





# AGENDA






## COUNCIL OF GOVERNORS – IN PUBLIC

Wednesday 5 March 2025 at 3 pm – 5 pm

City of Doncaster Council Chambers, Civic Office, Waterdale, DN13BU (Hybrid Meeting)

No	Item	Lead	Enc
1	Chairman's welcome		
2	Quorum / Apologies for absence		
3	Declarations of Interest		A
4	Minutes and actions from the previous meetings held on 4 December 2024		B
5	<b>RDASH Performance – Committee Reports</b> (from Committee Chairs and Governor members) <ul style="list-style-type: none"> <li>Finance, Digital and Estates Committee (FDE)</li> <li>People and Organisational Development Committee (POD)</li> <li>Public Health, Patient Involvement and Partnerships Committee (PHPIP)</li> <li>Quality Committee (QC)</li> <li>Trust People Council (TPC)</li> </ul>		C
6	<b>2024/25 Annual Report and Associated Matters</b>		D
7	<b>Out of Area Placements (Promise 19)</b>		E
8	<b>RDASH Membership – a revised approach (Promise 5)</b>		F

TRUST UPDATE			
9	<b>Trust Update: Regular reports</b> <ul style="list-style-type: none"> <li>Chair's Report</li> <li>Chief Executive's Report</li> <li>Other Committee Reports (Audit, Mental Health Act and Remuneration)</li> </ul>	 	G
10	<b>Governor Activities</b>		H
11	Any Other Business (to be notified in advance to the Chair)		
12	Public questions *		
	Meeting close.		

	Kathryn Lavery Chair		Toby Lewis Chief Executive		Philip Gowland Director of Corporate Assurance
	Richard Chillery Chief Operating Officer		Steve Forsyth Chief Nurse		

* Public Questions:
<p>Questions from members of the public are welcomed at the appointed time during the agenda. The following guidance is offered in respect of this item on the agenda:</p> <ul style="list-style-type: none"> <li>Questions at the meeting should ideally relate to papers being presented on the day</li> <li>Members of the public are very much welcome to raise questions at any other time, on any other matter, through the office of the Chair and Chief Executive or via <a href="mailto:rdash.corporate-assurance@nhs.net">rdash.corporate-assurance@nhs.net</a></li> <li>There is no need for questions to be submitted in advance, although this may mean that it is not always possible to provide an answer at the meeting. In that case, the questioner's contact details will be requested for response. Questions will be taken in rotation, to ensure those wishing to raise questions have equal opportunity, within the limited time available.</li> </ul> <p><b>PLEASE NOTIFY THE CORPORATE ASSURANCE TEAM OF ANY SPECIAL REQUIREMENTS AT LEAST 48 HOURS IN ADVANCE OF THE MEETING</b></p> <p><a href="mailto:rdash.corporate-assurance@nhs.net">rdash.corporate-assurance@nhs.net</a></p>

<p><b>The next meeting of the Council of Governors will take place on</b></p> <p><b>Wednesday 11 June 2025 at 4.30pm</b></p> <p><b>Amongst the agenda items will be:</b></p> <p><b>Care Opinion (patient feedback / promise 4) –</b> How can we make sure that our patient feedback is embedded into how we operate;</p> <p><b>High Quality Therapeutic Care –</b> our work to deliver promise 18 and deploy the best care models</p> <p><b>and</b></p> <p><b>2025/26 financial plans –</b> how much do we have and how will we use it?</p>
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**ROTHERHAM DONCASTER AND SOUTH HUMBER NHS FOUNDATION TRUST  
REGISTER OF INTERESTS OF THE GOVERNORS**

**ELECTED GOVERNORS**

<b>Name</b>	<b>Constituency</b>	<b>Interests Declared</b>
Richard Rimmington	Public - Doncaster	Member of the Labour Party
Maureen Young	Public – Doncaster	None
Ruth Sanderson	Public – Doncaster	Business Development Manager, Volunteer Health Watch, Sales Rep at Turun UK Falls Technology.
Joy Bullivant	Public Doncaster	Retired employee of RDaSH
Hannah Hall	Public - Rotherham	Employee at The Rotherham NHS Foundation Trust – Non Financial Dialled In Agency Ltd. – Financial Interests RDaSH Service user – Non Financial
Mohammed Suleman	Public - Rotherham	Member of: Conservative Party from 2012 Trustee/Director of: Rotherham Allotment Alliance from 2018 K Education Foundation from 1999
Kamlesh Vatish	Public – Rotherham	None
David Vickers	Public - Rotherham	Royal College of Nursing – Member Royal College of Nursing Yorkshire and Humber Region Retired Members' Group – Chair Rotherham Older People's Forum – Committee member Good News for Everyone (formerly Gideons) Rotherham Branch – Chair National Pensioners' Convention (NPC) Health and Social Care Working Party – member NPC Housing Working Party -Member Rotherham NHS Foundation Hospital Trust – Public Panel – Member South Yorkshire ICB Readers' Panel – Member AgeUK Policy Sounding Board – Policy Reviewer AgeUK Strategic Working Group – Member Star Housing Recovery, Bristol (Charity to support recovering addicts) – Vice Chair Rotherham Friends of Palestine – Co Chair The Rivers Team Church Council – Member/Trustee Rotherham Deanery Synod (Church of England - Member
Arun Chaudhary	Public - North Lincolnshire	Newly appointed
Chris Pope	Public - North Lincolnshire	Newly appointed
Ruth O'Shea	Patient & Carer	Retired employee of RDaSH
Joan Cox	Patient & Carer	Employee of Her Majesty's Prison and Probation – Probation Service Manager – The Service uses RDaSH ASPIRE Services
Ann Llewellyn	Patient & Carer	Nil declaration (updated 04/12/2023)

**ROTHERHAM DONCASTER AND SOUTH HUMBER NHS FOUNDATION TRUST**  
**REGISTER OF INTERESTS OF THE GOVERNORS**

Ian Spowart	Patient & Carer	Nil Declaration
Mark Johnson	Patient & Carer	Labour Party, Hadfield Parish Councillor. Member of CHAD Choice for all Doncaster.
Kevin Hodgkiss	Patient & Carer	Newly appointed
Jenni Gauld	Staff - Physical Health and Neurodiversity Care Group	Newly appointed
Prachi Goulding	Staff North Lincolnshire Adult Mental Health and Talking Therapies Care Group	Nil Declaration
Jessica Williams	Staff Children's Care Group	Newly appointed
Emma Wilsher	Staff Rotherham Adult Mental Health Care Group	Nil Declaration
Victoria Stocks	Staff Doncaster Mental Health and Learning Disabilities Care Group	Nil Declaration
Mike Seneviratne	Staff – Corporate	Trustee of SAGE Greenfingers charity in Sheffield Employee of RDaSH

**NOMINATED / APPOINTED GOVERNORS**

Lee Golze	City of Doncaster Council	Employee DMBC - Assistant Director: Partnerships, Early Intervention & Localities: Children, Young People & Families
Dr Dean Eggitt	Doncaster LMC	Partner - The Oakwood Surgery- Healthcare provider, Financial, Oct 2012 to present , CEO Doncaster LMC, Negotiating committee, Financial, 2011 to present, Director Pre Medical School, Healthcare education, Financial, Aug 2019 to present
Roxanne Kirby	North Lincolnshire Council	None received
Cllr Linda Beresford	Rotherham Metropolitan Borough Council	TBC
Emma Price	South Yorkshire ICB	Employed by partner organisation – Non-financial Professional Interest
Champion Solesi	Young Advisory Group	Newly appointed
Taylor-Mai Cathoral	Young Advisory Group	Newly appointed

This Register is maintained by the designated Board Secretary and is available as a Public document in line with Paragraph 34.1.3 of the Constitution.

# MINUTES OF THE COUNCIL OF GOVERNORS MEETING – PUBLIC SESSION

WEDNESDAY 04 DECEMBER 2024

THE UNITY CENTRE ROTHERHAM & VIA MICROSOFT TEAMS

<b>PRESENT</b>	
Kath Lavery	Chair
Cllr Linda Beresford	Partner - Rotherham Metropolitan District Council
Joy Bullivant	Public - Doncaster
Arun Chaudhary	Public - North Lincolnshire
Joan Cox	Patient and Carer
Jennie Gaul	Staff - Physical Health and Neurodiversity Care Group
Lee Golze	Partner - City of Doncaster Council
Prachi Goulding	Staff - NL Adult Mental Health and Talking Therapies Care Group
Hannah Hall	Public – Rotherham
Kevin Hodgkiss	Patient and Carer
Ann Llewellyn	Patient and Carer
Chris Pope	Public - North Lincolnshire
Emma Price	Partner – South Yorkshire ICB
Richard Rimmington	Public - Doncaster
Michael Seneviratne	Staff - Backbone
Ian Spowart	Patient and Carer
Kamlesh Vatish	Public - Rotherham
David Vickers	Public - Rotherham
Champion Solesi	Partner - Children's Care Group Young Advisory Group
Jessica Williams	Staff - Children's Care Group
Emma Wilsher	Staff - Rotherham Adult Mental Health Care Group
Maureen Young	Public - Doncaster
<b>IN ATTENDANCE</b>	
Toby Lewis	Chief Executive
Richard Banks	Director of Informatics
Rachel Blake	Non-Executive Director
Glyn Butcher	People Focus Group
Richard Chillery	Chief Operating Officer
Richard Falk	Non-Executive Director
Steve Forsyth	Chief Nurse
Kathryn Gillatt	Non-Executive Director
Philip Gowland	Director of Corporate Assurance / Board Secretary
Dr Jude Graham	Director for Psychological Professionals
Carlene Holden	Director of People and Organisational Development
Janusz Jankowski	Non-Executive Director
Jo McDonough	Director of Strategic Development
Sarah Fulton Tindall	Non-Executive Director
Jill Savoury	Deputy Director of Finance
Diarmid Sinclair	Acting Medical Director
David Vallance	Non-Executive Director

Pauline Vickers	Non-Executive Director
Susan Black	Corporate Assurance Officer (Notes)
<b>PUBLIC/STAFF</b>	
Glyn Butcher	People Focus Group
Sarina Donner	Senior Occupational Therapist
Pippa Harder	Stag Medical Centre
Enioluwada Oluwajoba	Engagement and Participation Lead

Minute Ref		ACTION
1	<b>WELCOME</b> Kath Lavery, Chair, opened the meeting and welcomed all attendees.	
2	<b>QUORACY / APOLOGIES FOR ABSENCE</b> Kath declared that the meeting was quorate.  Apologies were received from Governors, Alex Haig, Mark Johonson, Roxanne Kirby, Victoria Stocks and Ruth Sanderson; and from Izaaz Mohammed, Director of Finance and Estates.	
3	<b>DECLARATIONS OF INTEREST</b> There were no changes to the declarations of interest and no further declarations were made in respect of the agenda items for this meeting.  <b>The Council of Governor's received the Declarations of Interest.</b>	
4	<b>MINUTES OF THE PREVIOUS MEETING HELD IN SEPTEMBER 2024</b> The Council of Governors approved the minutes of the previous meeting as an accurate record with the addition of Ian Spowart to the apologies.  <i>Post Meeting note: Ian Spowart's apologies were added to the last meeting minutes held 4 September 2024.</i>	
5	<b>GOVERNOR ROLES AND RESPONSIBILITIES</b> Phil introduced the paper and gave an update on the elections results.  <b>Elections</b> Welcoming the new governors Phil congratulated them all on their appointment.  The Doncaster public elections results were published 2 December 2024 resulting in the successful reelection of Maureen Young to this position. All the staff positions were filled with a governor appointed to each of the five care groups and the backbone services. The five new staff elected Governors are: <ul style="list-style-type: none"> <li>Jessica Williams - Children's Care Group.</li> </ul>	

- Prachi Goulding - North Lincolnshire Adult Mental Health and Talking Therapies Care Group.
- Jennie Gaul - Physical Health and Neurodiversity Care Group.
- Victoria Stocks -Doncaster Adult Mental Health and Learning Disabilities Care Group.
- Emma Wilsher to Rotherham Adult Mental Health Care Group.

Toby noted that there were still two patient and carer governor vacancies and Philip confirmed that further elections would take place in early 2025 in order to fill these vacancies.

Prachi advised that her Care Group were looking at having patient representatives in their internal meetings and this may be a source of interest for future patient and carer governors.

Discussions followed on possible difficulties of the application process, however our patient governors felt there was sufficient support available throughout the process. Suggestions were made to include more video clips and patient and carer forums.

#### **Non-Executive Director reappointment**

It was the governor's responsibility to appoint or reappoint the Non-Executive Directors (NED). This month Sarah Fulton-Tindall was due for reappointment having completed her first three year term of office. (Sarah left the meeting pending the decision)

Both Kath and Jo gave an overview of the work and the commitment undertaken by Sarah within her position as NED. Sarah had a focus on the key priority areas and currently chairs the Mental Health Act committee. Governor David Vickers agreed with the observations, having attended the Committee chaired by Sarah she was seen to be competent and well informed.

**The Council of Governors approved the reappointment of Sarah Fulton-Tindall to the NED role for a further three year term.**

Sarah rejoined the meeting following her reappointment and thanked the governors for their decision.

#### **Non-Executive Director appointment**

The Council of Governors approved the appointment of Richard Falk as an associate director in April 2024 with a view to him replacing Dawn Leese as NED and chair of the Quality Committee when she left in November 2024.

The Council of Governors were asked to acknowledge and approve the transition from Associate NED to NED.

**The Council of Governors approved the appointment of Richard Falk to the role of NED.**

	<p><b>Governor Activities</b></p> <p>Philip talked about the different activities the governors had been involved with and governors gave brief insights of their experiences.</p> <p>Richard R mentioned that he had also undertaken a peer review in October and David highlighted the PLACE (Patient Lead Assessment of the Care Environment) visits that governors could undertake.</p> <p><b>The updated was accepted and noted by the Council of Governors.</b></p>	
6	<p><b>RDASH PERFORMANCE – COMMITTEE REPORTS (from Committee Chairs and Governor members)</b></p> <p>Governors had now been attending as members of four of the Committees for approx. six months which was aligned to promise five. The Chairs were asked to give an overview of activities:</p> <p><b>Finance Digital and Estates Committee</b></p> <p><b>Finance</b> Pauline advised that at month six, performance was showing a deficit of £74,000 the key risk was that the pay award would not be fully funded nationally. Mandatory compliance was improving for <b>Estates</b>, the Committee was partially assured on fire safety and feedback was awaited on the fire door inspection. The procurement process had been completed in <b>Digital</b> for a new supplier of the electronic patient records system. The agreed supplier selected was TTP who were the current supplier.</p> <p>Ian thanked the Chair for making the finance meeting easy to understand and said he was impressed with the detail provided. Richard supported Ian's comments.</p> <p>Toby advised that the Trust had a turnover in excess of £225m which was a significant sum. He reflected on the underlying deficit position and noted the work in the last and the current years to address this and to achieve significant cost savings. He explained this was also set against a national funding position that offered little if any at all by way of growth.</p> <p>David Vi mentioned the anticipated multi million deficit for the ICB and wondered if there was an update. Toby anticipated that the South Yorkshire ICB would be approx. fifty million adrift and the Humber and North Yorkshire ICB approx. one hundred and fifty million adrift, based on current performance.</p> <p>There would be a significant challenge to secure investment and the Trust would diversify by researching different sources of funding available. There was a big employment agenda which may be a source of funding via the South Yorkshire Combined Authority and Greater Lincolnshire Mayoral Authority.</p> <p>Maureen asked about how secure the funding was for the Hospice. In response Toby confirmed that there was no plan to move away from the current funding model which included a significant proportion coming via</p>	



commissioners (as opposed to many other Hospices that are self-funded and reliant on fundraising).

#### **Public Health, Patient Involvement and Partnerships Committee.**

Dave Va explained that there were two plans received by this Committee being Equity and Inclusion and Research and Innovation.

Work remained ongoing to ensure that the Trust had available the relevant information to support the measurement and progress with the delivery of related Promises.

Jo who was a member of the Committee, although could not attend the most recent meeting, mentioned how insightful the presentation on the Roma community was at the last meeting, highlighting the inequalities experienced.

#### **People and Organisational Committee**

The Committee reviewed the People and Teams plan to help understand the matrix. Data reviewed by the Committee included workforce, inequality and race inequality. The Committee agreed that data from lived experience should be taken into consideration.

The Committee received an update from the Freedom to Speak Up Guardian James Hadfield on feedback from users of the FTSU service and on the number of FTSU champions recruited and trained throughout the trust. Overall, this was very positive.

Ian, who was at the meeting, advised that it was encouraging to see Committee concerns, such as staff issues on race inequality, being raised at Board, also to hear that the ½ day training results were showing through positively in the data, for example in increased MAST compliance.

Progress on the reduction of agency staff was raised and Toby advised that the trust had been spending approx. £660,000 per month on agency staff, this had reduced to £75,000 a month with an aim to be at zero in March 2025. Prachi mentioned that it was really interesting and good to know that there was proactive work going on.

#### **Quality Committee**

The Committee had reviewed a number of areas including agency staffing, patient safety and peer reviews. Agency spend was showing improvements and the Committee were challenged by Toby to seek feedback from the higher users of the service to establish how this was working for them. Anonymous feedback was also encouraged.

On patient safety the Committee reported that incident reporting (IR1s) appeared to be showing a higher trend in the Rotherham Care Group, and this would be reviewed.

	<p>The peer review system was providing valuable feedback and this process would be developed further.</p> <p>Discussions followed on the size of the agenda pack and the results/feedback from the PLACE visits. Ann advise that there was a problem with storage and one issue was that bathrooms were being used to accommodate storage to the detriment of the patients.</p> <p>Toby requested that a qualitative update, addressing the issues Ann raised on storage to be delivered at the next Council of Governors meeting.</p> <p>Hannah Hall reminded the attendees that the lowest score should be taken into account when measuring PLACE results.</p> <p>Jo Cox encouraged the governors to take up the opportunities to be involved with both peer reviews and PLACE visits to experience work life on the wards.</p> <p>Richard C mentioned that the times of the reviews were changing to capture experiences at different times of day and that in the future the visits may be extended to the community teams.</p> <p><b>The Council of Governors accepted and noted the Committee papers.</b></p>	SF
	<p><b>Mental Health Act</b></p> <p>Diarmid provide a presentation on the proposed new Mental Health Act, noting that the legislation had not been passed by Parliament yet and indeed, when that process started it would likely take some considerable time before all aspects were in place. However, it was important to share the key expected changes and his presentation focused on a number of these, being detention criteria – the addition of serious harm; community treatment orders – changes to criteria; and nominated person vs nearest relative – extended to give a nominated person the right to be consulted, object to transfers between hospitals and community treatment orders.</p> <p>Under Section 136 rules, the use of police cells as a place of safety would be removed. Toby advised that South Yorkshire ICB had funded an additional Section 136 suite, to be in Sheffield and this should result in there being sufficient places of safety for adults in this area (South Yorkshire).</p> <p>Hannah Hall asked about information sharing with a different hospital with the patients permission, this was something for the trust to build and work on. Arun highlighted that items detailed by the act were what doctors would do every day. Toby advised that 1 in 5 of our patients did not have an up to date care plan, so there was still work to be done.</p>	

	<p>Implementation was discussed with Diarmid advising that the act was before parliament in the autumn and a staggered implementation was anticipated. Ian wondered about the training and the impact for staff and it was acknowledged that the changes proposed in the act would have an impact on the workforce.</p> <p>Maureen asked if powers of attorney were recognised Diarmid confirmed that these were taken into account</p> <p><b>The Council of Governors received and noted the presentation</b></p>	
8	<p><b>Promise 14 –</b> <i>Assess people referred urgently inside 48 hours (or under four where required) and deliver a four-week maximum wait for all referrals from April 2026, maximising the use of technology and digital innovation to support our transformation.</i></p> <p>Richard C noted that the focus of the paper was on the four week wait element of the promise. The papers showed an improving position. The Board had supported additional investment to address ADHD waits, which was a topic receiving national focus and Richard C advised that the trust was on track to achieve the April 2026 target date.</p> <p>For childrens neurodevelopmental services, Rotherham had the highest number of waits and work was ongoing to bring them back on track to achieve the target date. Doncaster and North Lincolnshire were on track for delivery. Between January and March 2025, a demand and capacity exercise would be undertaken in every service to create a clear plan of the future requirements. Known areas of challenge were adult waiting times for autism and the memory services</p> <p>Chris highlighted that there was also an issue of access to care for children with ADHD complicated further by ‘post code’ or cross border challenges that were denying children access to services. Richard C acknowledged that the Trust and Local Authorities had further work to do in this regard.</p> <p>Toby acknowledged that success with the promise required a cultural change within the Trust to support our patients to be assessed inside a month in order to then receive meaningful care. The shorter the wait the less risk to the patient.</p> <p>In practice Prachi felt that the extensive work on this topic was leading to positive outcomes for patients. Emma mentioned that anomalies had been identified with reporting and it was positive to see that following escalation these matters were being addressed. There may be further benefit from including system users in the process to establish any other reporting difficulties, including reporting to the 644 national report. Emma thanked the clinical systems teams for their help.</p> <p><b>The Council of Governors received and noted the papers.</b></p>	

9	<p><b>TRUST UPDATE</b></p> <p><b>Chairs Report</b> It was Kath's second anniversary in the position of Chair for the Trust her report was included in the pack for information.</p> <p><b>Chief Executive Report</b> Toby, referred to his Report, and focused on three areas – being fully staffed, regulation 28 letters from the Coroner and Promise 19 and out of area placements.</p> <p>Toby reminded the governors of the intent to be '<b>fully staffed</b>' and noted the progress made, which was considerable in some areas, to reduce vacancies to 2.5%, and therefore for staffing to be 97.5% across the Trust. He highlighted that Consultant psychiatry posts remained difficult to fill and retain.</p> <p>In response to a <b>Regulation 28</b> letter, emergency changes were being made to remove barriers to access crisis services, that had occurred due to date of birth requirements.</p> <p><b>Promise 19</b> was to address out of area placements and the Trust had accepted the related financial budget from the ICB. This would increase the budget by around £15m per year, but would also see the Trust take the risk and responsibility for utilising that money and ensuring patients, needing inpatient care were treated.</p> <p>Ann asked why age barriers existed and Toby advised that there were good reasons initially and they mirrored local authority services, but moving forwards we were looking at a more needs led service. Toby confirmed, in response to Jo, that funding had been secured for the homeless health service. Nationally partners were coming together to consider what works best and the shape of the service required. By May the Trust should have a team in place to support this community issue.</p> <p><b>The Council of Governors received the paper for information.</b></p>	
9	<p><b>ANY OTHER BUSINESS</b> Toby asked the governors for details on their interests so these could be addressed / discussed at future meeting.</p>	PG/JC
10	<p><b>PUBLIC QUESTIONS</b> Philip thanked Mo Ramzan for his nine years' service as a governor of the trust and his commitment and contribution to the CoG</p> <p>Kath thanked everybody for attending and closed the meeting.</p>	
11	<p><b>DATE, TIME, AND VENUE OF NEXT MEETING</b></p>	

	Wednesday 5 <sup>th</sup> March 2025 at 3pm – City of Doncaster Council Chambers, Civic Office, Waterdale, DN13BU	
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## COUNCIL OF GOVERNORS MEETING – ACTION LOG

COUNCIL OF GOVERNORS MEETING VIA MICROSOFT TEAMS					2024/25
REF	AGREED ACTION	OWNER	TIMESCALE	PROGRESS	OPEN / CLOSED
<b>COG 04/09/2024</b>	Discussion to be held on how Martha's Law is managed and update at March meeting	TL	05/03/2025	The Trust is working on its Second Opinion Policy at present. Due Summer 2025	Open
<b>COG 04/12/2024</b>	<b>RDASH PERFORMANCE – COMMITTEE REPORTS</b> A qualitative update, addressing the issues Ann raised, on storage concerns following PLACE visit to be delivered at the next Council of Governors meeting.	SF	05/03/2025	Meeting between Steve and Ann has been arranged and an update to the Council of Governors will be made at the meeting to reflect on Ann's points and other key PLACE-related matters – also see Trust Update Chief Executive's Report for the latest results from PLACE 2024.	Propose to Close
<b>COG 04/12/2024</b>	<b>AOB</b> The governors to provide details on their interests so these could be addressed / discussed at future meeting	All Governors	05/03/2025	A request was circulated to all Governors and to date 16 have responded with their areas of key interest – these are presented within Paper H and will be used to help construct the agendas of future meetings and new learning opportunities. Some further time will be given to the remaining Governors to send in their interests.	Propose to Close

# ROTHERHAM DONCASTER AND SOUTH HUMBER NHS FOUNDATION TRUST

<b>Report Title</b>	Performance – Committee Reports	<b>Agenda Item</b>	Paper C	
<b>Sponsoring Executive</b>	Philip Gowland, Director of Corporate Assurance			
<b>Report Author</b>	Philip Gowland, Director of Corporate Assurance			
<b>Meeting</b>	Council of Governors	<b>Date</b>	5 March 2025	
<b>Suggested discussion points</b> (two or three issues for the meeting to focus on)				
<p>The attached paper reflects and summarises the most recent work of the Board Committees – with a focus on the four Committees that have Governors as members. Those Governors together with the respective Chairs of the Committees (all Non-Executive Directors) will offer commentary in support of this written paper at the meeting.</p> <p>Additionally, the report also reflects on the Trust People Council where the six staff governors are members.</p>				
<b>Alignment to strategic objectives</b> (indicate with an 'x' which ambitions 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	
<b>Previous consideration</b> (where has this paper previously been discussed – and what was the outcome?)				
The attached report presents a consolidated report on the Committee's most recent reports which have been provided to and discussed by the Board of Directors meetings which are held in public – most recently in January 2025.				
<b>Recommendation</b> (indicate with an 'x' all that apply and where shown elaborate)				
The Council of Governors is asked to:				
X	<b>RECEIVE</b> the paper for information			
<b>Impact</b> (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
<b>Appendix</b> (please list)				

# **RDASH Performance – Committee Reports. March 2025**

## **Introduction and Overview**

This Report focuses on key performance information and the assurances provided via the Committees and the Board of Directors meetings. The Chief Executive's Report also provides further details of some of the key news and updates relating to the Trust and the wider environment in which it operates from the last quarter.

Of importance to the Council of Governors is the position reported and the input of the Non-Executive Directors in these meetings. Non-Executive Directors chair all Committees and Governor representatives have become members of four of the Board's Committees.

This report to the Council of Governors highlights the recent meetings of the respective Committees and the key items of business at each meeting. Governors should also note that at each Board of Directors meeting (public) there is a written report from each Committee.

The Board met most recently in public on 30 January 2025 and will do so again on 27 March 2025 (CAST Theatre, Doncaster from 10am). The papers from all Board meetings held in public are available via the Board Secretary and are available via the Trust website. [Link to Board papers](#)

## **Finance, Digital and Estates Committee**

At each meeting of the Board of Directors the Integrated Quality Performance Report (IQPR) is presented – one key component of this report presents the overall Trust financial position. This position is provided in more detail, and subject to scrutiny and challenge via the Finance, Digital and Estates Committee (FDE) and through other mechanisms including individual liaison between Finance Department representatives and individual budget holders.

Pauline Vickers, NED, is the Chair of the FDE – the other NED on the Committee was Sarah Fulton Tindall. Governor members are Ian Spowart and Richard Rimmington.

FDE met on 18 December 2024 and was attended by Ian and Richard. A report based on that meeting was presented to the Board of Directors on the 30 January 2025. The key items of business related to:

1. Estates Update
2. Update on the estates enabling plan
3. Month 7 Year to Date Performance
4. Month 8 Performance
5. Draft Finance Enabling Plan
6. Strategic Delivery Risk Report
7. Out of Area Risk Share

The committee also met on 19 February 2025 and A report based on that meeting will be presented to the Board of Directors on the 27 March 2025 , The key items of business related to:

1. GDPR / IG / DSPT Update
2. Clinical Coding Audit
3. Estates Progress Update, including funding options for Estates Enabling Plan
4. Month 9 Year to Date Performance with verbal M10 update
5. Draft Finance Plan 2025-2026 Update (including Savings Programme)
6. Update on the estates enabling plan
7. Strategic Delivery Risk Report
8. Internal Audit Plans, Reports and Recommendations
9. Strategic Delivery Risk Report
10. Out of Area Risk Share

The Finance, Digital and Estates Committee will meet again on the 16 April 2025.



## **Public Health, Patient Involvement & Partnership Committee**

Dave Vallance, NED, is the Chair of the Public Health, Patient Involvement & Partnership Committee. The other NEDs on the Committee are Richard Falk and Janusz Jankowski. The Governor members are Ruth Sanderson and Jo Cox.

The Committee met on 22 January 2025, Jo Cox was in attendance and apologies were received from Ruth. Richard Falk chaired the meeting on this occasion. The report based on the meeting was presented to the Board of Directors on 30 January 2025. The key items of business related to:

1. Flourish Enterprises – Report from Shareholder Representative Promises 6-12 – Getting to amber/green
2. Eating Disorders Update
3. Clerkenwell and Trust Partnership Briefing
4. Community Involvement Framework
5. Health Inequalities Data
6. Promise 3 - Volunteers
7. Promise 6 - Poverty proofing
8. Promise 21 – Primary Care Networks and hyperlocal
9. Strategic Delivery Risks - SO1/SO3
10. Risk Register – related ‘high’ risks (scoring 12 and above)

There were no matters of concern to raise. The committee will meet again on 19 March 2025.

## **People and Organisational Development Committee**

Chairing the committee was Rachael Blake, NED. The other NEDs on the Committee are Pauline Vickers and Sarah Fulton-Tindall. Governor members are Ian Spowart and Richard Rimmington.

POD last met on the 18 December 2024 and was attended by Ian. The report based on the October's meeting was presented to the Board of Directors on 30 January 2025. The key items of business related to:

1. Strategic Delivery Risks SO5
2. Integrated Quality Performance Report (IQPR) and Significant areas of concern or non-compliance at Trust level - Sickness Absence
3. Partnerships update
4. CPD spend overview
5. Trust People Council update
6. Guardian of Safe Working Hours Report
7. Staff Incidents, Violence and Reporting of Injuries, Diseases and Dangerous Occurrences Regulations Report (RIDDOR)
8. Q2 2024/25)
9. NHSP implementation and wider learnings
10. Gender Pay Gap update
11. Annual Medical Revalidation Feedback 2023/2024

The committee also met on 19 February 2025. The key items of business related to:

1. Integrated Quality Performance Report (IQPR)
2. Partnerships Update
3. Trust People Council Update
4. Audit recommendations Update
5. Strategic Delivery Risks
6. Annual Medical Revalidation Report
7. Guardian of Safe Working Hours Report
8. Staff Incidents, Violence and Reporting of Injuries, Diseases and Dangerous Occurrences Regulations Report (RIDDOR)
9. Q3 2024/25

The People and Organisational Development Committee will meet again on 16 April 2025.

## **Quality Committee**

Richard Falk, NED, is the Chair of the Quality Committee – the other NEDs on the Committee are Dave Vallance and Dr Janusz Jankowski. Governor members are Maureen Young and David Vickers.

The quality committee met on 22 January 2025. The report, based on that meeting, was presented to the Board of Directors on the 30 January 2025. The key items of business related to:

Meeting 22 January 2025 (David attended apologies were received from Maureen)

1. Strategic Delivery Risk 4
2. CQC Registration Reporting and Statutory Notifications
3. CQC Enquiries Thematic Review, July – December 2024
4. Internal Audit Reports / Recommendations
5. Safeguarding Internal Audit Action Plan Update
6. Patient Safety Report, October – November 2024
7. Mortality Report, September – October 2024
8. Inpatient Safe Staffing Report, October and November 2024
9. Resuscitation Report
10. Integrated Quality Performance Report – December 2024
11. Patient Experience Report (Promise 4)
12. Patient and Carer Race Equality Framework (PCREF) Report

There were no matters for escalation to the Board. The Quality Committee will meet again on 19 March 2025.

## **Trust People Council**

The Trust People Council was established in 2024 and represents a significant step to help our employee staff networks, staff governors and other specified leaders (including a patient representative) to directly influence the cultural programme of the organisation. TPC operates as a peer to our non-executive led Board committees: and supports the ambition of the Council to see the staff governor role given substantially greater prominence inside RDASH.

Four of the staff Governors attended the most recent meeting in January (Mike, Prachi, Jennie and Victoria) which was chaired on this occasion by Kath Lavery (deputising for Dave Vallance) where amongst the topics discussed were remote working, leadership training, the implementation of the Real Living Wage, the 'Voices' Scorecard (capturing feedback to the Trust) and the planned launch of a fifth network – one that focuses on Carers (launched in February 2025).

TPC next meets in April.

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# ROTHERHAM DONCASTER AND SOUTH HUMBER NHS FOUNDATION TRUST

<b>Report Title</b>	Annual reporting on 2024/2025	<b>Agenda Item</b>	Paper D
<b>Sponsoring Executive</b>	Toby Lewis, Chief Executive		
<b>Report Author</b>	Toby Lewis, Chief Executive		
<b>Meeting</b>	Council of Governors	<b>Date</b>	5 March 2025
<b>Suggested discussion points</b> (two or three issues for the meeting to focus on)			
<p>This paper tries to introduce the key themes from the year shortly to be completed and reported – in advance of documentation of this within our annual reports and other material. It offers a candid assessment of real advances and continued weaknesses. The wording used here will not be the wording used externally, but it is shared to support a conversation within the Council of Governors about where we are now – and what we will focus on the year ahead.</p> <p>It will be useful to discuss briefly each of the eight key themes identified. The annual report and associated material which will be circulated with June's COG papers has very limited scope for amendment at that point, and as such engagement within this Council and over subsequent weeks will be needed to influence the assessment published.</p>			
<b>Alignment to strategic objectives</b> (indicate with an 'x' which ambitions 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
<b>Previous consideration</b> (where has this paper previously been discussed – and what was the outcome?)			
N/A			
<b>Recommendation</b> (indicate with an 'x' all that apply and where shown elaborate)			
The Council of Governors is asked to:			
X	<b>NOTE</b> the intended shape and structure to annual reporting which builds on last year's success.		
X	<b>RECOGNISE</b> the progress being made across a number of strategic objectives.		
X	<b>IDENTIFY</b> any areas that it feels should have prominence in our candid reporting to our communities.		
<b>Impact</b> (indicate with an 'x' which governance initiatives this matter relates to and where shown elaborate)			
Trust Risk Register			
Board Assurance Framework			
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
<b>Appendix</b> (please list)			
None			

**ROTHERHAM, DONCASTER AND SOUTH HUMBER NHS FOUNDATION TRUST**

**COUNCIL OF GOVERNORS**

**MARCH 2025**

**ANNUAL REPORTING ON 2024/2025**

**Purpose**

This paper is a short form summary of the key conclusions likely to be included within our annual reporting on 2024/2025 (1 April – 31 March). *It provides an opportunity for the Council of Governors to discuss any matters of interest, in advance of the finalisation of these documents during April and May.* The next (June) Council of Governors meeting takes place at a moment where only minor changes to these documents are realistic.

**National reporting requirement and the RDaSH approach**

The “annual report” form of what an NHS Foundation Trust has to publish, like an NHS Trust, has a high degree of national mandation. In respect of the annual report (which includes our financial accounts), there are required sections and a required order. This has the effect of making the document quite unwieldy and not accessible to readers. It also militates against a storyline or narrative thread. The Trust must, nonetheless, comply with these rules, prior to adoption and submission before Parliament. The process involved requires us to complete not later than the end of June. In our own case, because the Annual Members meeting will be on Saturday July 19<sup>th</sup> (in Scunthorpe), Parliament will need to receive the report in the first two weeks of July. The quality account also has some prevailing national guidance, however, there is considerably greater latitude about how we approach this, and no longer a requirement for this to be subject to the external auditor’s compliance check.

The Trust intends to create a series of chapters in a single story:

- Our Promises report, which explains what has and what has not been done to deliver the 28 commitments given by the Trust in 2023 to its work through to 2028
- The mandated annual report, including in brief, all required sections, including the Annual Governance Statement, referred to below
- A quality account, which significantly differs from prior published quality accounts and reflects on patient feedback about the care offered by the Trust
- The annual report and accounts of our wholly owned Community Interest Company, Flourish
- The annual report and accounts of our Trust Charity, Your Hearts and Minds.

We will produce versions of the promises report in easy read, together with relevant local languages. Currently, we do not plan to replicate that for other documents above.

## What are the key proposed threads within the story, which we will narrate?

1. Some of the biggest changes within RDaSH over the last year has been in respect of **our people** (our staff). Our nurse safer staffing data is now robust. The organisation has largely ended the use of expensive and ill regulated agency workers, replacing them with substantive appointments. We anticipate ending March with fewer than 100 vacancies. Review by training and regulatory bodies reflects positively on our educational offer. Conversely, sickness rates remain above 1 in 20 (5%), annual turnover of staff is 10%, and our still comparatively positive staff survey data continues to show a medium-term downward trend from pre-pandemic levels. The introduction of our revised induction model, use of the acceptable behaviour policy to address racism, firm commitment to training budgets, and the introduction of Learning Half Days as protected time for teams to step back from patient-facing work, should all be highlighted as part of our Fully Staffed campaign to make the Trust a fair, caring and progressive place to work: and whilst the Real Living Wage will be introduced in April 2025 (outside the reporting period), it will also feature prominently in our promises report.
2. The coming **NHS financial environment** will be distinctively difficult. But the 2024/25 environment is only less difficult by comparison. Objectively, it has been a difficult year; remembering that the Trust received zero growth in its contracts to meet rising needs. Against this, we will report revenue success and capital failure. We will have complied with our statutory duties and restored best payment practice performance to high levels. We will exceed our revenue plan for the second successive year, with all six groups meeting their budgets, but will highlight the difference between our underlying finances (because of the lack of growth) and the likely small year-end surplus. Capital failure refers not to overspending the one-off monies we receive, but to the discrepancy between the capital programme we agreed in May 2024 and what we have been able to do. Positively, our bathroom salon doors have been well received, and the doors for bedrooms are now purchased ready to fit. However, substantial delays in Great Oaks has led to a switcheroo between that work (now due in 25/26) and our IT purchasing where we have, in effect, bought two years digital equipment in one year. Within our annual governance statement, we will look to learn lessons from this situation, especially with other significant estate work ahead of us.
3. We will suggest that the year has seen us make major steps forward **in patient, carer and community voice**. In our strategy, this is covered within promises 4 and 5. During 2024/25, we have seen governors join our Board, community members join all of our executive committees, and intended revisions to our membership approach (pending today's COG), which contribute to a greater permeability in our approach. We should recognise that this is just a start, perhaps especially in the maturity of our relationship with VCSE partners, albeit we expect the charity report to focus on the Community Grants that will be disbursed in March, with Your Hearts and Minds partnering with over fifty local VCSE groups in the year ahead. At the same time, work that includes Care Opinion has begun to transform how we hear from patients and what we do when we do. We would expect to discuss this work in much more detail at the COG in June, but in four months, over 700 patient stories have been shared with the Trust and responded to, and most clinical directorates can demonstrate really active engagement with this material. We need to be honest in our reporting that our management of complaints has been substandard, and outline

how that will change in the coming weeks. But the Board is clear that putting patient feedback into the heart of how we work is important and will be a shared endeavour across the Trust. The Board itself can demonstrate during the year under report the major impact of patient feedback on its work, perhaps especially in listening to Sarah talk about neurodiversity medication delays.

4. In the previous two annual governance statements, there has been an honest appraisal of our distance-to-travel on some key areas of quantified management oversight (sometimes tag-lined as moving from an assurance mindset to a delivery mindset). Progress with financial reporting and HR data is progressing fairly well. There remains work to do, but we are now able to align the two sources of insight. We have continued to make progress in **meeting Operational Standards** in year, with the defined national 'targets' met, with the exception of out of area placements. Work to grow our Talking Therapies services has proved difficult to accomplish but work continues, and recovery rates remain good. Where we have not made the required progress in year is in quality and safety governance. We had set out to move forward with our CQC compliance and safety planning, starting with core always measure data. This is now a priority for Q1/2 of 2025/2026 and represents a major change in how the Trust is managed, and the immediacy with which care deficits are addressed. The restructure of the Nursing and Facilities directorate in autumn, 2023/2024's expansion of clinical leadership roles including many more matrons, introduction of the RADAR system to replace Ulysses next month, and forthcoming changes to our IQPR are all intended to converge to alter the conversation about our care. Board visible work on reducing restrictive interventions, a continued focus on seclusion, and the High-Quality Therapeutic Care taskforce work will be among the quality improvement measures we will specify in our quality account.
5. It will be important to recognise **longstanding RDaSH strengths**. Research remains, through the work of Grounded Research in particular, a significant part of how the Trust works with commercial, community and educational partners. We continue to reflect on how the insights from research transition into our routine work and improve outcomes. During 2024/2025, we have formed an innovative new partnership with a focus on psychedelics research, the results from which we might expect over the following two years. Our research interest in areas like Virtual Reality remain, and we are looking to develop new programmes to reflect the research priorities agreed with the Board in 2024. Volunteering has always been an important feature of the Trust, notably within our Hospice and Aspire. 2024/2025 has seen a step change recruitment, and a material change in the diversity of those working with us. We still strongly hope to enter 2025/2026 with over 250 active volunteers (up from 100 in 2023) across all three places – and will drive hard to reach 350 in the autumn of 2025 in line with our Promise 3. We expect to do so, and importantly, with support for those volunteers in place.
6. We believe that **leadership can make a major difference**. That is why we have started our first line managers work, why applications open this month for our clinical leaders' programme, and why we have partnered with Mokita, Virginia Mason, PSC and New Local to support our top leaders (150) to have space and time to consider a diverse range of skills and approaches. Of course, the impact of this work needs constant evaluation, and the Board's Vice Chair forms part of the programme board for the coming year to do just that. Our people, and our partners, have the right to expect great managers and leaders, and as we change our appraisal systems during

2025/2026, we will begin to make 360-degree feedback a routine expectation of line managers at all levels of the Trust. In 2023/2024, we completed a significant clinical service management restructure: 2025/2026 will see the intended transition to 13 clinical directorates within the Trust as the core day to day management units – led through our five care groups. We will acknowledge in our reporting the challenge of recruiting and retaining medical leaders within this journey as crucial clinical partners in a multi-professional leadership team.

7. Most of our promises relate to **health inequalities**. They remain the scourge of both our ICBs and, more importantly, our communities. The operating guidance for our teams going into next year focuses hard on strategic objective two, which contains many of our promises in this field. In 2024/2025, we renewed our commitment to veterans' health, altered the shape and structure of our apprenticeship work, and brought new focus to our work on annual health checks (see CEO report to COG). There is huge energy among teams for work on inequalities, whether it relates to BME dementia diagnosis or older people's access and take up of talking therapies. The Poverty Proofing work that we have done, and continue to do, will be a major feature of, not only our annual report, but also our Quality Account, because we need to be sincere in our efforts to offer services equitably, not simply universally: similarly our incredible successful Flu Campaign will feature in this report. The Board's determination to tackle waiting times for people seeking diagnosis and support with ADHD and autism will feature prominently in our Annual Report, as we look to work with partners, like the Combined Authority on employment, and local authorities on school attendance, readiness and attainment.
8. And consequent to the above, we will consider **how we are getting on with our Promises**. In July 2024, our report identified progress with around ten promises and good engagement with most others. The exceptions related to two areas – neighbourhood health (promise 15/21) and the work we planned to do on inpatient quality. We will narrate back-ended work in 2024/2025 to move forward in both of those fields, and COG members, familiar with the Board's agendas in September, November and January, will notice the very strong focus on inpatient services over that time. We expect to report on considerable successes associated with strategic objectives 5 and 1. The promises from 2024-2028 all have strong progress to report, notwithstanding reasonable auditor concerns over our work on anti-racism getting mobilised, and the scale of the environmental challenge our communities face. Both are areas where we have faced up to the size of the challenge, while our delivery of promise 25 has already been referenced here. Volunteering, Care Opinion and the community involvement work associated with promises 3, 4 and 5 are areas for real celebration: our carer's network has now started, which is an important step in the work on promise 2, and we can identify significant growth among our peer support workers – but this is a promise where continued investment in 2025/2026 is needed, together with much better shaping of how the skills of those with lived experience are used best within clinical teams. See Pack B for latest position.

## **Communication and clarity**

It will never be easy to tell these stories, which are typically a balance of strengths and weaknesses. The reporting needs to acknowledge what has been achieved and the scale of the ambition (or put differently, the true need after a pandemic felt by both staff and patients). **We will seek to find accessible examples** and ways to outline what has been done, what is part-done and what remains to be achieved in 2025-2028.

Crucially, **at our last Annual Members Meeting**, we heard from patients that the process of being referred in adult mental health services remained confusing and often ineffective. We can point first to our Promise 14 work to respond to these concerns, but we will also need to consider how we address the work we are doing on both patient communication/appointment systems, and on trying, alongside Primary Care Doncaster, to explore 'best fit' models of wrapping mental health teams around our primary care partners (precisely the neighbourhood working outlined above). The Trust's mission cannot be achieved if, too often, a person's needs are not able to be met, alongside the voluntary sector, because none of our thresholds allow it.

Toby Lewis  
Chief Executive

28<sup>th</sup> February 2025



# **Paper E**

## **Out of Area Placements (Promise 19)**

### **Presentation**

# ROTHERHAM DONCASTER AND SOUTH HUMBER NHS FOUNDATION TRUST

<b>Report Title</b>	Membership	<b>Agenda Item</b>	Paper F
<b>Sponsoring Executive</b>	Steve Forsyth, Chief Nursing Officer		
<b>Report Author</b>	Paula Rylatt, Head of Quality and Promises Philip Gowland, Director of Corporate Assurance		
<b>Meeting</b>	Council of Governors	<b>Date</b>	5 March 2025
<b>Suggested discussion points</b> (two or three issues for the meeting to focus on)			
<p>This report to the Council of Governors provides an update on the recent work on Membership as part of the broader work on Promise 5. <i>(From 2024, systematically involve our communities at every level of decision-making in our trust throughout the year, <b>extending our membership offer</b> and delivering the annual priorities set by our staff and public governors.)</i></p> <p>Membership is core to the foundation trust model; involving our communities is core to our Strategy. Securing our communities as members, whether that is our staff, our patients, carers, volunteers, peer support workers and our allies provides us with the cohort of people that we know are interested, involved and engaged in what we do. When we establish our membership we can create more opportunities for involvement, grow their involvement and more ably identify and nurture their power.</p> <p>Getting to this position, from where we are (or were), will require us to complete three things:</p> <ul style="list-style-type: none"> <li>• Ask our communities - what they want, how they want to be involved, what matters to them, what might incentivise them to be a member and then be more active?</li> <li>• Cleanse our current database – who remains interested? Who wants to still be involved?</li> <li>• Refresh our offer – membership has to have meaning, it can also have reward or benefit. What does RDASH membership mean?</li> </ul> <p>Governors, who are of course in the main, elected representatives of the members are invited to receive the update and provide feedback on the proposed membership offer.</p>			
<b>Alignment to strategic objectives</b> (indicate with an 'x' which ambitions this paper supports)			
SO1: Nurture partnerships with patients and citizens to support good health			X
<b>Previous consideration</b> (where has this paper previously been discussed – and what was the outcome?)			
This report has not been previously presented.			
<b>Recommendation</b> (indicate with an 'x' all that apply and where shown elaborate)			
The Council of Governors is asked to:			
X	RECEIVE and NOTE the update regarding the membership survey and the results of the data cleanse.		
X	COMMENT on the proposed revised membership offer		
<b>Impact</b> (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
<b>Appendix</b> (please list)			
Appendix 1:			

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

### **Promise 5 - Membership**

#### **Context**

This paper addresses the membership aspect of promise 5; extending our membership offer – to one that engages, incentivises and makes possible the actions of meaningful involvement and volunteering for local people.

Membership has clearly been a part of the foundation trust since its authorisation in August 2007. The significant interest and focus on membership immediately prior to authorisation has not been sustained (at that intense level) by the Trust nor by the Regulator. That said, there has been concerted efforts at the Trust since 2007, to maintain a membership from which to identify the Governors and to engage and report (albeit infrequently).

Membership is core to the foundation trust model; involving our communities is core to our Strategy. Securing our communities as members, whether that is our staff, our patients, carers, volunteers, peer support workers and our allies provides us with the cohort of people that we know are interested, involved and engaged in what we do.

When we establish our membership we can create more opportunities for involvement, grow their involvement and more ably identify and nurture their power.

If we truly want to deliver Promise 5 we need a representative membership that is engaged, enthused and interested in what we do; that talks and communicates with us; that helps us to progress. Our membership was one where many were silent or inactive, perhaps at a loss as to what it meant to be a member – it was one that would be difficult to identify its 'power' nevermind being able to nurture and grow it.

Seeking to reverse this position has brought about an initial three-part piece of work. More work will follow and the membership will need 'tending to' on a regular basis.

This report outlines to Governors the components of this initial three-part piece of work, which focuses on:

- Asking our communities - what they want, how they want to be involved, what matters to them, what might incentivise them to be a member and then be more active?
- Cleansing our current database – who remains interested? Who wants to still be involved?
- Refreshing our offer – membership has to have meaning, it can also have reward or benefit. What does RDASH membership mean?

## **Part One: The survey**

To seek the views of the many, a survey regarding membership asking about barriers and motivations was co-developed with the People Focused Group, Doncaster.

The survey was discussed and shared at drop-in sessions at S62 and Rotherham Peers for all in person, and shared extensively with stakeholder groups across all localities, and via the Citizens Advice Bureau in Scunthorpe.

The survey was shared with the Children and Young Peoples care group and discussed at the membership project with the new young people's advisory panels in Doncaster, Rotherham and North Lincolnshire, from where 2 new partner governors have been identified. Feedback was largely around discount cards and vouchers, and a points scheme whereby people could exchange numbers of hours volunteered with vouchers, cinema tickets, gym membership or otherwise. Essentially, about the variety of ways by which we show our appreciation for their involvement.

The survey was shared specifically with young people's charity DHYP (Doncaster Housing for Young People). The feedback was unanimously regarding access to education and training as a pre-cursor to accessing NHS employment or apprenticeships. Many young people who had experienced homelessness or trauma, had not succeeded in secondary education, nor had access to the 3 years funded training for people aged 16-19 to the disruptions of complex lives. People specifically asked about access and support with functional skills English and Maths (GCSE) as requirements for most employment and all higher education, in exchange for involvement or volunteering with the trust.

Additionally, a discussion was held with Voluntary Action Doncaster regarding potential benefits for members of its organisation as potential supporters of RDaSH; the feedback was largely around funded access to educational/training courses within the sector.

These discussions prove there is a purpose and reward linked to membership. This is a very different approach/response to previous years where we were focused on finding more numbers and keeping in touch. It will require us to adopt our approach, to nurture, stay connected, and to deliver the rewards and opportunities we promise.

Included at Appendix 1 (see Pack B) are details of the responses and related demographics of responders.

### **Summary of Key Points from the survey**

- The survey received relatively little engagement from the Civica member database (i.e. the current members) and postal mailout.
- Almost half of all survey respondents were not aware of the existence of Promise 5, but 49% of respondents reported an interest in being involved in some way and 29% were undecided as to whether they would become involved.
- Sharing lived experience and shaping services emerged as the most common motivation for getting involved with RDaSH.
- Transport and disability/health status were key barriers to involvement, as well as a lack of knowledge about or difficulties getting involved with the trust.
- Several respondents viewed volunteering as a way to put something back into society but practical incentives such as expenses and the promise of personal development also figured prominently.
- The support that is requested from us relates to personal support and connection to a team, having training provided for the role, and reasonable adjustments.

## **Part 2: The data cleanse**

Alongside the survey, a data cleansing exercise regarding the membership database took place. A letter thanking people for their involvement with us and offering the opportunity to get involved in a new and revised offer, or to withdraw their membership was sent to all members via the post. The total membership was 5826, and it is noted that 57% of people on the

database were only contactable via mail out as there is no phone number or email address recorded. Moreover, a large proportion of the database (82%, N = 4834) were recruited over 10 years ago. Our hypothesis is that many of those 5826 were not engaged or active and that communication was therefore far more expensive than it needed to be.

The aim is to develop a membership whom we can regularly engage with in a cost-effective way, and who wish to remain active members. Notably, we chose to automatically retain the membership of all Non-Executive Directors, Governors and those who have joined membership in the last 18 months because of targeted recruitment activity. This will likely result in some ongoing postal communication, along with digital contact but hugely reduced costs.

As a result of the data cleanse, the total membership number now stands at circa 500.

The renewed membership will be grown further. The renewed membership will enable more regular communication, with a significantly reduced cost of paper mail outs, and crucially with people who have opted to be involved with the trust in a meaningful way.

The demographic detail of the renewed membership has been requested from Civica in order that we can plan our efforts to grow the membership and ensure it is representative of the communities we serve. To achieve this we will need Governors, staff and other colleagues to promote membership, to recruit members and to take every opportunity to take someone's interest, in whatever form that is be it volunteering, peer support, survey respondents, etc into being a member of RDASH.

Furthermore, we will increase marketing and engagement activity regarding the trust promises; increase marketing and engagement activity regarding the volunteering offer, process and support; explore actions to mitigate the barriers regarding transport noted in the survey; and explore the actions for supporting involvement. We will target new membership through the primary care patient voice groups supported by the RDaSH Primary Care Strategic Lead and with the local VCSE and faith sectors in a targeted way and integrate this with the community emersion elements of the new leadership development offer

### **Part 3: Membership Offer**

The 'sell' of membership is quite a challenge. What do I get for being a member? Is a question that is hard to answer in a meaningful way. But through our engagement via the survey we have listened to what people have told us matters. We have thought about how our members may be active to different degrees and what that means for their membership. Overleaf, we have a proposed membership offer that provides for three different levels of membership dependent upon individual's appetite for involvement and engagement, each level offering the respective member an increasing benefit or reward for being a member.

**We would welcome the views of the Governors on the membership proposals and to seek views or further suggestions on how we genuinely *extend the membership offer* (as per Promise 5)**



# The home of membership

## GOLD ROOM

If you regularly volunteer with us/are a Governor, we will:

- provide you with an NHS email so that you can access a Blue Light discount card
- provide a points scheme card where you can gain and accumulate points to exchange for vouchers, cinema tickets, value of a gym membership etc online with volunteered hours
- offer a full electric car charge when on Trust premises (1 per month) or an annual cycle maintenance session at Cycle Shack
- fund local providers who teach English as a second language and support you to access this where required
- offer access to 1 internal or 1 external training course (commitment to be matched with role)
- offer a free laundry every 6 months
- offer you access to Chaplaincy and Spiritual Care and Occupational Health support
- support you to access internal apprenticeships and access to Maths and English where required, or support towards RDaSH employment
- support you with free room hire on RDaSH premises for appropriate usage
- enter you in to a prize draw for an annual winter warmer hamper.

QR CODE

## SILVER ROOM

If you participate in a minimum of 3 involvement activities during a 12 month period, we will:

- reimburse you for your expenses and pay sessional fees for certain activities as per the reimbursement policy
- offer the opportunity to shadow RDaSH colleagues for learning/insight/experience for 2 days per annum
- invite you to a bi-annual networking and social event within your locality of Doncaster, Rotherham or North Lincolnshire
- invite you to the annual involvement and volunteering celebration and thank you event
- offer access to sessional CV writing support
- offer a rucksack project for people who are homeless/rough sleeping.
- offer sessional access to NHS computers/technology/digital café

QR CODE

If you do this, we will offer you the chance to step up to the Gold Room, keeping all the Bronze and Silver Room perks.

QR CODE

## BRONZE ROOM

If you attend and participate in the AMM public meeting, and participate in online surveys which are shared with you from RDaSH:

- We will:
- share Trust Matters
  - share a quarterly newsletter
  - share the annual report
  - invite you to take part in a membership appreciation project locally.
- All in easy read format and sent to you.

If you do this, we will offer you the chance to step up to the Silver Room, keeping all the Bronze Room perks.

## MEMBERSHIP

QR CODE  
HERE

# ROTHERHAM DONCASTER AND SOUTH HUMBER NHS FOUNDATION TRUST

<b>Report Title</b>	Trust Update	<b>Agenda Item</b>	Paper G
<b>Sponsoring Executive</b>	Philip Gowland, Director of Corporate Assurance		
<b>Report Author</b>	Kath Lavery, Chair, Toby Lewis, Chief Executive Philip Gowland, Director of Corporate Assurance		
<b>Meeting</b>	Council of Governors	<b>Date</b>	5 March 2025
<b>Suggested discussion points</b> (two or three issues for the meeting to focus on)			
<p>The Chair's Report summarises the key events, meetings and work undertaken in the last quarter.</p> <p>The Chief Executive's Report updates Governors on the key areas of Our Patients, Our People and Our Partners and Populations – The Chief Executive's Reports to the Board from November 2024 and January 2025 is also included.</p> <p>The remaining Committee Reports – not in the earlier agenda item are included in this paper.</p>			
<b>Alignment to strategic objectives</b> (indicate with an 'x' which ambitions 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
<b>Previous consideration</b> (where has this paper previously been discussed – and what was the outcome?)			
<b>Recommendation</b> (indicate with an 'x' all that apply and where shown elaborate)			
The Council of Governors is asked to:			
X	<b>RECEIVE</b> the paper for information		
<b>Impact</b> (indicate with an 'x' which governance initiatives this matter relates to and where shown elaborate)			
Trust Risk Register			
Strategic Delivery Risks			
System / Place impact	x		
Equality Impact Assessment	Is this required?	Y	N
Quality Impact Assessment	Is this required?	Y	N
		X	X
<b>Appendix</b> (please list)			
Chief Executive's Reports to the Board of Directors from November 2024 and January 2025 - see Pack B.			

## **Chair's Report to the Council of Governors: March 2025**

The report to the Council of Governors this month captures the meetings and events that I have attended during the period from December 2024.

My schedule continues to afford and require regular meetings with Toby Lewis, Chief Executive to understand the current issues, successes, and challenges at the Trust and how the Trust is participating in the system-based environment.

The last reports noted some changes to the Board of Directors and further to those reports I can confirm that Dr Diarmid Sinclair has now been appointed as Chief Medical Officer at the Trust. At the end of March 2025, we will say farewell to Dr Janusz Jankowski, who has been a NED with us for the last three years. We wish Janusz all the very best and we are currently searching for his replacement on the Board – hoping to attract someone with experience and expertise to help us, but also with a clear insight and understanding of Rotherham – to complement that which we have via Rachael Blake and Dr Falk in Doncaster and North Lincolnshire respectively. We have also recently said goodbye to Jyoti Mehan, who has been with us for nearly two years as part of the NEXT Director programme. Its very pleasing that Jyoti has used her experiences here to secure a NED role at another NHS Trust.

Other key aspects of my work in the last quarter are listed below:

I have continued to foster many important relationships through multiple 1-2-1 meetings with individual members of the Board of Directors, senior staff and with our partners in particular, through the Yorkshire and Humber and National Chairs Networks and the South Yorkshire Mental Health, Learning Disability and Autism Collaborative - all continue to be interesting and extremely valuable in terms of understanding the role of the Trust within this wider system-based environment. My regular 1-2-1 meetings include those with Jo Cox, Lead Governor.

Within the Trust I meet regularly with my Non-Executive colleagues, attend the Charitable Funds Committee and the Trust People Council (alongside the Staff Governors).

During February I was part of the assessment process for the NHS Aspiring Talent Chairs Programme – looking to identify the Chairs of the future and recently I have also been asked to use my experience as a former PCT Chair and current experience in a community driven organisation to good effect and to join national Working Group looking at how the new commissioning role for ICB's will be developed.

Another busy and rewarding period as Chair of RDaSH.

**Kath Lavery, Chair 25 February 2025**



## Chief Executive's Report to Council of Governors: March 2025

This report summarises selected important activities and results within RDaSH over the period since the last COG in December, as the NHS consider the **planning guidance for the service for the year ahead (received on 31/01/25)**. I do not duplicate here *the CEO report* provided the Board of Directors meeting in public. I have asked for the last two reports to be made available with the issued papers (see Pack B). These reports tend to be a useful summary every eight weeks of the wider organisation in about five pages.

We are delighted alongside provider partners to be moving forward with our very innovative **All-Age Eating Disorders joint committee** for South Yorkshire from April. This will bring together into one 'space' funds for both children's and adult eating disorders, regardless of whether that money is invested in community or specialist settings. This creates a chance to 'level up' services between places and to move money upstream. RDaSH has played a significant role in creating a Community of Practice across the area, with patients and carers to the fore. Subject to final approval the ICB and the four provider organisations will take delegated responsibility for these decisions from 2025/26.

When the Board met in November, we considered work to reduce restrictive interventions (RRI) in clinical settings, notably wards. We anticipate rolling out the work done in Rotherham, which appears to have been effective throughout the Trust in the months ahead, with a focus on RRI advocates among staff, as well as revised training approaches. This matters for many reasons, including its potential to begin to address anxiety and actual **violence experienced by staff**.

### 1. Our patients

We continue to focus on our drive to reduce waits for care to **four weeks or below**. **Our CAMHS and memory services are close to consistent attainment of this measure**. We believe that this promise (14) matters not only because it gets people rapid access to expertise, but because the guarantee itself reduces concern and offers clarity. In addition, it broadly reduces the need inside the Trust to categorise those waiting, with a simple urgency/four week measure being applied. The Board discussed in January (as COG did in November) the work being done to meet this measure and we would expect to fund some service expansion in 25/26 with this standard in mind: perhaps the more pressing matter will be to shift our administrative and patient communications resources to typically meet an one week turnaround which is a significant change of pace and approach as against current.

The Trust has been consistently attentive over some months to the lessons from Nottinghamshire, associated with murders committed by Valdo Colocane. We completed work in 2024 assessing **our Assertive Outreach** services, against a backdrop of internal expansion/investment in our Doncaster and Rotherham teams. This work continues with 100% care plan coverage now consistently achieved: risk assessment peer review work with SW Yorkshire MHT is currently taking place. There remains work to be done on disengagement policies, which Diarmid Sinclair is now leading – and of course last month's national guidance highlighted out of area care, including placements, as a priority.

Because of our own Promise 7 work, and **the focus given to annual health checks (AHCs) by the council of governors** we continue to take this forward both for citizens with a learning disability and for those with serious mental illness. 2024/25 will see our best ever

coverage in both regard. However, this focus has illustrated the large discrepancies between registers held inside the Trust and those held by GPs, and indeed local authorities. With an initial focus on SMI, which the Board considers an extreme risk, we are working to try and ensure a single register is visible, and to configure services to address this. It is important AHCs are real, purposive and acted upon. The removal of a focus on AHCs in national planning guidance should not be seen as reducing their empirical importance.

During 2024, we managed to virtually eliminate the use of expensive, and sometimes poor quality, agency staffing from the Trust. Against a historic peak of £6m+ a year, this a huge turnaround (see later section on staffing). However, these changes also led us to difficult choices about moving staff around to sustain services losing agency roles. In Rotherham, the removal of agency staffing, and an inability to move staff, led, regrettably to the **emergency closure of the Brambles Ward at Woodlands on January 3<sup>rd</sup>**, with patients moving to the next-door Glade Ward. This moves Rotherham to the same ward-based model as pertains in Scunthorpe and Doncaster. The Board will consider at its March meeting the quality indicators needed to govern this model and the basis for considering for 2025/26 a 'mixed' model which combines organic and functional care – a key part of that consideration will be to establish why dementia care on an inpatient basis is used and how it can be minimised.

The Trust is nearing completion of our work to comply with the 2023 NPSA alerts in relation to home **bed rails**. For many affected patients, the Trust is no longer working in that setting, and the ICBs are taking forward consideration of how that can be progressed. But for over 2,500 local patients we have now completed re-risk assessments of advice, need and support.

We reported at the prior COG, the Trust's implementation of **the Care Opinion tool**. Over 700 stories have now been submitted, and most replied to, using this format. Elegantly it offers ready access for local clinicians and managers meaning that responses are from those providing care. Nine examples of significant change have been identified and actioned since November. The Board's latest review suggests huge potential in our work in this area, which offers an organic cultural shift in how we listen and learn from our patients (promise 4). The complimentary comments are the vast majority and this positive reinforcement is helpful for staff, and indeed for other patients to witness.

In December we briefly touched on the **latest PLACE results for the organisation**, at that point unvalidated. The figures overleaf show our latest results and contrast them to prior years. Positively there is a consistent upward trend. We continue to prioritise work to ensure that environments are more accessible and suitable to those with neurodiverse and other sensory needs. Specific provision for this has been made within the Board's approved 2025/26 capital programme.

### 3 years PLACE results based on Trust wide average

	Cleanliness	Food	Organisational Food	Ward Food	Privacy and Dignity	Condition / Appearance	Dementia	Disability
Provisional Trust Average for 2024	98.55%	94.68%	92.37%	96.68%	98.72%	98.48%	89.72%	91.21%
Trust average 2023	97.60%	87.62%	78.34%	95.57%	90.32%	96.28%	74.65%	71.10%
Trust Average 2022	96.9%	81.00%	74.27%	89.28%	89.59%	95.52%	79.00%	67.15%
Variation	+0.7%	+6.62%	+4.07%	+6.29%	+0.73%	+0.76%	-4.35%	+3.95%

#### 2024 results by location

	Cleanliness	Food and Hydration	Organisational Food	Ward Food	Privacy and Dignity	Condition / Appearance	Dementia	Disability
Great Oaks	99.68%	95.16%	91.30%	98.94%	95.83%	97.83%	91.86%	93.06%
St Johns Hospice	100%	97.13%	96.67%	97.62%	100%	100%	77.91%	80.88%
Swallownest	95.83%	91.36%	91.30%	91.43%	100%	96.04%	n/a	94.00%
Woodlands	99.35%	94.12%	91.30%	97.44%	100%	100%	93.48%	92.86%
Tickhill Road	97.71%	95.43%	91.30%	97.97%	96.47%	99.68%	85.37%	86.48%
New Beginnings	98.72%	n/a	n/a	n/a	100%	97.30%	100%	100%

**RDaSH** nurturing the power in our communities

## 2. Our people

Through 2024/25, we have been focusing on our idea of being **Fully Staffed**. What this means is recruiting into roles in far higher numbers than previously and tackling historic 'hard to fill' roles. The intent is to try and create stable teams, able to learn together and work more effectively. The first part of that work appears to be bearing fruit in that we are approaching fewer than 100 vacancies within the Trust. In the coming year we will aim to sustain this, and to begin to reduce sickness and turnover rates where we can. Of course, in smaller teams, even very small number of vacancies can have a significant impact, so there is no room for complacency despite this success. Given the hardships and challenges of our agency approach, among other changes, it is important we seek to deliver on this commitment.

**From April 2025, the Trust will be a Real Living Wage employer.** We are not alone in our area in doing this, but it remains a minority position. In practice our cleaning teams, nursing assistants, and some administrative staff will move higher pay (almost a fifth of the workforce). The Real Living Wage is calculated independent of government and reflects real costs and prices within the economy. One month before we will conclude work on claims for pay change and back pay among band 2 roles where, arguably, the Trust should over some years have considered the role as a band 3. Delivering Promise 25 is a big step for the Trust, intended to truly offer agency to our lowest paid colleagues and to address poverty.

Notwithstanding financial pressures the one 'ringfenced' budget in our budget book remains **the training budget**. This year, for the first time, bottom-up directorate level training plans have been submitted to commit those funds. In addition, we are reporting the training spend based protected characteristics of applicants and awardees. This approach will grow over

time as we look to ensure that funds do not prevent development. The better staffed we are, the less the risk that time poverty will prevent it either.

We continue to focus on our promise 26 commitment to anti-racism and to tackling wider forms of discrimination. The Board will consider in March that wider commitment, and the trajectory for improvement on our 7-point anti-racism plan for the coming two quarters. Our staff networks play a major role in shining a mirror to good practice and poor practice across this agenda (and COG member may recall that our REACH network won a gold award in our November staff awards). **Staff networks** form part, with staff governors and trade unions, of our Trust People Council. In February our newest staff network, our Carer's Network, started its work.

### 3. Our partners and populations

**Neighbourhood health** is very much to the fore of the policy agenda, although of course it is not a new agenda/reality: many of us will have worked or sought to work with this in mind for many decades. Our strategy and promises anticipate this focus at, for example, promise 15 and promise 21. Trust attendees were very much in evidence for the ICB wide seminar on neighbourhood health which looks to consider how the latest national guidance might best be adopted locally.

Work within our collaboratives remains important for some mental health, LD and autism services. In HNY, we continue work with partners to see whether a new Joint Venture model might take much or some delegated commissioning responsibility. In South Yorkshire, the opening of **a sixth Health Based Place of Safety suite** is testament to work to introduce an area wide maximum 24-hour length of stay in these facilities.

The Trust is **investing with South Yorkshire Housing** in accommodation within Rotherham intended to tackle short and medium-term accommodation needs and is exploring similar projects in both Doncaster and North Lincolnshire. Housing insecurity, tenant stigma, and associative behaviours that can limit recovery are all going to be critical issues to address as we look to reduce length of stay within wards in our work to tackle Out of Area Placements.

Drawing on funds held jointly between the Trust and Doncaster Public Health department, we have now commissioned the Pathway organisation to work with us, and system partners, to introduce a health team alongside the city's Complex Lives service – focused on sex workers, refugees, and **those experiencing homelessness**. This forms one part of our work on Promise 10 around inclusion health. Investment to support specialist GRT health visiting workers will also contribute to this ambition.

Toby Lewis, Chief Executive – February 28<sup>th</sup> 2025

## **Other Board of Director Committee Reports.**

Further to the four reports in Paper C, the reports from the other Board Committees are listed below.

The **Mental Health Act Committee (MHA)** – whose membership comprises of three Non-Executive Directors and is chaired by Sarah Fulton Tindall. The Committee focuses on ensuring that the Trust adheres to the Mental Health Act. This will include the work undertaken on a daily basis across a range of services in each geographical area and the work of the Trust Associate Managers – the lay (independent) people who sit on panels to review the cases of patients detained under the Mental Health Act. Governor David Vickers had joined the Committee.

Since the last Council of Governors meeting, the Committee has met on two occasions on 18 December 2024 and again on 19 February 2025. The report based on the December meeting was presented to the Board of Directors on the 30 January 2025 (and the report from February's meeting will be received by the Board in March 2025). No matters of concern were escalated to Board.

The Mental Health Act Committee will meet next on the 16 April 2025.

The **Audit Committee** – whose membership comprises of three Non-Executive Directors and is chaired by Kathy Gillatt – primarily focuses on the oversight and delivery of the work of the external auditors, Deloitte (who are appointed by the Council of Governors), and of the internal audit team and counter fraud teams – both services are provided to the Trust by 360 Assurance, an NHS internal audit consortium. The remit also includes clinical audit as well as research and educational governance.

The Audit Committee met on the 4 December 2024 and 5 February 2025 the report based on the December's meeting was presented to the Board of Directors on 30 January 2025. The February meeting report will be presented to Board on 27 March 2025. There were no matters for escalation to Board. The Audit Committee will meet again on 2 April 2025 – where the focus will start to be very much on the year end process towards the audit and publication of the Annual Report and Accounts and other associated documents – this is also the feature of the paper on today's Council of Governors meeting – Paper D.

The work of the **Charitable Funds Committee** focuses on the oversight and management of the Charitable Funds, of which the Trust is the Corporate Trustee. Key to the work is the ability to raise funds, but to also have clear plans for expenditure. The charity has now been relaunched under the name Your Hearts and Minds. Pauline Vickers chairs the Committee.

The Charitable Funds Committee met on the December 2024 and will meet again 5 March 2025.

The work of the **Remuneration Committee** – which comprises of all the Non-Executive Directors and is chaired by Kath Lavery, Chair – focuses on the remuneration and related issues of the Executive Directors and Senior Managers. The Committee meets on an 'as and when' basis but must meet at least once annually. The Committee has not met again since the last Council of Governors meeting in December 2024.

# ROTHERHAM DONCASTER AND SOUTH HUMBER NHS FOUNDATION TRUST

<b>Report Title</b>	Governor Activities	<b>Agenda Item</b>	Paper H			
<b>Sponsoring Executive</b>	Philip Gowland, Director of Corporate Assurance					
<b>Report Author</b>	Philip Gowland, Director of Corporate Assurance					
<b>Meeting</b>	Council of Governors	<b>Date</b>	5 March 2025			
<b>Suggested discussion points</b> (two or three issues for the meeting to focus on)						
<p>This report to the Council of Governors comprises three parts:</p> <ul style="list-style-type: none"> <li>• An update on governor elections / appointments</li> <li>• A proposal regarding Governor attendance at Committees and in its own Nominations Committee</li> <li>• A summary of the work and activities undertaken both individually and collectively by Governors between December 2024 and March 2025. Of significance in this section is the list of Governor interests and how these will be responded to in 25/26.</li> </ul>						
<b>Alignment to strategic objectives</b> (indicate with an 'x' which ambitions 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			
SO5: Help to deliver social value with local communities through outstanding partnerships with neighbouring local organisations.			X			
<b>Previous consideration</b> (where has this paper previously been discussed – and what was the outcome?)						
This report has not been previously presented, although a similar paper is presented to each CoG meeting.						
<b>Recommendation</b> (indicate with an 'x' all that apply and where shown elaborate)						
The Council of Governors is asked to:						
	<b>RECEIVE and NOTE</b> the election / appointment update					
	<b>APPROVE</b> the appointments to the respective Committees					
	<b>RECEIVE and NOTE</b> the summary of Governor Activities and the forward plan regarding areas of Governor interest					
<b>Impact</b> (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	
<b>Appendix</b> (please list)						
N/A						

## **1 Governor Elections / Appointments**

The latter part of 2024 was a very busy period in terms of new members of the Council of Governors – and it was fantastic to see many at the last Council of Governors meeting....and to see how many have got involved since their election / appointment in a range of meetings and opportunities (see section 3 below)

There remain a small number of seats that we are very keen to fill in the coming weeks. These are listed below with the planned action.

### **Public**

Following the recent elections the only public seat that remained vacant is the one for the Rest of England constituency – essentially someone who resides outside of Rotherham, Doncaster, or North Lincolnshire. This is a seat that has been vacant for some time. We now have an expression of interest from a member and will therefore proceed with the election process confident of this seat being filled.

### **Patients / Carers**

Following the recent elections there remained two vacant seats. Unfortunately, since then one of the current Governors has resigned from their position meaning we now have three vacancies. We have a number of expressions of interest in these seats and will therefore proceed with the election process, confident that most if not all of these seats will be filled.

### **Appointed Partner Governors**

As reported in December there were four partner governor seats vacant. We have continued to engage with the respective partner organisations and we are confident that at least three will be filled once the formal appointment processes are completed. This will see new representatives from Healthwatch, the Voluntary Sector and a second representative from the Children's Care Group Young Advisory Group, Taylor-Mai Cathorall, joining the Council of Governors. As a result, we only have one further partner – that from our University partners – to identify.

### **Staff**

All of our six staff vacancies have now been filled.

Elections will commence from 25 March 2025, with a closing date for nominations of 9 April – if elections are needed because we have more nominations than vacant seats – the election process will commence later in April and conclude on 23 May 2025.

Subject to the planned actions above we will be the closest we have ever been to having a full complement of Governors. Thank you to every person that has put themselves forward to be a Governor and for your interest and commitment to the role.

**The Council of Governors is asked to RECEIVE and NOTE the election / appointment update.**

## **2      Governors at Committees / Nominations Committee**

As part of the revised operating model and in support of the delivery of Promise 5 (and therefore ‘involve our communities at every level of decision making’) Governors would be represented as members of four of the Board’s Committees. The Council of Governors agreed a number of initial ‘appointments’. Given that there are now more Governors in place and that two Governors have asked to step away from these, expressions of interest were sought from all other Governors. In addition, There is one Committee of the Council of Governors – the Nominations Committee – which deals with much of the work involved in appointing and re-appointing the Chair and Non-Executive Directors. Again, a number of Governors were in place and expressions of interest were sought to fill the gaps. It is therefore proposed that from April 2025 for 12 months (when we will review) the following Governors are involved:

- Finance, Estates and Digital Committee (FDE) – Ian Spowart and Richard Rimmington
- People and Organisational Development (POD) – Ian Spowart and Richard Rimmington
- Quality (QC) – Hannah Hall and David Vickers
- Public Health Patient Involvement and Partnerships (PHPIP) – Jo Cox and Joy Bullivant.

Nominations Committee:

- Joan Cox – Carer - Chair of the Nominations Committee
- Joy Bullivant - Public
- Richard Rimmington – Public
- David Vickers – Public
- Mike Seneviratne – Staff
- Hannah Hall – Staff
- Jessica Williams - Staff

**The Council of Governors is asked to APPROVE the appointments to the respective Committees.**

## **3      Governor Activities**

### **3a      Attendance of Governors as members of Committees to the Board of Directors**

*(Aligns with Governor Responsibilities 1-Holding non-executive directors to account for the performance of the Board; and 2-Representing the interests of members and the public)*

For Governors to be in a better position to hold the Non-Executive Directors to account and to know more about the workings of the Trust and its performance, Governors were appointed as members for the Committee meetings.

See Paper C (Item 5) for more details about the attendance and contribution from Governors.

### **3b      Attendance of Governors at meetings of the Board of Directors (Public Session)**

*(Aligns with Governor Responsibilities 1-Holding non-executive directors to account for the performance of the Board; and 2-Representing the interests of members and the public)*

The Board of Directors holds a meeting in public every other month. The November meeting was attended by Jo Cox, Ann Llewellyn, and Ian Spowart. The January meeting was attended by Ann Llewellyn, Chris Pope, and Ian Spowart.



Please contact Phil for the link and to receive the papers in advance of future meetings (next meeting 27 March 2025, CAST Theatre, Sir Nigel Gresley Square, Doncaster).

### **3c Trust People Council**

The Trust People Council was established in 2024 and represents a significant step to help our employee staff networks, staff governors and other specified leaders (including a patient representative) to directly influence the cultural programme of the organisation. TPC operates as a peer to our non-executive led Board committees: and supports the ambition of the Council to see the staff governor role given substantially greater prominence inside RDaSH.

Four of the staff Governors attended the most recent meeting in January (Mike, Prachi, Jennie and Victoria) where amongst the topics discussed were remote working, leadership training, the implementation of the Real Living Wage, the 'Voices' Scorecard (capturing feedback to the Trust) and the planned launch of a fifth network – one that focuses on Carers (launched in February 2025).

### **3d Induction**

*(Aligns with Governor Responsibilities 1-Holding non-executive directors to account for the performance of the Board; and 2-Representing the interests of members and the public)*

Phil hosted an induction session for our new governors on 09 December 2024. The session was attended by Chair Kath Lavery and by Chief Executive Toby Lewis and Governors also had the chance to engage with the Freedom to Speak Up Guardian James Hatfield and to hear about the work ongoing on volunteering & peer reviews from Stuart Green.

The induction session was attended by governors Prachi, Hannah, Emma, Jess, Vicky, Chris, Kevin, Jennie, Ann and Kamlesh.

### **3e Peer Reviews**

*(Aligns with Governor Responsibilities 2 - Representing the interests of members and the public)*

Governors have participated in recent Peer Reviews focusing on the patient experience aspect of the review – where a number of staff from different parts of the Trust attend a location.

Maureen Young and Jo Cox visited Magnolia (Jo in an 'out of hours' review) Jo fed back: *that she had met with two patients who were both very complimentary about the quality of care they had received on the ward. Maureen reported : that she was quite impressed with Magnolia . Members of staff were visible at all times and activities were taking place with patients. Patients reported favourably on all aspects of their care.* Jo also attended visits at Sandpiper and Cusworth wards, out of hours.

Kamlesh Vatish visited St John Hospice: following the visit Kamlesh commented: *she had spoken to the patient, who was resident from previous two weeks.. spoke so high of the staff, and the care she was receiving. As she explained she receives daily visit from Dr along with nurses . She knew who she can complain to if she needs to. She was allowed to receive visits from the family whenever she wanted to. Family if they wished could be involved in any meeting or planning. She had no concern for the food or in maintenance of personal hygiene. She said the environment here is very calm, caring , considerate, peaceful and serene..*

Kamlesh was very impressed with the whole visit.. I am so glad I undertook that visit.. learn a lot from it.

### **3f 10 Year Health Plan Volunteer Workshops**

*(Aligns with Governor Responsibilities 2 - Representing the interests of members and the public)*

Three national workshops for NHS volunteers across the health care system took place on Wednesday 5 February and Thursday 6 February. The workshops were held virtually on Teams (each lasting 2 hours) and are based on the Change NHS engagement workshop model. Each workshop focused on a different one of the key shifts of the 10 Year Health Plan.

Ann Llewelyn and Joy Bullivant both participated in one of the workshops.

### **3g Climate Adaptation Day**

*(Aligns with Governor Responsibilities 2 - Representing the interests of members and the public)*

Climate change is always in the news, floods, hurricanes, wildfires, ice melting, but WE need to plan for local changes and how we will adapt our services to continue despite the challenges we are likely to face. This event was held in Brinsworth, Rotherham and involved colleagues working in groups faced with new, different scenarios and trying to understand how the Trust and communities would deal with them.

Richard Rimington, David Vickers and Kamlesh Vatish attended. Kamlesh feedback that: *"The forum was quite interesting, raised the awareness how it will affect every individual's life. I was very impressed to witness the many RDaSH professionals in attendance and how they showed their interest in the subject matter. The forum raised awareness of the increased frequency of extreme weather events, such as floods, heatwaves, and storms etc and how common they have become, posing risks to infrastructure, agriculture, and, importantly to human lives." . It was a real eye opener*

### **3h Governor meetings with the public**

*(Aligns with Governor Responsibilities 2 - Representing the interests of members and the public)*

Ann Llewelyn attended a "Thoughtful session on Pastoral and Health Care" celebrating world religion day

### **3i Pre-CoG Meeting 10 February 2025**

*(Aligns with Governor Responsibilities 2 - Representing the interests of members and the public)*

A Governor only meeting to review and discuss the forthcoming Council of Governors' meeting.

Present at the meeting were Joan Cox, Joy Bullivant, Ann Llewellyn, Ian Spowart, Jennie Gaul, Prachi Goulding, Hannah Hall, Chris Pope, Emma Price, David Vickers, Jessica Williams and Maureen Young.

### 3j Volunteer Information session

(Aligns with Governor Responsibilities 2 - Representing the interests of members and the public,

A Volunteer event to showcase opportunities to volunteer within the NHS. There are a range of posts available in Rotherham Care Group both in the community as well as on the wards.

Kamlesh attended the session held in Rotherham it was an opportunity to meet the volunteering team and understand volunteering within Rotherham, Doncaster and South Humber (RDaSH). Kamalesh fed back: *She was very impressed to witness the number of people that had turn up ... around twenty five .. half of them in attendance were from different cultures and backgrounds. The good news is everybody present in this session, committed their time, including myself.*

### 3k Lead Governor Activities

(Aligns with Governor Responsibilities 2 - Representing the interests of members and the public, 8 -Preparing the forward plan)

- Meeting prospective new governors and attendance at induction
- Meetings with Chair Kath Lavery and Phil– monthly update.
- Chaired pre-CoG meeting (Feb).
- Pre- meets for the Out of Hours Peer Review visits
- Face to Face meeting with Corporate Assurance Team (Sue)

## 4 Governor Interests

In the period since the New Year, Governors have been asked to put forward the areas and topics that they are most interested in. These will be used when future Council of Governor meetings, training and other information events are all planned.

From the responses to date – thank you to the 16 that have replied – the word cloud below represents the areas that are the most frequently mentioned topics (the bigger the letters, the more people were interested):



As noted above, we will consider how best to cover these topics in future sessions, but Governors should note on today's agenda we have an item about Out of Area Placements and Membership (involving our communities) and that we plan to have at the heart of the next meeting in June, items on High Quality Therapeutic Care and Care Opinion (Patient Feedback) – both of which respond to key areas of interest. The current Governor priority areas include volunteering, membership and health promotion.

### **Forthcoming Events**

An NHS Providers Govern well session will be held on 25 March 2025 for all new governors. If any other Governors would like to attend then please contact Sue – it would be good as part of the session to share the experiences of current Governors.

**Philip Gowland, Director of Corporate Assurance**  
**25 February 2025**