needed, and it will be important to ensure that we use the lower stages well to educate and inform.
- 3.3 Consistent with the Board's voted decision (March 2024) to **transfer flexible working bank arrangements** to NHS Professionals (NHSP), October 21st saw the move to a new employer for many of our people (on time, budget). A first full month's performance data will arrive at the end of November, but published interim data for last week saw almost 600 shifts requests and a 90% fill rate. It was always understood that NHSP would need to grow their mental health staffing from a predominantly physical health base, and that some existing RDaSH bank staff may choose not to move. On balance, go-live has gone well and we now begin the process of growing our temporary workforce. Roster discipline remains a key competency for us and featured strongly in the latest delivery review cycle.
- 3.4 Because of our strong tradition of educational excellence, promise 24 is among our latest discussed pledges at times. Part of that work was to build meaningful bottom-up **training plans by directorate**, in time linked to reformed appraisal processes. These plans are beginning to gain traction, and shortly we will be able to evaluate the protected characteristics of past training spend. The ringfenced nature of training spend as a whole, and a commitment to annual growth, is crucial to the ambitions we

have as a Trust. Appraisal of 25/26 training plans will face as much rigour as budget sign off, because of that significance.

- 3.5 The **leadership development offer** (LDO) launches formally in mid-January and late- April. We remain excited by our collaboration with Virginia Mason, PSC, Mokita, and others to support as one cadre our care group, executive, corporate and directorate leadership teams, alongside community partners. A readiness assessment check will take place at the very start of 2025. Grounded Research are working to build a rigorous evaluation, and the commitment to involve the wider board in in-flight assessment of impact on the leadership capability of the Trust is worth reiterating. Of course, the NHS-wide project of NHS Impact, and now a college of management education, are noted, and the pathways for our people into that wider work will be explored.

Our population

- 4.1 One of our most ambitious promises is the **school readiness** commitment given at promise 17. Poor school readiness and, in particular, predictable inequalities of achievement at school entry, are exceptionally expensive and difficult to retrospectively impact feature of a civil society. They are also the ICB's first inequalities priority in South Yorkshire. A cogent proposal to play our part in trying to improve matters has now been considered by CLE's Equity and Inclusion sub-group, and also explored with the Board's committee (PHPIP). We will work in Q4 to make sure that this work, in North Lincolnshire and Doncaster, is well-embedded as part of wider partnership efforts.
- 4.2 It was a privilege to attend the review by NHS England of PCN pilots in South Yorkshire, led by Claire Fuller and Stella Vig. Whilst the model focused much on practice in Sheffield, it was clear that the area had significantly outperformed many in the country in the work done so far. Helen Crimlisk focused on **neighbourhood health work** done in the city by SHSC, which we need to consider seriously within RDaSH. As we discussed in our timeout, this 'Trieste model' challenges sub-specialisation in much of our practice; and asks our three community directorates to look beyond review of existing arrangements and work differently with VCSE, patient, and primary care leaders.
- 4.3 On the occasion of Dawn Leese's retirement from the Board, it is pleasing to reflect the continued progress being made with creating an **all age eating disorders collaborative** across our places. There remains huge potential to level up community-based services, to replace long-term private sector provision for inpatients and to develop MEED near-compliant services with acute hospitals. All three ideas feel realisable over the coming eighteen months with goodwill and focus. The specialised service contract we host continues to present a financial pressure in want of those changes, and we need to continue to drive forward this agenda in the opening months of 2025, if we are to meet the underlying needs of our population.
- 4.4 A major conversation within today's Board explores **our research collaborations**. The Trust benefits from strong NIHR networks, and well developed international commercial collaborations. Promise 28 invites us to go much further, both locally with business, and in how we work with local people. New areas of potential alignment are considered in private papers. As we look to develop the priorities we

have built through CLE, our HSR work needs refinement and, before the moment is missed, we need to conceptualise how that objectives may be best progressed.

- 4.5 We have work to do to deliver **350 volunteers by autumn 2025**, and 250 by March. We have developed some useful partnerships in a number of local communities, as well as an increasing recognition inside all six groups that this is core work for the Trust. As we refine the voice scorecard outlined in the introduction to this report, and indeed the Pulse quarterly survey mentioned herein, we need to always ask ourselves the question of how volunteers find their place in our story. We are next due to have a 'staff story' in March's Board meeting, and it may be timely to hear from some of our newer volunteers, perhaps with video messaging

Concluding comments

- 5.1 The very welcome emphasis of the incoming government on **employment and fitness to work** is hugely relevant to the mission of the Trust. We would expect SYMA to be a major pilot site for this work, building on the Pathways to Work programme in Barnsley, annexed to my report in September. Over coming weeks, it is to be hoped that the Trust can contribute further to these considerations which need to blend the scale of system work, with the nuance of place considerations. What RDaSH can contribute is very clear: too often such programmes, at the margin of welfare and work, attract clinical expertise disconnected from services of continuity, and sometimes not able to attract the brightest and best (examples abound from prison healthcare, to Serco cancelled contracts). We can do this differently, and we have motivated clinicians keen to operate in this space.
- 5.2 Further to the Board's private session two months ago, and our timeout in Scunthorpe in October, work continues to refine the questions, and process to complete **our estate plan**. We are in the final stages of acquiring the Elizabeth Quarter lease to create the so-called Scunthorpe-triangle (St Nicholas, Great Oaks, and EQ). The Board meets in Barton, as we have in Brigg, in January, and can consider promise 12, and the very different village dynamic we need to pay attention to. In Rotherham, we have a series of town options and know too that we need to make Swallownest a fantastic place to work with staff amenities, and meaningful meeting spaces. Work to finalise the FDE-approved Waterdale scheme for children's mental health is advancing positively: and potential development partners have begun a structured process of visiting the Tickhill site, as we look to reorientate the site to Loversall, and realise the social and commercial value of the park. In April, we would expect to have a plausible sequenced masterplan to consider, to accompany the clinical model and patient feedback we set out to build from September's papers.
- 5.3 I understand that the South Yorkshire MHLDA provider collaborative's proposal on *health-based place of safety* will be considered by the ICB on Wednesday 20th November. Meanwhile, HNY ICB have, in principle, supported the creation of a *community rehabilitation proposition* from ourselves and North Lincolnshire local authority – which has the potential to return local residents closer to home from out of area care. These are both very tangible steps of improvement, both arising from the dedication of RDaSH local leaders to coordinate the work of others. In January, we will consider how our partnership scorecard can reflect these contributions, acknowledging that the public health, patient involvement and partnerships committee is tasked with tracking our journey to reduce NHS meetings and

committees, and transition the leadership effort into neighbourhoods and the voluntary sector.

Toby Lewis, Chief Executive
21 November 2024

Annex 1

Clinical leadership executive – October 2024 and November 2024

There have been two meetings of this body since the Board last met; these meetings focused on our future change function, changes to how mandatory training work, our capital choices, and work on moving clozapine into the community.

CLE meetings routinely consider – the IQPR and sub-group outbriefs. The key or non-standard agendas items explored are listed below. Any member can list an item on the agenda. Minutes and the action log are available to any Board member on request through Lou Wood.

October	November
Care Opinion	Investment Fund 25/26
Urgent Care Access (promise 14)	Project Timepiece (admin support to medics)
Volunteering support to promise 3	HQTC Taskforce
Inpatient improvement / OOAP	Food Waste arrangements
New induction arrangements	Coronial liaison arrangements

In terms of decisions made, in October we focused on transitional care for children and young people, as well as examined parts of promise 14. November's meeting approved the Taskforce work outlined in the main CEO report, as well as confirmed the form of the 25/26 Investment Fund, and pre-committing £20k to our period poverty work.

There are not specific matters to escalate to the Board, but the CLE meeting informs the report to Board, for which this is an annex.

Over the next two meetings (December/January) we will consider, in particular:

- The operating model as we consider GGI's work: notably our CLE subs,
- The trajectories for wait time improvements during 2025,
- Estate plans and issues,
- How we support our work to meet core CQC standards,
- Initial deployment and forward activities on Care Opinion.

Toby Lewis, Chief Executive
20 November 2024

Annex 2

Current vacancy summary

This report continues to adapt. It is to be hoped that budget/ESR misalignments have now been resolved in full. At year-end, we will provide a full reconciliation of role growth vs 23/24 outturn, and complete the required assessment vs pre 20/21 staffing positions.

Org L4	FTE Budgeted	FTE Actual	FTE Variance		Awaiting Authorisation	Out to Advert	Shortlisting	Interview	Offered	Start Date Given	Total
376 CCG Management	24.23	18.60	-5.63		2.00	3.00	0.00	0.00	0.00	0.00	5.00
376 CCG Mental Health	312.56	302.39	-10.17		2.00	3.80	2.00	7.60	7.80	10.00	33.20
376 CCG Physical Health	274.85	269.20	-5.65		3.00	2.00	1.00	2.00	3.80	8.13	19.93
376 DMHLD Acute Services	230.29	209.29	-21.00		0.00	2.00	0.00	8.00	2.00	2.40	14.40
376 DMHLD Community Services	330.00	313.18	-16.82		1.00	1.60	3.00	4.00	7.50	8.60	25.70
376 DMHLD Learning Disabilities & Forensics	214.73	188.41	-26.32		1.00	2.00	0.00	0.00	2.91	0.80	6.71
376 DMHLD Management	11.40	7.79	-3.61		0.00	0.00	1.00	0.00	1.00	0.00	2.00
376 NLCG NHS Talking Therapies	182.13	175.57	-6.56		4.00	1.00	0.00	1.00	4.30	5.00	15.30
376 NLCG Acute Care Services	131.44	117.54	-13.90		9.00	3.00	1.00	3.80	1.00	6.60	24.40
376 NLCG Community Care Services	129.81	102.11	-27.70		0.60	5.20	0.00	0.00	1.00	5.40	12.20
376 NLCG Management	37.98	28.97	-9.02		1.53	0.00	0.00	1.00	0.00	0.00	2.53
376 DPHG Community & Long Term Conditions	408.99	391.65	-17.34		1.80	1.00	0.00	4.00	15.53	6.60	28.93
376 DPHG Rehabilitation	317.81	302.42	-15.39		2.00	2.00	2.00	5.75	10.00	6.00	27.75
376 DPHG Management	10.00	8.85	-1.15		0.00	0.00	1.00	0.00	0.00	0.00	1.00
376DPHG Neurodiversity	44.80	36.69	-8.11		0.00	2.00	1.00	0.00	3.00	3.00	9.00
376 RCG Acute Services	246.81	218.66	-28.15		6.00	0.00	5.00	6.00	6.00	7.40	30.40
376 RCG Community Services	257.84	222.90	-34.94		1.00	4.57	0.60	2.20	3.00	5.00	16.37
376 RCG Management	18.10	15.10	-3.00		0.00	0.00	0.00	1.00	0.00	0.00	1.00
376 Corporate Assurance	30.12	35.16	5.04		0.00	0.00	0.00	0.00	0.00	0.00	0.00
376 Estates	46.10	43.17	-2.93		0.00	0.00	0.00	0.00	0.00	1.00	1.00
376 Finance & Procurement	48.49	41.19	-7.30		0.00	0.00	0.00	0.00	0.00	0.00	0.00
376 Health Informatics	74.36	75.04	0.68		0.00	1.00	0.00	0.00	0.00	0.00	1.00
376 Medical, Pharmacy & Research	53.45	53.89	0.44		0.00	1.00	0.00	0.00	0.71	0.00	1.71
376 Nursing & Facilities	178.90	171.62	-7.28		0.00	5.00	0.00	0.00	0.37	0.80	6.17
376 Operations	51.43	44.80	-6.63		1.00	1.00	2.00	0.00	0.00	1.00	5.00
376 People & Organisational Development	98.89	93.23	-5.66		0.00	1.80	0.00	0.00	2.00	0.00	3.80
376 Strategic Development	18.88	18.56	-0.32		0.00	0.00	0.00	1.00	0.00	0.00	1.00
376 Psychological Professionals and Therapies	6.50	4.00	-2.50		0.00	0.00	0.00	0.00	1.00	0.00	1.00
Total	3,790.89	3,509.98	-280.92		35.93	42.97	19.60	47.35	72.92	77.73	296.50
	↑ 21.10	↑ 19.95	↓ 7.20								

Annex 3: National publications/guidance summary – October/November 2024

The case for neighbourhood health and care

(NHS Confederation, published 08/10/2024)

Identifying the defining factors necessary to achieve effective, community-led health and wellbeing at the neighbourhood level.

<https://www.nhsconfed.org/publications/case-neighbourhood-health-and-care-0>

Guidance on implementing the National Partnership Agreement: Right Care, Right Person

(NHS England, published 18/11/2024)

This guidance has been produced by the mental health team and aims to support the implementation of the National Partnership Agreement: Right Care, Right Person (RCRP).

<https://www.england.nhs.uk/long-read/guidance-on-implementing-the-national-partnership-agreement-right-care-right-person/>

Delivering productivity through the NHS estate

(NHS England, published 08/10/2024)

This report looks at estate costs and performance in 2022/23 compared to those observed by Lord Carter in 2014/15. It is based on NHS trusts' annual [Estates Returns Information Collection \(ERIC\)](#) submissions.

<https://www.england.nhs.uk/long-read/delivering-productivity-through-the-nhs-estate/>

Urgent and emergency mental health care for children and young people: national implementation guidance

(NHS England, published 08/10/2024)

Improving the experience and outcomes of children and young people who present with a mental health crisis is a national priority.

<https://www.england.nhs.uk/long-read/urgent-and-emergency-mental-health-care-for-children-and-young-people-national-implementation-guidance/>

Digital transformation survey 2024: challenges, opportunities and priorities for trust leaders

(NHS Providers, published 14/10/2024)

<https://nhsproviders.org/digital-transformation-survey-2024-challenges-opportunities-and-priorities-for-trust-leaders>

Planning and implementing real-world artificial intelligence (AI) evaluations: lessons from the AI in Health and Care Award

(NHS England, published 16/10/2024)

This document provides lessons on the practical 'how-to' of designing and implementing real-world evaluations of AI. It will be useful for teams implementing and evaluating AI in health and care, as well as national teams working to support innovation.

<https://www.england.nhs.uk/long-read/planning-and-implementing-real-world-ai-evaluations-lessons-from-the-ai-in-health-and-care-award/>

Domestic abuse and sexual violence leadership update – launch of NHS England's sexual misconduct policy

(NHS England, published 16/10/2024)

<https://www.england.nhs.uk/long-read/sexual-misconduct-in-the-nhs-launch-of-new-framework-training-and-communications-campaign/>

Sexual safety charter assurance framework

(NHS England, published 16/10/2024)

Using this framework will support boards to assure themselves against delivery of all the principles in the sexual safety charter and ensure that any member of staff who has experienced inappropriate and/or harmful sexual behaviours at work is supported.

<https://www.england.nhs.uk/long-read/sexual-safety-charter-assurance-framework/>

Change NHS: help build a health service fit for the future

(NHS England, published 21/10/2024)

<https://www.england.nhs.uk/long-read/change-nhs-help-build-a-health-service-fit-for-the-future/>

The insightful provider board

(NHS England, published 12/11/2024)

This guide will help boards to consider their approach to handling and acting on the information they receive. It considers the leadership behaviours and culture of the board and how these can affect the information it receives and the actions it takes, as well as metrics that can support the board to better understand the organisation's performance.

<https://www.england.nhs.uk/long-read/the-insightful-provider-board/>

Evolution of our operating model

(NHS England, published 13/11/2024)

Letter from Steve Russell and Adam Doyle about the development of our operating model.

<https://www.england.nhs.uk/long-read/evolution-of-our-operating-model/>

Statutory and mandatory training (StatMand) programme

(NHS England, published 14/11/2024)

Following a [letter on 25 April regarding Improving working lives](#), NHS England have given an update on the Statutory Mandatory programme and an outline of what they are currently doing, and what action they need trusts to take over the coming months.

<https://www.england.nhs.uk/long-read/statutory-and-mandatory-training-programme/>

Mental health bill 2024: what you need to know

(NHS Confederation, published 14/11/2024)

Summary and analysis of the government manifesto commitment to modernise mental health legislation to give patients greater choice.

<https://www.nhsconfed.org/publications/mental-health-bill-2024>



South Yorkshire Mental Health, Learning Disability and Autism (MHLDA) Provider Collaborative Board Meeting Note – 14 November 2024

The South Yorkshire Mental Health, Learning Disability and Autism Provider Collaborative Board (the Board) met on 14 November 2024. The main areas of discussion and subsequent action are outlined below.

Managing Director Report

The Board received an overview on the reforms to the Mental Health Act Reforms that were introduced to parliament on 6th November, noting positive implications for the Collaborative programme of work on Health Based Place of Safety.

The report also included an update on discussions with colleagues across the Collaborative and a proposal to submit a proactive financial planning narrative and proposal to the Integrated Care Board before Christmas 2024.

Independent investigations of the NHS in England: Implications for Mental Health

A paper was presented to provide the Collaborative Board with an overview of the Independent Investigation of the NHS in England, with a specific focus on the implications for the work of the Collaborative. In particular, implications for the current and future work programmes were highlighted and the importance of how we work together to integrate care, add value and to spread good practice that raises the quality and consistency of care.

The emphasis on neighbourhood working was discussed and this will be considered as part of the development activities planned for January.

Clinical and Care Professionals Assembly (CCPA)

The Chair of the CCPA attended the Board to update on the progress of the Clinical and Care Professional Assembly (CCPA) and support the Board by suggesting clinical priorities for consideration as workplans are developed in 2025/26. Feedback on the work of the CCPA was very positive and the suggested clinical areas will be considered in the January planning sessions.

Plans will be made to share the work of the assembly and engage with a wider clinical and professional audience including colleagues in the social care sector.

Delivering Our Work Programme

Board were provided with assurance that the work programmes were progressing as planned and that any delays were being mitigated.

Work on a **performance scorecard** was presented as a separate paper but provides a useful baseline for measuring improvement alongside bespoke measures for other programmes.

More assurance was requested on the national measure for the number of autistic people and people with a learning disability in a mental health inpatient setting. This will be progressed with members of the Collaborative before the next meeting of the Board.

Productivity Review Procurement

The productivity review discussed at previous Board meetings is well underway and the Board was assured that the report was in the final stage of development and would be finalised by the end of November. The outputs would then be considered by the Executive teams to generate plans to realise the productivity and quality benefits identified in three areas: older peoples' inpatient care, CAMHS and Community Mental Health Teams.

Draft Medical Emergencies in Eating Disorders (MEED) Proposal

The Board received a paper outlining progress in improving Medical Emergencies in Eating Disorders (MEED) management within South Yorkshire to align with national guidance. The paper recommended four immediate actions to support MEED compliance. To enable further time for robust appraisal and engagement, a paper outlining the "hub model" options (where patients requiring MEED treatment are cared for) is proposed for January 2025.

The Board supported the recommendations and were very positive about progress made to date.

Specialised Commissioning Update

The Board received the routine report from the SYB Specialised Commissioning Provider Collaborative and brought to the attention of the Board items for escalation and risk to the system.

Pay Award – Implications for MHLDA Providers

It was noted that there were significant implications for MHLDA Providers given pay is a much larger proportion of costs for MHLDA providers. The Collaborative will work together to highlight this point and work with system colleagues to see if it is possible to find an equitable solution.

Marie Purdue, Managing Director, South Yorkshire MHLDA Provider Collaborative

ROTHERHAM DONCASTER AND SOUTH HUMBER NHS FOUNDATION TRUST

Report Title	Care Quality Commission Readiness: Well-Led	Agenda Item	Paper L
Sponsoring Executive	Toby Lewis, Chief Executive		
Report Author	Philip Gowland, Director of Corporate Assurance Toni Ellis, Executive Business Manager		
Meeting	Board of Directors	Date	28 November 2024
Suggested discussion points (two or three issues for the meeting to focus on)			
<p>This paper follows one to the Board of Directors in May 2024 that set out a proposed framework for the development of a self-assessment against the requirements of the CQC's Well-Led key question.</p> <p>Responding to the proposals within the May 24 paper, there has been a collation of evidence in support of the eight quality statements that, together, form the Well-led assessment. This initial assessment represents a positive starting point. The Board is encouraged to review the current status, as presented, and to determine the extent to which it considers the assessment supports a 'good' rating – this being the ambition we set as a Board back in May 2024. Where there is further evidence to consider or include, this will be added. Where there are areas for development or gaps are identified, there will be consideration to the ways by which these can be addressed. Progress will also be made as the planned work is completed or embedded and as evidence becomes available and is logged.</p> <p>As noted in the previous paper, there remains the intention to share more widely this current position statement with for example the Clinical Leadership Executive (CLE) and to welcome back to the Trust in Q4 colleagues from Good Governance Improvement (GGI) to enable their input to this process. Additional insight will also come via Internal and External Audit towards the latter stages of the financial year.</p> <p>This assessment is presented at a point in time, and over the coming months will continue to be refined and improved. A further update to the Board of Directors will be made in March 2025.</p>			
Alignment to strategic objectives (indicate with an 'x' which objectives this paper supports)			
SO1. Nurture partnerships with patients and citizens to support good health.			X
SO2. Create equity of access, employment and experience to address differences in outcome.			X
SO3. Extend our community offer, in each of – and between – physical, mental health, learning disability, autism and addition services.			X
SO4. Deliver high quality and therapeutic bed-based care on our own sites and in other settings.			X
SO5. Help deliver social value with local communities through outstanding partnerships with neighbouring local organisations.			X
Previous consideration (where has this paper previously been discussed – and what was the outcome?)			
<p>A paper to the Board of Directors in May 2024 provided the initial description of related work in the development of a self-assessment and was the fifth in a series of papers regarding the Trust's CQC readiness.</p> <p>A conversation within the Board timeout session in October 2024 was also pointed towards readiness for CQC, albeit with limited reference to the specifics of Well-led.</p> <p>April 2024 – Board Timeout featured FTSU arrangements and links to quality statement 3.</p>			

Recommendation (indicate with an 'x' all that apply and where shown elaborate)							
The Board of Directors is asked to:							
X	RECEIVE and NOTE the update and status report in respect of the Well-Led key question.						
X	COMMENT on the status currently assigned of each of the eight quality statements and with specific reference to the examples of key sources of evidence.						
X	NOTE the next steps and planned reporting schedule.						
Impact (indicate with an 'x' which governance initiatives this matter relates to and where shown elaborate)							
Trust Risk Register		All					
Strategic Delivery Risks		N/A					
System / Place impact		Reputation, Partnership Working Opportunities, Workforce					
Equality Impact Assessment	Is this required?	Y		N	x	If 'Y' date completed	Relevant to subject but not this paper
Quality Impact Assessment	Is this required?	Y		N	x	If 'Y' date completed	
Appendix (please list)							
Appendix 1. CQC assessment framework key questions and quality statements – examples of the key evidence and potential gaps.							

Rotherham Doncaster and South Humber NHS Foundation Trust
CQC Readiness - Well Led

1. Introduction

- 1.1** This paper is the second, the first being that presented in May 2024, that focuses on the Well-Led key question, a part of the overall CQC's single assessment framework. It is the latest in a series of papers and discussions that the Board of Directors have had relating to the Trust's readiness for a future assessment against this framework. It presents an initial assessment from which further work will be undertaken in readiness of any regulatory inspection.
- 1.2** The paper in May provided full details of the framework and components of Well-led. It stressed the importance of recognising the Well-Led key question as one of the five key questions (alongside Caring, Safe, Responsive and Effective), but also appreciating the interdependency across the other key questions, with them each in their own right also considering well-led related matters.
- 1.3** The Board will recall the work in the previous year from Good Governance Improvement (GGI). Colleagues will return to the Trust in Q4 to continue their work. Prior to their return, we will complete and share with them our response to the 'what good looks like' outcome that they provided to us and that was presented as an appendix to the May Board paper.

2. Well Led Framework Assessment

- 2.1** The Trust has developed an assessment framework using CQC guidance and scoring methodology and gathers information from diverse sources to provide a basis for a continuous, developmental self-assessment against the CQC quality statements for well-led. This first presentation of the assessment (para 2.5, supported by Appendix A), reflects a position in November 2024 and allows the Board of Directors to reflect on the Trust's positioning and to identify what it must do to improve and evidence that it is a good, well-led organisation.
- 2.2** Supporting this first assessment is a detailed 'vault' of evidence that demonstrates our compliance with regulatory standards and allows for the triangulation of information from all relevant sources and purposefully to include a range of types of evidence. The design of the vault aligns to the requirements set out by the CQC itself, within such as "*CQC Guidance for NHS Trusts and Foundation Trust: Assessing the well-led key Question*" – and to the eight key statements and their respective 42 supporting statements.
- 2.3** The design of the vault also affords the opportunity to map best practices and guidance documents, as well as other regulatory requirements, to the five key questions. It is intended that this 'vault' is always up-to-date, robust, and supports evidence-based self-assessment statements.
- 2.4** We intend to use this framework and specifically this first assessment to drive actions throughout our organisation, identifying areas of best practice, innovation, learning, and information sharing across each of the 5 key questions. Ultimately this will allow us to achieve our goal of becoming an organisation that meets the criteria that the CQC would consider issuing a 'Good' rating to.

- 2.5** The table below summarises and presents the outcome of the initial assessment and provides a 'rating' for each area that is based on the evidence identified to date when compared to the expectations outlined by the CQC. For each question there are four levels of assessment indicated in the key below the table.

Quality Statement	Assessment
Capable, compassionate and inclusive leaders	
Shared Direction and Culture	
Freedom to Speak Up	
Workforce Equality, Diversity and Inclusion	
Governance, Management and Sustainability	
Partnerships and Communities	
Learning, Improvement and Innovation	
Environmental Sustainability – Sustainable Development	

Evidence shows significant shortfalls

Evidence shows some shortfalls

Evidence shows a good standard

Evidence shows an exceptional standard

- 2.6** Appendix 1 provides additional information in support of the assessment above including the additional 42 supporting statements (and their individual respective assessment 'rating').
- 2.7** This represents a positive initial assessment which will be further added to in the coming months as the assessment receives further input from the Board, EG and CLE and as planned work progresses. We continue to identify further evidence sources and will log and update the vault accordingly.
- 2.8** Within the Appendix and for each quality statement there are examples of the key pieces of evidence that support the assessment. It also identifies examples of the potential gaps and therefore areas of focus in the coming period that will need to be addressed. These are not the entirety of the evidence available, but included to provide supporting information to the assessments.
- 2.9** In making the assessment we need to consider not just the quantity of evidence but the type – we should include evidence to support processes, feedback, links to strategy, culture and values. This ensures a rounded set of evidence is in place.

3. Beyond this initial assessment

- 3.1** We will continue to engage with partners on related work that will contribute and be reflected within the next iteration of the assessment. These partners will include Good Governance Improvement (GGI) when they return to the Trust during Q4; 360 Assurance as they continue to deliver the 2024/25 internal Audit plan and present their Head of internal Audit Opinion at the year-end; Deloitte, our external auditors as they too undertake their respective audit and value for money work in the latter part of the year and into 2025/26.
- 3.2** Other related work such as our assessment of compliance with the Code of Governance, our reflections on other CQC inspections, feedback from our stakeholders, and our work in respect of CQC readiness focusing on the other four key statements – will all play an important role in the strength of the assessment in respect of the Well-led key question.

- 3.3** Foundation Trust's are strongly encouraged (in the Code of Governance) to "Carry out externally facilitated *developmental reviews of their leadership and governance using the Well-led framework every three to five years*"

We will clarify whether the whether the second report from GGI constitutes this work, or whether in early 25/26 we wish to undertake a further formal review.

5. Next steps

- 5.1** This paper and the work to date that it describes, is at present still centrally focused. Any well-led organisation will need to demonstrate leadership across and throughout the whole organisation- this principle must be prevalent through all trust services. The assessment will continue to develop with input from a broader cohort of colleagues (initially via EG / CLE).
- 5.2** Whilst the past year has been instrumental in laying a solid foundation that has propelled our organisation forward there remains work to do. The positive assessment identifies a strength in areas and in other areas a focus in the coming period that will require specific actions to be undertaken or the robust collation of evidence that supports the assessment.
- 5.3** Embedding a mechanism of sharing information: This will be done to ensure that all evidence, learning, best practices and legislation are being acted upon and recorded across all five key questions with precision to enable the value and the resultant assessment to be maintained.
- 5.4** Further reflections by the Board: Whilst the work presented above continues and develops further this initial assessment, it is important that the Board continues to remain sighted on the position and on the further work necessary. A third paper will be scheduled to come to the Board in March 2025.

6. Recommendations to the Board

RECEIVE and NOTE the update and status report in respect of the Well-Led key question.

COMMENT on the status currently assigned of each of the eight quality statements and with specific reference to the stated sources of evidence.

NOTE the next steps and planned reporting schedule.

Quality Statement	Quality statement criteria	Score	Examples of the Key Evidence to support score	Examples of the Expected Evidence: Areas of Improvement / Future Planned actions
Shared direction and culture: We have a shared vision, strategy and culture that is based on transparency, equity, equality and human rights, diversity and inclusion, engagement, and understanding and meeting the needs of people and our communities.	Leaders ensure there is a shared vision and strategy and that staff in all areas know, understand and support the vision, values and strategic goals and how their role helps in achieving them.		Clinical and Organisational Strategy 23-28 – Development Process and engagement/distribution.	Leadership development offer (Implementation / maturity)
	Staff and leaders ensure that the vision, values and strategy have been developed through a structured planning process in collaboration with people who use the service, staff and external partners.		Partnerships with 3 rd sector organisations.	Risk management framework (maturity in relation to SDRs)
	Staff and leaders demonstrate a positive, compassionate, listening culture that promotes trust and understanding between them and people using the service and is focused on learning and improvement.		Development of roles with Strategic Development Directorate	Peer review – outcomes / Actions / Impact
	Staff at all levels have a well-developed understanding of equality, diversity and human rights, and they prioritise safe, high-quality, compassionate care.		Governance framework – reporting Board to Ward. - addition of PHPIP Committee - Promises aligned to CLE groups.	Stakeholder feedback - demographic information being collected / analysed. Measurement of social impact.
	Equality and diversity are actively promoted, and the causes of any workforce inequality are identified, and action is taken to address these.		Inclusion of Governors within Committees and patient representatives in CLE Groups	PSIRF (Implementation / maturity)
	Staff and leaders ensure any risks to delivering the strategy, including relevant local factors, are understood and have an action plan to address them. They monitor and review progress against delivery of the strategy and relevant local plan		Staff Networks QSIR Programme IQPR QS29 – Racist incidents reported against staff. Fit and Proper Persons Compliance Robust training / OD offer in relation to Culture and Equality and Diversity Revised 5-day Induction	First line manager training – Implementation / maturity)

APPENDIX 1 : INITIAL ASSESSMENT – NOVEMBER 2024

Capable, compassionate and inclusive leaders: We have inclusive leaders at all levels who understand the context in which we deliver care, treatment and support and embody the culture and values of their workforce and organisation. They have the skills, knowledge, experience and credibility to lead effectively and do so with integrity, openness and honesty.	Leaders have the experience, capacity, capability and integrity to ensure that the organisational vision can be delivered, and risks are well managed.		Training needs assessments.	Leadership development offer (Implementation /Maturity)
	Leaders at every level are visible and lead by example, modelling inclusive behaviours.		FTSU , 3 C's, OD offer.	Succession planning / talent management (maturity)
	High-quality leadership is sustained through safe, effective and inclusive recruitment and succession planning.		Introduction of Matron roles.	PSIRF (Implementation / maturity)
	Leaders are knowledgeable about issues and priorities for the quality of services and can access appropriate support and development in their role.		Peer review timetable.	'New' Induction programme (embedded)
	Leaders are alert to any examples of poor culture that may affect the quality of people's care and have a detrimental impact on staff. They address this quickly.		Board visits programme.	Peer reviews
Freedom to speak up: We foster a positive culture where people feel that they can speak up and that their voice will be heard.			Leaning half days.	Pulse survey – relaunching Jan 25
			Sexual safety charter.	PSIRF (implementation / maturity)
			IQPR	Delivery Review 'League tables' (Implementation, maturity)
			Safe recruitment – values based, fit and proper persons test.	
			Code of Governance compliance	
	Staff and leaders act with openness, honesty and transparency.		Training and Awareness offer – Induction programme (inc medics)	Embedding / maturity of 'Detriment' procedures.
	Staff and leaders actively promote staff empowerment to drive improvement.			Staff survey results
	They encourage staff to raise concerns and promote the value of doing so. All staff are confident that their voices will be heard.		Viability of FTSU Guardian (Peer reviews, listening circles,	Promotion / awareness records (comms)
	There is a culture of speaking up where staff actively raise concerns and those who do (including external whistleblowers) are supported, without fear of detriment. When concerns are raised, leaders investigate sensitively and confidentially, and lessons are shared and acted on.		Oversight / support of FTSU Guardian at Exec level.	Outcomes / impact
	When something goes wrong, people receive a sincere and timely apology and are told about any actions being taken to prevent the same happening again		FTSU Reporting to QC and Board	Open staff meetings – recommence (outcomes /actions / impact)
				Triangulation - Peer review process and other areas of 'speaking up'.
				Staff survey

APPENDIX 1 : INITIAL ASSESSMENT – NOVEMBER 2024

Workforce equality, diversity and inclusions: We value diversity in our workforce. We work towards an inclusive and fair culture by improving equality and equity for people who work for us.	Leaders take action to continually review and improve the culture of the organisation in the context of equality, diversity and inclusion.		Staff networks	Equity and inclusion plan (implementation / maturity)
	Leaders take action to improve where there are any disparities in the experience of staff with protected equality characteristics, or those from excluded and marginalised groups. Any interventions are monitored to evaluate their impact.		Reasonable adjustments	Gender pay gap.
	Leaders take steps to remove bias from practices to ensure equality of opportunity and experience for the workforce within their place of work, and throughout their employment. Checking accountability includes ongoing review of policies and procedures to tackle structural and institutional discrimination and bias to achieve a fair culture for all.		Governance framework - reporting Board to Ward <ul style="list-style-type: none"> - E& I CLE group - WRES WDES reporting 	Acceptable behaviour policy (embedding/ maturity)
	Leaders take action to prevent and address bullying and harassment at all levels and for all staff, with a clear focus on those with protected characteristics under the Equality Act and those from excluded and marginalised groups.		Robust training /development offer	Pulse survey relaunch.
	Leaders make reasonable adjustments to support disabled staff to carry out their roles well.		Global majority programme	Staff survey
	Leaders take active steps to ensure staff and leaders are representative of the population of people using the service.		Health and Wellbeing offer	Leadership Development offer (implementation / maturity)
	Leaders ensure there are effective and proactive ways to engage with and involve staff, with a focus on hearing the voices of staff with protected equality characteristics and those who are excluded or marginalised, or who may be least heard within their service. Staff feel empowered and are confident that their concerns and ideas result in positive change to shape services and create a more equitable and inclusive organisation.		Accreditations : Veterans, PICU standards, baby friendly	Social Impact
				Code of Governance compliance

Governance management and sustainability: We have clear responsibilities, roles, systems of accountability and good governance to manage and deliver good quality, sustainable care, treatment and support. We act on the best information about risk, performance and outcomes, and we share this securely with others when appropriate.	There are clear and effective governance, management and accountability arrangements. Staff understand their role and responsibilities. Managers can account for the actions, behaviours and performance of staff.		Governance Framework Data security reporting Code of Governance Compliance	EPPR Compliance Policy on Policies (Implementation / maturity) Risk management framework (maturity, understanding of Strategic delivery risks) Delivery review 'league table' implementation MAST
	The systems to manage current and future performance and risks to the quality of the service takes a proportionate approach to managing risk that allows new and innovative ideas to be tested within the service.		Safe recruitment -Fit and proper person's test	PHPIP Committee (maturity / partnership working) Feedback from stakeholders
	Data or notifications are consistently submitted to external organisations as required.		IQPR Annual Report	PSIRF (implementation / maturity) Information Quality Work Programme (implementation / maturity)
	There are robust arrangements for the availability, integrity and confidentiality of data, records and data management systems. Information is used effectively to monitor and improve the quality of care.		Research and Innovation CLE Accreditations - Veterans, PICU standards, baby friendly,	
	Leaders implement relevant or mandatory quality frameworks, recognised standards, best practices or equivalents to improve equity in experience and outcomes for people using services and tackle known inequalities.			
Partnerships and community: We understand our duty to collaborate and work in partnership, so our services work seamlessly for people. We share information and learning with partners and collaborate for improvement.	Staff and leaders are open and transparent, and they collaborate with all relevant external stakeholders and agencies.		Provider collaboratives Virtual wards	Care Opinion (embed, maturity, learning) PSIRF
	Staff and leaders work in partnership with key organisations to support care provision, service development and joined-up care.		Peer support workers	Leadership development offer (implement) Relationship Managers (embed / maturity) Feedback from stakeholders
	Staff and leaders engage with people, communities and partners to share learning with each other that results in continuous improvements to the service. They use these networks to identify new or innovative ideas that can lead to better outcomes for people.		Partnerships with 3 rd sector organisations. - Development of roles with Strategic Development Directorate Governance framework – reporting Board to Ward. - addition of PHPIP Committee - Promises aligned to CLE groups.	Social Impact data

APPENDIX 1 : INITIAL ASSESSMENT – NOVEMBER 2024

			RNC Cadets Hospice Step Down Accreditations Veterans, PICU standards, baby friendly	<ul style="list-style-type: none"> · People's experience of health and care services · Feedback from staff and leaders · Feedback from partners · Processes · Sharing good practice and learning · Integration health and social care · Partnership working and collaboration
Learning, improvement and innovation: We focus on continuous learning, innovation and improvement across our organisation and the local system. We encourage creative ways of delivering equality of experience, outcome and quality of life for people. We actively contribute to safe, effective practice and research.	Staff and leaders have a good understanding of how to make improvement happen. The approach is consistent and includes measuring outcomes and impact.		Diverse OD offer	PSIRF (implement / embed)
	Staff and leaders ensure that people using the service, their families and carers are involved in developing and evaluating improvement and innovation initiatives.		Research collaboration with service users.	Leadership development offer (implement, maturity)
	There are processes to ensure that learning happens when things go wrong, and from examples of good practice. Leaders encourage reflection and collective problem-solving.		Grounded research initiatives	Change team (embed / maturity)
	Staff are supported to prioritise time to develop their skills around improvement and innovation. There is a clear strategy for how to develop these capabilities and staff are consistently encouraged to contribute to improvement initiatives.		Governance framework <ul style="list-style-type: none"> - L & I CLE group - 	QSIR programme (embed, impact)
	Leaders encourage staff to speak up with ideas for improvement and innovation and actively invest time to listen and engage. There is a strong sense of trust between leadership and staff.		Guardian of safe working	Quality and Safety plan (implement, embed, maturity)
	The service has strong external relationships that support improvement and innovation. Staff and leaders engage with external work, including research, and embed evidence-based practice in the organisation.		Safe staffing	Learning and Education plan (implement)
			NICE compliance	Pulse survey – restart Jan 25
			Half day learning (embed, maturity)	Listening events - restart 2025
			Peer review	Research and innovation plan (implement, embed)

APPENDIX 1 : INITIAL ASSESSMENT – NOVEMBER 2024

Environmental sustainability - sustainable development: We understand any negative impact of our activities on the environment and we strive to make a positive contribution in reducing it and support people to do the same.	Staff and leaders understand that climate change is a significant threat to the health of people who use services, their staff, and the wider population.		Virtual Ward Carpool offer Cycle to work scheme. Executive leadership Governance framework - Estate and sustainability group Change in working practices.	Equity and Inclusion plan (implement / maturity) Trajectory / Targets Place and system work. Health promotion ie Quit team,
	Staff and leaders empower their staff to understand sustainable healthcare and how to reduce the environmental impact of healthcare activity.			
	Staff and leaders encourage a shared goal of preventative, high quality, low carbon care which has health benefits for staff and the population the providers serve, for example, how a reduction in air pollution will lead to significant reductions in coronary heart disease, stroke, and lung cancer, among others.			
	Staff and leaders have Green Plans and take action to ensure the settings in which they provide care are as low carbon as possible, ensure energy efficiency, and use renewable energy sources where possible.			
	Staff and leaders take active steps towards ensuring the principles of net zero care are embedded in planning and delivery of care. Low carbon care is resource efficient and supports care to be delivered in the right place at the right time.			

ROTHERHAM DONCASTER AND SOUTH HUMBER NHS FOUNDATION TRUST

Report Title	Sexual Safety Charter – Action and Results	Agenda Item	Paper M			
Sponsoring Executive	Dr Judith Graham, Director for Psychological Professionals & Therapies					
Report Author	Dr Judith Graham, Director for Psychological Professionals & Therapies Carlene Holden, Director of People and Organisational Development Louise Bertman, Safeguarding Nurse Consultant					
Meeting	Board of Directors	Date	28 November 2024			
Suggested discussion points (two or three issues for the meeting to focus on)						
<p>The paper provides an update on the work associated with Sexual Safety and the Sexual Safety Charter in the Trust. This work is pertinent to all Trust services, and also to both users of and employees of RDaSH services.</p> <p>The paper provides information regarding Sexual Safety and the charter signed. Incident reporting and staff survey data pertaining to sexual safety incidents is also provided for transparency and to aid discussion. The majority of sexual safety incidents occur in RDaSH bed-based services 90%> however community services and backbone services have also reported concerns). Actions taken to date appear to be having an impact in terms of reporting and addressing concerns.</p> <p>The latter part of the paper references recommendations made by NHS England in October 2024. These recommendations are based upon coproduced work with RDaSH have provided a contribution to. Actions related to the recommendations are summarised to aid discussion.</p>						
Alignment to strategic objectives						
SO1: Nurture partnerships with patients and citizens to support good health						
SO2: Create equity of access, employment, and experience to address differences in outcome						
SO3: Extend our community offer, in each of – and between – physical, mental health, learning disability, autism and addiction services						
SO4: Deliver high quality and therapeutic bed-based care on our own sites and in other settings			X			
SO5: Help to deliver social value with local communities through outstanding partnerships with neighbouring local organisations.						
Other – Quality and Safety Plan			X			
Previous consideration						
Not applicable						
Recommendation						
The Board of Directors is asked to:						
	NOTE the content of the report and the ongoing workstreams					
	CONSIDER any matters of concerns not covered in the report					
Impact						
Trust Risk Register						
Strategic Delivery Risks	X	SO4				
System / Place impact						
Equality Impact Assessment	Is this required?	Y		N	X	Although this paper doesn't require an EIA the policy will have
Quality Impact Assessment	Is this required?	Y		N	X	Although this paper does not require a QSIA the policy will
Appendix (please list)						
N/A						

Sexual Safety Update

Dr Judith Graham BEM

Director for Psychological Professionals and Therapies
Baby Friendly Guardian

* Please understand that we know that some of the content of this presentation may be distressing. If support is required this is available from the presenter after the session, from our Occupational Health and Wellbeing team, and also via specialist services including:- Call 999 to report a rape or attempted sexual assault, as soon as possible. You don't have to report the assault to the police if you don't want to. You may need time to think about what has happened to you. However, consider getting medical help as soon as possible through the NHS Sexual Assault Referral Centres (SARCs) - <https://www.nhs.uk/service-search/other-health-services/rape-and-sexual-assault-referral-centres> other specific organisational information is provided at the end of the presentation.

Focus...



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

- To revisit what the Sexual Safety charter is and what the commitments mean.
- To consider actions conducted in the past year regarding the sexual safety charter and also associated safety and 'people' processes in the Trust
- To consider RDaSH incidents concerning sexual abuse, sexual assault, and sexually motivated incidents
- To share the resources launched by NHS England at the end of October 2024, and detail what this means for us in RDaSH.

Sexual Safety Charter

As signatories to this charter, we commit to a zero-tolerance approach to any unwanted, inappropriate and/or harmful sexual behaviours towards our workforce. We commit to the following principles and actions to achieve this:

1. We will actively work to eradicate sexual harassment and abuse in the workplace.
2. We will promote a culture that fosters openness and transparency, and does not tolerate unwanted, harmful and/or inappropriate sexual behaviours.
3. We will take an intersectional approach to the sexual safety of our workforce, recognising certain groups will experience sexual harassment and abuse at a disproportionate rate.
4. We will provide appropriate support for those in our workforce who experience unwanted, inappropriate and/or harmful sexual behaviours.
5. We will clearly communicate standards of behaviour. This includes expected action for those who witness inappropriate, unwanted and/or harmful sexual behaviour.
6. We will ensure appropriate, specific, and clear policies are in place. They will include appropriate and timely action against alleged perpetrators.
7. We will ensure appropriate, specific, and clear training is in place.
8. We will ensure appropriate reporting mechanisms are in place for those experiencing these behaviours.
9. We will take all reports seriously and appropriate and timely action will be taken in all cases.
10. We will capture and share data on prevalence and staff experience transparently.

*Launched and signed in Q3 23/24

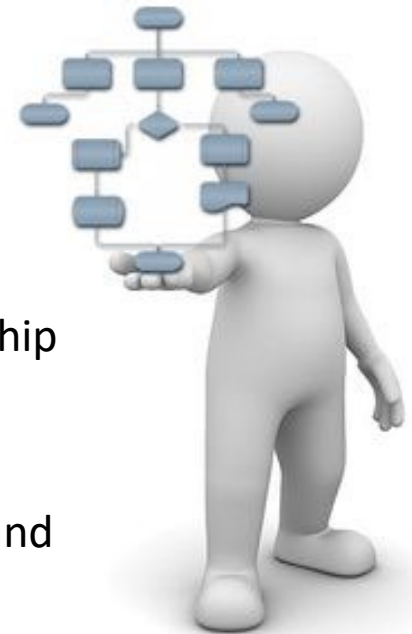
** Background – BMA report; Royal College of Surgeons Report; Ambulance Service Report

Actions to date...



**Rotherham Doncaster
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- Incident Data review
- Orientation to the Sexual Safety Charter
- Discussion at all staff diversity networks, concerning reporting and safety commitment
- 'I' and 'We' Statement Development
- Workforce data analysis
- Policy review
- Staff survey analysis
- NHS England - Domestic Abuse and Sexual Violence Leadership Group (Quarterly Meetings)
- Health and Safety meeting and discussion
- Safeguarding Lead meeting, exploring interface with LADO and PiPoT
- Acceptable Behaviour Policy development and Policy Socialisation



'I and We' Statements



**Rotherham Doncaster
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Commitment to Civility Dignity and Respect:

- We pledge to treat all colleagues with Civility, dignity and respect, valuing diversity and recognising the importance of creating an inclusive and supportive workplace.

Zero Tolerance for Harassment:

- We condemn all forms of sexual harassment and pledge to maintain a zero-tolerance policy. Any incidents will be promptly and thoroughly investigated, and appropriate actions will be taken.

Awareness and Education:

- We will actively engage in ongoing education and training to increase awareness of sexual safety issues, boundaries, and respectful communication.

Reporting Mechanisms:

- We commit to providing clear and confidential reporting mechanisms for any staff member who experiences or witnesses sexual harassment. Reports will be handled promptly, impartially, and with utmost confidentiality.

Supportive Environment:

- We strive to create a supportive environment where victims of harassment feel encouraged to come forward, knowing they will be treated with empathy and without fear of retaliation.

Empowering Bystanders:

- We encourage staff to be active bystanders, intervening when witnessing inappropriate behaviour and reporting incidents promptly.

Professional Boundaries:

- We recognise the importance of maintaining professional boundaries and avoiding behaviour that may be interpreted as inappropriate or unwelcome.

Continuous Improvement:

- We commit to regularly reviewing and updating our policies and practices to ensure they align with the latest research and best practices in promoting sexual safety in the workplace.

Leadership Accountability:

- Leaders within the NHS will exemplify the highest standards of conduct and actively promote a culture of respect and safety

Regular Communication:

- We will communicate regularly about the importance of sexual safety, reinforcing our commitment through internal channels and training programs.

RDaSH nurturing the
power in our
communities

RDaSH IR1 - Incident Data

- Incident data should be taken with caution as some pertains to one individual involved in a number of incidents.
- Incidents are primarily reported by clinical services 98% and dominantly in mental health (adult and older adult) inpatient areas 90%. However, occurrences are also reported in physical health, substance misuse and hospice services.
- Data differs from Staff Survey data – demonstrating reporting differences
- Other sources of reporting would include FTSU, HR/Workforce reporting, Safeguarding (some of these are also reported on IR1 forms, and some are not)
- The incident data is difficult to gain and also analyse using the current system – this is a consideration in terms of the review of the current clinical risk system

Trust sexual safety incidents

Data Summary

- There has been a total of 149 incidents over 3 years (although it is accepted that the data for 2024 is not complete as the information was gained on the 25/10/24)
- Incidents occurred in mental health, physical health, LD & Forensic services, drug and alcohol services and corporate services.
- Most incidents reported are 'patient on staff'
- 1 incident was reported as 'staff on staff' and 2 incidents was reported as 'other on staff' (visitor and member of the public)
- Reporting of incidents (in Trust, and to the Police) has increased since the Sexual Safety Charter was introduced
- The number of people identifying as male who are reporting sexual safety incidents has increased (it was 0 in 2021 and 2022)

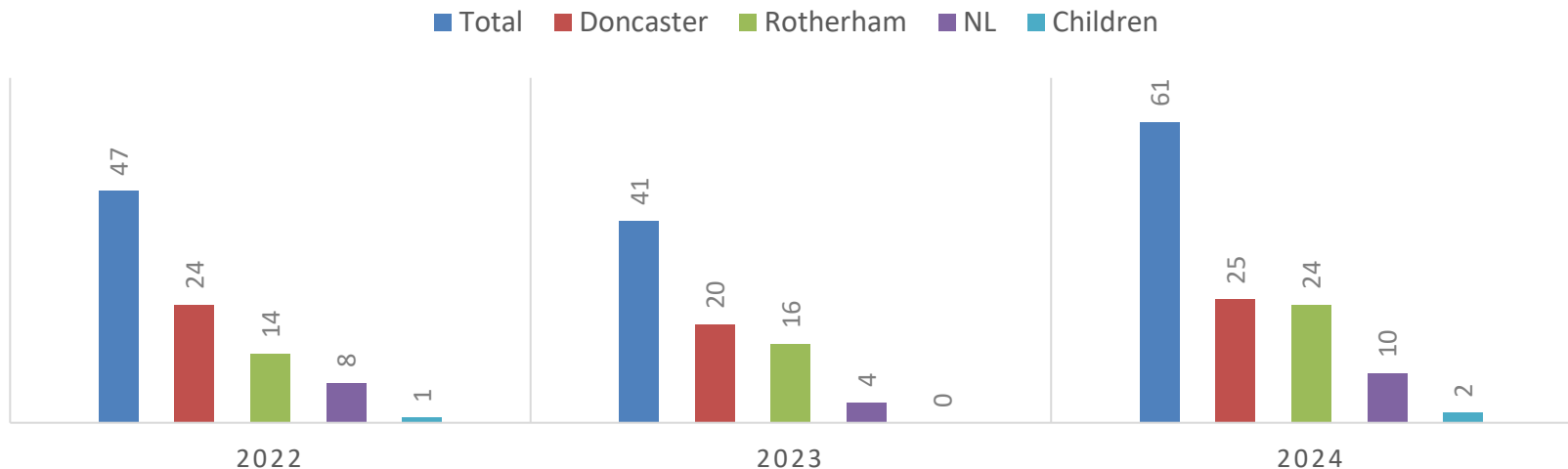
Thematic summary

- Sexually inappropriate language
- Sexual threats
- Threats to rape
- Physical touching
- Unwanted kissing
- Exposure of genitalia
- Sexual language

(*the data has only been drawn from incidents coded as sexual assault or sexually motivated incidents, there may therefore be incidents coded elsewhere that also feature sexual content)

Incident breakdown by year and area

NUMBER OF SEXUAL ASSAULT & ABUSE INCIDENTS

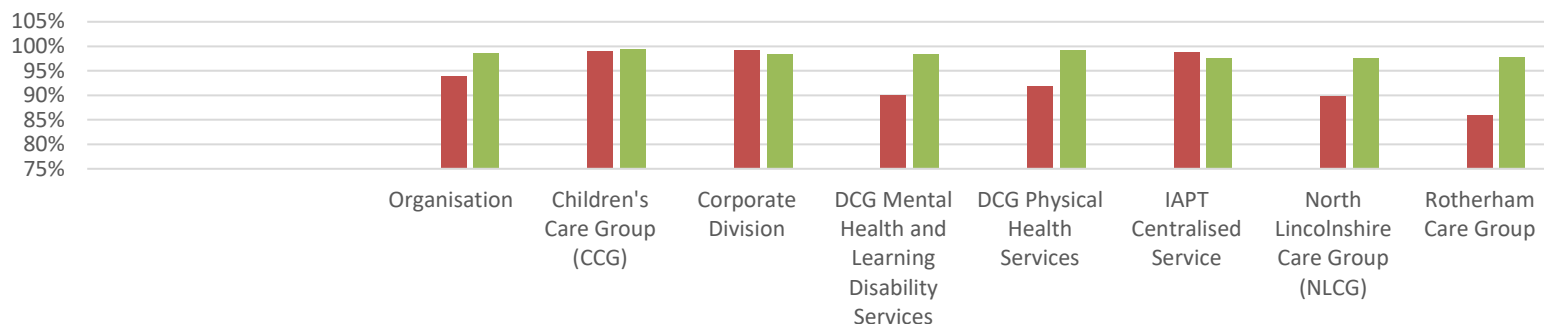


RDaSH Staff Survey



Rotherham Doncaster
and South Humber
NHS Foundation Trust

Staff Survey Responses - Sexual Safety Questions



■ +/- Questionnaire Section Question

- (+) YOUR HEALTH, WELL-BEING AND SAFETY AT WORK Q17a In the last 12 months, how many times have you been the target of unwanted behaviour of a sexual nature in the workplace from patients / service users, their relatives or other members of the public (Never).
- (+) YOUR HEALTH, WELL-BEING AND SAFETY AT WORK Q17b In the last 12 months, how many times have you been the target of unwanted behaviour of a sexual nature in the workplace from staff / colleagues (Never).

- Data differs from IR1 Incident data – demonstrating reporting differences

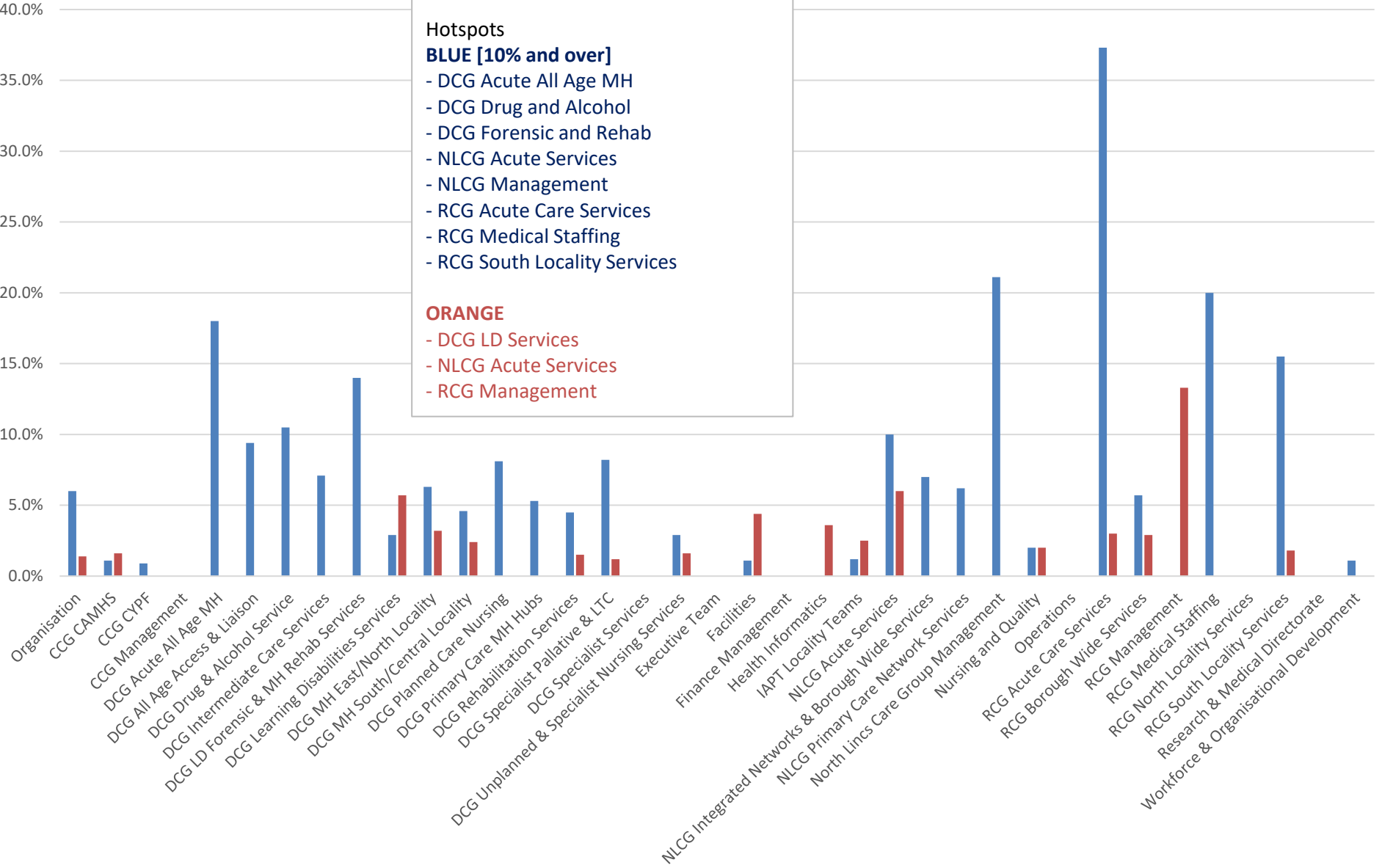
When aggregated (see next 2 slides):-

- Data show hotspot areas for incidents occurring
- Data shows a disproportionate experience of sexual safety incidents for staff who identify as BME
- Data is affected as <10 reports are not listed

Staff Survey Questions Split by department

** Results should be considered in conjunction with response rate per department

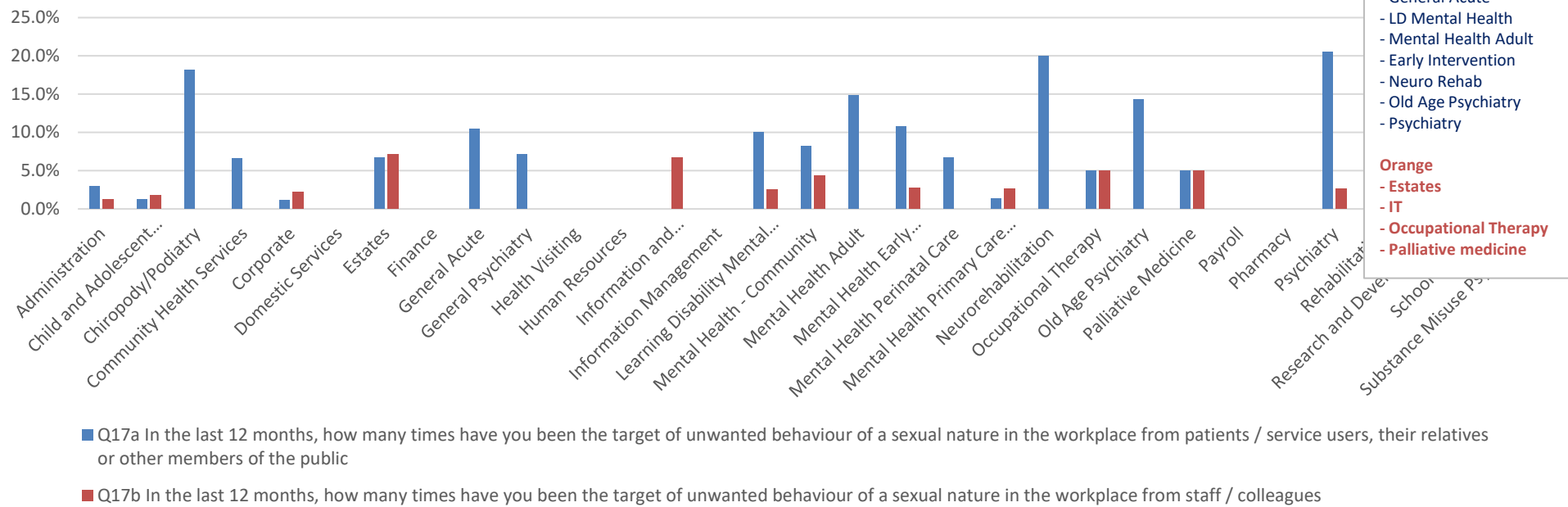
- Hotspots
- BLUE [10% and over]**
- DCG Acute All Age MH
 - DCG Drug and Alcohol
 - DCG Forensic and Rehab
 - NLCG Acute Services
 - NLCG Management
 - RCG Acute Care Services
 - RCG Medical Staffing
 - RCG South Locality Services
- ORANGE**
- DCG LD Services
 - NLCG Acute Services
 - RCG Management



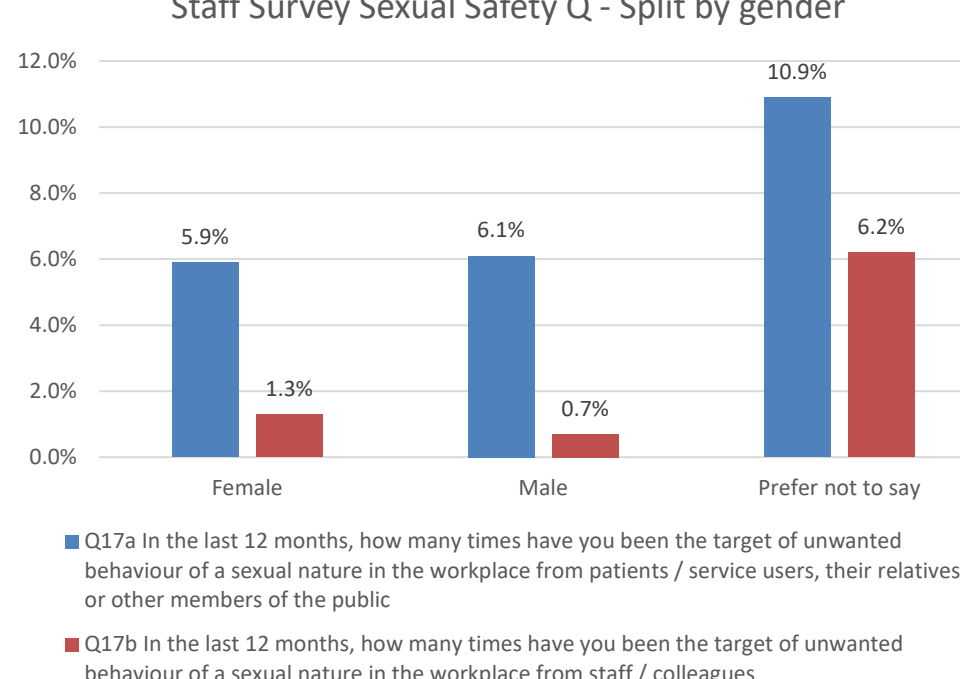
■ Q17a In the last 12 months, how many times have you been the target of unwanted behaviour of a sexual nature in the workplace from patients / service users, their relatives or other members of the public

■ Q17b In the last 12 months, how many times have you been the target of unwanted behaviour of a sexual nature in the workplace from staff / colleagues

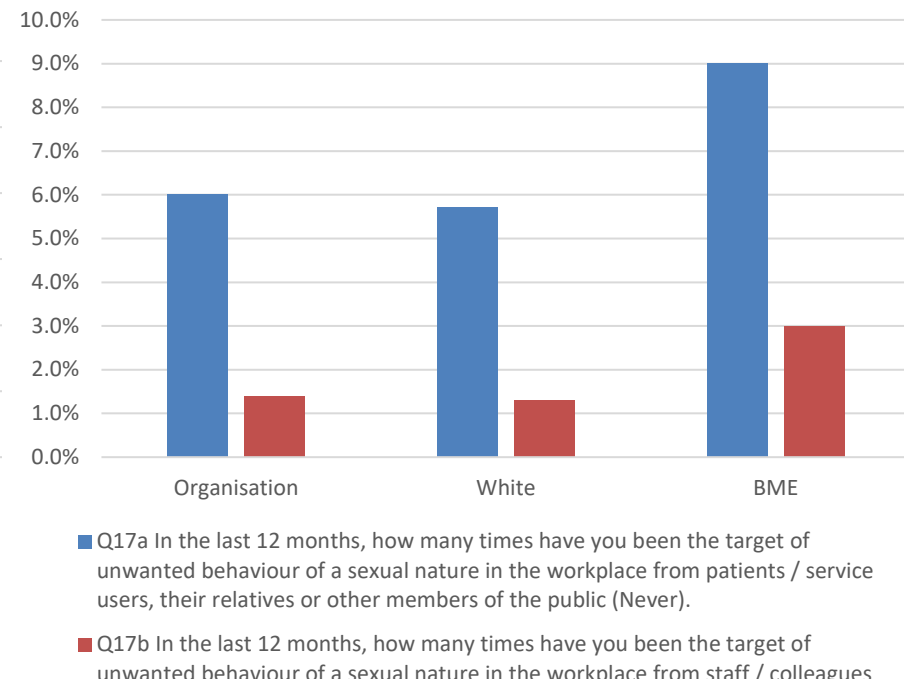
Staff Survey Sexual Safety Questions - Split by area of work



Staff Survey Sexual Safety Q - Split by gender



Staff Survey Q - Split by White/ BME





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Next Steps

RDaSH nurturing the
power in our
communities

National Timeline

- NHS England launched sexual safety in healthcare charter in September 2023. **All systems across the NHS** have now signed the NHS Sexual Safety Charter.
- The charter and the new national sexual misconduct guidance have been developed in collaboration with **healthcare systems, subject matter experts** and people with **lived experience** to raise awareness of sexual misconduct in our workplaces and provide NHS staff with clear reporting mechanisms, training and support. (RDaSH has supported this development, by attending and contributing to stakeholder sessions)
- The 'Worker Protection (Amendment of Equality Act 2010) Act 2023' came into effect in **October 2024**, creates a duty on employers to take reasonable steps to prevent sexual harassment of their employees in the workplace.
- The preventative duty is designed to improve workplace cultures by requiring employers to anticipate how sexual harassment might happen in their workplace and take proactive reasonable steps to prevent it happening. The preventative duty includes worker-on-worker harassment and harassment by third parties such as customers, clients or patients.
- The Equality and Human Rights Commission has provided guidance to support employers to meet the duty, this includes an 8-step guide. Link - [Employer 8-step guide: Preventing sexual harassment at work | EHRC \(equalityhumanrights.com\)](https://www.equalityhumanrights.com/en/employment-relation/sexual-harassment/employer-8-step-guide-preventing-sexual-harassment-at-work)

8-Step Guide

- **Step 1:** develop an effective anti-harassment policy (NHSE Released a suggested template - 21st Oct 2024)
- **Step 2:** engage staff (regarding policy socialisation, but also in terms of regular 1:1, exit data, staff survey and use 'open door' approaches)
- **Step 3:** assess and take steps to reduce risk in the workplace (i.e. preventative risk assessment linked with lone working)
- **Step 4:** reporting (suggested clear reporting route – HR; FTSU or anon portal)
- **Step 5:** Training (NHSE Released a suggested e-learning - 21st Oct 2024)
- **Step 6:** what to do when a harassment complaint is made
- **Step 7:** dealing with harassment by third parties
- **Step 8:** monitor and evaluate actions
(NHSE Released an assurance framework – on the 21st Oct. The framework sets out the outcomes expected from each principle in the charter, and lists actions that would assure delivery for each principle. At this stage, the actions in this framework are recommended best practice)

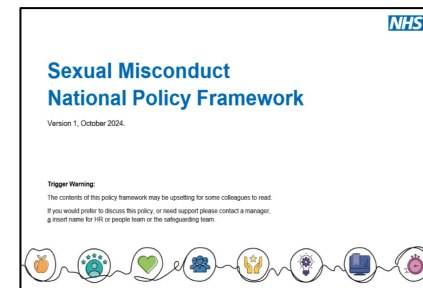
Sexual Misconduct National Policy Framework



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The new national sexual misconduct policy framework is for all NHS employees, NED's, contractors, secondees, agency staff, volunteers, students, interns, casual and/or bank/temporary workers. The national policy framework sets out:

- What sexual misconduct is
- What a disclosure is
- A process for **reporting** incidents of sexual misconduct,
- An option and guidance for **anonymous electronic reporting**
- A review of every report of sexual misconduct by a **review group** and the use of **subject matter experts** to advise
- Signposting to e.g. Bullying and Harassment, Grievance, Disciplinary and Maintaining High Professional Standards.
- Proposals for executive Board **oversight and monitoring**
- Guidance for **preventing** sexual misconduct in line with the new 'preventative duty'
- **Practical guidance** e.g. how to **support** those who experience sexual misconduct and how to **respond** to a disclosure or report of sexual misconduct
- **Templates** for recording actions for safety and wellbeing checklist for review group questions to ask when receiving a report



E-Learning

(anyone with an NHS email can access)



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Aims of the module:-

- Identify and recognise the types of sexual misconduct in the workplace.
- Understand the impacts that trauma can have and how this can affect people who have experienced sexual misconduct.
- Understand how to have a trauma-informed conversation and know how to support someone if they tell you that they have experienced sexual misconduct.
- Maintain confidentiality, respect professional boundaries, and look after your own wellbeing when someone tells you about sexual misconduct they have experienced.

Contents:-

- 1) Introduction to sexual misconduct
- 2) Understanding what sexual misconduct is and its definitions (including:- Sexual misconduct, sexual harassment, sexual assault and sexual violence, trauma and trauma-informed)
- 3) Trauma and the impact of sexual misconduct (including:- Individual social, psychological, physical impacts & wider organisational, patient and financial impacts)
- 4) Response (Disclosure, barriers to disclosure, do's and don'ts & how to be trauma informed when hearing a disclosure)
- 5) Looking after your own wellbeing (including vicarious trauma, support to yourself & further resources and services available)
- 6) Assessment (8 questions to test knowledge and achieve learning outcomes)

Next.... 8-steps at RDaSH



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- People and OD Teams
 - Training – who, and monitoring
 - POD Reporting
 - Y&H HRD Network Training
 - Governance
 - Policy amendments (aligned policy)
- Informatics
 - Portal – Anon reporting
- FTSU
 - Policy review and alignment ☒
 - Training for guardian and champions ☐
 - Consider that champions are also DASV allies
- Safeguarding
 - SOG reporting and oversight, reporting up POD, Q&S
 - Incorporation of PiPoT, LADO and safety
- Education
 - Incorporate into existing training
 - ‘bite size’ sessions
- Policy
 - NHS England Policy
 - Policy on a Page
 - Policy Socialisation
- Board
 - Paper to socialize
 - Readiness for higher reporting
- Partner preparations :
 - Trade Unions
 - People professionals
 - Managers
 - Freedom to Speak Up Guardians

Other related goals to consider...



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Some of these goals are specific to women and people who identify as LGBTQ+, this is because evidence show that these are people who disproportionately experience sexual safety incidents and gender discrimination;:-

- **Remove, where possible the detrimental impact that having children and other caring responsibilities** - Equal access to development opportunities, career progression and fair working practices for colleagues with caring responsibilities and those who work flexibly. This includes ensuring that maternity / paternity / adoptive leave are approached positively including flexible return/ working needs.

STRATEGIC & GOVERNANCE LINKS – Gender Pay Gap

- **Promote the benefits of gender diversity in different professions / roles at RDaSH** – Actively challenge gender stereotypes in certain roles. Implement success measures and metrics to monitor and drive progress. Encourage people to take action to improve gender diversity, in their teams.

STRATEGIC & GOVERNANCE LINKS – Promise 9 – Privilege underrepresented people in terms of the Apprenticeship Levy spend

- **Guarantee safe and supportive environments for pregnant and breastfeeding workers**- All pregnant and breastfeeding colleagues and students should have access to high-quality risk assessment and be encouraged to prioritise their health and safety at work.

STRATEGIC & GOVERNANCE LINKS – Baby Friendly Initiative

- **Support women's health** – address the historic lack of recognition and support for women's health, ensuring that the workplace is inclusive of women's health and wellbeing. For example, implementing support sessions/ education / policies on, menstruation, menopause, and domestic violence.

STRATEGIC & GOVERNANCE LINKS – POD Plan, Half Day Learn Sessions and Women's Network focus.

Support Services for people affected



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There are local and regional support services in your area for anyone who has experienced any form of sexual misconduct.

[Bi Survivors Network](#) are a group of bisexual survivors facilitating peer-led, online support groups for survivors of sexual and/or domestic violence/abuse.

[Galop](#) support the LGBT+ community and have experienced sexual assault, abuse or violence.

[Loving Me](#) support for people who are trans and non-binary victims and have experienced domestic or sexual violence.

[Man Kind](#) supports people who self-identify as male who are affected by unwanted sexual experiences.

[NAPAC \(National Association for People Abused in Childhood\)](#) offers support to adults who have experienced of all types of childhood abuse, including physical, sexual and emotional abuse or neglect.

[One In Four](#) supporting people who have experienced sexual violence and abuse.

[Rape Crisis](#) provide specialist information and support to all those affected by rape, sexual assault, sexual harassment and all other forms of sexual violence and abuse in England and Wales.

[Respond](#) support services to people with learning disabilities, autism or both who have experience abuse, violence or trauma.

[Safeline](#) provides specialist, tailored support for anyone affected by or at risk of sexual abuse and rape, that empowers them to make choices about the lives they want and helps prevent abuse.

[SARSAS](#) support for people affected by rape or any kind of sexual assault or abuse at any time in their lives.

[Southall Black Sisters](#) is a support service for black and minoritised women who have experienced sexual violence.

[The Survivors Trust](#) work with people of all ages, all genders, of all forms of sexual violence, sexual abuse and sexual exploitation, including support for partners and family members.

[Survivors UK](#) provide a national online helpline, individual and group counselling for boys, men and non-binary people aged 13+ who have experienced sexual violence at any time in their lives.

[Stop It Now](#) provides support for people who have concerns that they may commit sexual abuse or sexual violence or are concerned about another person's behaviour, or a child's behaviour.

[Rights of Women](#) offer support services providing free legal advice for women in the UK who are experiencing sexual harassment in the workplace.

RDaSH nurturing the
power in our
communities

ROTHERHAM DONCASTER AND SOUTH HUMBER NHS FOUNDATION TRUST

Report Title	An Overview of Research Activity in the Trust	Agenda Item	Paper N
Sponsoring Executive	Dr Diarmid Sinclair, Acting Medical Director		
Report Author	Heather Rice, Director of Research and Development		
Meeting	Board of Directors	Date	28 November 2024
Suggested discussion points (two or three issues for the meeting to focus on)			
<p>This report provides the Board with an overview of research activity in the Trust.</p> <p>The report focuses on examples from key focus areas within the draft R&I plan where work is, in the main, but not exclusively, initiated and delivered by the research team in collaboration with services.</p> <p>Discussion points for the Board could include</p> <ul style="list-style-type: none"> • Consideration of the barriers or facilitators within clinical services to enable the building of R&D capacity and capability • How research activity in clinical services can be accelerated • What is needed to create the health services research capability we currently lack 			
Alignment to strategic objectives (indicate with an 'x' which objectives this paper supports)			
SO1: Nurture partnerships with patients and citizens to support good health			x
SO2: Create equity of access, employment, and experience to address differences in outcome			x
SO3: Extend our community offer, in each of – and between – physical, mental health, learning disability, autism and addiction services			x
SO4: Deliver high quality and therapeutic bed-based care on our own sites and in other settings			x
SO5: Help to deliver social value with local communities through outstanding partnerships with neighbouring local organisations.			x
Business as usual			x
Previous consideration			
No previous meeting			
Recommendation			
(indicate with an 'x' all that apply and where shown elaborate)			
The Board is asked to:			
	NOTE progress in delivered agreed research study volumes in year		
	CONSIDER latest advice on progress with some of the objectives in the R&I Plan		
Impact (indicate with an 'x' which governance initiatives this matter relates to and where shown elaborate)			
Trust Risk Register			
Strategic Delivery Risks			
System / Place impact			
Equality Impact Assessment	Is this required?	Y	N x If 'Y' date completed
Quality Impact Assessment	Is this required?	Y	N x If 'Y' date completed
Appendix (please list)			
<ul style="list-style-type: none"> • overview of activity in each of the priority areas in the R&I plan (App 1) • overview of performance across the Care Groups in relation to "Big R" research (app 2) 			

- overview of research performance on NIHR portfolio activity

An overview of research activity in the Trust

Introduction

- 1.1 This report sets out an overview of progress in Research in the Trust over the last 6 months.
- 1.2 It provides some insight into how priorities within the Research and Innovation Plan are beginning to be addressed, how those areas are supported more broadly, and it concludes with a snapshot of Research activity not only within Care Groups, but also within Grounded Research as the Trust's Research team.

Context

- 2.1 RDaSH has a strong tradition of Research that can harness the best of what is available to help us deliver evidence-based patient care. Our work in the Trust has concentrated more on Research than Innovation. This is an area for further development.
- 2.2 Impactful Research requires meaningful collaborations with a range of people at all stages of the process.
- 2.3 All our Research work is co-produced with our communities, our patient research ambassadors, our teams, and regularly both Academic and Industry partners.

Why we do it and what it is

- 3.1 It is worth restating always in any discussion about Research, the reasons why we should be undertaking Research, and providing clear definition.
- 3.2 In terms of why we should be an active R&I organisation, some reasons are as follows:-
 - [Patients with more confidence in staff](#) Jonker L, et al, 2019
 - [Reduced Mortality](#) Jonker L, Fisher J, 2017
 - [Transformed health through innovation](#) Academy of Medical Sciences, 2019
 - [Higher Medical recruitment](#) Rees MR, Bracewell M, 2019
 - [Improved clinical care & reduced cost of healthcare](#) Medical Schools Council, 2022
- 3.3 It can be helpful to provide the definition of Research that Research teams work to, which is, **the attempt to derive generalisable or transferable new knowledge to answer questions with scientifically sound methods**, including:
 - Trials of new drugs, devices, or technologies
 - studies that aim to generate hypotheses/ideas
 - studies that aim to test hypotheses/ideas.
 - descriptive studies.

For ease we shorthand this to “Big R” Research.

3.4 There is also a significant amount of “little r” Research undertaken in the Trust within clinical services which includes.

- **Service Evaluation**
Designed and conducted solely to define or judge current care.
- **Clinical Audit**
Designed and conducted to produce information to inform delivery of best care.
- **Quality / Service Improvement**
Designed to improve health services, systems, processes.

Key Areas of Focus for the R&I Plan

4.1 Whilst activity across the Trust, communities, and with external partners, will remain broad and varied, the Trust is giving focus to some key areas.

4.2 These areas are selected for focus because they are:

- aligned with national clinical importance
- reflected clearly within the Clinical & Organisational Strategy
- are represented within the services directly provided by the Trust
- a focus here will help us to translate R&I findings into practice for our own workforce and patients.

4.3 The areas selected for key focus are:

1. Dementia
2. ADHD
3. Virtual and technology-based care
4. Improving physical health of those with mental health conditions
5. Community based R&I across the lifespan
6. Health Services Research

Progress, Capacity, Capability and Readiness

5.1 We have strength in the organisation in Research. We have slowly built research skills, capacity, and capability within the organisation, and we have active work in multiple areas, including the six priority areas.

5.2 Progress in each is relative in the main to capacity and capability.

5.3 To date we have built that capability organically. We are in a position now where we want to take a more planful approach to a research ready organisation.

5.4 Key issues in terms of our ability to progress at speed can be captured as follows:

- **Research is a “long game,”** and studies are conducted over a period of years therefore it takes some time before results are seen in practice

- **It might be difficult to see immediate relevance.** The Research we undertake today might be instrumental in care delivery in several years' time – an example here is vaccine research contributing to the next wave of treatments in Dementia care
- **Getting people and organisations “Research ready” takes considerable time.** A key barrier for clinical staff getting involved in Research is the time that it requires both to train them and provide experience in trials for example so that they can get their own research off the ground
- **“Basic” Research training and education** is not core. Those who are research interested and can negotiate the time get involved, others do not have the same opportunity
- **Clinical academics** are small in number and take a significant amount of time and investment to develop. Post-doctoral researchers with several publications to their names are still considered as early career researchers
- **Formal links with academic institutions** – we have some in place already which take time and resource to build, but as a non-university centric Trust we could consider how we develop this further
- **High end Research by necessity takes up most of the Research team’s capacity** to curate and deliver but this is critical for reputation, income, and pathways to research development. A potential “gap” is the input to nurture early career researchers to be able to bridge clinical and research careers

Self-Assessment of Organisational Readiness

- 6.1 Notwithstanding that it takes time and effort to build a research ready organisation, we are now for the first time able to use an evidence-based intervention to understand our state of organisational readiness for research.
- 6.2 To establish a baseline for ourselves, we have embarked on a project using the SORT tool (Self-Assessment of Organisational Readiness).
- 6.3 SORT is a collaborative creation of the academic community and the NHS, is endorsed by the National Institute for Health and Care Research (NIHR) and provides a clear methodology for organisations to assess their preparedness for a Trust’s strategic plan within the realm of the research agenda.
- 6.4 Each section and assessment facet affords a holistic perspective of the organisation, culminating in an overall readiness assessment that will inform a series of actions, investments, and collective transformations.

Who is SORT for?

- 7.1 SORT was originally designed for nurses working in health and social care interested in developing research capacity and capability within their organisation. It has been developed in partnership with colleagues in academia, the third sector and those who support the development of research, but we are working with Trust colleagues to understand application across all disciplines to provide a more comprehensive picture.
- 7.2 It does not however have to be exclusive to nurses, and a multi-disciplinary working group has been established to seek to deploy the SORT tool within RDaSH.

Undertaking a SORT assessment can be the start of a process of improvement planning, and making visible the type and level of support needed to develop research capacity amongst the workforce.

- 7.3 The findings of the SORT process can have outputs such as:
- providing structured information that will assist in planning
 - encouraging self-reflection, prioritisation, and direction of effort
- 7.4 As a result of completing SORT, strengths can be celebrated and monitored for impact, and gaps can be identified for improvement planning.
- 7.5 This is currently being trialled within the Children's Care Group so that we can understand methods of deployment more broadly.
- 7.6 We intend to take the learning from that and apply it in other areas of the Trust.
- 7.7 The baseline will expose our gaps and help us clarify where more emphasis is required, but in the interim we can continue to build.

Where are we now?

- 8.1 An overview of activity in each of the priority areas is provided at Appendix One. We will seek to develop this further in terms of the reporting approach.
- 8.2 An overview of performance across the Care Groups in relation to "Big R" research is provided at Appendix Two. This is being developed in conjunction with Care Groups.
- 8.3 An overview of Research performance against which we are measured formally externally in terms of NIHR portfolio activity is provided at Appendix Three.

Conclusion

- 9.1 We have Research strengths and successes to build upon across the organisation. We will seek to extend the breadth and depth across all directorates and reflect progress against our own internal priorities as well as the external targets against which we are expected to deliver.

R&I Focus Area from R&I Plan	Progress to date November 2024
Dementia Research	<ol style="list-style-type: none"> 1) Continuing partnership building with Roche (pharmaceutical company) regarding Dementia commercially sponsored clinical trials. Led by Dr Michael Cottle in North. Lincs and in partnership with NLAG (particular emphasis on creating pathways for monoclonal antibody treatments). 2) Submission of expressions of interest for new Dementia Commercial trials ongoing 3) Dementia Rater scale training being explored with Hull university for 'train the trainer' training and the NIHR Research Delivery Network (RDN) and with Sheffield Teaching Hospitals for live commercial dementia studies. 4) Representation from GR at the Rotherham Dementia conference (Oct 2024) 5) Development of Dementia engineering grant with the Advanced Manufacturing Research Centre (AWRC), the University of Sheffield and the Ageing team at Newcastle University. <p>Open portfolio Dementia studies include:</p> <ul style="list-style-type: none"> • Dementia Decision making (tripartite decision making between patients with MCI, carers, and HCP) • iAct4Carers (Views and experiences of ethnic minority family carers on internet-delivered guided self-help) • Our Future Health (lead to new ways to predict, prevent and detect diseases earlier in life when they can be treated more easily, including diseases such as dementia, cancer, diabetes, heart disease and stroke. • CognoSpeak automated cognitive assessment tool based on language (utilising automated speech recognition and Machine Learning)
ADHD Research	<ol style="list-style-type: none"> 1) Samboards collaboration - sensory boards to help people with ADHD concentrate and remain calm – hoping to submit a collaborative grant to support the work in 2025 to NIHR and potentially the Charitable trust for some pilot/feasibility work. 2) Concept Health VR headset in ADHD services – grant in development
Virtual and technology-based care for physical and mental health (Virtual wards, VR headsets)	<ol style="list-style-type: none"> 1) VR headsets in teens investment funds bid in Children's Care Group – GR supporting implementation. 2) FLOW headset pilot - delivers non-invasive treatment for depression via transcranial Direct Current Stimulation in our perinatal service, where many patients are unable to take medication 3) UKRI Mindset-XR programme with SY ICB – supporting innovation companies to pilot and test XR products in MH services 4) XR Therapeutics – hoarding intervention via VR headsets 5) Physical Health virtual wards programme – evaluation with University of Sheffield

R&I Focus Area from R&I Plan	Progress to date November 2024
Improving physical health of those with mental health conditions, e.g. Nutrition, ASD, exercise, obesity, multiple long-term conditions, home-first solutions	<ol style="list-style-type: none"> 1) Recent NIHR Development of Skills and Expertise (DSE) fellowship award for a Consultant Nutritionist, who also leads our Centre for Nutrition and Behaviour, including collaboration with nutrition industry and academic partners. 2) RDaSH lead a cross-cutting MH theme on the NIHR funded HealthTech Research Centre for long term conditions in Neurology, women's health, renal and diabetes – multiple ongoing projects cross-cutting MH and physical health conditions.
Community-based Research & Innovation across the lifespan of our citizens	<ol style="list-style-type: none"> 1) collaborating with community groups, such as veterans on new interventions for men's physical and mental health who have been affected by Trauma – grant submitted to Nuffield health. 2) Children's Care group open studies: <ul style="list-style-type: none"> • Surviving Crying (supporting the Mental Health and Coping of Parents with Excessively Crying Infants) • ComBAT (Community-Based Behavioural Activation Training for Depression in Adolescents)
Health Services Research, e.g. Strategy implementation, anti-racism issues	<ol style="list-style-type: none"> 1) IGLOo study in analysis stage: Sustainable return to work programme (run in partnership with NHS and non-NHS HR departments)

Research & Innovation Panel Metrics Report

October 2024 *Data cut 09/10/2024



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1. GR Overall Metrics

- Number of staff with Good Clinical Practice (GCP) certification across Trust/GR
- Staff involved in R&I are those who hold a GCP certification and/or support recruitment and delivery of projects, but may not on a delegation log for a specific study
- Presentations (oral or poster) given by the team at conferences during 2024 calendar year



R&I Projects are those registered with Grounded Research and require Health Research Authority (HRA) approval and local Capacity and Capability Confirmation (CC&C)

Service Evaluations are those registered with Grounded Research as per the Standing Operating Procedure (SOP)

Publications in journals registered with GR/Knowledge & Library Service during 2024 calendar year

2. Detailed Reports – R&I Projects

*Registered with Grounded Research

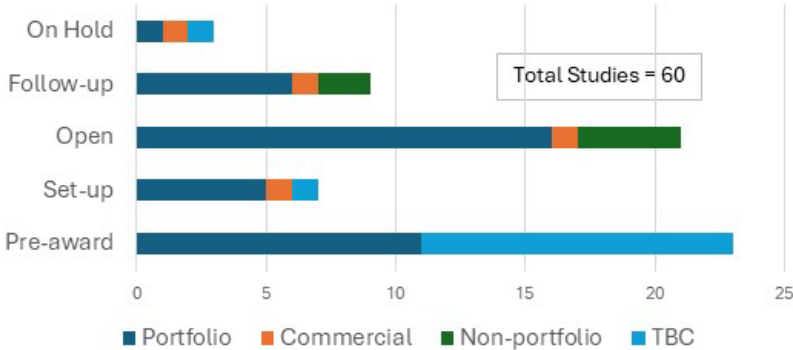
*Projects can be across more than one Care Group

*Data cut 09.10.2024



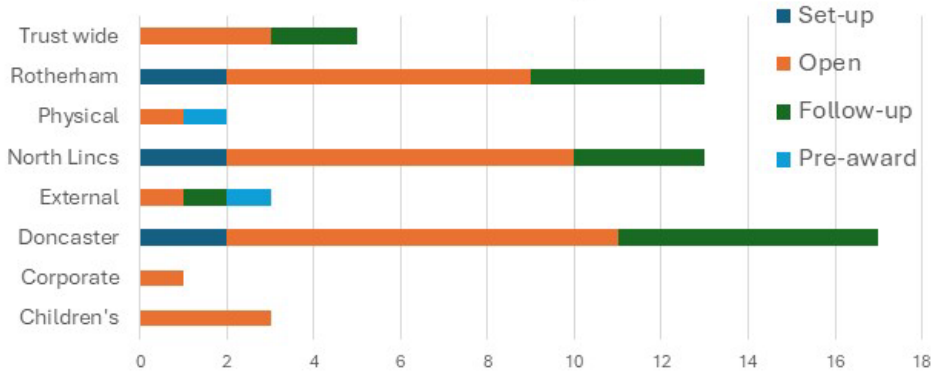
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GR Portfolio October 2024



	Portfolio	Commercial	Non-portfolio	TBC	TOTAL
Pre-award	11	0	0	9	20
Set-up	5	1	0	1	7
Open	16	1	4	0	21
Follow-up	6	1	2	0	9
On Hold	1	1	0	1	3
	39	4	7	11	61

Current Trust R&I activity October 2024



	Children's	Corporate	Doncaster	External	North Lincs	Physical	Rotherham	Trust wide
Set-up	0	0	2	0	2	0	2	0
Open	3	1	9	1	8	1	7	3
Follow-up	0	0	6	1	3	0	4	2
Pre-award	0	0	0	1	0	1	0	0
Total	3	1	17	3	13	2	13	5

3. Detailed Reports – Grants and EOIs

*Data cut 09/10/2024

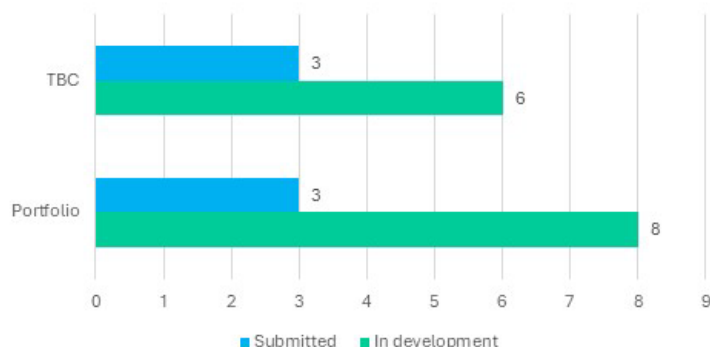
EOIs are from 1st April 2024



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Pre-award studies / Grants



	Portfolio	TBC	TOTAL
In development	8	6	14
Submitted	3	3	6
TOTAL	11	9	20

Current grants Submitted / Awaiting outcome:

NIHR PDG Child Health & Wellbeing Proposal - Breathe4Life (Birmingham)

NIHR PHR MenHancing Project (SHU)

NIHR RfPB RELATE Young People (GMMH)

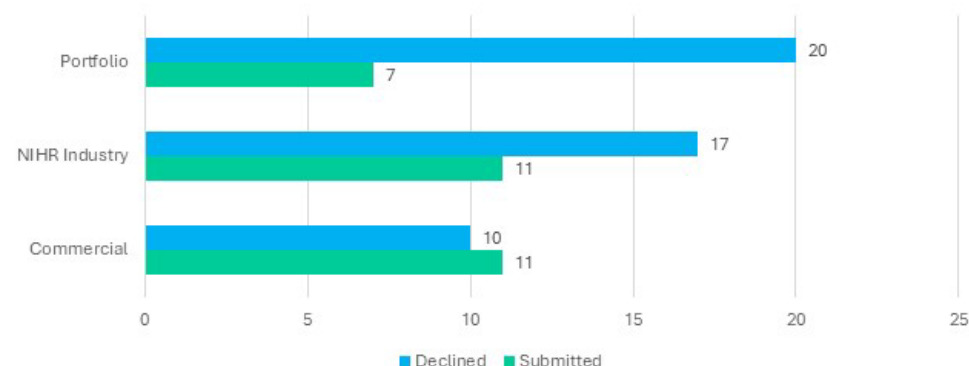
NIHR DSE Fellowship – Dr Kevin Williamson

Nuffield Life in Mind - Men's Mental and Physical Health

toTable Health inequalities in the food system (Hull, Leeds)

Alzheimer's Society EQUITY-MEM-UK study (UoS, EMRI)

Expressions of Interest (EOIs)



	Commercial	NIHR Industry	Portfolio	Total
Submitted	11	11	7	29
Declined	10	17	20	47
TOTAL	21	28	27	76

Key reasons for declining EOIs

Commercial studies mostly phase 2 studies

Studies mainly looking for PIC sites

Do not have the required patients/services

Not enough patients that meet the inclusion criteria

Similar target population to RDaSH current studies e.g. COMP006

Clinical teams don't think the study is feasible after review

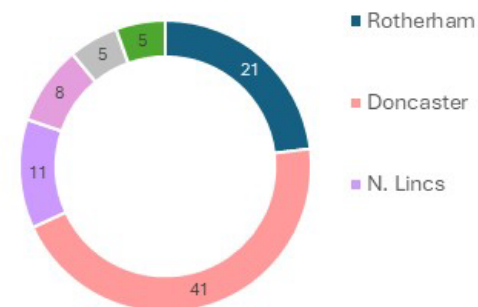
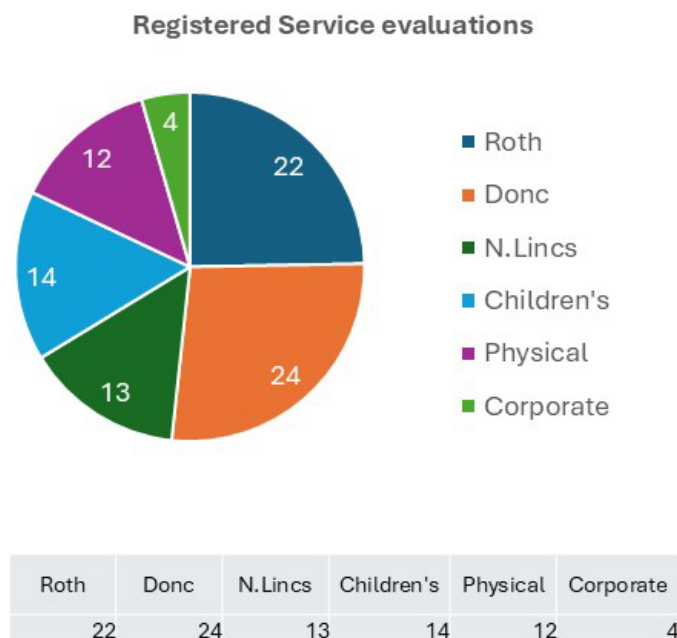
4. Detailed Reports – Service Evaluations (SE) & People

*Live SEs Registered with Grounded Research - can be in > 1 Care Group

*People GR work with / holding GCP certification

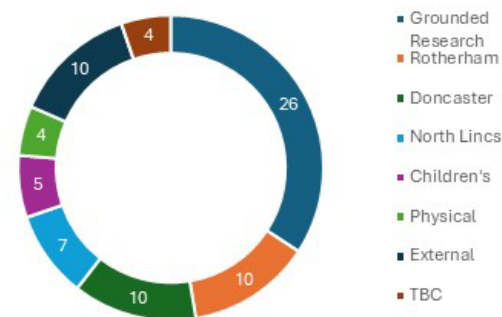
*Data cut 09/10/2024

People involved in Research



Rotherham	21
Doncaster	41
N. Lincs	11
Childrens	8
Physical	5
Corporate	5
TOTAL	91

GCP certificates



Grounded Research	26
Rotherham	10
Doncaster	10
North Lincs	7
Children's	5
Physical	4
External	10
TBC	4
TOTAL	76

CRN: Yorkshire and Humber Performance Summary FY2425 Rotherham Doncaster and South Humber NHS Foundation Trust

Recruitment Summary to end of Sep FY2425 (data cut 08/10/2024)

Recruitment	Total: 949	Queried: 5
Percentage of Target to end of Sep	211%	
Percentage of Q1Q2 Recruitment Targets *	211%	
Trust Share of LCRN Recruitment	2.0%	
Commercial : Non-Commercial Recruitment Ratio	0% : 100%	
PRES: Responses Vs. Target	195.45% (43/22)	

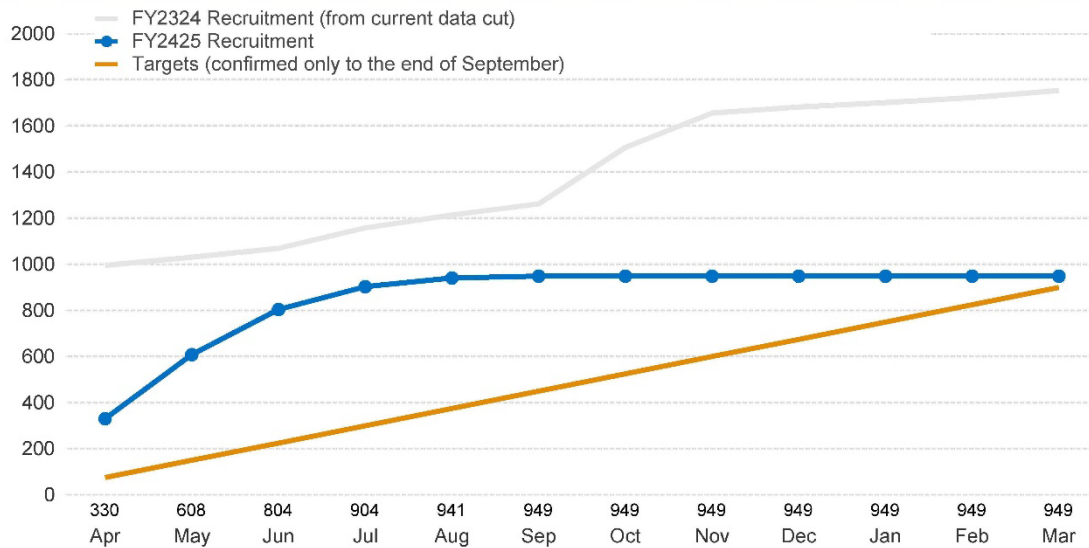
* Local Target Q1Q2= 450 100% of Q1Q2 elapsed

LCRN Recruitment FY2425 (data cut 08/10/2024)

Recruitment

All Primary Care	1	9,083
Leeds Teaching Hospi	2	7,997
Mid Yorkshire Teachi	3	5,793
Bradford Teaching Ho	4	5,376
Sheffield Teaching H	5	3,455
Hull University Teac	6	2,851
York and Scarborough	7	2,072
Harrogate and Distri	8	1,681
The Rotherham NHS Fo	9	1,367
Calderdale and Hudde	10	1,121
Doncaster and Basset	11	1,035
Rotherham Doncaster	12	949
Non-NHS Activity	13	887
Airedale NHS Foundat	14	599
Northern Lincolnshir	15	411
Sheffield Children's	16	388
South West Yorkshire	17	311
Barnsley Hospital NH	18	307
Bradford District Ca	19	243
Yorkshire Am bulance	20	196
Hum ber Teaching NHS	21	118
Sheffield Health & S	22	110
Leeds Community Heal	22	110
Leeds and York Partn	24	87

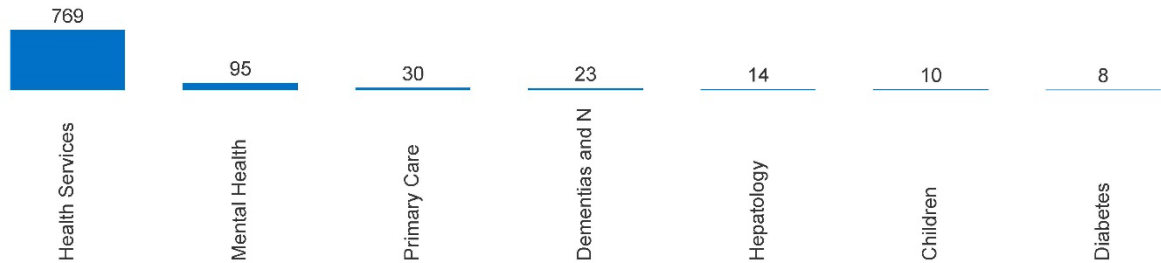
Monthly Recruitment Trend (data cut 08/10/2024)



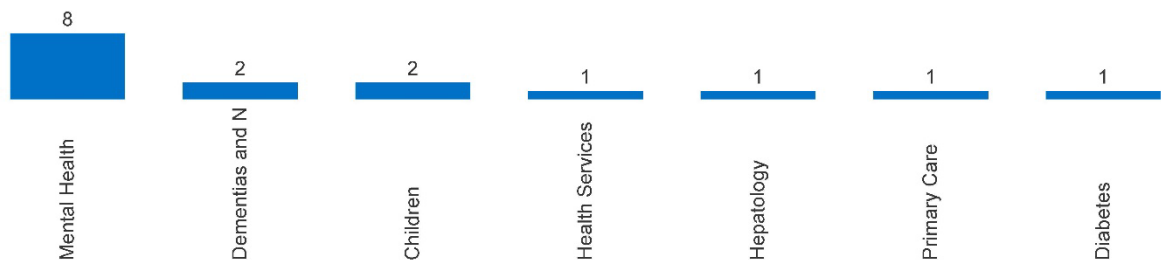
Recruitment for the most recent two months is likely to be incomplete

Recruitment by Specialty FY2425 (data cut 08/10/2024)

Recruitment



Recruiting Studies



Top Recruiting Studies FY2425 (data cut 08/10/2024)

Rotherham Doncaster and South Humber NHS Foundation Trust

Rank	StudyID	Shot name	Lead LCRN	Managing Specialty	StudyStatus	Planned Closure Date	Open To New Sites?	Complexity Category	England Recruits	LCRN Recruits
1	53316	IGLOo Trial	Yorkshire and Humber	Health Services Re...	Open, With Recruitment	15/09/2024	No	Large Interventional	1266	1266
2	5655	NCISH	Greater Manchester	Mental Health	Open, With Recruitment	31/03/2027	Yes, within and outsid...	Large Observational	572	87
3	60955	Implementing new roles in...	Yorkshire and Humber	Mental Health	Open, With Recruitment	28/02/2025	No	Observational	100	100
4	56659	TherapyMatch-D Trial	Yorkshire and Humber	Primary Care	Open, With Recruitment	01/08/2026	Yes, within and outsid...	Interventional	115	76
5	56386	Decision-making invol...	Yorkshire and Humber	Dementias and Neurod...	Open, With Recruitment	30/11/2024	No	Observational	47	47
6	46177	ALLHEAL	Yorkshire and Humber	Hepatology	Open, With Recruitment	01/04/2025	Yes, within lead count...	Observational	238	30
7	52165	Surviving Crying	East Midlands	Children	Open, With Recruitment	31/10/2025	Yes, within lead count...	Interventional	72	30
8-9	55321	A clinical and cost effectiv...	East of England	Dementias and Neurod...	Open, With Recruitment	01/08/2025	No	Interventional	253	23
8-9	55336	Environmental factors on D...	South London	Diabetes	Open, With Recruitment	15/02/2025	Yes, within lead count...	Observational	67	20
10	59735	DiPS validation st...	West of England	Mental Health	Open, With Recruitment	01/02/2025	Yes, within and outsid...	Observational	231	6
11	34524	National Centre for M...	-	Mental Health	Open, With Recruitment	31/03/2025	Yes, within and outsid...	Large Observational	470	98
12	51193	RCT of group CBT for men...	Kent, Surrey and Sussex	Mental Health	Open, With Recruitment	31/03/2026	Yes	Interventional	12	8
13	53712	DIAMONDS Randomised...	Yorkshire and Humber	Mental Health	Open, With Recruitment	30/09/2024	No	Interventional	144	38
14-16	56194	JITAI Trial	Yorkshire and Humber	Mental Health	Closed to Recruitment,...	30/08/2024	No	Interventional	10	10
14-16	40136	Genetic Links to Anxiety a...	South London	Mental Health	Open, With Recruitment	01/09/2028	Yes, within lead count...	Large Observational	1611	61
14-16	52467	The MELD Study: Stage 2	West Midlands	Children	Open, With Recruitment	30/06/2025	No	Observational	48	1

Top Recruiting Studies FY2425 (data cut 08/10/2024)

Rotherham Doncaster and South Humber NHS Foundation Trust

Rank	StudyID	Shot name	Lead LCRN	Managing Specialty	StudyStatus	Planned Closure Date	Open To New Sites?	Complexity Category	Trust Recruits
1	53316	IGLOo Trial	Yorkshire and Humber	Health Services Re...	Open, With Recruitment	15/09/2024	No	Large Interventional	769
2	5655	NCISH	Greater Manchester	Mental Health	Open, With Recruitment	31/03/2027	Yes, within and outsid...	Large Observational	44
3	60955	Implementing new roles in...	Yorkshire and Humber	Mental Health	Open, With Recruitment	28/02/2025	No	Observational	31
4	56659	TherapyMatch -D Trial	Yorkshire and Humber	Primary Care	Open, With Recruitment	01/08/2026	Yes, within and outsid...	Interventional	30
5	56386	Decision-making invol...	Yorkshire and Humber	Dementias and Neurod...	Open, With Recruitment	30/11/2024	No	Observational	15
6	46177	ALLHEAL	Yorkshire and Humber	Hepatology	Open, With Recruitment	01/04/2025	Yes, within lead count...	Observational	14
7	52165	Surviving Crying	East Midlands	Children	Open, With Recruitment	31/10/2025	Yes, within lead count...	Interventional	9
8-9	55321	A clinical and cost effectiv...	East of England	Dementias and Neurod...	Open, With Recruitment	01/08/2025	No	Interventional	8
8-9	55336	Environmental factors on D...	South London	Diabetes	Open, With Recruitment	15/02/2025	Yes, within lead count...	Observational	8
10	59735	DiPS validation st...	West of England	Mental Health	Open, With Recruitment	01/02/2025	Yes, within and outsid...	Observational	6
11	34524	National Centre forM...	-	Mental Health	Open, With Recruitment	31/03/2025	Yes, within and outsid...	Large Observational	5
12	51193	RCT of group CBT for men...	Kent, Surrey and Sussex	Mental Health	Open, With Recruitment	31/03/2026	Yes	Interventional	4
13	53712	DIAMONDS Randomised...	Yorkshire and Humber	Mental Health	Open, With Recruitment	30/09/2024	No	Interventional	3
14-16	56194	JITAI Trial	Yorkshire and Humber	Mental Health	Closed to Recruitment,...	30/08/2024	No	Interventional	1
14-16	40136	Genetic Links to Anxiety a...	South London	Mental Health	Open, With Recruitment	01/09/2028	Yes, within lead count...	Large Observational	1
14-16	52467	The MELD Study: Stage 2	West Midlands	Children	Open, With Recruitment	30/06/2025	No	Observational	1

LCRN Recruitment by Complexity Category Year: Apr 2024 to Mar 2024

TrustName	Large Observational	Observational	Large Interventional	Interventional	Commercial	Total Recruitment
Total						46,547
NIHR CRN: Yorkshire and Humber	609	1,128	146	919	6,256	9,058
Leeds Teaching Hospitals NHS ...	1,809	1,019	3,456	1,264	449	7,997
Mid Yorkshire Teaching NHS Trust	2,055	70	3,362	296	10	5,793
Bradford Teaching Hospitals N...	3,266	227	601	1,249	33	5,376
Sheffield Teaching Hospitals N...	106	1,492	967	731	159	3,455
Hull University Teaching Hospi...	1,477	415	536	327	96	2,851
York and Scarborough Teaching...	1,465	66	79	421	41	2,072
Harrogate and District NHS Fou...	535	173	948	19	6	1,681
The Rotherham NHS Foundation...	138	43	1,072	114	0	1,367
Calderdale and Huddersfield N...	57	191	677	192	4	1,121
Doncaster and Bassetlaw Teach...	636	32	235	131	1	1,035
Rotherham Doncaster and So...	50	75	769	55	0	949
Non-NHS Activity in Yorkshire a...	18	80	0	789	0	887
Airedale NHS Foundation Trust	21	53	408	117	0	599
Northern Lincolnshire and Goole...	245	11	133	21	1	411
Sheffield Children's NHS Found...	70	179	0	111	28	388
South West Yorkshire Partnersh...	194	31	0	86	0	311
Bamsley Hospital NHS Foundat...	125	17	104	61	0	307
Bradford District Care NHS Fou...	21	185	0	37	0	243
Yorkshire Ambulance Service N...	0	51	145	0	0	196
Humber Teaching NHS Foundat...	12	84	0	22	0	118
Leeds Community Healthcare ...	0	25	0	85	0	110
Sheffield Health & Social Care ...	18	49	0	43	0	110
Leeds and York Partnership NHS...	13	38	0	36	0	87
CCGs	25	0	0	0	0	25

Key Promises



Promise 28: Extend the scale and reach of our research work every year: creating partnerships with industry and Universities that bring investment and employment to our local community.

What's success? Strong, trusted partnerships locally, regionally, nationally, and internationally with Industry, Academia, other NHS organisations, Research enabling networks (e.g. National Institute for Health and Care Research (NIHR) Clinical Research Network (CRN), Health Innovation Networks (HIN) and Integrated Care Boards (CBs)) and communities with a 3-fold increase in investment / income from R&I activity to bring employment opportunities for the local community.

What does this really mean?	Current 2024 state?	What will we do first?
<ul style="list-style-type: none"> • Several formal academic partnerships • Increased breadth of Industry partnerships (tech / pharma / SMEs). • Large collaborative projects (e.g. multi-centre trials). • More commercially sponsored clinical trials running simultaneously. • Multi-disciplinary (MDT) and expert team to support R&I agenda. • More research active clinicians / services across the Trust. • Strong links into communities to shape R&I agenda. • Range of opportunities in R&I for employment, apprentices, volunteers & students. 	<ul style="list-style-type: none"> • 1 formal partnership with University of Sheffield. • Industry partnerships limited in psychological health in the main. • Small number of large-scale projects. • 3 commercially sponsored clinical trials currently running. • MDT with R&I expertise, lacking expertise in key areas of commercialisation, intellectual Property (IP) and regulatory. • Pockets of excellence in services, lack of medics to deliver R&I. • Established patient & public groups, without formal community working arrangements. • Employed R&I team and 12 Patient Research Ambassadors, but limited students & no apprentices. 	<ul style="list-style-type: none"> • Formalise more academic partnerships & scope out University Hospital status. • Actively build links to industry partners in other fields, e.g. nutrition. • Recruit an R&I Manager to assist with industry liaison activities and strengthen regulatory expertise. • Build strategic partnerships with Pharma to win more commercial clinical trial contracts. • Garner commercialisation, IP and regulatory expertise from external partners, e.g. NIHR HealthTech Research Centre, Medipex. • With Trust funding for R&I community contributors, develop a strategy of engagement across communities. • Create opportunities for student placements, apprentices and grow internal talent & expertise.

Other Promises

Promise 3: Work with over 350 volunteers by 2025 to go the extra mile in the quality of care that we offer.

R&I Action: Add Patient Research Ambassadors (12) to the volunteer network and double the number by end of 2025.

Promise 4: Put patient feedback at the heart of how care is delivered in the Trust, encouraging all staff to shape services around individuals' diverse needs.

R&I Actions: 1) Un-met needs analysis with patients and the public, 2) continue to seek research participant views via the national Patient Research Experience Survey (PRES) and act on feedback to continually improve our care and 3) Actively seek funding for the next stage of the "Research Ready Communities" Programme.

Promise 6: "Poverty proof" all our services by 2025 to tackle discrimination, including through digital exclusion.

R&I Actions: 1) Maximise opportunities for participants to engage at no cost to them, 2) pay any participant expenses and for time on patient engagement activities and 3) Take research directly to communities, utilising variety of data collection methods.

Other Promises

Promise 7: Deliver all 10 health improvements made in the Core20PLUS5 programme to address healthcare inequalities among children and adults: achieving 95% coverage of health checks for citizens with serious mental illness and those with learning disabilities from 2024.

R&I Actions: 1) Build on the relationship with ICB and LA partners (including the NIHR Health Determinants Research Centre (HDRC) network) across the patch to ensure the Core20PLUS5 principles and priorities are aligned with future research plans and projects and 2) Actively pursue leadership and delivery of additional public health and health services studies.

Promise 24: Expand and improve our educational offer at undergraduate and postgraduate level, as part of supporting existing and new roles within services and teams while delivering the NHS Long Term Workforce Plan.

R&I Actions: 1) Leverage access to NIHR career development and opportunities via partnerships with HEIs and NIHR infrastructures, 2) Offer R&I Internships, student placements and postgraduate training schemes 3) utilise tools such as the NHS England Multi-professional Practice-based Research Capability Framework and 4) Encourage and support the NIHR Associate PI scheme, to develop local researchers of the future.

Other Promises

Promise 26: Become an anti-racist organisation by 2025, as part of a wider commitment to fighting discrimination and positively promoting inclusion

R&I Actions: 1) Champion an inclusive approach to R&I, 2) In partnership with the NIHR Ethnic Minority Research Inclusion (EMRI) South Yorkshire Hub Lead (RDaSH staff member) provide R&I cultural competency training, reverse mentorship and a language and dialects programme and 3) be proactively involved in the developing anti-racism policy.

Promise 27: Deliver the NHS Green Plan and match commitments made by our local authorities to achieve net zero, whilst adapting our service models to climate change.

R&I Actions: Play active role in delivering the NHS net-zero targets via: 1) Changes to how medications are administered, e.g., oral medications for asthma rather than inhalers (currently makes up 3% of total NHS emissions), 2) Reductions in medication usage / frequency, 3) Improvements to care pathways to reduce the number of clinical visits, 4) Use of new technology and artificial intelligence to increase the efficiency of clinical interactions and deliver more care in patient's home and 5) Advancements in medical technologies, on-line based care and patient reported outcomes to reduce the emissions from medical equipment.

Timeline of success



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

P = Promise

P28: ½ Day R&I Training & Directorate reports to R&I Group
P28: Appoint R&I Manager
P16: Collate current services outcomes
P13: Add PRAs to volunteer network
P4: Develop a strategy of engagement with R&I Community Contributors
P24: Leverage access to NIHR career development and opportunities & offer R&I Internships, apprentices, student placements and postgraduate training schemes

P28: Strategic appointment of Professorships
P28: Strategic partnerships with Industry, e.g. with Clinical Research Organisations (CROs): IQVIA, Parexel, PPD
P7: Broaden relationship with NIHR Health Determinants Research Centre (HDRC) network and LA partners across patch
P13: Double amount of R&I Volunteers/PRAs to 25
P28: Embed research & innovation into clinical practice.

2024

2025

2026

2027

2028

Engage others in R&I Plan Delivery:

- Corporate services
- Pharmacy
- St John's Hospice
- Mental Health Act
- Community Groups
- Staff & Patients
- Board/NED/Governors

P13: Use volunteers and staff to scope innovation ideas from services and patients, e.g. innovation cafes / innovation fellowships
P28: Form strategic partnerships with Universities
P28: 3-4 commercially sponsored clinical trials
P16: Focus groups with communities/patients around outcomes important to them
P7: Actively pursue leadership and delivery of public health and health services studies

P16: Evaluate the success of services in delivering real change for communities in the outcomes important to them
P26: In partnership with EMRI provide R&I cultural competency training, reverse mentorship and a language and dialects programme across teams
P27: Play active role in delivering the NHS net-zero targets, based on new ways of working
P28: Evaluate (and recalibrate) if increased R&I investment has brought employment opportunities to the community.

P16: Improvement of outcomes for patients

P28: Increased breadth of Industry partnerships (tech / pharma / SMEs)

P28: Scoping of University Hospital Status & NIHR Infrastructure (CRF/BRC)

ROTHERHAM DONCASTER AND SOUTH HUMBER NHS FOUNDATION TRUST

Report Title	Productivity at RDaSH 2025/26				Agenda Item	Paper O	
Sponsoring Executive	Izaaz Mohammed, Director of Finance & Estates						
Report Author	Izaaz Mohammed, Director of Finance & Estates						
Meeting	Board of Directors				Date	28 November 2024	
Suggested discussion points (two or three issues for the meeting to focus on)							
The paper provides the Board with an overview of the findings from the Akeso productivity review commissioned by the South Yorkshire Mental Health, Learning Disability and Autism Provider Collaborative in September.							
The estimated annual productivity gain identified by Akeso is £7.6m for the total collaborative, with the Trust's share being £3.8m. The majority of potential gains are within Older Adult Inpatient Services; recognising material discussed at the Board in September in a rounded appraisal of bed-based services.							
The proposed approach to other aspects of productivity is also set out in the paper, including the need to integrate this productivity work into existing projects wherever possible. Board members are encouraged to consider and discuss any other aspects of productivity that has not been covered within this paper, and the proposed work – a relevant sector specific academic commentary is annexed to the material.							
Alignment to strategic objectives (indicate with an 'x' which objectives this paper supports)							
SO1: Nurture partnerships with patients and citizens to support good health						X	
SO2: Create equity of access, employment, and experience to address differences in outcome						X	
SO3: Extend our community offer, in each of – and between – physical, mental health, learning disability, autism and addiction services						X	
SO4: Deliver high quality and therapeutic bed-based care on our own sites and in other settings						X	
SO5: Help to deliver social value with local communities through outstanding partnerships with neighbouring local organisations.						X	
Previous consideration (where has this paper previously been discussed – and what was the outcome?)							
This topic was discussed at the May 24 Board of Directors meeting.							
Recommendation							
The Board of Directors is asked to:							
X	RECEIVE & NOTE the update on the Akeso work and the potential productivity gain identified of £3.8m within RDaSH.						
X	ACKNOWLEDGE the other productivity work streams the Trust intends to take forward, including how the work will be delivered.						
X	CONSIDER any material aspects of productivity not included in this paper.						
Impact (indicate with an 'x' which governance initiatives this matter relates to and where shown elaborate)							
Trust Risk Register		N/A					
Strategic Delivery Risks		N/A					
System / Place impact	X	System financial sustainability					
Equality Impact Assessment	Is this required?	Y		N	X	If 'Y' date completed	Not yet
Quality Impact Assessment	Is this required?	Y		N	X	If 'Y' date completed	Not yet
Appendix (please list)							
Background reading “Productivity in mental health services. Why does it matter and what do we measure?” - https://bmjleader.bmj.com/content/early/2024/10/11/leader-2024-001052							

Thinking about productivity at RDaSH

- 1.1 The Board received a paper in May 2024 titled “Productivity: where to start?” which, in the context of a lack of coherence nationally on productivity in the mental health and community space, set out 3 key facets that the Trust should consider when planning and delivering its approach to productivity. These are
 - managing time well,
 - focusing clinical expertise on those who most need specialist help, and
 - looking after more patients within existing resources.
- 1.2 Since then, the South Yorkshire Mental Health, Learning Disability & Autism Collaborative (SY MHLDA) has commissioned Akeso, a specialist healthcare consultancy firm, to conduct work to identify the potential productivity gain in Older Adult Inpatient Services, Community Mental Health Teams (CMHT) and Children & Young People Services (CYP). That work is due to be scrutinised in more detail at a collaborative session on December 6th, and so this paper is ‘out of sequence’, but offers Board members good chance to influence our own and others thinking.
- 1.3 This paper provides an early overview of the findings from the Akeso, whilst also starting to set the direction for the RDaSH approach to productivity work over the medium term.

Productivity in Mental Health & Community Services

- 2.1 Productivity in the NHS has come into greater focus post pandemic, as health spending has increased significantly, without the expected improvements in waiting times and patient experience across services. Productivity in mental health is complex to measure, where simply doing more of something does not always mean that more people get better. Cost effectiveness and efficiency must be balanced with maintaining high standards of care, although there is definite opportunity to do this, such as the Trust’s drive to zero agency by April 2025.
- 2.2 The language used traditionally within the productivity space can potentially hinder engagement from clinicians, so a focus on a narrative that translates this to the words of enhancing quality, safety and patient experience, research & innovation and QI should be encouraged.
- 2.3 Our SY MHLDA commissioned Akeso in September to start work to quantify the potential productivity gain in the three services referenced above. This work is now complete, with a draft report currently undergoing quality assurance. Akeso have identified annual productivity improvements of £7.6m across the Collaborative, with the RDaSH element of these improvements being £3.8m. The suggested delivery of these improvements is over a 2-3 year period.

Further information on each service included in the review, and the potential opportunity is provided below.

Older Adult Inpatient Services

- 3.1 The review has identified an opportunity to significantly increase productivity levels in the management of Older Adult wards. There is the potential to optimise this opportunity by leveraging the scale of the Collaborative through enhanced coordination and cooperation. As such, the potential productivity gains available are more likely to be delivered at pace and at scale through the delivery of cross-cutting workstreams, than in isolation at individual trust-level. The potential annual productivity gain from this workstream is quantified in the following table, this equates to the equivalent of releasing 16 beds (12 RDaSH):

Trust	Current Older Adults Bed Base	Current Beds Per 100k	FY28				Cash Productivity Equivalent Per Annum
			Required Bed Base	Beds Per 100k	Net Change over Three Years	Change in Beds Per 100k	
RDaSH	48*	6.5	36	4.9	-12	-1.6	£2,855,760

- 3.2 This aspect of the productivity gain for RDaSH is largely focussed on reducing non-standard length of stay (LoS), this is defined within NHSE guidance as those patients with a LoS which exceeds 60 days, or is below 3 days.
- 3.3 In addition to this, average inpatient occupancy levels at RDaSH did not exceed 85% for the duration of the review period, whereas SHSC and SWYFT consistently saw levels closer to 100%. This suggests there is further work to understand the differences and level of bed stock across the Collaborative.
- 3.4 These differences are well understood within the Trust, and we need to consider in particular:
- the balance between community based and bed based services
 - the right model for different diagnoses (we have different models inside RDaSH)

Community Mental Health Teams

- 4.1 This aspect of the review indicates that there is a productivity gap of approximately 7% between local peers and RDaSH CMHTs, with teams in the comparison group typically delivering more patient contacts per day than RDaSH. This translates to 5,475 additional patient contacts per year, with a productivity equivalent value of £1.2m. Median daily number of patient contacts for North Lincs are much higher than those seen in Doncaster and Rotherham, suggesting best practice that could improve the Trust's overall performance if implemented Trust wide.
- 4.2 Additionally, 41% of referrals from primary care into CMHTs in Doncaster were deemed to be inappropriate, compared to only 11% in North Lincs and 26% in Rotherham. This variation requires further investigation, but potentially points to improvements required in our work with primary care to limit inappropriate referrals and improve productivity.

- 4.3 However, this terminology is not the whole story. We want to offer services to our patients, and for many who do not 'fit' the threshold for a particular team, they need a different service. The Trust has asked Primary Care Doncaster to work with us to study these dynamics quantitatively and qualitatively within a single PCN in the first four months of 2025. This mirrors patient feedback from our 2024 annual general meeting, which many members of the Board will recall.

Children & Young Person Services

- 5.1 The Akeso work has focussed on two measures to quantify the potential productivity gain within CYP services; median daily number of patient contacts, and median length of patient contacts. Whilst figures for the first measure are broadly similar for RDaSH and SWYFT, variation remains when comparing length of patient contact between all trusts. There is potential to improve RDaSH productivity levels by £0.78m, linked to reduced patient contact length, and improved case management to organise and manage workflows more effectively across teams.
- 5.2 As with adult CMHT work, we need to recognise differences of definition may cloud interpretation. We will be working with our two local peers to understand how their contact length, volume of contact, client satisfaction, and outcomes vary to build a rich picture before 'levelling down'.

Data Quality

- 6.1 A significant challenge cited by Akeso in conducting their work is the inconsistency in data availability and quality, including variable accuracy in the recording of information. The lack of consistent and high-quality data has been identified as a major factor behind unwarranted variation across mental health services. Although large amounts of data are recorded within mental health services, their collection and processing tend to be marked by inconsistencies and inefficiencies, hindering attempts to assess the effectiveness of services and to plan for the future. Data unavailability means that some services have been omitted from aspects of the productivity work.
- 6.2 Crucially the report suggests that the four Trusts, and the ICB, must focus on near live-time data and shared data principles if we are to make progress with reform. This key recommendation, as an enabler to change, is being developed as a proposal to form part of a 3-year plan for secondary MH Services being coordinated by Wendy Lowder and Toby Lewis.

Other areas of productivity

- 7.1 In addition to the recommendations contained within the Akeso report, there are a few other areas that the Trust may wish to explore to enable us to focus clinical expertise on those who need specialist help, and look after more patients within existing resources:
- 7.1.1. Reviewing variation within RDaSH clinical services, and understanding the reasons for this, is as good a place as any to start. The Trust's existing Mental Health Services Data Set (MHSDS), and the work done to develop Patient Level Information & Costing System (PLICS) BI dashboards (one of very few mental health and community trusts

nationally to have done so) in recent months means that this work can be piloted within distinct services without the need for too much lead in time.

- 7.1.2. The Trust dedicates time and energy in participating in NHSE benchmarking and data collection initiatives such as Estates Returns Information Collection (ERIC) and the annual Corporate Services Benchmarking exercise. The output from this work is not routinely analysed, scrutinised and developed into improvement and productivity plans. This will change in 2025 as we start to use this, and other available information to initiate productivity pilots in backbone services.
- 7.1.3. Identifying low complexity, high frequency services that RDaSH delivers, and reviewing the delivery models for these services presents an opportunity for improved productivity. A recent example of this is the review of the staffing model for phlebotomy services, ensuring the most efficient skill mix is used to deliver this service.
- 7.1.4. Clinicians' time spent inputting data into systems has a direct impact on the time available for delivering care. Further work is needed to quantify this and identify variation and opportunities to reduce this. There are AI and emerging digital solutions that can potentially help.
- 7.1.5. Internal benchmarking of services that we deliver in multiple places is another area for the Trust to explore. This could provide some quick wins to improve patient care and remove unwarranted variation for our communities.

Where does this work get done?

- 8.1 To try and answer this question we must first recognise the significant amount of work that our teams are already engaged with; getting to zero agency, 28 promises, 24/25 budget delivery, eliminating out of area placements, 25/26 savings planning and delivery, LDO, LHDs and much more. For the productivity work to succeed, wherever possible we need to link this work to existing projects that are already planned or underway. This will stop it from being an additional thing that our teams need to add to their to do lists, and instead help support existing, or soon to exist work streams such as the High Quality Therapeutic Care Taskforce, waiting list reduction work, the Trust's commitment to reduce ADHD waits, roll out of PLICS dashboards, backbone service reviews and the digital enabling plan.
- 8.2 The areas of potential productivity gain described in this paper will be aligned with these projects, with the Finance, Operations and Digital teams providing clinical directorates with the analysis and key areas of variation for their services. This will start on a phased / pilot basis, overseen by the DoF and COO.

Next steps

9.1 We will provide a further update to the Board alongside our annual financial plan proposals, due in March 2025.

9.2 The Board is asked to:

- Note the recommendations from the Akeso project and the maximum gross productivity gain of £3.8m from the areas included in the review.
- Note the other areas of productivity gain within the Trust and the proposed steps to take this work forward.
- Consider and discuss any material aspects of productivity that are not covered within the proposed approach.

Izaaz Mohammed
Director of Finance and Estates
21 November 2024

Appendix –

Productivity in mental health services. Why does it matter and what do we measure?

<https://bmjleader.bmj.com/content/early/2024/10/11/leader-2024-001052>

ROTHERHAM DONCASTER AND SOUTH HUMBER NHS FOUNDATION TRUST

Report Title	Promises 6, 7 and 8 – Accelerating Delivery	Agenda Item	Paper P						
Sponsoring Executive	Jo McDonough, Director of Strategic Development								
Report Author	Jo McDonough, Director of Strategic Development								
Meeting	Board of Directors	Date	28 November 2024						
Suggested discussion points (two or three issues for the meeting to focus on)									
<p>The paper allows us to explore what is working and what is not yet working with this ‘tranche’ of promises, as we look to accelerate delivery of strategic objective 2. Doing so also allows us to consider how we “do delivery” and what skills and capabilities we have, and we lack. Work is underway with all three promises to differing degrees. Each presents different challenges on delivering the success measures as below:</p> <ul style="list-style-type: none"> - Promise 6 plan needs adapting so we can roll out to all of our services by the end of 2025. This will be completed by January 2025; and is being discussed within delivery reviews - Promise 7 requires us to conclude the urgent work on the multiple disease register to identify our cohort. This will be completed by March 2025; - Promise 8 needs plans to be finalised. This will be completed by February 2025 and we have discussed within PHPIP how all members can contribute to this. 									
Alignment to strategic objectives (indicate with an ‘x’ which objectives this paper supports)									
SO1: Nurture partnerships with patients and citizens to support good health			X						
SO2: Create equity of access, employment, and experience to address differences in outcome			X						
Previous consideration									
n/a – related paper considered in PHPIP committee in November									
Recommendation (indicate with an ‘x’ all that apply and where shown elaborate)									
The Board of Directors asked to:									
	NOTE - the assessment of work undertaken to date and learning from that								
	COMMENT on acceleration possibilities in terms of promises 6 and 8								
Impact (indicate with an ‘x’ which governance initiatives this matter relates to and where shown elaborate) any barriers or solutions not identified in this paper;									
Trust Risk Register		Risk register entries are being finalised for this work							
Board Assurance Framework		SDR 1							
System / Place impact		Na							
Equality Impact Assessment	Is this required?		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%; text-align: center;">N</td> <td style="width: 10%; text-align: center;">X</td> <td style="width: 20%;">If ‘Y’ date completed</td> <td style="width: 40%;"></td> </tr> </table>			N	X	If ‘Y’ date completed	
		N	X	If ‘Y’ date completed					
Quality Impact Assessment	Is this required?		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%; text-align: center;">N</td> <td style="width: 10%; text-align: center;">X</td> <td style="width: 20%;">If ‘Y’ date completed</td> <td style="width: 40%;"></td> </tr> </table>			N	X	If ‘Y’ date completed	
		N	X	If ‘Y’ date completed					
Appendix (please list)									
Appendix 1 - The Core20Plus5 frameworks for adults and children									

Rotherham, Doncaster and South Humber NHS Foundation Trust

Executing our strategy 2023 – 2028 – Promises 6, 7 and 8

Background

1. The Board of Directors have received five papers focusing on each of our Strategic Objectives outlining what the objectives are about and what may be difficult about delivering them. The Board will now receive a new group of papers which focus on a promise or subset of promises focusing on:
 - What is currently being done to deliver the promise and how to get to Amber/Green;
 - any potential barriers to delivery;
 - anything further action that could be taken.
2. These reports will be in addition to the Chief Executive's regular scorecard assessing the progress of implementation of each of the 28 promises in the Strategy. This focuses on the rating of the delivery plan as follows:
 - Green – Finalised and agreed.
 - Amber/Green – Developed and being refined.
 - Amber/Red – Understood but not documented.
 - Red – Not constructed yet.

Promises 6, 7 & 8 are taken together in this paper because they complement each other in their aim to reduce health inequality. The other promises under Strategic Objective 2 – promises 9-12 are more individually bespoke and will be considered in a later document.

Promise 6 - "Poverty proof" all our services by 2025 to tackle discrimination, including through digital exclusion

3. We are clear on what we need to do to deliver this promise and work is underway. The table below sets out the three success measures that have been set in relation to promise 6, the rating on delivery that was reported to the Board in September 2024 and detail on what action is currently underway.

Success Measure	Rating Sept 24	Action underway
All our services to have completed poverty proofing and be able to evidence resultant change (including digital).	Amber Green	Trust is working with a partner, Children's North East, to "poverty proof" 9 of our services. 3 Pilots undertaken in CAMHS in North Lincolnshire, Podiatry in Doncaster and Early Intervention in Psychosis are due to report by the end of November. Work has commenced on a further 9 services, which is due to conclude in February 2025.
Sustained reduction in service attendance gap (7%) in lower decile neighbourhoods.	Amber Red	We have developed a report of Did Not Attend data by deprived areas so that we can assess inequity and any impact of actions taken as a result of the poverty proofing work.

Benefits and debt advice access to be routine within Trust services to tackle 'claims gap'.	Amber Green	Work undertaken with all 3 Citizens Advice organisations in North Lincolnshire, Rotherham and Doncaster. Agreement for them to in reach into our services to provide debt and benefit advice. Scoping and costing underway.
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4. The challenge is in poverty proofing all of our services by the end of 2025. The approach is resource intensive and we will not be able to take the same approach as we have for the first 9 services with the remaining 150+ services across the Trust if we are to meet the end of 2025 target. Therefore, we will need to streamline our approach once we have reviewed our first 9 services. This will be done by the end of January 2025.
5. The main issue with this promise is how we implement change to reduce the identified impact of poverty on our patients' ability access our services. This will require additional investment, changes in working practices and the provision of bespoke options to some parts of our communities and not others. It is vital that we promptly act upon the findings of each poverty proofing review to deliver the success measures and reduce inequity.

Promise 7 - Deliver all 10 health improvements made in the Core20PLUS5 programme to address healthcare inequalities among children and adults: achieving 95% coverage of health checks for with serious mental illness and those with learning disabilities from 2024.

6. The Core20Plus5 frameworks for adults and children are defined nationally (see Appendix 1). We have identified which measures relate to our services and set out what we plan to achieve. Now that this has been done, services can begin to deliver what is required. The table below sets out the three success measures that have been set in relation to promise 7, the rating on delivery that was reported to the Board in September 2024 and detail on what action is currently

Success Measure	Rating Sept 24	What needs to happen to move to A/G
Achieve measured goals for chronic obstructive pulmonary disease (COPD), hypertension, epilepsy and mental health in children and young people by 2026/27.	Amber/Green	Measures have been agreed and baseline data is being gathered. Operational teams are developing delivery plans.
Achieve learning disability and serious mental illness health check measure in 2024/25 and recurrently	Amber Red	Significant work underway to establish the cohort for this. A number of SMI and Learning Disability registers exist in secondary and primary care, with data quality issues. This needs resolving. Not on track to meet Dec 2024 target.

7. The challenge for this promise relates to the delivery of 95% of annual health checks for people with a severe mental illness (SMI) or a learning disability by December 2024. There are multiple disease registers in place across the Trust and Primary Care which don't

correlate with each other. We need to urgently resolve this because it is a material risk to us delivering on this promise. A significant piece of work is underway to bring the two registers together and improve data accuracy and reporting. This is going to take up until March 2025.

8. Once we are clear on the size of the cohort, we will assess what resources are required to meet the target of 95% of annual health checks completed. However, the target of achieving this by the end of December 2024 will not be met.

Promise 8 - Research, create and deliver 5 impactful changes to inequalities faced by our population in accessing and benefitting from our autism, learning disability and mental health services as part of our wider drive to tackle inequality (“the RDASH 5”).

9. This promise seeks to build on the Core20plus5 measures by focusing more on people with autism, a learning disability or mental illness. To do this we have reviewed national research, local demography data and engaged with services and community groups. We have now identified 4 out of 5 areas where we want to reduce inequity. The table below sets out the three success measures set to date, the rating on delivery that was reported to the Board in September 2024 and detail on what action is currently underway.

Success Measure	Rating Sept 24	What needs to happen to move to A/G
Increase access to health checks for minority ethnic citizens with Learning Disabilities.	Green	At Green. However, issues with establishing the cohort due to a number of LD risk registers needs resolving.
Increase diagnostic rates for dementia among minority ethnic citizens.	Amber Red	Need to identify actions which will lead to change by working with minority ethnic citizens and communities and adopting national good practice.
Improve access rates to talking therapies among older adults.	Amber Green	More specificity is required in the plan to target older adults and time required to see if the actions taken have an impact.
Improve ward environments for people with autism and improve skills of ward teams.	Not assessed in Sept 24.	A robust plan is in place.

10. The challenge with this promise is identifying what action we need to take with each cohort of patients to make an impactful change. We are forming projects for each of these areas but there is a pressing need to finalise these to begin implementation. This will be done by the end of January 2025. It will then take a period of at least 12-18 months to know whether the actions taken are having an impact on reducing inequity. We are also exploring opportunities with Grounded Research on conducting research alongside our work on the RDASH 5.

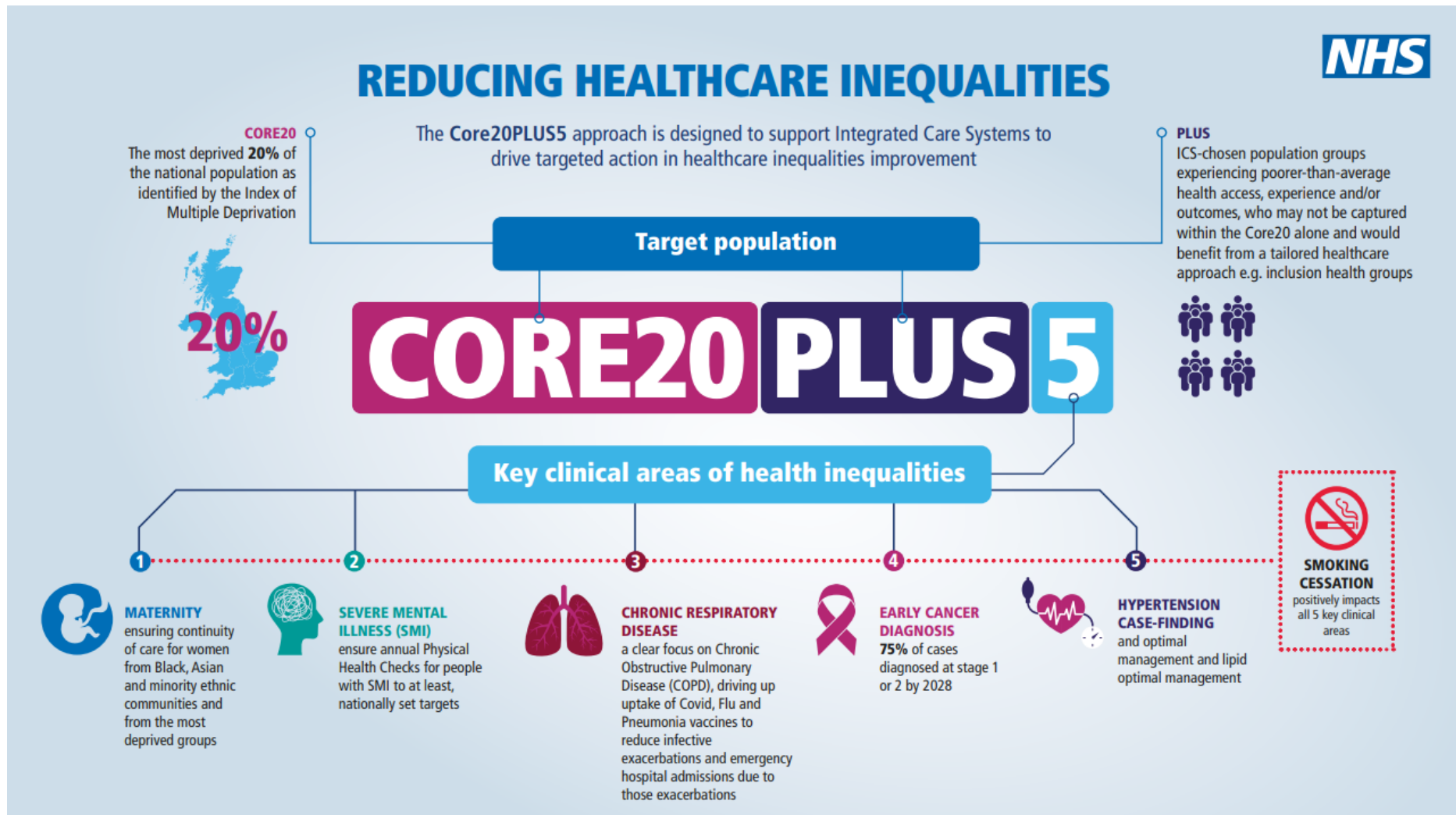
Governance

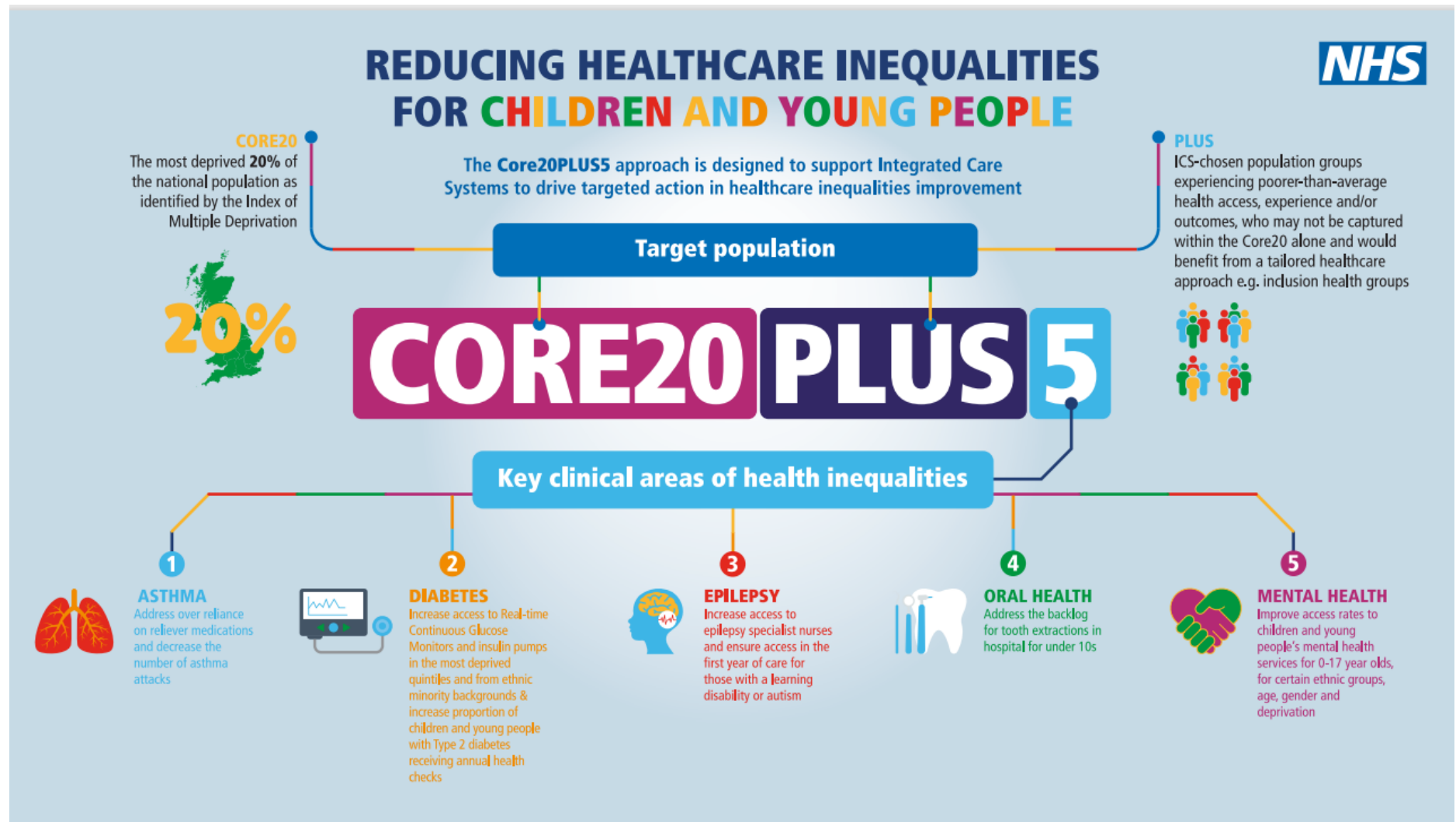
11. The finalisation of plans and delivery of these promises is overseen by the Equity and Inclusion Group (sub-group to the Clinical Executive Group). The Public Health, Patient Involvement and Partnerships Committee also oversees the delivery of the Equity and Inclusion Plan, which includes promises 6, 7 and 8.

Recommendations

12. In summary, the key points for the Board to note are:

- Promise 6 plan needs adapting so we can roll out to all of our services by the end of 2025. This will be completed by January 2025;
- Promise 7 requires us to conclude the urgent work on the multiple disease register to identify our cohort. This will be completed by March 2025;
- Promise 8 needs plans to be finalised. This will be completed by January 2025.





ROTHERHAM DONCASTER AND SOUTH HUMBER NHS FOUNDATION TRUST

Report Title	Baby Friendly Status	Agenda Item	Paper Q			
Sponsoring Executive	Dr Judith Graham, Director for Psychological Professionals & Therapies					
Report Author	Dr Judith Graham, Director for Psychological Professionals & Therapies					
Meeting	Board of Directors	Date	28 November 2024			
Suggested discussion points (two or three issues for the meeting to focus on)						
<p>The paper provides an update on the work and workstreams associated with being a 'Baby Friendly' organisation, and the UNICEF Baby Friendly Initiative (BFI). This work is pertinent in terms of the children and young people's services we provide in Doncaster and North Lincolnshire, as well as being important for the Strategic delivery of Promise's 4 – valuing feedback; 12 better serving rural communities; 17 – addressing inequalities in early years.</p> <p>The paper provides information regarding the Baby Friendly approach, breastfeeding risks and population data pertaining to the communities we serve. Our actions in this work are both general, and targeted at specific parts of our community where the highest infant feeding issues occur.</p> <p>The latter part of the paper reflects on the experience of our colleagues (mothers, fathers and adoptive parents) and discussions from the RDaSH Women's Network members in terms of workplace support to become more 'baby friendly'.</p>						
Alignment to strategic objectives						
SO1: Nurture partnerships with patients and citizens to support good health			X			
SO2: Create equity of access, employment, and experience to address differences in outcome			X			
SO3: Extend our community offer, in each of – and between – physical, mental health, learning disability, autism and addiction services			X			
SO4: Deliver high quality and therapeutic bed-based care on our own sites and in other settings						
SO5: Help to deliver social value with local communities through outstanding partnerships with neighbouring local organisations.						
Previous consideration						
Not applicable						
Recommendation						
The Board of Directors is asked to:						
	NOTE the content of the report and the ongoing workstreams					
	CONSIDER any matters of concerns not covered in the report					
Impact						
Trust Risk Register						
Strategic Delivery Risks	X	SO3				
System / Place impact						
Equality Impact Assessment	Is this required?	Y	N	X	If 'Y' date completed	
Quality Impact Assessment	Is this required?	Y	N	X	If 'Y' date completed	
Appendix (please list)						
N/A						



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

Baby Friendly Guardian Update

Dr Judith Graham BEM
Director for Psychological Professionals and Therapies
Baby Friendly Guardian

RDaSH nurturing the
power in our
communities

Focus...



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

- What is the 'Baby Friendly Initiative' (BFI)?
- What are the risk factors for breastfeeding
- What is the role of the Guardian?
- What does Gold Accreditation mean
- Our delivery context (linked with deprivation)
- Our RDaSH workforce Data
- Our promise to colleagues & families
- Next steps – delivery focus



RDaSH nurturing the
power in our
communities

What is the 'Baby Friendly Initiative' (BFI)?

- A global programme
- Promoting health and wellbeing for all babies
- Understand Breastfeeding
 - Disease prevention
 - Resource reduction
- Support infant feeding
- Support close and loving relationships
- Promote positive communication
- UN Convention on the Rights of the Child (UNCRC)
- The International Code of Marketing of Breastmilk Substitutes
- Unbiased marketing, evidence based and impartial information
- Professional accountability
- Avoiding conflicts of interest



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Baby Friendly Standards

- Experience of Maternity Services
- Experience of neonatal units
- Experience of Health Visiting Services
 - Health Visiting Standards
 - Support for pregnant women
 - Continued breastfeeding
 - Informed decisions about other food for babies
 - Close and loving relationships
- Experience of Children's Centres
 - Support for pregnant women
 - Support for infant feeding
 - Close and loving relationships

All – must be educated in terms of BFI

Nutrition + Protection + Comfort

RDaSH nurturing the
power in our
communities

Evidence

Baby Friendly
recommended as
minimum
standard:

- NICE guidance: Antenatal care (CG 62), Postnatal care (NG 194), Maternal and Child Nutrition (PH11)
- CMO report (2012) 'Our children deserve better'
- Healthy Child programme: rapid evidence review (2015)
- ACTA PAEDIATRICA (2015) special issue on the impact of breastfeeding on maternal and child health
- The Lancet (2016) two-part series on breastfeeding
- RCPCH (2017) State of Child Health Report
- Children's Rights Alliance for England's report: State of Children's Rights in England 2018
- International comparisons of health and wellbeing in early childhood (2018) Nuffield Trust & RCPCH

UK Policy

Baby Friendly
recommended in:

- **England** NHS Long Term Plan (2019) & Neonatal Critical Care Review (2019)
- Health matters: giving every child the best start in life (2016) Commissioning Infant Feeding Services (2016)
- Healthy child programme 0 to 19 (2021): Health visitor and school nurse commissioning (2018)
- Association of Directors of Public Health: Best start in life (2018)
- **Scotland** Improving Maternal and Infant Nutrition: A Framework for Action (2011) Becoming Breastfeeding Friendly Scotland: report (2019)
- **Northern Ireland** Breastfeeding – A Great Start: A Strategy for Northern Ireland 2013-2023
- **Wales** Early Years Outcomes Framework (2015) The All Wales Breastfeeding Action Plan (2019)

Risk Factors for Breastfeeding

Environments →



← Media
Perceptions

Advertising →



RDaSH nurturing the
power in our
communities

What are the roles of the Guardian?



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Roles

- Board Level member of staff
- Good understanding of the Baby Friendly Initiative and the International Code of Marketing
- Having an awareness of the cultural context around infant feeding in the UK, including why breastfeeding is a contentious issue and how it needs to be protected
- Being an advocate and spokesperson for the Baby Friendly Initiative at a senior level and externally as required
- Informed of data and progress
- Sensitive to opportunities and threats within the service and beyond and communicating these to the Baby Friendly leadership team

Actions

- Review data
- Review audits
- Discuss outcomes
- Provide support to the leadership team
- Link 'Baby Friendly' into other agendas to inform wider conversations
- Learning from Baby Friendly is applied elsewhere (e.g. knowledge about relationship building and brain development can be applied to care around emotional wellbeing, perinatal mental health and speech & language)
- Support accreditation and maintenance of standards

*Women's Network Sponsor

RDaSH nurturing the
power in our
communities

Gold Accreditation – embedding a culture



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Themes	Criteria
Leadership	<ul style="list-style-type: none">▪ Baby Friendly lead with sufficient hours / education / support▪ Baby Friendly Guardian in place▪ Robust leadership structures▪ Evidence of managers' education and engagement
Culture	<ul style="list-style-type: none">▪ Mechanisms to support a positive culture▪ Positive feedback from staff, managers and mothers
Monitoring	<ul style="list-style-type: none">▪ Robust, consistent mechanisms in place to support monitoring▪ Evidence of analysis and action planning▪ Effective internal and external reporting
Progression	<ul style="list-style-type: none">▪ Ongoing and responsive education programme▪ Evidence of integrated working▪ Demonstrates innovation and change

Assessing sustainability

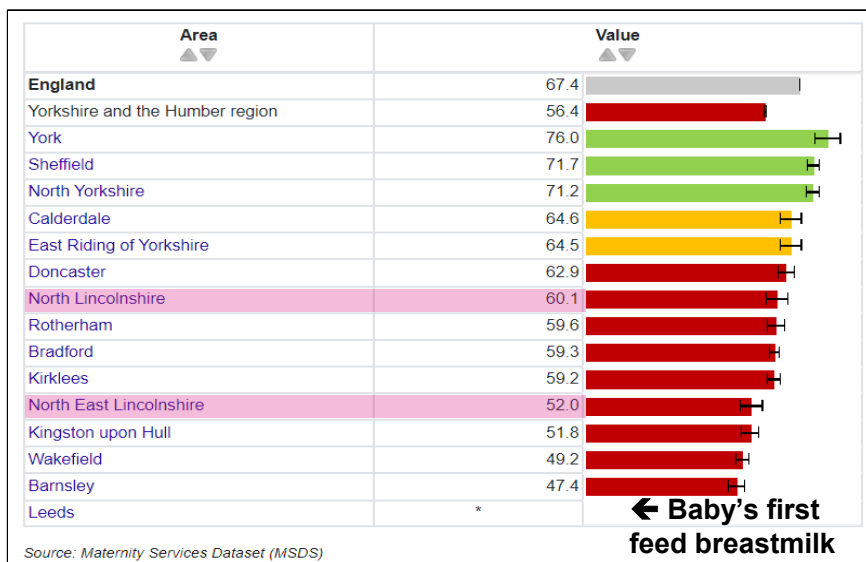
- Manager/ guardian interviews
- Review of staff education and feedback mechanisms
- Surveys of staff and service users
- Review of audit and data collections systems
- Review of OFSTED and CQC information
- Evidence that service is responsive to change
- Review of examples of innovations and evidence of improved outcomes

Our delivery context (Public Health Data 2019)



Rotherham Doncaster and South Humber

NHS Foundation Trust



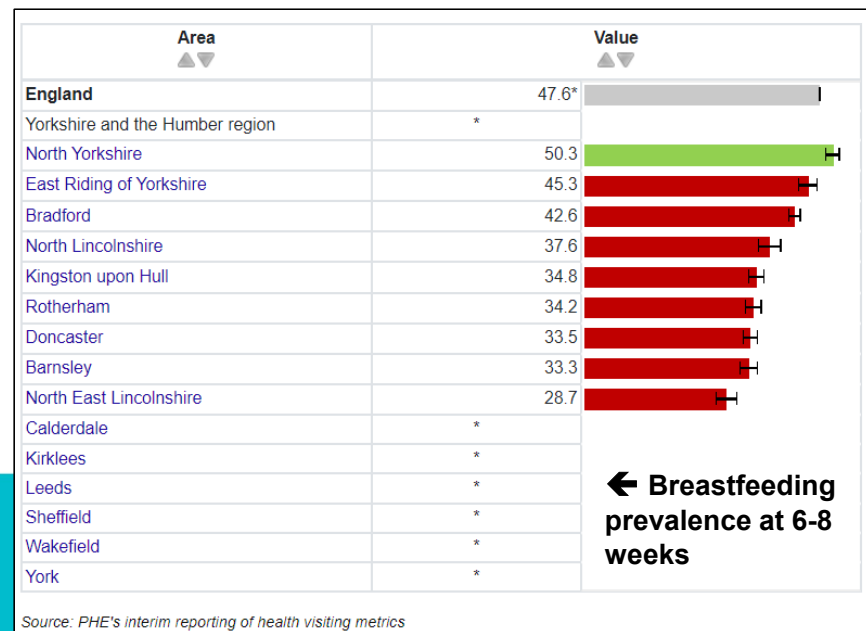
North Lincolnshire & Doncaster

For baby's first feed being breastmilk:-

- Lower than national average (67.4%)
- Doncaster (62.9%) – ranked 6th in region.
- North Lincolnshire (60.1%) – 7th in region.

For breastfeeding prevalence at 6-8 weeks:-

- Lower than national average (47.6%)
- Doncaster (33.5%)
- North Lincolnshire (37.6%)



North Lincolnshire (specific influences)

- Lower than national breastfeeding rates for both North Lincolnshire and North Lincolnshire (initiation and continuation rates)
- Areas of neighbourhood deprivation
- Rural communities
- Bottle feeding is seen as the “norm”
- Limited Peer Support

RDASH nurturing the power in our communities

RDaSH Baby Data

(Maternity, Paternity and
Adoptive Leave)

Org L4	2020/2021	2021/2022	2022/2023	2023/2024	2024/2025
376 CCG Management	1	1	0	1	1
376 CCG Mental Health	7	15	15	20	22
376 CCG Physical Health	11	11	12	19	12
376 DMHLD Acute Services	4	7	9	5	2
376 DMHLD Community Services	22	17	11	11	11
376 DMHLD Learning Disabilities & Forensics	5	2	3	4	4
376 DMHLD Management	0	0	0	0	0
376 DPHG Community & Long Term Conditions	14	20	20	25	22
376 DPHG Neurodiversity	2	1	1	1	3
376 DPHG Rehabilitation	10	9	11	9	6
376 DPHCG Management	2	1	0	1	1
376 NLCG Acute Care Services	5	6	7	10	5
376 NLCG Community Care Services	3	3	3	5	3
376 NLCG NHS Talking Therapies	7	7	12	9	3
376 North Lincs Care Group Management	1	1	0	3	2
376 RCG Acute Services	4	7	10	6	5
376 RCG Community Services	6	5	13	7	3
376 RCG Management	1	1	0	0	0
376 Corporate Assurance	0	0	0	0	0
376 Estates	0	0	0	0	0
376 Finance & Procurement	2	2	0	0	1
376 Health Informatics	4	1	1	1	3
376 Medical, Pharmacy & Research	0	0	1	2	3
376 Nursing & Facilities	1	1	3	7	5
376 Operations	2	0	1	4	5
376 People & Organisational Development	0	0	2	2	1
376 Psychological Professionals and Therapies	0	0	0	0	0
376 Strategic Development	1	2	1	0	0
Total	115	120	136	152	123

Baby Friendly – our promise to colleagues



Rotherham Doncaster
and South Humber

NHS Foundation Trust

Strategic Alignment

- **Promise 2**:- Support unpaid carers in our communities and among our staff, developing the resilience of neighbourhoods to improve healthy life expectancy
- **Promise 6**:- “Poverty proof” all our services by 2025 to tackle discrimination, including through digital exclusion.
- Can also be linked to:-
 - 1 (Peers)
 - 3 (volunteers)
 - 27 (Green Agenda)



Suggested Actions

1. Proactive policy change to include adjustments considering breastfeeding
2. Proactive discussions for those taking leave associated with pregnancy and ‘keeping in touch’
3. Flexible working focus – (i.e. if a baby is poorly, it is likely to alter breast feeding patterns)
4. Focus on need – i.e. refrigeration
5. VLOG – ‘how to talk about / adjustments’
6. Hire breast pumps (associated with loan system used in clinical)
7. Parenting pack as part of a RDaSH support – (i.e. gender-neutral baby grow with my parent is an RDaSHian)
8. Breastfeeding volunteer and peer support worker expansion (i.e. growing diversity – dads or considering rainbow families, adoptions).
9. Guidance for managers, including male managers (similar to the work conducted in terms of managers discussing menopause)
10. Specifically for our most senior clinical and managerial staff and potentially night workers (Overnight on call rota issues – i.e. live example with a medical staff member)

Delivery focus –

- Recommended Gold in North Lincolnshire (UNICEF committee to finalise)
- Emma Clark - Service Manager - 0-19 (25SEND) Health & Well-being Service (North Lincolnshire)
- Paula Cafferty – Team Manager & Breast-Feeding Lead NL
- Meeting with Doncaster team to prepare for application to ‘go for Gold’ in Doncaster too.
- Zoe Parker - Service Manager 0-5 Health Visiting and Stop Smoking in Pregnancy & Beyond (Doncaster)
- Claire Wyatt – Breast Feeding Lead - Doncaster
- Actions to improve our workplace ‘baby friendly’ offer
- Breastfeeding at work policy and half day learn focus.



ROTHERHAM DONCASTER AND SOUTH HUMBER NHS FOUNDATION TRUST

Report Title	Operational Risk Report	Agenda Item	Paper R
Sponsoring Executive	Philip Gowland, Director of Corporate Assurance		
Report Author	Philip Gowland, Director of Corporate Assurance		
Meeting	Board of Directors	Date	26 November 2024
Suggested discussion points (two or three issues for the meeting to focus on)			
<p>The Operational Risk Report presents the update to the Board of Directors on the current extreme rated risks. Each has been subject to review through the Risk Management Group and reported to the Clinical Leadership Executive (CLE) during November 2024. Whilst a number were included in the last report to the Board, the paper outlines both the mitigation (i.e. moderated away from extreme) and identification of others (i.e. new extreme risks) – demonstrating a live and active approach.</p> <p>The report this month is extended to include the High Impact/ Low likelihood risks in line with the revised Risk Management Framework and as agreed previously with the Board. This allows the Board to have strategic oversight on potentially catastrophic events that, although highly unlikely, would have a significant effect on the organization if they were to occur.</p>			
Alignment to strategic objectives (indicate with an 'x' which objectives this paper supports)			
Business as usual.			X
Previous consideration (where has this paper previously been discussed – and what was the outcome?)			
Risk Management Group (RMG) & CLE have considered the matters within the paper			
Recommendation (indicate with an 'x' all that apply and where shown elaborate)			
The Board of Directors is asked to:			
x	RECEIVE and NOTE the current extreme risks.		
x	RECEIVE and NOTE the High Impact/ Low likelihood risks as currently identified		
x	NOTE the intention to continue this work with colleagues and via Risk Management Group and to represent to the Board in March 2025.		
Impact (indicate with an 'x' which governance initiatives this matter relates to and where shown elaborate)			
Trust Risk Register	x	As detailed in the report	
Strategic Deliver Risks			
System / Place impact	x	O10/19	
Equality Impact Assessment	Is this required?	Y	N
Quality Impact Assessment	Is this required?	Y	N
<div style="display: flex; justify-content: space-between;"> If 'Y' date completed If 'Y' date completed </div>			
Appendix (please list)			
None			

1. EXTREME RISKS

At the last board meeting, we reported a total of five extreme risks. There has been no change to this number, although one risk around the speech and Language therapy service (DCG 11/17) has been de-escalated with another one (NQ 1/24) escalated to extreme status.

The RMG continues to support these risks being classified as extreme. These changes had previously been reported to, and supported by, the Risk management group (RMG) and the Clinical Leadership Executive (CLE)

1.1. Previous Extreme Risks

O 10/19	Management of Out of Area Placements	3 X 5 = 15
Description	If the patient flow into and through the Mental Health inpatient units is not improved then the trust will continue to place people in Out of area acute beds impacting on negative patient and family experience, increasing wait times and delivery against National KPIs.	
Accountable Director	Chief Operating Officer	
Updates	While patient flow has not yet shown improvement, several workstreams related to 'flow' are scheduled for November, December, and January. The MADE events are being relaunched, starting with the Acute Working Age Pathway on the following dates: <ul style="list-style-type: none">• Doncaster: 13/11/24• Rotherham: 03/12/24• North Lincolnshire: 30/01/25 The aim is to reduce this risk in alignment with Promise 19, with a target of achieving this by March 2025.	

PCG 10/24	Implementation of New ADHD Model	3 X 5 = 15
Description	If patients are left unassessed for ADHD due to capacity not being able to meet demand, then this will impact on RDaSH patients and their family's wellbeing and health outcomes, service delivery, staff health and wellbeing, the delivery of the Trust's Strategic Objective Promise 8 and Promise 14, and the Trust's reputation.	
Accountable Director	Care Group Director – Physical Health and Neurodiversity	
Updates	The trajectory for adults is currently on track, with positive progress being made. A position statement paper addressing adult and children's medical shortages will be submitted at the next delivery review. It is acknowledged that this will remain a long-term risk, although progress is evident. However, if medication shortages persist and recruitment efforts do not proceed as planned, this could impact the risk and contribute to it remaining at the extreme level.	

PCG 9/24	Diagnosis of ASD Patients	3 X 5 = 15
Description	If Doncaster and Rotherham patients are left undiagnosed for Autism then this will impact on patients and their family's wellbeing and health outcomes, staff health and wellbeing, is in breach of NICE guidance, the delivery of the Trust's Strategic Objective Promise 8 and Promise 14, and the Trust's reputation.	
Accountable Director	Care Group Director – Physical Health and Neurodiversity	
Updates	<p>A six-month trial is underway, running until the end of March 2025, involving CMHT consultant psychiatrists diagnosing patients with support from the Autism Team. However, despite these efforts, the waiting list and demand continue to grow, with 1,676 patients currently awaiting assessment.</p> <p>The team is exploring the development of an investment bid to secure additional autism specialist resources to address the growing demand on the service.</p>	

CCG 3/22	Neuro Waiting Lists	3 X 5 = 15
Description	If the waiting times for assessment of ASD and ADHD remain above target, this will impact on CYPF, their educational and health outcomes, service delivery, staff health and wellbeing, the delivery of the Trust's Strategic Objective Promise 8 and Promise 14, and the Trust's reputation.	
Accountable Director	Children's Care Group Director	
Updates	The waiting list remains long, and the trajectory is currently off track and not being achieved. A second trajectory is awaiting sign-off, with a third trajectory to follow. The Children's Medical Director will focus on addressing the waiting lists between now and December. Additionally, the ongoing national medical supplies shortages are contributing to the challenges.	

A further risk was considered extreme but has been de-escalated over recent days but is presented in this report for transparency.

NQ 1/24	Nursing and Facilities Workforce	3 X 4 = 12
Description	If the restructure of nursing and facilities is not completed to time and purpose (and it is two months behind), we will continue to need to ration work done and over time this may compromise our regulatory reputation, unless staff unreasonably go beyond fair work and hours	
Accountable Director	Chief Nurse	
Updates	There is ongoing work in respect of the re-structure with appointments to be made in the coming weeks. The risk is borderline between extreme and high but has been included pending review.	

2. High Impact, Low Likelihood Risks

The following high-impact, low-likelihood risks are being reported to the board to ensure strategic oversight of events that, while highly unlikely, could have potentially catastrophic consequences for the organization. These risks are rated with an impact score of 4 or 5 on a scale of 1 to 5, indicating major to severe consequences, and a likelihood score of 1 or 2, representing rare to unlikely occurrences.

Identifying and managing these risks has been a collaborative and systematic process. It required working closely with teams across the organization to uncover scenarios that might otherwise remain overlooked due to their low probability. Through detailed discussions, scenario mapping, and risk deep dives with subject matter experts, we identified vulnerabilities that could significantly disrupt operations, impact patient care, or damage the organization's reputation.

Each of these risks is actively managed, recognizing that their nature demands a dual approach of corrective and preventive controls. Corrective controls are designed to address the immediate consequences should the risk materialize, while preventive controls focus on reducing the likelihood of these events occurring in the first place. These controls are reviewed regularly to ensure they remain robust and fit for purpose.

This effort is not a one-time exercise. Work continues with colleagues to identify additional risks of this nature, using the same rigorous and collaborative approach. The aim is to create a dynamic process that not only mitigates existing risks but also enhances the organization's ability to anticipate and prepare for emerging challenges.

Further reports on these high-impact, low-likelihood risks will be presented to the board in March 2025, providing ongoing assurance and strategic oversight.

HI 16/24	Loss of Data Centres	5 x 2 = 10
Description	If the Trust's data centres are lost simultaneously, there is a risk that critical Trust services will fail, which may result in significant disruptions to patient care, compromised data access, and potential harm to the Trust's operations and reputation.	
Accountable Director	Director of Health Informatics	
HI 16/24	Loss of gas supply	5 x 1 = 5
Description	If an extended gas outage occurred on the inpatient estate, there is a risk that patient care would be disrupted, which may result in significant impacts on service delivery, particularly in inpatient buildings, potentially compromising patient safety.	
Accountable Director	Director of Finance and Estates	
E 7/24	Diesel Fuel Supply	4 x 2 = 8
Description	Due to the current diesel fuel storage level for generators not meeting the 4-day supply requirement, there is a risk that the Trust may be unable to sustain critical services during extended outages, which may	

	result in compromised patient safety, operational disruptions, and ongoing non-compliance with HTM 06 standards.	
Accountable Director	Director of Finance and Estates	
N&F 20/24	Mpox Infection	5 x 2 = 10
Description	If Mpox cases increase in the UK and the Trust does not implement effective infection control measures or provide staff with the necessary training for using HCID PPE, there is a risk that the disease may spread within the Trust's facilities, which may result in compromised patient and staff safety, service disruptions, and increased strain on infection control resources.	
Accountable Director	Chief Nurse	
NF 21/24	Highly Transmissible and Impactful Pandemic	5 x 1 = 5
Description	If a highly transmissible and impactful pandemic emerges and the Trust's pandemic preparedness and response plans are insufficient, there is a risk that the Trust will be unable to effectively manage patient care demands and protect staff, which may result in overwhelmed healthcare services, compromised patient outcomes, and operational disruptions	
Accountable Director	Chief Nurse	
E 12/24	Electricity Outage	5 x 2 = 10
Description	If an extended electricity outage occurs on the estate, there is a risk that patient care will be disrupted, which may result in severe impacts on inpatient buildings, including compromised safety, and operational challenges.	
Accountable Director	Director of Finance and Estates	
HI 17/24	Data Breach	4 x 2 = 8
Description	If disgruntled employees or employees acting by accident or with malicious intent cause a significant data breach, there is a risk that sensitive information will be compromised, which may result in regulatory penalties, financial loss, reputational damage, and potential harm to patient and staff privacy.	
Accountable Director	Director of Health Informatics	
E 6/24	Water outage	5 x 2 = 10
Description	If an extended water outage occurred on the estate, there is a risk that patient care would be disrupted, which may result in significant impacts on service delivery, particularly in inpatient buildings, potentially compromising patient safety and hygiene standards.	
Accountable Director	Director of Finance and Estates	

HI 4/23	Discontinuation of Windows 10 Support	4 x 2 = 8
Description	Due to the discontinuation of support for Windows 10 in October 2025, there is a risk that if outstanding electronic devices are not upgraded to enable the use of Windows 11, critical security vulnerabilities may arise, leading to increased exposure to cyber threats, data breaches, and potential non-compliance with security regulations.	
Accountable Director	Director of Health Informatics	
O 3/23	On-call EPRR training	4 x 1 = 4
Description	If on-call managers (non-medical) are not appropriately trained in EPRR procedures, there is a risk that the Trust's ability to manage emergency situations out of hours will be compromised, which may result in failure to meet statutory obligations related to core standards and potential risks to patient and staff safety.	
Accountable Director	Chief Operating Officer	
RCG 12/24	Thymatron machines used in the ECT suite	4 x 2 = 8
Description	If the Thymatron machines used in the ECT suite are not replaced due to their age and the potential to cut out, then this will impact on the ability to provide the required treatment across the Trust and region.	
Accountable Director	Rotherham Care Group Director	

The following ligature risks are being addressed at a Trust-wide level, reflecting our commitment to mitigating these safety concerns. Ligature risks pose significant challenges, particularly in environments where patient safety is paramount.

NLCG 11/23	Absence of Ligature alarms on Inpatient Bedroom and Bathroom Doors on Laurel Ward	5 x 2 = 10
Description	If there continues to be no ligature alarms on the bedroom and bathroom doors on the inpatient wards, then there is an increased risk of a patient trying a ligature to the door and there being no alert to staff therefore increasing the risk of serious/ catastrophic self-harm though a suicide attempt.	
Accountable Director	North Lincolnshire Care Group Director	
RCG 1/24	Ligature Risk in Kingfisher Ward	5 x 2 = 10
Description	If the Care Group doesn't replace the current doors on Kingfisher Ward, including the S136 suite, to address the identified ligature risk, there is a risk of serious or catastrophic self-harm through a suicide attempt, which may result in harm to patients and significant legal and reputational consequences for the Trust.	
Accountable Director	Rotherham Care Group Director	

MP 3/22	Ligature Alarms	5 x 2 = 10
Description	If ligature alarms continue to be absent on bedroom and bathroom doors in inpatient wards, there is an increased risk that staff will not be alerted to a patient attempting to use a ligature on these doors. This may result in serious or catastrophic self-harm, including potential suicide attempts, without timely intervention.	
Accountable Director	Executive Medical Director/Chief Nurse	

ROTHERHAM DONCASTER AND SOUTH HUMBER NHS FOUNDATION TRUST

Report Title	Strategic Delivery Risks 2024/25: Q3 Report	Agenda Item	Paper S
Sponsoring Executive	Philip Gowland, Director of Corporate Assurance		
Report Author	Philip Gowland, Director of Corporate Assurance		
Meeting	Board of Directors	Date	28 November 2024
Suggested discussion points (two or three issues for the meeting to focus on)			
<p>Strategic Delivery Risks are those risks that have the potential to impact on the achievement of the board's strategic objectives. The SDR Reports describe the risks and the mitigations (controls) being put in place and the assurances by which the Board knows those controls are working.</p> <p>The Board has received a frequency and regular updates in the year to date on the SDRs and most recently, in September 2024, received a paper that focused on three of those SDRs. This paper has the remaining two SDRs as its focus. This 'rhythm' of regular scrutiny and presentation ensures that the Board remains sighted on the SDRs throughout the financial year.</p> <p>The two attached SDRs include further detail about the controls in place and those being established and about the assurances already received or that are planned to be received. The discussions at Committee (most recently for these two risks in October at FDE and POD respectively) and the discussions with the lead executive and Chair of the Audit Committee have identified broad actions to further enhance the process and the reporting (format) of the management of the risks and have been incorporated into the way that the risks are presented in this paper.</p> <p>In both cases there remains additional controls to implement and further assurances to be received, but the revised format also affords the Board the opportunity to consider whether the risks are impacting upon the delivery of the related Strategic Objective.</p>			
Alignment to strategic objectives (indicate with an 'x' which objectives this paper supports)			
SO1. Nurture partnerships with patients and citizens to support good health.			x
SO2. Create equity of access, employment and experience to address differences in outcome.			x
SO3. Extend our community offer, in each of – and between – physical, mental health, learning disability, autism and addition services.			x
SO4. Deliver high quality and therapeutic bed-based care on our own sites and in other settings.			x
SO5. Help delivery social value with local communities through outstanding partnerships with neighbouring local organisations.			x
Business as usual.			x
Previous consideration (where has this paper previously been discussed – and what was the outcome?)			
<p>This paper is the latest in a series of papers presented to and discussed by the Board on the topic:</p> <ul style="list-style-type: none"> • Board of Directors in March 2024, May 2024, July 2024 and September 2024; and • Board of Directors timeout session – April 2024; <p>Specifically, SDR2 was presented and discussed at the Finance, Digital and Estates Committee; and SDR5 to the People and Organisational Development Committee.</p>			

Recommendation (indicate with an 'x' all that apply and where shown elaborate)							
The Board of Directors is asked to:							
RECEIVE and NOTE the progress with the development of the mitigating plans for the two of the Strategic Delivery Risks (being SDR2 and SDR5)							
Impact (indicate with an 'x' which governance initiatives this matter relates to and where shown elaborate)							
Trust Risk Register							
Strategic Delivery Risks	x	SDR2 and SDR5					
System / Place impact	x	All three SDR in the paper are set within an external (system/place) impact / requirement for engagement.					
Equality Impact Assessment	Is this required?	Y		N	X	If 'Y' date completed	
Quality Impact Assessment	Is this required?	Y		N	X	If 'Y' date completed	
Appendix (please list)							
Individual Strategic Delivery Risk forms are in the Annex to the Report.							

Strategic Delivery Risks (Formerly referred to as the Board Assurance Framework)

1. Background

- 1.1 The Strategic Delivery Risks are those risks that the Board has determined as having most potential to disrupt the delivery of the strategic objectives. These are different from the risks managed via the range of risk registers (operational risks). The latter reflects the challenges to the organisation's functioning on a year by year, week by week basis. It is a live document that will show identification, mitigation and escalation of key risks faced by teams across the organisation. In contrast, the SDRs focus on factors which could interrupt delivery of the organisation's objectives over the medium term. These are also risks that the Board has a unique ability to solve.
- 1.2 The intention is that the Board is focused on mitigating the likelihood, or more typically the impact, of these factors. Individual executive directors have been tasked with progressing actions to this effect, with a new oversight model in place to support the effectiveness of that work.

2. Strategic Delivery Risks (SDR) 2024

- 2.1 The five risks, each aligned to a strategic objective are:
 - The Trust's inability to work effectively with a diverse population using diverse methods and create alignment between the Trust's agenda and that of the patients and communities (links to SO1)
 - Challenges generating data and / or evidence to support interventions to address Health Inequalities (links to SO2)
 - Capacity / Capability / Willingness of local primary care leadership cannot match the reform intended or at least implied by others' strategies (links to SO3)
 - Movement to seven-day working is poorly reflected in national terms and conditions and the Trust is therefore unable to shift to new models of care without major retention risk (links to SO4)
 - The Trust lacks the cultural capability and competence on wider issues (links to SO5)
- 2.2 Papers to the Board through to July 2024 included all five of the SDRs. As we progress through the year it is important that the Board of Directors remains sighted on all five, but the scheduling of Committee meetings (at which further scrutiny and oversight occurs) creates an opportunity for the risks to return to the Board in rotation for the rest of the year, affording focus at each meeting on a different cohort of SDR. Hence the Board Report in September focused on SDR1, SDR3 and SDR 4.
- 2.3 During October 2024, SDR2 was presented and discussed at the Finance, Digital and Estates Committee; and SDR5 to the People and Organisational Development Committee. The respective reports from those Committee, included in the agenda packs for today's meeting make reference to this and the latest position in respect of each is attached in the Appendix to this paper.

- 2.4 During November 2024, SDR1 and SDR3 were received at the Public Health, Patient involvement and Partnerships Committee and SDR 4 at the Committee. An update on these will be presented to the Board of Directors in January 2025.
- 2.5 Alongside these reporting schedules, the Audit Committee will remain sighted on the progress with the overall SDR management (Next at December's meeting) and the Chair of the Audit Committee will continue to hold meetings alongside the Director of Corporate Assurance with each of the respective Executive leads.
- 2.6 The position in respect of each SDR as presented continues to develop and grow but there remains scope to refine the detail of the planned action and assurances. With SDR 2 it is important that we continue the work on fully understanding the Health Inequalities data, what it is telling us and for us to use it to drive change, with a clear sight on the impact of those changes. With SDR 5 it is important that there is traction in the work we are doing for our leaders, that results in better understanding of the partnership work necessary to achieve the objective – when we go to our communities they will tell us that we are better aligned and making a difference. The establishment of multiple feedback mechanisms is essential in this regard.

Whilst we have established controls and assurances to support the mitigation of these risks, both remain in the position as stated previously in terms of score (**bold text** in the Appendix indicates 'completion' or 'in place'; other text identified future, planned action or receipt of assurance. Given the strategic nature of the risks this is not unexpected, but the implementation of the controls stated and the receipt of the planned assurances (and the response to current gaps in assurance) will allow us to see the progress and be assured that the risk is not impacting on the delivery of the relevant objectives.

3. Next Steps

- 3.1 Actions referred to previously and above will continue on an ongoing basis, namely lead executive work on each risk, scheduled reports to Committee and to the Audit Committee; meetings with lead executives and the Chair of Audit Committee / Director of Corporate Assurance. The Board of Directors will receive a report at each of its meetings, which will, in rotation, cover all five SDRs.

4. Recommendations

The Board of Directors is asked to:

RECEIVE and NOTE the progress with the development of the mitigating plans for the two of the Strategic Delivery Risks (being SDR2 and SDR5)

Philip Gowland
Director of Corporate Assurance
22 November 2024

SO2: Create equity of access, employment and experience to address differences in outcome

What could get in the way? Challenges generating data and / or evidence to support interventions to address Health Inequalities	As a Strategic Delivery Risk:							Lead Exec	Board Committee	
	<i>If</i>	we do not execute plans to consistently create, use and respond to data inside our services and with others								
	<i>because</i>	our leaders lack the time, skills or diligence to see through specific changes or are distracted by ‘wider system’ priorities							RB	FDE
	<i>then</i>	this will lead to a lack of precision in how the Trust reshapes services								
Risk Score	Current (Nov 2024)					Target (March 2026)				
	I	4	L	3	12	I	3	L	2	6
Controls – What will we put in place to mitigate the risk?										
Data Availability	Health Inequalities – Reportable Data Sets of data relating to Promises. Identify a baseline position and detail planned further work across a range of data points including the establishment of targets (via Reportal 521 Health Inequalities Dashboard) (Pointed towards health inequality related promises 6, 7, 8, 10, 11, 12 and 17) Data refinement processes – oversight of the portal; removal of underutilised reports will be completed.									
Educating our leaders	Digital Needs Survey (completed in Q2) Data Saves Lives Campaign (Scheduled Q3/Q4) – The campaign will localise the six key aims of the national campaign including ‘Giving health and care professionals the information they need to provide the best possible care’. The aim is to convey the message colleagues will be supported in discharging their responsibilities with data and also encouraged, through greater understanding of the benefits to the organisation and to them professionally. Key messages in December including Improving trust and transparency; Accurate and timely recording of data / Knowledge is Power; The benefits of using the Yorkshire & The Humber Care Record; How data flows through the system/organisation. An ‘Ask me anything’ session is planned for January 25. Learning Half Days (ongoing from Sept 24) – will feature learning opportunities focused on the importance of data and health inequalities. Specific, related events to date: October									

	<ul style="list-style-type: none">establishing mental health and community use cases associated with the use of the Yorkshire & The Humber Shared [clinical] Record. <p>November</p> <ul style="list-style-type: none">New personalised care visualisation (20 attendees in total). The personalised care visualisation is a new development for PROMs and 4wwSaving events in SystmOne (14 attendees in total). Accurately recording both clinical consultations of different types, as well as administration eventsCommunicating with patients digitally (40 attendees in total). This covered all of the patient-facing applications.use of health inequalities data for frontline staff.				
Making Changes	<p>Joint Strategic Needs Assessment aligns and informs the planned work</p> <p>Responding to the health inequalities data; identifying what gaps or shortfalls there are or are perceived to be and developing actions that seek to respond to or address these. Must demonstrate what those ‘moves’ are, the rationale for them and the impact that they have had for those that use our services</p>				
Assurance – How will we know the controls are working?					
	<p>Revised IQPR and associated Health Inequality measurements / indicators with reporting that confirms that as a result of action there are reductions in the health inequalities</p>	<p>Clarification of cohorts of data linked to Promises, collection tools and reporting – progress reports to Equity and Inclusion Group (July 2024 and September 2024) and to PHPIP Committee (November 2024)</p>	<p>Outstanding work to complete baseline position for some indicators.</p>		
	<p>Strategy Progress Reports on related (promise) deliverables:</p> <ul style="list-style-type: none">Promise 6 (PHPIP – Equity and Inclusion Plan)Promise 8 (PHPIP – Equity and Inclusion Plan) <p>(For each identified measure of success (3 for each Promise) there is a RAG rating based on Plan – ‘confidence of having a plan’; and L/Hood – ‘of delivery’)</p>	<p>Board – November 2024 (Promises and Priorities Scorecard)</p>	Promise	Plan	L/Hood
			6		
			8		

SO5: Help deliver social value with local communities through outstanding partnerships with neighbouring local organisations

What could get in the way? The Trust lacks the cultural capability and competence on wider issues	As a Strategic Delivery Risk:							Lead Exec	Board Committee	
	<i>If</i>	We do not achieve the step-up in institutional and system capability to deliver multiple time-bound simultaneous changes with impact by 2027								
	<i>because</i>	We do not develop and practice the skillsets required to make change occur							CH	POD
	<i>then</i>	The Trust's strategy will not achieve what it has promised and we will face reorganisation, frustration and turnover among employees								
Risk Score	Current Score (Nov 2024)					Target Score (March 2026)				
	I	4	L	4	16	I	3	L	3	9

Controls – What will we put in place to mitigate the risk?









Developing our Leaders	<p>Leadership Development Offer – circa 130 individuals – launched September 2024 and will commence in two streams in January and April 2025.</p> <p>Leaders Conference – circa 130 staff as the Top Leaders Cadre – Event took place in September 2024</p> <p>Learning Half Days for every member of the Trust commenced in September 2024.</p> <p>Induction (all new starters) – RDASH and our communities – Launched 28 October 2024</p> <p>First Line Managers Training Scheme – Launches April 2025</p> <p>‘Wider leadership’ proposals – B5+ / Very Senior Clinicians</p> <p>Revised appraisal process developed and implemented – Q4 24/25</p> <p>People and Teams CLE Group and Education and Learning CLE Group – established and meeting regularly</p>
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Increasing capacity / capability	Fully utilising the apprenticeship levy (delivery of Promise 9)
	Fully recruiting to all posts – 97.5% by January 2025
	Commitment to designated training budget – demonstrate increase in spending year on year
	Re-development of the Change function

How will we know the controls are working?					
Assurance	Internal Audit work on Partnership Governance and Risk Management	Quarter 4	Assurance Level (TBC)		
	POD Strategic Delivery Risk Report relating to the oversight and management of SDR5	FDE – August and October 2024 Board – March 2024, May 2024, July 2024 and November 2024			
	Strategy Progress Reports on related (promise) deliverables: <ul style="list-style-type: none"> ○ Promise 9 (PHPIP - Equity and Inclusion Plan) ○ Promise 26 (POD – People and Teams Plan) (For each identified measure of success (3 for each Promise) there is a RAG rating based on Plan – ‘confidence of having a plan’; and L/Hood – ‘of delivery’)	Board – November 2024 (Promises and Priorities Scorecard)		Plan	L/Hood
			9		
			26		
Feedback	Pulse check scores	Refreshed approach commences in Q4 (24/25)			
	Staff Survey	Launched September 2024 ends November 2024; Results and Analysis in Q4			
	Leadership Development Offer Feedback and Evaluation (via Education and Learning CLE Group) - Cohort 1 launches January 2025 / Cohort 2 April 2025 This feedback will secure confirmation that our leaders	From Quarter 2 (25/26)			

	have the necessary skillsets linked to the partnership work		
	Induction Feedback and Evaluation - Specific question: <i>I am able to understand how my role supports the RDaSH Strategic Objectives / Promises and how I can help to Nurture the Power in our Communities.</i>	Each cohort – first one October 2024	96% Agreed / Strongly Agreed
	Exit interview data/feedback across the Trust		
Impact	Feedback from stakeholders regarding the approach of the Trust	'Voice' Scorecard Care Opinion	
	consistent timely exit and delivery of time bound projects, and achievement of key measures with respect to the wider issues within the Strategy		
	Reduction in Employee relations cases / matters		
	Increased year on year Training Budget		
	IQPR reporting improvements in <ul style="list-style-type: none"> • vacancies • sickness absence staff • turnover (esp within first 12m) 	IQPR to CLE / Committees and Board	Vacancies 280.92fte (down by 7.2fte)
			Sick 5.9%; above target of 5.1%
			T/O 9.5%; below target of 10%

Key – re: Promises

Delivery plan		Likelihood of delivery	
Green (G) – Finalised and agreed		Green (G) – On track to succeed	
Amber/Green (AG) – Developed and being refined		Amber/Green (AG) – Largely on track, and properly understood	
Amber/Red (AR) – Understood but Not well documented		Amber/Red (AR) – Solutions known but implementation requires support	
Red (R) – Not constructed yet		Red (R) – Actions to succeed not yet known or fully elaborated	

ROTHERHAM DONCASTER AND SOUTH HUMBER NHS FOUNDATION TRUST

Report Title	Integrated Quality and Performance Report (IQPR) – October 2024	Agenda Item	Paper T
Sponsoring Executive	Toby Lewis, Chief Executive		
Report Author	Jill Fairbank, Head of Contracting, Performance & CQUIN Victoria Takel, Deputy Chief Operating Officer Richard Chillery, Chief Operating Officer		
Meeting	Board of Directors	Date	28 November 2024
Suggested discussion points (two or three issues for the meeting to focus on)			
<p>Whilst the overall position of top ten delivery is consistent with previous reports, time passes on full year delivery. As outlined in the CEO report, we note natural variation in recovery rates. The two commitments where performance improvement or mitigation is needed are CYP access which remains below target by 179 children, and the emerging workforce challenge in perinatal services, owing to sickness absence.</p> <p>Currently mental health RTT remains at 84.5%. Moving to 92% will not be possible until we resolve the memory services issues in North Lincolnshire, which is possible from Q1, but will ‘get worse’ through treating the longest waiting patients, before it is resolved.</p> <p>There is a significant in month increase in hours beyond our 24 hour S136 standard (to 222 hours in October from September’s 98). Active work is taking place to achieve this measure, with the opening of the sixth suite from Q4 in Sheffield.</p> <p>The data herein shows a decrease in ward safer staffing compliance. The data is being rechecked and initial work shows some possible errors. An oral update will be given when the Board meets.</p> <p>The Trust is reporting a deficit position of £152k at the end of October 2024 (month 7). The month 7 and forecast positions assume that pay award pressures will be funded in full, however, confirmation of this is still pending from the ICB.</p>			
Alignment to strategic objectives			
SO1: Nurture partnerships with patients and citizens to support good health			X
SO2: Create equity of access, employment, and experience to address differences in outcome			X
SO3: Extend our community offer, in each of – and between – physical, mental health, learning disability, autism and addiction services			X
SO4: Deliver high quality and therapeutic bed-based care on our own sites and in other settings			X
SO5: Help to deliver social value with local communities through outstanding partnerships with neighbouring local organisations.			X
Previous consideration			
Clinical Leadership Executive and relevant committees of the Board			
Recommendation			
The Board is asked to:			
	NOTE reported delivery and consider areas of prolonged under achievement		
Impact (indicate with an ‘x’ which governance initiatives this matter relates to and where shown elaborate)			
Trust Risk Register	X	O 10/19, O1/23, NQ 12/23, NQ 3/23, DCGMH 1/23, RCG 2/23, NLCG 1/23,POD 2/23, WF 1/20, FP 1/22, TT 3/23, O 1/20,	
Strategic Delivery Risks	X	SR3	

System / Place impact	X						
Equality Impact Assessment	Is this required?			N	X	If 'Y' date completed	
Quality Impact Assessment	Is this required?			N	X	If 'Y' date completed	
Appendix (please list)							



Integrated Quality Performance Report

November 2024 Review

Data as at the 31st October 2024

Draft Version 6

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1.0 Executive Report



This report outlines the October 2024 position against the operational performance, quality, workforce and finance data.

The Trust continue to focus delivery on ten key metrics (LTP01-LTP10) on the understanding that all performance is a priority. There remain several key performances metrics.

Where there are areas for development and action, these are noted below:

Physical health services continue to perform well against the new RTT consultant led Physical Health pathways OP08c, OP10c. There are zero patients waiting over 52 weeks. It is also worth noting that this month has seen a significant improvement in the 80% occupancy target for our Virtual Ward, with only day 15 reporting below target at 53.33%. The occupancy rate for the 1st and the 30th of the calendar month is reporting at 88.33% and 98.33% respectively. For those people in a physical health crisis (OP05), where patients should be assessed within 2 hours of referral, performance is reported as 80% and remains above the 70% target.

Within our Children's Services we continue to see all our most urgent children and young people (CYP) in our eating disorder services within 1 week (OP15), and 94.19% of all children within 4 weeks. In addition, with the targeted action to improve CYP accessing our Children and Mental Health Services (OP13a) during October, we have seen an upturn in performance reporting 9,605 against the target of 9,783, (RDaSH 8884, Kooth 660 & Mind 61). Targeted work is ongoing to identify and correct the identified recurring clinical data entry issues and an additional 51 contacts that have been identified from the NHS funded Local Authority contacts which are not yet included in the figures. This activity will filter through into the reporting by the end of November.

Our Mental Health services continue to experience progress and challenges. In terms of OP13e, the metric in relation to adults and older people accessing community mental health services with 2+ contacts, we continue to substantially exceed the target Trust wide, reporting 9,851 against the target of 8,533. Talking Therapies services have continued to perform below target in two out of the three targets. For OP03a, the Talking Therapy access target, it is noted that the whilst the Trust has historically underperformed against this, the performance for October 2024 has improved and is slightly above standard variation based on the Trust's performance. It is believed that this is an initial sign of the impact of the weekly Intensive Support process initiated with the Talking Therapies Directorate in response to the drop in performance in August and September 2024, however, it is acknowledged that this needs to be sustained in order to demonstrate a relationship between performance and improvement actions and then build on this to drive further improvement towards the target. Also, Reliable Recovery KPI has been variable during 2024/25 to date, with an average of 47% for the YTD and performance of 44.97% for October 2024, with a trend of inconsistent performance for a period of 5 months. Reliable Recovery is also monitored through the weekly Intensive Support process noted above along with Reliable Improvement and whilst Reliable Recovery has been inconsistent, Reliable Improvement has been stable and is above target for the year to date. This is not in line with expectation as it would be anticipated both would fluctuate and therefore the service is investigating what is driving this incongruent position. It is noted however the increasing access to the service does present a risk to reliable recovery performance and therefore as access increases, there may be an impact on the KPI which will be monitored and escalated as required if this materialises.

The monitoring of the RTT pathways for mental health (OP08d) have seen a further improvement in performance this month with actual Trust wide validated performance reporting at 84.54% with Individual Care groups reporting at Rotherham Adults and Older People Mental Health Care group (99.02%) Doncaster and Learning Disability Care Group (94.12%) and North Lincolnshire and Talking Therapies Care group (36.59%). The issue within waits in Memory Services in North Lincolnshire continue with the longest wait on this pathway reporting at 38 weeks at the end of October, the Care Group is taking significant action to address issues identified within job plans within this service to drive improvement. Additionally, The performance team are continuing to meet with the Service Manager to discuss the capacity and demand monitoring and to develop a waiting list reduction trajectory.

Our metric which reports the number of inappropriate adult acute OAPs at the end of a reporting month (OP17C) is reporting 26 out of area inappropriate placements at the end of the calendar month, above the target of 10. A multi-staged improvement programme is being developed, led by several of the Executive Team.

1.0 Executive Report



The ADHD and Neurodevelopment pathways in Adults and Children and Young People services continue to be monitored closely against our trajectory to 4 week waiting times targets. Services are currently undergoing transformation as we move all Neurodevelopment services onto a standalone unit in our clinical system and this will disrupt our reporting between now and the start of the new calendar year. Interim measures are in place from this month to manually report across the two units as we manage this transition. For October, our adult's service is performing slightly below the target with 5,175 individuals waiting for assessment against a target of 5,167. The metric measuring performance against the Children and Young (CYP) People's Neurodevelopment waiting list trajectory is reporting against the proposed target and is reporting 2,589 CYP waiting against the target of 2,304. This is primarily due to the delays to recruitment of the additional staffing required to deliver the trajectory. The Care Group have redeveloped the trajectory to support with the delivery of the 4 weeks wait by April 2026 and the revised draft has been presented however has not yet been approved.

A focus remains on improving the performance for VTE (QS08) and MUST (QS36) and performance for VTE has seen a notable improvement to 94.52% and MUST a more sustained improvement to 68.83%. An alert has been added to patient records when retrieved on a trial unit to notify when the assessments are incomplete to assist with completion within timeframe and there is also an exemption for hospice patients in the last 24 hours of life. Care groups are conducting daily deep dives and weekly audits which are acted on if the MUST assessment remains incomplete. Daily monitoring is taking place across all care groups.

The number of detained patients who abscond from an acute adult and OP inpatient mental health units (QS20) has seen two detained patients abscond in October. Following a deep dive one patient absconded from unescorted leave and failed to return after the allocated time but did return. The second patient was a detained patient without S17 leave who was let out of the building by a member of non-clinical staff who works in the building. This was the second recent incident, and the issue has been raised with the supervisor for this group of staff. The patient returned with no harm caused.

The Trust is reporting a sustained position of 2 racist incidents (QS29) reported in October and 2 in September from the 5 in August. Care Groups are considering commissioning an external investigation into Mulberry House, exploring alternative ways that concerns can be raised, and we are looking at taking this into account in reporting. The Acceptable Behaviour Policy has now launched Trust Wide which will create a framework to warn, bar and ultimately exclude carers and patients who abuse employees, students and Volunteers with Care Group leaders empowered to apply these sanctions. Incidents are reviewed and actioned when they arise, and staff involved are contacted for support.

The number of episodes of seclusion (QS31) receiving an internal MDT assessment within 5 hours has breached the Trust's 100% target reporting 54.55% (6/11), a decline on the 71.43% (5/7) for September. However, following a deep dive by the Mental Health Act Manager the validated performance is at 60% (6/10) for October. The Acting Executive Medical Director is receiving all information following the deep dive each month and is driving clinicians to correctly input the data. The risk continues to be highlighted on the risk register for each Care Group and the Care Groups are sighted on the compliance issues and will remain until compliance issues are fully resolved and embedded. The Mental Health Act Manager has instructed the Matrons that all audits of episodes of seclusion must be taken through the Mental Health Legislation Monitoring Groups for oversight and actioning and addressing areas of non-compliance.

From a people perspective we have seen a deterioration in performance for the number of our employees receiving a performance and development review (POD18) with performance slightly below the 90% target at 88.44% from 89.13% in September. The year-to-date sickness absence (POD10) has reduced slightly from 5.92% to 5.90%. The vacancy rate has increased when compared with last month and is reported as 7.76% from 6.78% against the target of 2.5% however it is noted that the budgeted establishment has increased across all directorates, this month we are reporting 295 vacancies an increase from 251 vacancies in September.

The Trust is reporting a deficit position of £152k at the end of October 2024 (month 7); this is £154k worse than planned. The adverse position is driven by an overspend of £378k linked to enhanced packages of care within SY Adult Eating Disorder Collaborative, partially offset by slippage on the cost pressure reserve, and vacancies. The reported forecast is in line with plan. The month 7 and forecast positions assume that pay award pressures will be funded in full, however, confirmation of this is still pending from the ICB. This is a risk but the assumption is consistent with NHSE/ ICB guidance issued to providers at month 7.

2.0 - Performance – In Focus

Indicators for October 2024/2025 TRUST						Performance			
Indicator	Alt Ref	Metric	Target	Actual	Value	QTD Target	QTD	YTD Target	YTD
OP01 (N)		People first episode in psychosis started treatment in 2 wks		14/16	87.50%		88.00%	>= 60%	81.00%
OP03a (L)	LTP 02 a (i)	People accessing Talking Therapies - Cumulative Annual			1388		1388	>= 12933	9075
OP03b (L)	LTP 02 a (ii)	People accessing Talking Therapies - Cumulative Quarterly			1388	Q3 >= 1665	1388		9075
OP03c (N)	LTP 02 b	Reliable recovery rate within Talking Therapies		304/676	44.97%		45.00%	>= 48%	47.00%
OP03d (N)	LTP 02 c	Reliable Improvement rate within Talking Therapies		471/690	68.26%		68.00%	>= 67%	69.00%
OP05 (N)		People in physical health crisis assessed within 2 hours		16/20	80.00%		80.00%	>= 70%	62.00%
OP07b (L)	LTP 03 b	Women supported by perinatal MH service (Rolling 12M)			587		587	>= 598	587
OP08c (N)		18 weeks RTT for consultant led Physical Health services		456/501	91.02%		91.00%	>= 92%	94.00%
OP08d (N)		18 weeks RTT for consultant led Mental Health services		164/194	84.54%		85.00%	>= 92%	82.00%
OP10c (N)		Waiting 52 weeks or more for a consultant led PH service			14		14	= 0	14
OP10d (N)		Waiting 52 weeks or more for a consultant led MH service			0		0	= 0	0
OP12 (N)		People discharged from MH inpatients followed up in 72 hrs		63/79	79.75%		80.00%	>= 60%	83.00%
OP13a (N)	LTP 04	People accessing CYP services with >= 1 contact (13mth roll)			8884		8884	>= 9783	8884
OP13b (N)		People accessing CYP services >= 2 contacts and paired score		753/4375	17.21%		17.00%	>= 20%	19.00%

Narrative

OP03a – This is a place target however only includes RDaSH activity, reporting 9,075 for the cumulative year to date up until the end of October against a target of 12,933. When compared with activity in the same period last year we are reporting below last year's actual which was 9,740.

OP03b - cumulative quarter to date talking therapies access target for October is 1,388 and remains 277 below the QTD target of 1,665.

OP03c – There has been a decrease in the year to date performance from 47.33 % in September to 47.00% in October reporting below the 48% target.

OP03d - Monthly performance in October remains above the 67% target reporting 68.26% with performance year to date at 69.00%.

OP05 – Performance is reporting at 80% for the month and remains above the 70% target.

OP07b – PLACE TARGET ACHIEVED -a rolling 12-month place target for Perinatal and Maternal Mental Health Services. Once RDaSH activity (587) and Maternal Mental Health Service (SHSC) (255) is counted the number of women receiving support is 842, remaining above the target of 598. We are anticipating a drop-in activity for a 4 week period due to unexpected staff absences. NHSP and overtime will be explored by the team although this is specialist assessment expertise.

OP08c - Performance has been validated, of the 45 breaches 18 are data quality (DQ) related, current validated performance is reported as 94.61%, remaining above the 92% target.

OP08d – Performance has been validated, current validated performance is reported as 84.54%, remaining below the 92% target.

OP10c - of the 14 breaches reported these are all DQ related and true performance is 0 once these have been amended. No patients are waiting longer than 52 weeks.

OP13a – PLACE TARGET NOT ACHIEVED. A Place target, performance at place (9,605) remaining below the 2024/2025 target of 9,783 (RDaSH 8,884, Kooth 660/Mind 61). RDaSH activity has increased this month reversing the month on month downturn in performance we have seen since April 2024.

OP13b – The CYP access 2 contacts and a paired scored has seen a deterioration in performance in October to 17.21%.

2.0 - Performance – In Focus

Indicators for October 2024/2025 TRUST						Performance			
Indicator	Alt Ref	Metric	Target	Actual	Value	QTD Target	QTD	YTD Target	YTD
OP13d (L)	LTP 01 a	Adults accessing community mental health services (DW)			9854		9854	>= 8533	9854
OP13e (N)	LTP 01 b	CMHT access rate (DW not MHSDS) (>=1 Contact)			9854		9854	>= 7331	9854
OP14 (N)		People (CYP) with routine eating disorders seen within 4 wks		81/86	94.19%		94.00%	>= 95%	93.00%
OP15 (N)		People (CYP) with urgent eating disorders seen within 1 wk		4/4	100.00%		100.00%	>= 95%	100.00%
OP17c (N)	LTP 05 a	The number of active inappropriate adult acute OAPs			26		26	<= 10	26
OP54a (L)	LTO 06 a (i)	Virtual ward occupancy - on day 1		53/60	88.33%		88.00%	>= 80%	68.00%
OP54b (L)	LTO 06 a (ii)	Virtual ward occupancy - on day 15		32/60	53.33%		53.00%	>= 80%	54.00%
OP54c (L)	LTO 06 a (iii)	Virtual ward occupancy - on day 30		59/60	98.33%		98.00%	>= 80%	69.00%
OP59a (L)	LTP 09 (i)	Waiting List - Adult ADHD			4707		4707	< 5167	4707
OP59b (L)	LTP 09 (ii)	Waiting List - CYP Neurodevelopment			2589		2589	<= 2304	2589
OP73a (L)	LTP 10 a	Section 136 Breaches – Occupancy hours lost to breaches			222		222		1666

Narrative

OP14 - Children and young people with routine eating disorders seen within 4 weeks has increased from 93.68% in September to 94.19% in October. However, after investigation 4 of the 5 breaches are data quality and the patients have been seen by the required timescale. Once corrected performance will be reported as 98.84%, above the 95% target.

OP15 - Urgent cases are seen within 1 week with performance remaining at 100%.

OP17c -The number of external inappropriate adult acute OAPs are 26 at the end of the calendar month, above the target of 10. OP54a/OP54b/OP54c – The metrics introduced in April 2024 measure occupancy of the Virtual Ward at 3 points in the calendar month. The service are working towards the occupancy rates with day 1 reporting an improvement from previous month to 88.33% and 98.33% on day 30. Day 15 remains static and is reporting at 53.33%, below the 80% target.

OP59a –The metric measuring performance against the Adult ADHD waiting list trajectory has just missed the target with 5,175 (4707 old unit and 468 new unit) individuals waiting for assessment against a target of 5,167. The new unit is not expected to be reportable in the IQPR until January 2025.

OP59b - This metric measuring performance against the Children and Young (CYP) People's Neurodevelopment waiting list trajectory is reporting against the proposed target and is reporting 2,589 CYP waiting against the target of 2,304. This is primarily due to the delays to recruitment of the additional staffing required to deliver the trajectory. The Care Group have redeveloped the trajectory to support with the delivery of the 4 week wait by April 2026 and the revised draft has been presented however has not yet been approved.

OP73a – Increase to 222 hours lost this month from 91 hours lost previous month in our S136 suites due to patients staying in the suite over 24 hours, closures, or misuse.

2.1 Performance In Focus - Exceptions

OP03a (L) / LTP 02 a (i) - People accessing Talking Therapies - Cumulative Annual



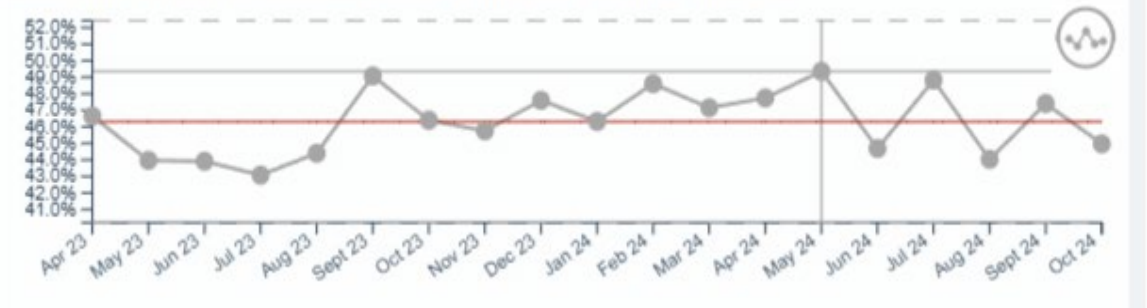
Trend, Reason and Action

OP03a It is noted that the whilst the Trust has historically underperformed against this metric, which is a stretch target from existing performance, the performance for October 2024 has improved and is above standard variation based on the Trust's performance. In response, the Care Group has now initiated a weekly Intensive Support process with the Talking Therapies Directorate. Actions underway as a consequence of this with a focus on increasing access;

- Contact with local large employers to provide group sessions to employees
- Contact with all local GPs with a view to reverting back to delivering therapy from within practices as was the case before the pandemic
- Expanding Long Term Conditions Pathway to cover all LTCs as opposed to select number of conditions.
- Analysis of the 'drop out' rate and causes between referral and accessing service
- Presentation to physical health colleagues on service offer during October LEARN events
- Increasing advertising through newspaper, radio, social media and local advertising boards e.g. football grounds

The impact of these actions is being monitored weekly in the access rate data, both delivered and forecasted and actions with be adjusted based on what is and isn't proving successful.

OP03c (N) / LTP 02 b - Reliable recovery rate within Talking Therapies



Trend, Reason and Action

OP03c Reliable Recovery KPI has been variable during 2024/25 to date, with an average of 47% for the YTD and performance of 44.97% for October 2024, with a trend of inconsistent performance for a period of 5 months. Reliable Recovery is also monitored through the weekly Intensive Support process noted above along with Reliable Improvement and whilst Reliable Recovery has been inconsistent, Reliable Improvement has been stable and is above target for the year to date. This is not in line with expectation as it would be anticipated both would fluctuate and therefore the service is investigating what is driving this incongruent position.

OP08d (N) - 18 weeks RTT for consultant led Mental Health services



Trend, Reason and Action

OP08d – Performance has been validated, current validated performance is reported as 84.54%, remaining below the 92% target. Individual Care groups reporting at Rotherham Adults and Older People Mental Health Care group (99.02%) Doncaster and Learning Disability Care Group (94.12%) and North Lincolnshire and Talking Therapies Care group (36.59%). The issue within waits in Memory Services in North Lincolnshire continue with the longest wait on this pathway reporting at 38 weeks at the end of October, the Care Group is taking significant action to address issues identified within job plans within this service to drive improvement. The performance team are continuing to meet with the Service Manager to discuss the capacity and demand monitoring and to develop a waiting list reduction trajectory.

2.1 Performance In Focus - Exceptions



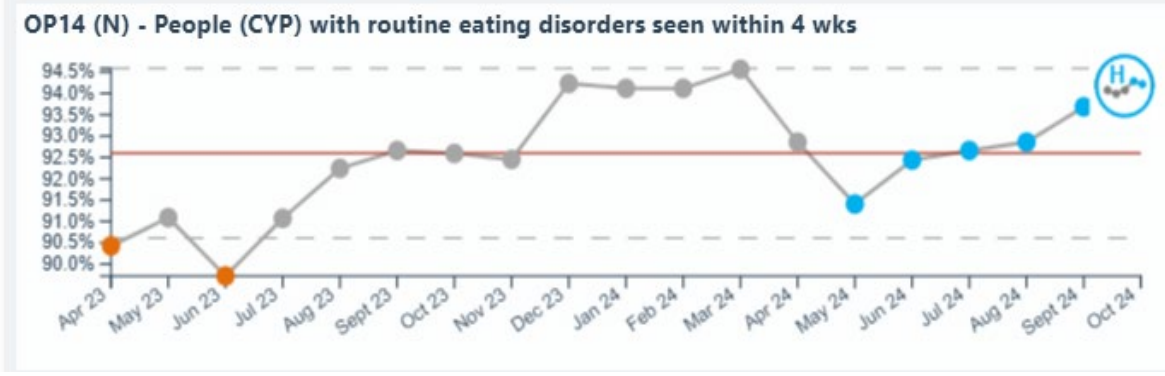
Trend, Reason and Action

OP13a The children and young people access rate (OP13a) is the place target and activity needs to reflect all NHS funded activity across the 3 places. The graph represents the RDaSH contribution of performance at place (9,605) remaining below the 2024/2025 target of 9,783 (RDaSH 8,840, Kooth 660/Mind 61). RDaSH activity has increased this month reversing the month on month downturn in performance. The deep dive undertaken in September has led to targeted work which is ongoing to identify and correct the identified recurring clinical data entry issues and an additional 51 contacts that have been identified from the NHS funded Local Authority contacts which are not yet included in the figures. This activity will filter through into the reporting by the end of November.



Trend, Reason and Action

OP13b The CYP access 2 contacts and a paired scored has seen a deterioration in performance in October to 17.21%. CYP do not use a standard tool for recording outcome measures however as a trust we have agreed to implement Dialog+ with CYP planned to see transition to this tool from January – March 2025, will all staff to be trained by April 2025.



Trend, Reason and Action

OP14 - Children and young people with routine eating disorders seen within 4 weeks has increased from 93.68% in September to 94.19% in October. However, after investigation 4 of the 5 breaches are data quality and the patients have been seen by the required timescale. Once corrected performance will be reported as 98.84%, above the 95% target.

2.1 Performance In Focus - Exceptions

OP17c (N) / LTP 05 a - The number of active inappropriate adult acute OAPs



Trend, Reason and Action

OP17c - The number of inappropriate adult acute OAPs reports the number of inappropriate adult acute OAPs at the end of a reporting month (OP17C) and is reporting 26 out of area inappropriate placements at the end of the calendar month above the target of 10. Internal scrutiny will remain on internal out of area placements at Trust level.

OP59b (L) / LTP 09 (ii) - Waiting List - CYP Neurodevelopment



Trend, Reason and Action

OP59b - This metric measuring performance against the Children and Young (CYP) People's Neurodevelopment waiting list trajectory is reporting against the proposed target and is reporting 2,589 CYP waiting against the target of 2,304. This is primarily due to the delays to recruitment of the additional staffing required to deliver the trajectory. The Care Group have redeveloped the trajectory to support with the delivery of the 4 week wait by April 2026 and the revised draft has been presented however has not yet been approved.

OP73a (L) / LTP 10 a - Section 136 Breaches – Occupancy hours lost to breaches



Trend, Reason and Action

OP73a – the metric measures the occupancy hours lost due to breaches within our 3 Section 136 suites, 222 hours were lost this month. Although this is a deteriorated position compared to September 24, it does show sustained improvement when compared to May and July 24 performance.

There were 10 breaches in total for the month with a breakdown by Care Group as below:

- **Rotherham** – 3 Non-RDaSH patients with a Length of Stay over 24 hours.
- **Doncaster** – 2 closures, 2 RDaSH patients with a Length of Stay of over 24 hours, and 1 instance of misuse or repurposing of the suite.
- **North Lincs** – 1 Non-RDaSH patient with a Length of Stay over 24 hours, and 1 instance of misuse or repurposing of the suite.

The total breach time attributable to patients from non-RDaSH CCG areas was 4,660 minutes, or 77.67 hours. 3,752 minutes or 62.53 hours were attributable to patients from the Sheffield Health and Social Care locality.

3.0 Quality & Safety In Focus

Indicators for October 2024/2025 TRUST

Quality & Safety

Indicator	Metric	Target	Actual	Value	QTD Target	QTD	YTD Target	YTD
QS04 (L)	% Patient Safety Alerts completed by the required deadline.	= 100%	100/100	100.00 %		100.00%	= 100%	100.00%
QS05 (N)	Number of MRSA infections (Monthly)	= 0		0	Q3 = 0	0	= 0	0
QS06 (N)	Number of Clostridium difficile infections (Monthly)	= 0		0	Q3 = 0	0	= 0	1
QS07 (N)	Number of gram-negative bloodstream infections (Monthly)	= 0		0	Q3 = 0	0	= 0	0
QS08 (N)	No patients aged >=16 admitted with completed VTE	>= 95%	138/146	94.52%	Q3 >= 95%	95.00%	>= 95%	92.00%
QS15 (L)	No of wards reporting registered staff on nights/days >90%		13/18	72.22%		72.00%	>= 90%	86.00%
QS19 (L)	Number of AWOL's from low secure units (Amber Lodge)			0		0	= 0	0
QS20 (L)	No detained patients absconded acute adult/OP inpatient MH			2		2	= 0	15
QS21a (L)	Physical aggression incidents mod or above to staff (%)							
QS21b (L)	Physical aggression incidents mod or above to staff/pats (%)							
QS23 (L)	Number of Suspected Suicides (Inpatient Settings)							
QS27 (L)	Ligature incidents mod or above all inpatient areas		1/23	4.35%		4.00%	<= 10%	10.00%
QS29 (L)	Number of racist incidents against staff members			2		2	= 0	23
QS31 (L)	Episodes of Seclusion - Internal MDT within 5 hours		6/11	54.55%		55.00%	= 100%	57.00%
QS36 (N)	Inpatients that have a completed MUST assessment		106/154	68.83%		69.00%	= 100%	64.00%
QS37 (L)	Inpatients commenced with falls assessment in 72 hrs		83/89	93.26%		93.00%	= 100%	96.00%
QS38 (L)	Moderate/High falls requiring a structured review	= 0%	0/100	0.00%	Q3 = 0%		= 0%	50.00%

Narrative

QS08 -The percentage of VTE assessments completed within 24 hours has shown an increase to 94.52% (138/146) for October, slightly behind the 95% target

QS15 –Safer staffing has shown a decline to 72.22% (13/18 wards) from the 94.44% (17/18) reported in in September from the previous sustained three-month position of 83.33% (15/18 wards) from June – August. Following investigation, the decline is due to the last patient leaving Emerald ward on the 21st October and the ward closing.

QS20 – Reporting 2 detained patients absconding in September from acute adult and OP inpatient mental health units which has breached the zero target.

QS29 – Reporting 2 racist incidents in October.

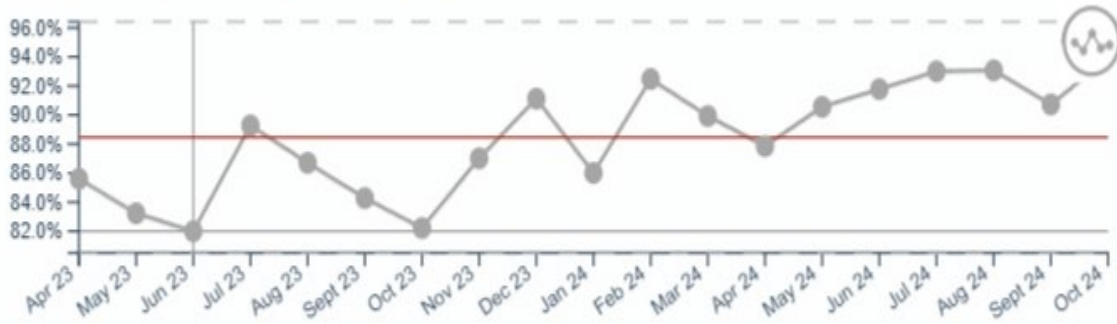
QS31 – Reporting the number of episodes of seclusion receiving an internal MDT assessment within 5 hours has breached the Trust's 100% target reporting 54.55% (6/1) for October.

QS36- Reporting an increase to 68.83% (106/154) from 67.31% (105/156) in September of the % of Inpatients that have a completed MUST assessment.

QS37 - Reporting an increase to 93.26% (83/89) from 91.21% (83/91)for September for the number of inpatients receiving a falls assessment within 72 hours.

3.1 Quality and Safety In Focus - Exceptions

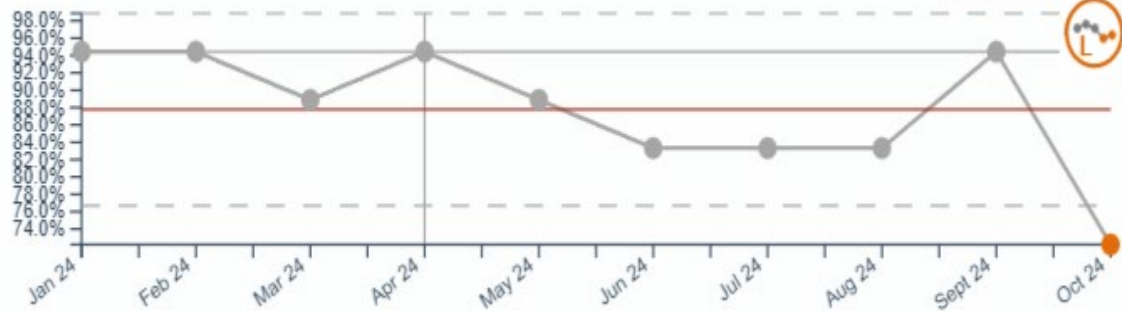
QS08 (N) - No patients aged ≥ 16 admitted with completed VTE



Trend, Reason and Action

QS08- The percentage of VTE assessments completed within 24 hours has shown a notable increase to 94.52% (138/146) from the 89.40% (135/151) for September against the 95% target. An alert has been added to patient records when retrieved on a trial unit to notify when the assessments are uncompleted to assist with completion within timeframe. There is also an exemption for hospice patients in the last 24 hours of life. Care groups are conducting daily deep dives and weekly audits which are acted on if the VTE assessment is not fully completed and continue to feed back to Doctors concerned. There is a focus on VTE assessments in Junior Doctor's Induction and training across all Care Groups.

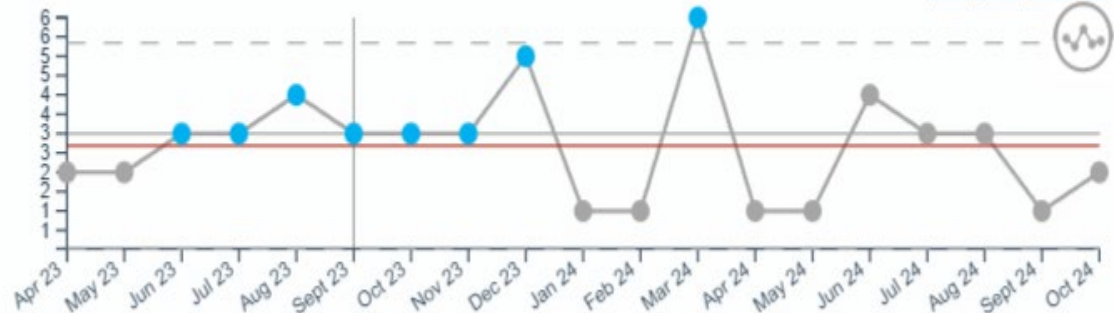
QS15 (L) - No of wards reporting registered staff on nights/days $> 90\%$



Trend, Reason and Action

QS15 –Safer staffing has shown a decline to 72.22% (14/18 wards) from the 94.44% (17/18) reported in in September from the previous sustained three-month position of 83.33% (15/18 wards) from June – August. Following investigation, the decline is due to the last patient leaving Emerald ward on the 21st October and the ward closing.

QS20 (L) - No detained patients absconded acute adult/OP inpatient MH



Trend, Reason and Action

QS20 – Reporting 2 detained patients absconding in October from acute adult and OP inpatient mental health units which has breached the zero target. Following a deep dive one patient absconded from unescorted leave and failed to return after the allocated time but did return. The second patient was a detained patient without S17 leave who was let out of the building by a member of non-clinical staff who works in the building. This was the second recent incident and the issue has been raised with the supervisor for this group of staff. The patient returned with no harm caused.

3.1 Quality and Safety In Focus - Exceptions

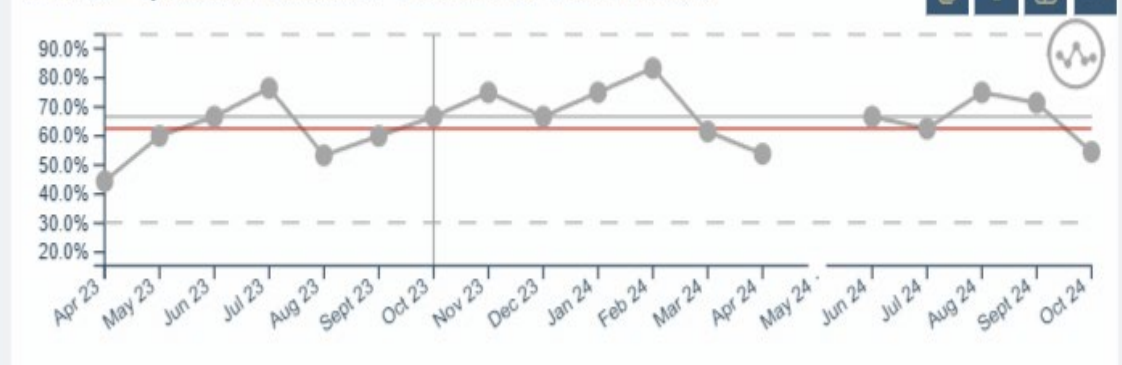
QS29 (L) - Number of racist incidents against staff members



Trend, Reason and Action

QS29 – The Trust is reporting a sustained position of 2 racist incidents reported in October and 2 in September from the 5 in August. Care Groups are considering commissioning an external investigation into Mulberry House , exploring different ways that concerns can be raised and we are looking at taking this into account in reporting. The Acceptable Behaviour Policy has now launched Trust Wide which will create a framework to warn, bar and ultimately exclude carers and patients who abuse employees, students and Volunteers with care Group leaders empowered to apply these sanctions. IR1's are reviewed and actioned when they arise and staff involved are contacted for support.

QS31 (L) - Episodes of Seclusion - Internal MDT within 5 hours

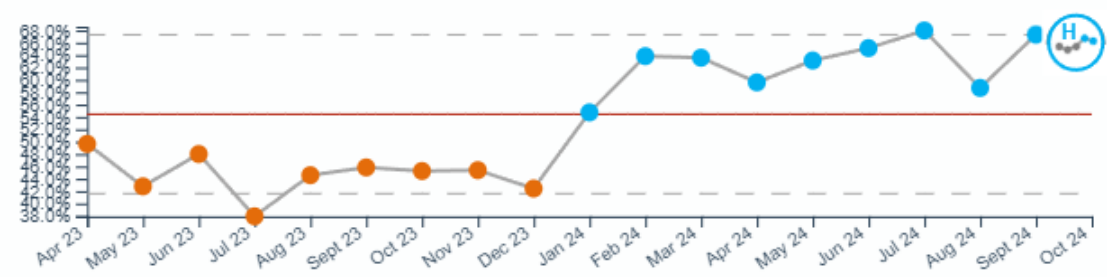


Trend, Reason and Action

QS31 –The number of episodes of seclusion receiving an internal MDT assessment within 5 hours has breached the Trust's 100% target reporting 54.55% (6/11) a decline on the 71.43% (5/7) for September. However, following a deep dive by the Mental Health Act Manager we can report Trust performance is at 60% (6/10) for October a decline on the 85.71% (6/7) for September. The Acting Executive Medical Director is receiving all information following the deep dive each month and is driving clinicians to correctly input the data. The risk continues to be highlighted on the risk register for each Care Group and the Care Groups are sighted on the compliance issues and will remain until compliance issues are fully resolved and embedded. The Mental Health Act Manager has instructed the Matrons that all audits of episodes of seclusion must be taken through the Mental Health Legislation Monitoring Groups for oversight and actioning and addressing areas of noncompliance.

3.1 Quality and Safety In Focus - Exceptions

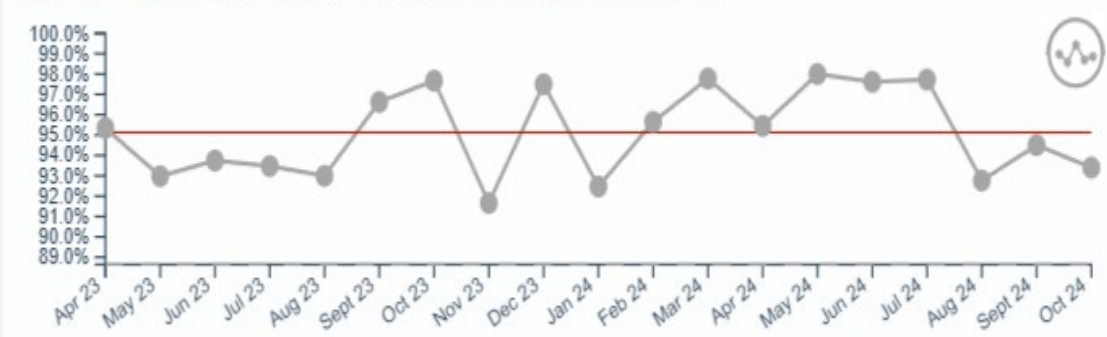
QS36 (N) - Inpatients that have a completed MUST assessment



Trend, Reason and Action

QS36 - Reporting an increase to 68.83% (106/154) in October from the 67.31% (105/156) in September and 58.70% (81/138) in August of the % of Inpatients that have a completed MUST assessment. An alert has been added to patient records when retrieved on a trial unit to notify when the assessments are uncompleted to assist with completion within timeframe. There is also an exemption for hospice patients in the last 24 hours of life. Care groups are conducting daily deep dives and weekly audits which are acted on if the MUST assessment remains uncompleted. Daily monitoring is taking place across all care groups.

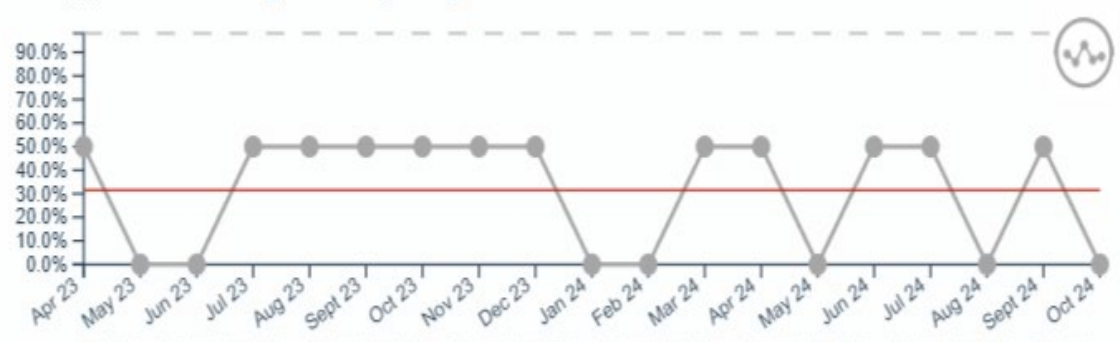
QS37 (L) - Inpatients commenced with falls assessment in 72 hrs



Trend, Reason and Action

QS37 –An increase to 93.26% (83/89) In October from the 91.21% (83/91) reported for September. Following a deep dive by the strategic falls lead 95.60% (87/91) is the actual number of patients receiving an assessment for October within 72 hours. Due to a new recording template being introduced across the Trust the four patients that didn't receive an assessment are currently being investigated to provide assurance.

QS38 (L) - Moderate/High falls requiring a structured review



Trend, Reason and Action

QS38 - IQPR is reporting 0 falls as moderate or above for October. There were no moderate harm or above falls therefore no structured reviews required and 100% compliance for this parameter.

4.0 People and Organisational Development – In Focus

Indicators for October 2024/2025 TRUST

Human Resources

Indicator	Metric	Target	Value	QTD Target	QTD	YTD Target	YTD
POD09 (L)	Trust Retention Rate (Rolling 12 months)	<= 10%	9.50%		10.00%		10.00%
POD10 (L)	Working days lost to staff sickness absence	< 5.1%	5.90%		6.00%		6.00%
POD15 (L)	Number of Consultant Vacancies	<= 10	12		12		12
POD16 (L)	Qualified nursing vacancies	<= 10%	9.66%		10.00%		8.00%
POD17 (L)	Support worker vacancies	<= 10%	10.55%		11.00%		9.00%
POD18 (L)	Individuals Performance Development Review in 12 mnth	> 90%	88.44%		88.00%		88.00%
POD19 (L)	Individuals completed mandatory/statutory training	> 90%	91.16%		91.00%		91.00%
POD23 (L)	Number of individuals currently suspended from employment		2				
POD24 (L)	Average suspension length in calendar days	<= 150	17		17		17
POD25 (L)	Recruitment completed within 12 weeks	>= 95%	92.41%		92.00%		92.00%
POD26 (L)	Compliance for safeguarding children's training		80.71%		81.00%		81.00%
POD27 (L)	Compliance for safeguarding Adult's Level 3 training		82.64%		83.00%		83.00%
POD28 (L)	Total Vacancies		295		295		295
POD29 (L)	Total Vacancy Rate %		7.76%		8.00%	<= 2.5%	8.00%

Narrative

POD10 – The year-to-date sickness absence % has shown a decrease this month to 5.90% from 5.92% in September.

POD15 –The Trust continues to experience challenges recruiting to Consultant vacancies. We have secured GMC sponsorship and have a pipeline of 12 ST4 doctors to join us through 2024. NHS professionals engagement is assisting with improved medical cover (and reducing significant costs too).

POD17 - Support worker vacancies is above the 10% target, reporting at 10.55%

POD18 - Individual Performance and Development Reviews have dropped slightly below the 90% target reporting 88.44% down from 89.13% from September.

POD26 and POD 27 - Trust Level 1 and 2 (both adult and child) are compliant but level 3 for adult and child are amber. The safeguarding team have made available bespoke sessions to the half day LEARN event calendar.

POD29 – reporting as 7.76% against the target total vacancy rate percentage of less than or equal to 2.5% with 295 vacancies currently across the trust.

4.1 People and Organisational Development - Exceptions



Trend, Reason and Action

POD10 - The year-to-date sickness absence % has shown a decrease this month to 5.90% from 5.92% in September.



Trend, Reason and Action

POD15 – The Trust continues to experience challenges recruiting to Consultant vacancies. We have secured GMC sponsorship and have a pipeline of 12 ST4 doctors to join us through 2024. NHS professionals engagement is assisting with improved medical cover (and reducing significant costs too)

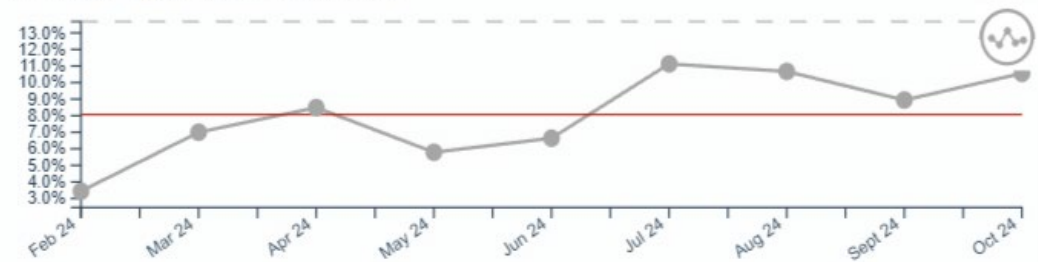


Trend, Reason and Action

POD17 - Support worker vacancies is above the 10% target reporting at 10.55%

4.1 People and Organisational Development - Exceptions

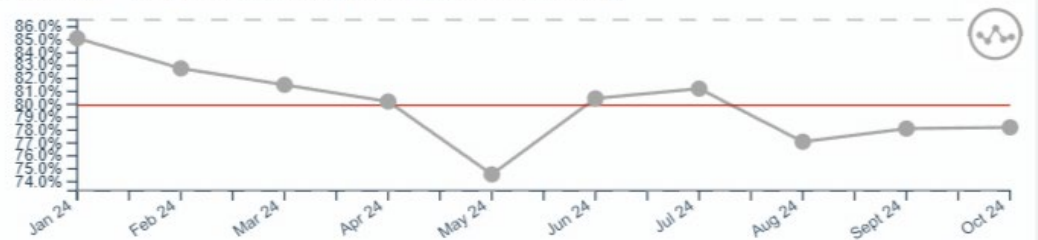
POD17 (L) - Support worker vacancies



Trend, Reason and Action

POD18 - Individual Performance and Development Reviews have dropped slightly below the 90% target reporting 88.44% down from 89.13% from September. Areas.

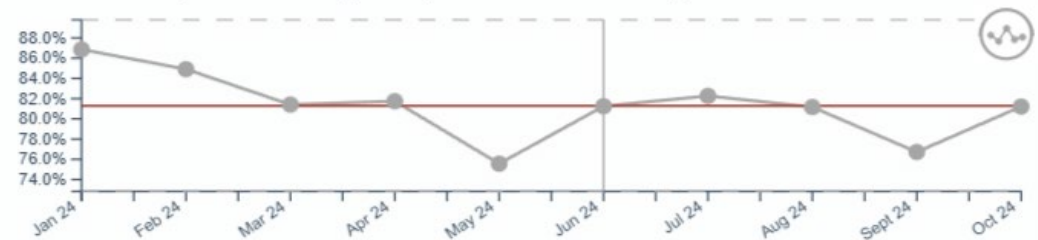
POD26 (L) - Compliance for safeguarding children's training



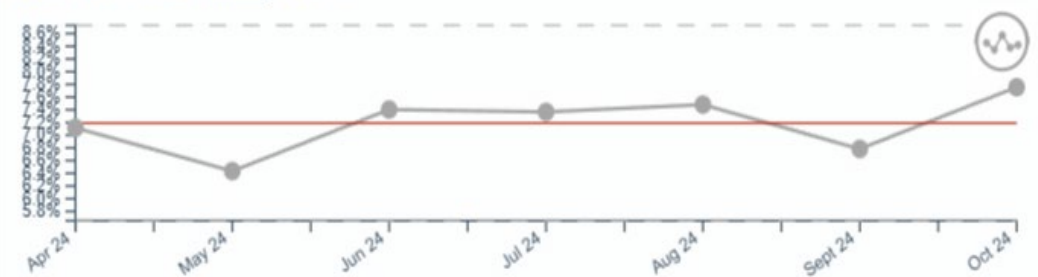
Trend, Reason and Action

POD26 and POD 27 - Trust Level 1 and 2 (both adult and child) are compliant, but level 3 for adult and child are amber. The safeguarding team have made available bespoke sessions to the half day LEARN event calendar.

POD27 (L) - Compliance for safeguarding Adult's Level 3 training



POD29 (L) - Total Vacancy Rate %



Trend, Reason and Action

POD28 and POD29 - reporting as 7.76% against the target total vacancy rate percentage of less than or equal to 2.5%, with 295 vacancies currently across the trust.

4.0 Finance – In Focus

Finance				
Indicator	Metric	Target £000	Actual £000	Variance £000
FIN01	Year to date actuals vs budget	2	152	76
FIN02	Year to date actuals vs budget - excluding AED	2	226	224
FIN03	Forecast outturn vs budget	348	348	-
FIN04	Annual savings target vs schemes identified	6,622	6,622	-
FIN05	Agency spend as % of total pay bill - year to date	3.6	2.7	-0.9%
FIN06	Year to date capital plan vs spend	4,339	2,856	- 1,483
FIN07	Annual capital plan vs forecast spend	7,146	7,146	

Narrative

FIN01 - The position at the end of October is a deficit of £152k, £154k adverse compared to the revised plan, which includes NHSE deficit support funding. The adverse position is driven by an overspend of £378k linked to enhanced packages of care within SY Adult Eating Disorder Collaborative, partially offset by slippage on the cost pressure reserve, and vacancies. Support agreed by NHSE is included in this position. This position includes a pay award income accrual of £386k, pending confirmation of the pay award allocation for the Trust (see FIN03 for further information).

FIN02 - The position excluding the AED costs (FIN02) is a year to date surplus of £226k.

FIN03 - Although the reported forecast is in line with the plan, if the pay award funding methodology used in previous years is adopted by the ICB, then the Trust expects a full year effect pay award funding shortfall of £2.3m. £1m of this is already assumed in the plan, therefore a further increase of £1.3m to the deficit on a FYE basis would materialise. The Trust is awaiting confirmation on the pay award funding allocation by the ICB, income to the value of £386k is accrued in the month 7 position to balance the YTD pay award pressure pending confirmation from the ICB. This is consistent with NHSE / ICB guidance issued to providers at month 7.

FIN04 - Schemes have been identified in full for the 24/25 savings program. A savings target of 0.5% has been delegated to each group and a vacancy factor of 2.5% has been applied to all staffing budgets. Central schemes such as managing inflation, non pay savings are progressing & the targets allocated out to the care groups in month 6, the agency target has remained centrally. Some of these schemes are non recurrent, and are being replaced with recurrent schemes as they are identified and developed.

FIN05 - Agency costs at the end of October continue to reduce and are now 2.7% of the total pay bill (3% in the previous month). An agency ceiling has not been set by NHSE in 24/25, therefore the target for 2023/24 of 3.6% has been provided for comparison purposes. The trust savings plan assumes a £1.6m saving linked to agency premium, the Trust must keep agency spend at or below 3.6% of the total pay bill to achieve this.

FIN 06/07 - Capital spend is behind plan year to date by £1.48m. The current unmitigated forecast underspend ranges between £1m - £1.9m. A detailed scheme by scheme forecast of progress and expected spend is being produced for month 7, including a list of schemes that can be brought forward from the 2025/26 plan to recover the position. A meeting between the CEO, DoF, and Head of Estates is scheduled at the end of November to review this list and confirm which schemes will proceed in December.

Appendix 1`

SPC Icon Description



Assurance					
Variation		Special cause variation of an IMPROVING nature where the measure is significantly HIGHER . This process is capable and will consistently PASS the target if nothing changes.	Special cause variation of an IMPROVING nature where the measure is significantly HIGHER . This process will not consistently HIT OR MISS the target as the target lies between process limits.	Special cause variation of an IMPROVING nature where the measure is significantly HIGHER . This process is not capable and will FAIL the target without process redesign.	Special cause variation of an IMPROVING nature where the measure is significantly HIGHER . Assurance cannot be given as there is no target.
		Special cause variation of an IMPROVING nature where the measure is significantly LOWER . This process is capable and will consistently PASS the target if nothing changes.	Special cause variation of an IMPROVING nature where the measure is significantly LOWER . This process will not consistently HIT OR MISS the target as the target lies between process limits.	Special cause variation of an IMPROVING nature where the measure is significantly LOWER . This process is not capable and will FAIL the target without process redesign.	Special cause variation of an IMPROVING nature where the measure is significantly LOWER . Assurance cannot be given as there is no target.
		Common cause variation, NO SIGNIFICANT CHANGE . This process is capable and will consistently PASS the target if nothing changes.	Common cause variation, NO SIGNIFICANT CHANGE . This process will not consistently HIT OR MISS the target as the target lies between process limits.	Common cause variation, NO SIGNIFICANT CHANGE . This process is not capable and will FAIL the target without process redesign.	Common cause variation, NO SIGNIFICANT CHANGE . Assurance cannot be given as there is no target.
		Special cause variation of a CONCERNING nature where the measure is significantly HIGHER . This process is capable and will consistently PASS the target if nothing changes.	Special cause variation of a CONCERNING nature where the measure is significantly HIGHER . This process will not consistently HIT OR MISS the target as the target lies between process limits.	Special cause variation of a CONCERNING nature where the measure is significantly HIGHER . This process is not capable and will FAIL the target without process redesign.	Special cause variation of a CONCERNING nature where the measure is significantly HIGHER . Assurance cannot be given as there is no target.
		Special cause variation of a CONCERNING nature where the measure is significantly LOWER . This process is capable and will consistently PASS the target if nothing changes.	Special cause variation of a CONCERNING nature where the measure is significantly LOWER . This process will not consistently HIT OR MISS the target as the target lies between process limits.	Special cause variation of a CONCERNING nature where the measure is significantly LOWER . This process is not capable and will FAIL the target without process redesign.	Special cause variation of a CONCERNING nature where the measure is significantly LOWER . Assurance cannot be given as there is no target.
					There is not enough data for an SPC chart, so variation and assurance cannot be given. Assurance cannot be given as there are no process limits.

ROTHERHAM DONCASTER AND SOUTH HUMBER NHS FOUNDATION TRUST

Report Title	Promises / Priorities Scorecard	Agenda Item	Paper U			
Sponsoring Executive	Toby Lewis, Chief Executive					
Report Author	Toby Lewis, Chief Executive					
Meeting	Board of Directors	Date	28 November 2024			
Suggested discussion points (two or three issues for the meeting to focus on)						
<p>The Board received and considered the attached annex eight weeks ago, and supported the format (meaning the separation of plan/likelihood of delivery – as well as the four colour traffic light). As an executive further discussion of deploying this approach more widely will take place in our December/February away days ready for April 1st.</p> <p>This report simply updates on any material changes to the estimate made, by using a short paper. In time for Q4, we will consider how visually to combine a standing assessment with a changes assessment without losing the simple elegance of the format. <i>The need to add pace to delivery of promises 6 and 8 is not repeated in this paper as it is covered elsewhere on the Board's agenda.</i></p> <p>The Board is invited to consider updates here and continue to challenge hard on the capacity and capability needed to secure a step-change in promise delivery in 2025/26 from Q1.</p>						
Alignment to strategic objectives (indicate with an 'x' which objectives this paper supports)						
SO1: Nurture partnerships with patients and citizens to support good health			X			
SO2: Create equity of access, employment, and experience to address differences in outcome			X			
SO3: Extend our community offer, in each of – and between – physical, mental health, learning disability, autism and addiction services			X			
SO4: Deliver high quality and therapeutic bed-based care on our own sites and in other settings			X			
SO5: Help to deliver social value with local communities through outstanding partnerships with neighbouring local organisations.			X			
Previous consideration						
n/a – but annex seen at September Board: both papers due in CLE in December						
Recommendation						
The Board of Directors is asked to:						
NOTE the intended approach to the format of reporting in 2025						
CONSIDER the content updates provided in this paper						
Impact (indicate with an 'x' which governance initiatives this matter relates to and where shown elaborate)						
Trust Risk Register		Na				
Strategic Delivery Risks		SDR 1/2/3/4/5				
System / Place impact		Na				
Equality Impact Assessment	Is this required?	Y	N	X	If 'Y' date completed	
Quality Impact Assessment	Is this required?	Y	N	X	If 'Y' date completed	
Appendix (please list)						
Annex 1 – Promises and priorities – delivery plan and delivery self-assessment (Sept 2024)						

Promises and Priorities – November 2024 updates

Contextual reminder

- 1.1 The deliverology approach behind this paper was explored and explained in September's paper: it focuses on separating the likelihood of delivery from the calibre of the plan. Where delivery is some distance hence, it is possible for a plan score to be worse than the expected delivery position. Separating plan from delivery at the Trust is considered especially helpful, as these are distinct skills that we are seeking to develop. In particular, we want to inculcate a good understanding of 'delivery chains': in other words, those who make the behaviour change needed to achieve a goal, and all of those between the senior sponsor and those people (the chain). As a general rule of thumb, lessening the change is an enabler to success.
- 1.2 It is worth recalling that the 'finish lines' or measures of success are four months old; and indeed the strategy has just passing its first birthday. Whilst most promises have some traction, many are fragile – and as Public Health, Patient Involvement and Partnerships committee discussed for a lot of leaders the work remains 'extra', or novel. The leaders' conference 2024 helped with moving this on, and the imminent start of the LDO, and then introduction of objective-setting and measurement into appraisal, will contribute to this transition.
- 1.3 A group of promises are emerging as fast finishers; or early delivery – either because that was required or because progress has been strong. Positively this includes Promises 4 and 5, focused on patient feedback and community involvement, consistent with the wishes of the governors and wider Board. Promise 19 is very much the highest profile undelivered commitment, with promises 1 and 2 likewise modestly improved. The ten that have started were discussed in May's Board.

Two monthly update: scoring position

- 2.1 As might be expected there is work between assessments, but much of it reinforces existing assessments, or remedies deficits. **We are focused on eliminating plan reds going into Q1 25/26.** *The plan for school readiness developed and now agreed within E&I should reduce in January the plan score for this measure.* Beyond this, we are required to focus on:
 - Developing a cogent peer support worker roll out plan (Toby Lewis) – promise 1
 - Developing a comprehensive plan for promise 2 on carers (EG team exercise)
 - Refining the non-levy elements of promise 9 (Carlene Holden)
 - Refining and finalising details of our Inclusion Health work (Toby Lewis) – promise 10
 - Making progress with definition and trajectory in relation to the urgent care element of promise 14 (Richard Chillery)
 - Progressing neighbourhood health conversations across both systems – promise 15 (Toby Lewis and Richard Chillery)
 - Developing a virtual ward proposition – promise 20 – via HCTC Taskforce (TL)
 - Refining our seven day plans and trajectory – promise 22 – via HCTC Taskforce (RC)
 - Bringing forward plans for the wider promise 26, beyond anti-racism (Carlene Holden)
 - Devising a structured route to meet our net zero commitments (Jo McDonough) – p27

I would very much hope that this list, and those named, is recognised among my team, and active work is visible through November in almost all of the above areas – the exceptions being the first two which are being discussed on 19/12 team away day.

- 2.2 For the executive group, and CLE, there is a broader query to resolve about bandwidth, and capacity/capability, including how promises move from ideas being planned into delivery. We are refining a 'gateway' process for that purpose, which will help us to all recognise the shift, and ensure it is readied, at the same time. Either a backbone CSI role, or adjustment to some current roles, will help us to put in place the manpower to administer this work.
- 2.3 Within the Chief Executive's report, I outline plans to operate a Taskforce for High Quality Therapeutic Care from January 2025. We would expect to use this process to coordinate efforts related to promises 18-23, and ensure that efforts are additive and coordinated.
- 2.4 Board colleagues will be aware of continued energy within each place, local authority, and ICB to move towards a more Neighbourhood model of health. This is welcome, and very much consistent with our promises 15 and 21. The latter is our only undefined promise, in terms of finish lines. This work in Q4 may assist considerably to ensure that those critical underpinning changes in how our care system thinks of itself reinforce our plans: this may reduce the sense of outsiderism about some of our approach, but it will manifestly be important for these changes to be authentic – in particular for them to be community led and powered.

Specific score influencers since the last Board last met (excluding 6-8)

- 3.1 **Promise 2:** Colleagues will be aware that the launch of our fifth staff network, focused on carers, was confirmed at the Staff Networks AGM on November 13th. The Carer's Network commences from late February (LHD). Refinements to our policies and internal work, very much a focus for the Trust People Council, may well be developed at pace. However, the critically difficult measure, to at scale achieve carers assessments and support, may wish to learn from our promise 6 poverty proofing project, and promise 10 on veterans, as whilst very different subjects, the path to execution and delivery is similar: everywhere, and data backed...
- 3.2 **Promise 9:** whilst work to fully expend the levy has previously been positively reported, and remains achievable, a recovery plan has been required from the People and OD directorate. During Q4 a considerable number of high cost apprentices will need to be commenced, alongside the welcome initiation of our apprentice first work.
- 3.3 **Promise 13:** work to deliver a community-based clozapine service in all three communities has been delayed in year, and returns to CLE in January in advance of Investment Fund bids. Strong discussions among care groups have taken place, and we would expect to move to implementation during Q1 25/26.
- 3.4 **Promise 25:** all necessary arrangements continue to be made for Q1 go live with the Real Living Wage. The critical pre-step remains satisfactory conclusion of job evaluation of bands 2 vs 3 in two work groups within the Trust (A&C and HCSW).

Conclusion









- 4.1 The Board may wish to discuss the specific score changes as part of its challenge role.
- 4.2 In terms of underlying capabilities, in developing our well led self assessment will need to undertake work at directorate and group level – and may also need to consider how each of our CLE sub 'clusters' are supported to be most effective. A discussion focused on that theme takes place at December's CLE in advance of the GGI return in January 2025.









Toby Lewis, Chief Executive
22 November 2024

Promises and priorities – delivery plan and delivery self-assessment









Promise	Measures of success	<div>Delivery plan</div> <div><div>Green (G) – Finalised and agreed</div><div>Amber/Green (AG) – Developed and being refined</div><div>Amber/Red (AR) – Understood but Not well documented</div><div>Red (R) – Not constructed yet</div></div>	<div>Comments on delivery plan</div>	<div>Likelihood of delivery</div> <div><div>Green (G) – On track to succeed</div><div>Amber/Green (AG) – Largely on track, and properly understood</div><div>Amber/Red (AR) – Solutions known but implementation requires support</div><div>Red (R) – Actions to succeed not yet known or fully elaborated</div></div>	Comments on likelihood of delivery
1. Employ peer support workers at the heart of every service that we offer by 2027.	Each clinical service in the Trust will have a peer support worker aligned to it and working with patients in their care.	Red	Mobilisation has stalled and a revised approach, with the CEO acting as SRO, will be convened to establish a trajectory and plan by Feb 2025.	Amber red	The promise is hugely ambitious in number and reach. It is forecast that we can scale up, but are not yet confident of sufficient expansion.
2. Support unpaid carers in our communities and among our staff, developing the resilience of neighbourhoods to improve healthy life expectancy.	Achieve Carers Federation accreditation for the work that we do across the Trust.	Amber red	Detailed work to project plan each measure will be needed during 2025.	Amber green	As an input measure, we are confident that effort will produce compliance/adherence.
	Provide flexible, safe, timely access to all our inpatient areas for carers to spend time with their loved ones.	Amber green	The route to do this is well understood. This work will be dovetailed into wider work on ward improvement.	Amber red	Putting into place what is needed is feasible – what has to be established is that it works – through the eyes of carers...
	Identify most and better support all unpaid carers in our workforce, recognising carers traditionally excluded.	Amber red	We can do more to systematise this. But our plan is likely to be incomplete given self-identification inhibition in early months.	Amber red	This cautious rating reflects the hidden scale of need and the work required to match that with support
	Identify all-age carers that use our services and ensure their rights under the carers act are recognised.	Red	This piece of work is a significant one and may require dedicated resourcing for a fixed term period.	Red	Until the planning work is done it is difficult to meaningfully estimate the LOD.
3. Work with over 350 volunteers by 2025 to go the extra mile in the quality of care that we offer	Have 350 volunteers registered to work with us or have equivalent to that figure volunteering time with us through another body.	Amber green	Since summer 2024 some intensive work has taken place to mobilise towards this promise. Six Group plans are being finalised and support resource inside N&F is configured.	Amber red	Until we are more than a third of the way to the measure (having used 40% of the elapsed time), we need to see a sizeable uptick in take up to go AG.
	For that body of volunteers to reflect the diversity of our populations.	Amber red	We have a ‘concept of a plan’. Some good ideas. We now need to document them and work out how they can be executed.	Amber green	As with the COG measure which predated the strategy, improvement is very possible against the baseline: proportionality is much more challenging.

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4. Put patient feedback at the heart of how care is delivered in the Trust, encouraging all staff to shape services around individuals’ diverse needs.	Increase by 15% the scale of feedback received in the Trust versus 2024/25 baselines.	Amber green	We have a deployment plan for Care Opinion, which we believe will improve our reach, pace and analytical capability.	Green	This scale measure we would expect to meet during 2025/26.
	Ensure that feedback is sought and received from a diverse range of backgrounds including those subject to Mental Health Act detention.	Green	JG has overseen a very clear plan to put this into place in acute settings during 24/25.	Amber green	MHA will continue to support this important qualitative work and there is confidence we can meet the ask.
	Demonstrate that patient feedback at directorate level has resulted in meaningful change by 2026.	Amber red	We now on a ‘push’ basis how this can be executed. Work is taking place through 24/25 to test the level of ‘pull’ from inside DMTs to make this work a reality.	Amber red	Given that 18 months+ exists, this can be delivered: but the meaningful change means we need to have achieved the push/pull use in mid 2025.
5. From 2024 systematically, involve our communities at every level of decision making in our Trust throughout the year, extending our membership offer, and delivering the annual priorities set by our staff and public governors.	Involve patient and community representatives fully in our board, executive and care group governance .	Green	This work is structured and is in hand: documenting the process of 2024 peer support and creation of 2025 shadow forums will take place in Q3.	Green	Board and CLE changes are in place – CG governance changes planned for Q1 25/26.
	Deliver the Board’s community involvement framework in full.	Amber green	Work to refine this is well advanced but final documentation is needed, routed in, VCSE analysis which is presently being finalised.	Amber red	This remains AR until there is a clearer trajectory, which SRO, E&I sub, CLE and PHPIP have confidence in.
	Apply patient participation tests to new policies and plans developed within the Trust .	Amber green	This is not yet in place because of delays adopting the policy approval Operating Model. This will be remedied in 2024.	Green	Getting the required changes into place is not an onerous ask, but does require a structured approach.
	Support active membership participation in the work of the Trust, implementing a new membership offer in 2024/25 and evaluating it in 2026/27.	Amber green	Work in summer 2024 has developed a hypothesis about how to do this which is now being consulted with members	Green	This work is on track and will be developed.
	Deliver the annual priorities set by our council of governors.	Amber green	Most priorities set with COG are in hand: there is work to do on the digital aid/MH work which needs resourcing.	Amber green	Within 24/25 we would expect to meet the measures we set in 23/24.

Promise	Measures of success	Delivery plan <div> Green (G) – Finalised and agreed  </div> <div> Amber/Green (AG) – Developed and being refined  </div> <div> Amber/Red (AR) – Understood but Not well documented  </div> <div> Red (R) – Not constructed yet  </div>	Comments on delivery plan	Likelihood of delivery <div> Green (G) – On track to succeed  </div> <div> Amber/Green (AG) – Largely on track, and properly understood  </div> <div> Amber/Red (AR) – Solutions known but implementation requires support  </div> <div> Red (R) – Actions to succeed not yet known or fully elaborated  </div>	Comments on likelihood of delivery
6. “Poverty proof” all our services by 2025 to tackle discrimination, including through digital exclusion	All our services to have completed poverty proofing and be able to evidence resultant change (including digital).	Amber green	Pilots have commenced. AR may be a more realistic view of the rollout plan but a further discussion within CLE will take place in November 2025.	Amber green	E&I sub, and CLE, have supported the ‘pre-agreed/indicative’ changes we would expect to make for 25/26 based on initial analysis.
	Sustained reduction in service attendance gap (7%) in lower decile neighbourhoods.	Amber red	Our current plan is to poverty proof. It remains to be established in early 25/26 what other interventions are needed to achieve this measure.	Amber green	The lack of a final timescale for this improvement explains the positive rating – there is time in 2025 to iterate delivery over following months/years.
	Benefits and debt advice access to be routine within Trust services to tackle ‘claims gap’.	Amber green	An initial proposal is almost in place which has strong support among partners.	Amber green	There is further work to do to consider scope of coverage but the plan has flexibility to reflect that risk.
7. Deliver all 10 health improvements made in the Core20PLUS5 programme to address healthcare inequalities among children and adults: achieving 95% coverage of health checks for citizens with serious mental illness and those with learning disabilities from 2024.	Achieve measured goals for chronic obstructive pulmonary disease (COPD), hypertension, asthma, diabetes, epilepsy, oral health, and children and young people mental health by 2026/27.	Amber green	These measures have been defined, and agreed with all groups via the E&I sub. Most measures reflect continued improvement rather than sizeable changes of trajectory.	Green	Teams involve convey confidence within delivery reviews that they can meet these measures over the time period.
	Achieve learning disability and serious mental illness health check measure in 2024/25 and recurrently.	Amber green	The plans to deliver this measure are reasonably clear but with a concern over data quality emerging.	Amber red	Success relies on the Trust changing how we work and who we work with. During Q3 it will become clearer how feasible this is and over what timeframe.

Promise	Measures of success	Delivery plan <div> Green (G) – Finalised and agreed  </div> <div> Amber/Green (AG) – Developed and being refined  </div> <div> Amber/Red (AR) – Understood but Not well documented  </div> <div> Red (R) – Not constructed yet  </div>	Comments on delivery plan	Likelihood of delivery <div> Green (G) – On track to succeed  </div> <div> Amber/Green (AG) – Largely on track, and properly understood  </div> <div> Amber/Red (AR) – Solutions known but implementation requires support  </div> <div> Red (R) – Actions to succeed not yet known or fully elaborated  </div>	Comments on likelihood of delivery
8. Research, create and deliver 5 impactful changes to inequalities faced by our population in accessing and benefitting from our autism, learning disability and mental health services as part of our wider drive to tackle inequality (“the RDASH 5”).	Increase access to health checks for minority ethnic citizens with Learning Disabilities.	Green	This specific measure, in contrast to the one above, is a more boundaried change, where those involved offer confidence that they can deliver.	Amber green	Resource to support this work is in place: we now need to see whether we are able to reach those previously excluded.
	Increase diagnostic rates for dementia among minority ethnic citizens.	Amber red	We have further work to do, and site visits continuing, to establish a cogent plan grounded in work elsewhere.	Red	This is not simply a supply side change, and clearer influencing strategies need defining to move the LOD assessment.
	Improve access rates to talking therapies among older adults.	Amber green	Teams have worked hard to establish how this can be done and a defined data point is agreed. Executing the plan is commencing and needs ramping up.	Amber red	Movement on the key metric is needed in early 2025 to establish confidence in the work we have done to date
9. Consistently exceed our apprentice levy requirements from 2025, and implement from 2024 specific tailored programmes of employment access focused on refugees, citizens with learning disabilities, care leavers and those from other excluded communities.	Achieve the levy requirements in 2024/25 and thereafter.	Green	A clear plan and delivery model is in place	Green	We are meeting our trajectory YTD and expect to do so at year end
	In 2024/25 introduce tailored access scheme for veterans and for care leavers.	Amber green	Work to meet this measure is planned and in part deployed.	Amber red	The scale and sustainability of the work being done needs further stress testing during Q3
	In 2025/26 introduce tailored access scheme for refugees and homeless citizens.	Amber red	The timing of this measure remains feasible but further work is needed in 24/25 to cohere our plans	Amber red	The rating reflects the evolving picture of planning outlined
	In 2026/27 introduce tailored access scheme for people with learning disabilities.	Red	This scheme needs further dedicated work and the right community based partnership. This remains to be planned and is not simply an extension of the schemes above	Amber red	This can be delivered, given not required until 26/27. But schemes elsewhere have sometimes struggled, and we may need to bring forward a trial scheme.

Promise	Measures of success	<div>Delivery plan</div> <div>Green (G) – Finalised and agreed</div> <div>Amber/Green (AG) – Developed and being refined</div> <div>Amber/Red (AR) – Understood but Not well documented</div> <div>Red (R) – Not constructed yet</div>	Comments on delivery plan	<div>Likelihood of delivery</div> <div>Green (G) – On track to succeed</div> <div>Amber/Green (AG) – Largely on track, and properly understood</div> <div>Amber/Red (AR) – Solutions known but implementation requires support</div> <div>Red (R) – Actions to succeed not yet known or fully elaborated</div>	Comments on likelihood of delivery
10. Be recognised by 2027 as an outstanding provider of inclusion health care, implementing NICE and NHSE guidance in full, in support of local GRT, sex workers, prisoners, people experiencing homelessness, and misusing substances, and forced migrants.	Meet standards set out in published guidance issued by NICE/NHS England (2022).	Amber red	The standards go beyond ourselves and a shared assessment is being documented presently.	Amber red	It will certainly require change to meet the standards, and the homeless health conference in Q3 will be used to kickstart those investments.
	Internal audit confirms access rates being met and feedback from specific communities corroborates that insight.	Red	Data completeness, as well as access itself, makes it very difficult to rate this measure at base. Consideration being given to ‘mystery shopper’ work.	Red	Rating reflects planning gaps identified.
	Specific service offers in place for all or most inclusion health groups by 2027.	Amber red	Plan not yet fully defined, including for refugee groups and sex workers. E&I sub needs to pick up thinking work over remainder of 24/25.	Amber green	Time assists this input metric. Over period possible to put in place what is needed.
11. Deliver in full the NHS’ commitment to veterans and those within our service communities, recognising the specific needs many have, especially for access to suitable mental health and trauma responsive services	Achieve priority access to services for veterans (closing gap between prevalent population and identified attendees).	Amber green	Strong planning work has taken place and whilst the reasons for gaps are speculated, the right actions are in place.	Amber green	Over time, with trial and error, we are expecting to close the gap we presently see through a combination of data improvement and better performance.
	Introduce peer-led service support offer for local residents.	Amber green	This offer is in place in trial and further expansion is being into place. We’d expect this to be live at full scale during 25/26.	Amber green	This input and effort measure can be met, and is in fact ahead of expectations.









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12. Work with community organisations and primary care teams to better recognise and respond to the specific needs of the rural communities and villages that we serve.	Use rural health and care proofing toolkit (National Centre for Rural Health) to identify needs and potential solutions to improving access.	Green	Good connections have been built to help us to think through what the issues and potential solutions may be. Care Group led work at this stage with buy in from other teams.	Amber green	A clear set of intended steps have been defined and agreed in principle through E&I. Further testing needed going into 25/26.
	Increase digital and outreach service solutions to village communities, starting in North Lincolnshire.	Amber red	Not yet meaningfully planned but will be accelerated in the context of the digital transformation plans we have during the balance of 25/26.	Amber red	Rating reflects planning comments made.
13. Substantially increase our Home First ethos which seeks to integrate physical and mental health provision to support residents to live well in their household, childrens', or care home.	Deliver over 130 care packages through our physical health virtual ward service.	Green	A strong plan exists, has been peer reviewed, and is being delivered.	Amber green	The leap of our community geriatric service becoming involved provides a high volume route to expand current volumes.
	Sustain and expand our IV provision in out-of-hospital settings.	Amber green	A little more work might be merited to document the plans and their trajectory, but the component parts of what is needed are well understood.	Green	Services were substantively funded going into 24/25. They are expanding month on month.
	Sustain and expand our Clozapine service in off ward settings.	Amber green	Plan to do this are actively being debated with the key issue being whether it occurs before end of 24/25.	Green	This measure can be met when we find released funding to make it happen.
	Take annual opportunities to transfer services to homecare where safe to do so.	Amber red	In due course we need to find a planning route to go beyond the measures above and establish a broader drumbeat of left shift...	Green	This measure is ours, and others, and will see substantial emphasis in coming years – no doubt.









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14. Assess people referred urgently inside 48 hours from 2025 (or under 4 where required) and deliver a 4-week maximum wait for all referrals from April 2026: maximising the use of technology and digital innovation to support our transformation.	Meet four hour wait standard in 2025/26, where it applies.	Amber green	This measure applies in only a handful of defined services. Monitoring suggests room for improvement but strong performance – focus on this is likely to yield delivery.	Amber green	A delivery priority for next financial year.
	Meet 48 hour wait standard in 2025/26 for all urgent referrals.	Red	Planning, visibility and emphasis on this measure is below where it needs to be: delivery review discussion in September to begin to cohere approaches.	Amber red	Comment reflects known unknowns outlined in planning segment.
	Make progress to reduce waiting lists and times and close supply gap in 2024/26.	Amber green	Work is in place to document, count and manage our waiting lists: due to report to Board in Jan 2025.	Amber green	The scale of change remains significant. But initial data offers optimism that it could be accomplished.
	Meet 4 week standard from April 2026 across all services.	Amber green	Rating reflects prior measure at this stage.	Amber green	As left.
15. Support the delivery of effective integrated neighbourhood teams within each of our places in 2024 as part of our wider effort to deliver parity of esteem between physical and mental health needs.	Support development of integrated neighbourhood teams (INTs) in 2024/5 in all three places.	Red	We have work to do, and partnerships to finalise, to move this goal forward and will not achieve it in 24/25.	Red	As left.
	Restructure Trust services into those INTs during 2025/26.	Red	This rating reflects comment on prior measure.	Amber red	As left.
	Evaluate and incrementally improve joint working achieved through these teams.	Amber red	Planning this work can follow from further definition of the INT plans we have.	Amber green	Once the above measures are met, this item is feasible!
	Meet 5 measures of community mental health transformation agreed in 2024 at the conclusion of the community transformation national programme.	Amber green	This work was defined in late 23/24 and a monitoring structure established. Indications remains positive that we are on track.	Amber green	As left.

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16. Focus on collating, assessing and comparing the outcomes that our services deliver, which matter to local people, and investing in improving those outcomes year on year.	Implement Dialog+ by 2026, collating individual outcomes from that work.	Amber green	The work has started (Sept 24) in the field in training teams, and a well structured delivery plan exists.	Amber green	This remains a challenging programme and one that can deliver, but will face competition from other priorities.
	Report and improve patient recorded outcome measures (PROMS) supported nationally.	Amber green	We report as we need to. Further clarity is needed about our completeness and whether we are maximising opportunities to go beyond minimum response.	Amber red	An improvement trajectory remains to be understood and defined.
	Ensure each Trust service is reporting one local or national outcome measure by 2025/26 as part of our quality plan.	Amber green	CNO clear that our quality plan will be finalised during 2024.	Amber red	This has proved a difficult measure to establish despite work on it for over 12 months.
17. Embed our child and psychological health teams alongside schools, early years and nursery providers to help tackle poor educational and school readiness and structural inequalities.	Narrow the school readiness gap between our most deprived communities and average in each place in which we work.	Amber red	This is a very challenging and multi-factoral target. The delivery plan is due review at November’s E&I group.	Amber red	Gap narrowing on school readiness has proved elusive: joint working with school is going to be needed to deliver any plan.
	Seek to see 80% of children meet their own potential for school readiness by 2028.	Amber red	This is a very challenging and multi-factoral target. The delivery plan is due review at November’s E&I group.	Amber red	Improvement in SR has been consistently achieved over recent years, so there is good evidence in support of further improvement.









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18. From 2023 invest, support and research the best models of therapeutic multi-disciplinary inpatient care, increasingly involving those with lived experience and expert carers in supporting our patients’ recovery.	Meet guidance obligations from NHS England relevant to the quality of inpatient care, including safer staffing measures where they exist, and fully comply with the Mental Health Act.	Amber green	Current analysis for this measure appears positive. Work to improve MHA compliance is showing promise. We know what to do, we need to do it.	Amber green	With continued focus we have some confidence that this can be met over the balance of the year.
	Implement programme of multi-professional quality improvement across all inpatient services by April 2026 and routinely publish data on the care provided in each environment.	Amber red	Draft plans relevant to this exist in ‘top of the office’ form. Discussions among clinical execs, COO and CEO to confirm the calibre of the plan.	Amber red	Mobilising this work will be a significant endeavour in Q1 25/26, after pilot phases over next two quarters.
	Work with patients and peers to assess the quality of services, including through peer reviews, and ensure that teams are able to act on that feedback and those evaluations.	Green	This work has progressed strongly through 2024/25, including now on an OOH basis. Peer involvement has added greatly to the product.	Green	We do need to be able to show impact from the work done in H1, and this will be reflected in our QA for 24/25.
19. End out of area placements in 2024, as part of supporting people to be cared for as close to home as is safely possible.	Cease to place patients out of their home district except where that is their choice or in their best interests.	Amber green	We do know what we need to do. The plan gap is resourcing doing it, and securing our delivery chain internally around LOS.	Amber red	The scale of change required remains immense. Substantial improvement is possible, a revised timetable for elimination will be assessed in Q1 25/26.

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20. Deliver virtual care models in our mental and physical health services by 2025, providing a high-quality alternative to prolonged admission.	Deliver over 130 care packages through our physical health virtual ward service working. with partners.	Green	A strong plan exists, has been peer reviewed, and is being delivered.	Amber green	The leap of our community geriatric service becoming involved provides a high volume route to expand current volumes.
	Introduce and evaluate virtual ward pilot into our mental health services 2024/25.	Amber red	Other priorities have delayed this work, and AOT work has taken primacy. An assessment is being made of how/when this is best mobilised.	Amber red	This rating reflects comments on the left.
	Introduce and evaluate virtual ward pilot within our children’s services 2025/26.	Amber red	The intent and commitment to do this is clear from the leadership team – documenting these ambitions needs attention in late Q3 as part of IF process.	Amber green	Evaluation in that time period may not be feasible, but deployment, if funded, will be.
21. Actively support local primary care networks and voluntary sector representatives to improve the coordination of care provided to local residents – developing services on a hyper local basis.	There is further work to do to confirm the measures of success that best summarise partners’ ambitions for this promise.		There is further work to do to confirm the measures of success that best summarise partners’ ambitions for this promise.		There is further work to do to confirm the measures of success that best summarise partners’ ambitions for this promise.

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22. Develop consistent seven day a week service models across our intermediate care, mental health wards and hospice models from 2025 in order to improve quality of care.	Ensure that access to urgent and emergency services is equitably available through Saturday and Sunday (this must include crisis and safe space availability).	Amber green	This is not P14! This measure is mostly met in Trust delivered/commissioned services. The intention is to use the MHLDA programme for 25/26 to influence configuration.	Red	This is rated red to reflect the reality our patients face – where there is substantial variety in non-Trust services which we need to now influence. There is also a fragility to crisis services which needs continued attention.
	Support substantially increased discharge and admission capacity over weekends.	Red	We do not have a defined plan, delivery chain or implementation model in place as yet.	Amber green	There is very substantial executive emphasis on this work and over coming months we'd expect to see change.
	Assess and publish during 2025 an analysis of quality and safety risks specific to our pattern of weekend working in key services.	Amber red	This is not currently our priority, and we'd anticipate baseline data is scarce. N&F resourcing this work during 25/26.	Amber green	By the end of 2025 this input measure can be met.
23. Invest in residential care projects and programmes that support long-term care outside our wards: specifically supporting expansion of community forensic, step-down and step-up services.	Develop bed-based mental health services within each of our communities by 2028, as additions or alternatives to ward based practice: ideally delivering these services through partner organisations.	Amber green	Good work has taken place to build relationships and this then ties into the bed-plans outlined before the Board.	Amber red	The challenges to implementation are outlined in another paper and remain significant.
	Expand the scale of our residential forensic rehabilitation service.	Amber green	Work has already taken place with this in mind. Further plan exist in our community teams, with scope for work alongside Cheswold.	Amber green	A 20% expansion has already taken place.- and we now need to consider what more is needed to match need.
	Establish and support a step-up service for older peoples' care in Doncaster by 2027.	Amber green	Work advancing alongside partners: project resource defined and starts work shortly. Significant place support.	Amber green	This may be an optimistic rating given scale of change: but the pressing need to change gives this natural priority and we have 3 years to deliver.

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24. Expand and improve our educational offer at undergraduate and postgraduate level, as part of supporting existing and new roles within services and teams while delivering the NHS Long Term Workforce Plan.	Student feedback to reach upper quintile when compared to peers.	Amber green	Strong baseline position, albeit varies annually. Some uncertainty over what drives positivity.	Green	If we retain good infrastructure and support our supervisors with time then performance is expected to be sustained
	Trust workforce plan for 2028 on track to be delivered.	Amber green	Plan, notwithstanding item below, developing well. Fully staffed is year 1.	Amber green	Persistent vacancies are not out principle difficulty (retention exemplar work needs to be effective to sustain seniority within disciplines over time) ie retirement risk.
	Trust meets expectations applied through national Long Term Workforce Plan roll out.	Red	Expectations remain unclear and relation between this plan and funding rollout nationally undefined.	Red	Rating reflects lack of clarity of ask/measure at this stage. May be clarified in 10 year plan (2025)
	NHS England assessment outcomes remain outstanding in all disciplines.	Amber green	Currently strong in all assessed disciplines (latest report just received)	Amber green	No identified reason why assessment outcomes would change over coming period.
25. Achieve Real Living Wage accreditation by 2025, whilst transitioning significantly more of our spend to local suppliers in our communities.	Obtain Real Living Wage Foundation accreditation in first half of 2025.	Green	Engagement started some time ago. Components required all being taken forward and visible within corporate delivery reviews.	Green	For summer 2025 we are confident of achieving accreditation unless external intrusion into our pay plans.
	Pay the Real Living Wage to our own employees from April 2025, or sooner.	Green	We know what needs to be done. Most complex issue is banding reviews of band 2/3 which is needed in Q3/4.	Green	As above.
	Transfer more of our spend to local suppliers (shift of 25%+ compared to 2023/24).	Amber green	Clear plans developed during 2024. Implementation deadlines are clear and being met.	Green	Measure defined, suppliers aware, procurement on plan with transition by end of Q4.









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26. Become an anti-racist organisation by 2025, as part of a wider commitment to fighting discrimination and positively promoting inclusion.	Implement suite of policies and practice to Kick Racism Out of our Trust.	Green	Clarity across CLE about what we plan to do, first policies change go live in Q3.	Amber green	Practice as well as policy change needed, but visible and compelling start made.
	Tackle and eliminate our workforce race equality standard (WRES) gap by 2026.	Amber red	Paper presently with Board and whilst LDO work may assist with managers' behaviours, not yet persuasive that we know fully what is needed.	Amber red	A complex and longstanding issue, which, as yet does not provide have a clear trajectory to success.
	Receive credible accreditation against frameworks of inclusion for all excluded protected characteristics, starting with global majority.	Amber green	There is strong commitment to the measures contained in NW accreditation: work needed now to look across excluded groups for relevant assessment tools.	Amber green	These frameworks tend to be input based, not outcome derived. Organisational commitment to compliance is not in question.
	Tackle our gender pay gap.	Amber red	Board is well versed in this topic. JG/womens network working through a draft delivery plan that helps to tackle workplace benefits gap.	Amber red	Once the plan is visible we can consider the scale of difficulty required: Likely to require behaviour change beyond just the Trust – ie among colleagues hence base rating at AR

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27. Deliver the NHS Green Plan and match commitments made by our local authorities to achieve net zero, whilst adapting our service models to climate change.	Reduce our carbon tonnage by 2000 (and offset balance).	Red	Excellent analysis has established the sheer scale of change/investment needed. Consideration of a route to success is to be considered alongside our forthcoming estate plan.	Red	Estimated £18m investment is not foreseeable, and we are working through what may be possible as an alternate to the heat pump route to gas reduction.
	Agree and deliver specific contribution to local authority climate change plans.	Amber red	Advancing this measure is a matter of time/priorities. Good engagement exists with each LA, and in due course this work can be documented and reviewed.	Amber green	LA feedback on Trust engagement remains positive, and we are not not doing what is asked. The plan may give rise to a larger ask in time.
	Change service models for patients and staff to reduce travel required by 2027.	Amber red	A plan to achieve this, and to scale ‘this’, is being developed during Q4/Q1. Our ‘remote’ policy and practice will be crucial to success.	Amber green	The implementation of digital care alternatives is a national priority, and we would expect our own and others efforts to intensify in 25-26-27.
28. Extend the scale and reach of our research work every year: creating partnerships with industry and Universities that bring investment and employment to our local community.	Meet portfolio study recruitment targets each year.	Green	The Trust is consistently meeting the measures and has a process in place to support engagement where there are shortfalls	Amber green	This is very much a well led measure and we would expect to succeed again in 2024/25
	Deliver metrics contained in the Trust’s Research and Innovation plan.	Amber red	Significant work is now needed to convert the research priorities we have agreed into a delivery plan owned across Care Groups	Amber red	The 2028 ambitions are deliverable, but a cultural shift is probably needed in how GR/CGs operate together
	Work to further increase the reach of research into excluded communities locally.	Amber green	This is a longstanding programme of work for grounded research. A more detailed delivery plan may be needed going into 25/26. This may include developing a community researchers’ programme.	Amber green	This is an input measure which we are confident of sustaining focus on, without too much corporate input

Council of Governor priorities

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<div>Community involvement</div> <div>GB1: Objective one of the Clinical and Organisational Strategy (C&OS) becomes a real part of how RDASH works and relates to others</div>	High levels of awareness among employees of the strategy’s promises (60%+) by survey, including recognition among top leaders’ cadre (n150) of the critical role of objective one	Amber green	Promotion of the strategy to employees has been extensive and from November 2024 the basis for new joiners induction will be our strategy – work on objective 1 forms part of the September leaders’ conference 2024	Green	Whilst endorsement of the strategy will vary: we should be confident that awareness of the promises is high among our teams and partners.
<div>Community involvement</div> <div>GB2: Every Trust service by 2027 will have peer support workers within it (promise 1 in the C&OS)</div>	15% improvement on current baseline in adult and older adult mental health services	Amber green	The Trust’s promise 1 postdates this measure and subsumes it. Existing expansion plans for 24/25 would appear to meet this metric.	Amber green	The first recruitment after investment against promises 1 has been within these services.
<div>Community involvement</div> <div>GB3: Promises within C&OS describe commitments to widening access and to expanding apprenticeships</div>	Fully deploy the apprentice levy sum and create new targeted schemes for vulnerable groups (care leavers, homelessness, and refugees)	Green	The plan to deliver the levy is in place, and ringfenced schemes are being developed. They do vary in their maturity, as suggested under the promise 9 assessment	Amber green	There is confidence that these schemes can be executed over coming months through 2025.
<div>Health promotion and prevention</div> <div>GB 4: The Trust is committed to ensuring health checks are conducted annually for a) local people with a, learning disability who are registered as such with their GP and b, those</div>	Meet for both a) and b) and in each of three Places the standard set within the Core20PLUSfive programme	Amber green	The national standard of 75% is likely to be met based on prior work patterns. And the elevated ‘promise’ standard is well reflected in planning.	Amber green	The standard can be met in 24/25.
	Expand our work to tackle poverty in local schools through targeted action, likely to include the ‘glasses for classes’ campaign	Amber green	Existing initiatives exist: further consideration is needed as to how a forward plan of possibilities can be developed.	Green	The glasses for classes scheme has been implemented.

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registered with a serious mental illness)					
<u>Health promotion and prevention</u> GB5: We are mapping community assets in all three communities. Our estate plan will then relocate some services to those assets. This work is also supported by our community MH transformation work and our partnership with Leisure Centres.	Invest in community estate in Rotherham to expand the number of consulting rooms and shared spaces available in the town	Amber green	This work is actively progressing and our estate plan will finalise our arrangements from 2025-2028 in the borough	Amber red	The only reason for this rating is timing on the delivery side: main proposals may be subject to procure/build periods which are extended.
	Present finalised asset map to CLE, BOD and COG.	Amber green	This work has been advanced and resource to do so has been in place from Q1 24/25. Outputs are now to be tested in CLE environment.	Amber green	This work can be delivered – a timetable to finalise it to a degree of completeness remains to be established (October delivery review)
<u>Health promotion and prevention</u> GB6: We are working with three local public health departments and others, to assess the calibre of promoted/certified mental wellbeing advice available to both children and young people (CYP) and adults in our three Places. Our new website goes live in December 2023.	Six clear access routes to certified information are ‘endorsed’ by RDASH 3xCYP and 3xadult and their use is tracked and scaled up, in part through our work.	Red	This work requires an identified resource and is paused with the Chief Executive. This work will be incorporated with patient communication workstream	Red	This aim can be met – but presently won’t be until a project to do so is created. This is unlikely before Q4 25/26.
	Grounded Research engaged with each Chamber of Commerce to explore our role with employers in promoting evidence-based wellbeing interventions.	Amber green	Grounded research engagement has taken place and work on this through the Chamber is advancing with local businesses.	Amber green	We will use our R&I plan work to ensure we remain active in supporting this measure – and indeed ensure that our own work meets these standards.

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	Funding route for current time-limited support in schools service is established (funding expires 2025).	Green	This has been satisfactorily resolved in 23/24 and 24/25.	Green	This is now identified as an HMG priority and funding models should be considered secure.
<u>Volunteering</u> GB 7: Our system for recruiting and rapidly enrolling volunteers needs to be effective and pacey. The VSM is making progress with this and internal audit will undertake a review in December/January to ensure that our systems are fit for purpose	The management have confidence that anyone applying to volunteer with us would have a decision and be enrolled within defined, published, and attractive timescales.	Amber green	Arrangements to deliver the changes in process between departments to both speed up and scale up have been agreed. A final flow chart, to permit process step timeliness checking to be monitored is being finalised through the CNO.	Green	This can be met in early 2025.
<u>Volunteering</u> GB8: We have committed in the C&OS to expand volunteering from 50 to 350 people (c10% of headcount)	100 active volunteers working within RDASH by March 2024, with a clear path to 250 by March 2025 [ie. we know how we would use a further 150 rewardingly]	Amber green	Group plans to create placements are advancing well. Support plans corporately to enrol and support this scale of volunteers are assumed within N&F restructure.	Amber red	Promise 3 seeks to reach 350 volunteers in 2025: the cautious rating here reflects LOD by March to 250.
	The diversity of our volunteer base is improving against 2023 baseline	Amber green	No detailed plan to meet this aim is yet in place. However, the ambition is modest given the uniformity of the baseline. Ideas to finalise a plan are being documented through the CNO's team.	Amber green	Progress to improve diversity will be met – fully reflecting our population represents a more challenging objective.