



Rotherham Doncaster
and South Humber
NHS Foundation Trust

Annual Report and Accounts 2017/2018



ROTHERHAM DONCASTER AND SOUTH HUMBER NHS FOUNDATION TRUST

ANNUAL REPORT AND ACCOUNTS 2017/18

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

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Performance report

Overview

This section provides an introduction to the Annual Report and Accounts 2017/18 from the Chief Executive and Chairman. It describes the Trust and highlights some of the major achievements in the year, the risks we have faced and provides some facts and figures about the Trust.

Chief Executive's and Chairman's Statement



Kathryn Singh
Chief Executive

Welcome to our Annual Report and Accounts 2017/18.

It's been another extremely busy and challenging year for our staff here at Rotherham Doncaster and South Humber NHS Foundation Trust (RDaSH) with significant changes taking place both within the Trust and developing across our regional and local health and care systems. The backdrop to it all is another year of significant financial constraint for the NHS as a whole. Throughout, our aim has been to support our staff to continue to deliver excellent services and high quality patient care.



Lawson Pater
Chairman

We are so proud of our staff who continue to embrace the changes we are making. We would like to take this opportunity to thank them formally for their incredible hard work throughout this financial year that has secured the delivery of fantastic patient care and helped us meet our strategic objectives. We've also bid farewell to some of our staff, at the end of March 2018, as we have handed over a few of our services. These services are detailed in this annual report but again we would like to take the opportunity to thank this group of staff for their support and commitment while working here at our Trust.

We can report that our Trust has met its financial targets for the year. On behalf of the Board of Directors we can declare that after making enquiries we have reasonable expectation that the Trust has adequate resources to continue in operation for the foreseeable future. For this reason the Board of Directors continues to adopt the 'going concern basis' in preparing these accounts.

The Trust is actively involved in the Humber Coast and Vale Sustainability and Transformation Partnership, and the shadow Integrated Care System in South Yorkshire and Bassetlaw; we are also engaged fully in our three Local Health and Care Place Plans across Doncaster, Rotherham and North Lincolnshire. In all of these the Trust is working hard to improve service pathways for patients and their carers, with the aim of 'joined up' care and more efficient and effective working together across health and care organisations.

The new care group structure introduced in October 2016 to operationally deliver services and care, has become well established. Our Rotherham, Doncaster and North Lincolnshire Care Groups work in their 'place' – or geographic locations. This is to ensure better partnership working, delivering and developing services with our partners in a more

integrated way to improve patient care. Our Children's Care Group works across all of our places, ensuring a clear focus and specialism in our 0-19 age range of services is delivered.

During the year we have continued to roll out our new Electronic Patient Record (EPR) in our Unity Project integrating our existing electronic patient record systems into a single system. The new system benefits patients and reduces duplication for staff, creating more time for patient care. With appropriate permissions in place we can share patient records more widely with health professionals, ensuring patients receive the best care possible.

Our Transformation Programme has also continued across the Trust, not only re-shaping services, for example integrating older people's and adult mental health services, whilst retaining specialist skills but also looking at better ways to utilise our estate and improving efficiency through trials in technology, such as voice recognition, non-pay/procurement expenditure and increasing 'agile working'.

Our community interest company, Flourish Enterprises, goes from strength to strength, together with its care arm, Woodfield 24. Flourish Enterprises consists of a small garden centre, tea room and conferencing facilities. The company provides work and vocational opportunities for people who need support to get back into education or employment and is establishing itself as great community resource and facility.

Our Listening into Action (LiA) journey has also continued, empowering our staff, patients and carers to make or suggest vital changes which lead to lasting improvements in patient care. We will continue into the next financial year with LiA supporting us as we develop an inclusive approach to a more continuous and sustainable pathway for quality and service improvement across our Trust.

We've had a number of business successes, such as the launch of the WellBean Coffee Lounge in Doncaster, alongside many new initiatives and projects across all of our care groups. You can read all about these developments in this report.

You will also find in this Annual Report and Accounts 2017/18 our Quality Report and Finance Report. The Finance Report covers the accounts for our Trust and the 'Group' position which also includes (consolidates) with our charitable funds and Flourish Enterprises.

Thank you for taking the time to read this Annual Report and Accounts 2017/18. We hope you enjoy looking back at the work and what we've achieved from April 1, 2017 until March 31, 2018.

Kathryn Singh
Chief Executive



May 25, 2018

Lawson Pater
Chairman



May 25, 2018



About the Trust

Key facts

- The Trust delivers services from more than 100 locations across Rotherham, Doncaster and North Lincolnshire.
- Services include: Inpatient and hospital-based services at The Woodlands and Swallownest Court in Rotherham, the Tickhill Road site and Emerald Lodge in Doncaster, Great Oaks in Scunthorpe, and community services in a wide range of community settings, including registered and supported living homes.
- The Trust Headquarters, Woodfield House, is based on the Tickhill Road site in Balby, Doncaster.
- We employ around 3,400 staff providing a wide range of clinical and non-clinical services.
- In 2017/18 we had over 150 committed volunteers of all ages and backgrounds that selflessly devote their time to the Trust, carrying out a variety of tasks - including helping out in art groups, driving patients to and from the hospital sites, providing trolley services to the wards. All of which helps support the staff in their clinical duties and offers additional help and activities for service users.
- 120,725 people accessed our services last year.
- Operating income from patient care activities in 2017/18 was approximately £151.6m. The Trust has achieved its financial planned outturn position every year as a Foundation Trust. Further details of financial performance are provided on page 17.

Our history

- On 1 August 2007, the Trust received authorisation under the NHS Act 2006 and was granted Foundation Trust status. The Trust was renamed Rotherham Doncaster and South Humber Mental Health NHS Foundation Trust.
- Since June 2008, the Trust has been managing all North Lincolnshire Mental Health Services.
- On 1 October 2010, the transfer of tier 2 primary Child and Adolescent Mental Health Services (CAMHS) from Doncaster Council (DMBC) and tier 3 CAMHS from Doncaster and Bassetlaw Hospitals NHS Foundation Trust (DBH) took place.
- On 1 April 2011, around 1,700 staff transferred to the Trust from Doncaster Community Healthcare and Rotherham Community Health Services, under the Transforming Community Services programme.
- The Trust was renamed Rotherham Doncaster and South Humber NHS Foundation Trust to reflect the range of services provided.
- On 1 April 2016 the Trust and a charity consortium took over as the provider of drug and alcohol services in Doncaster, launching Aspire Drug and Alcohol Service.
- In April 2017 our Manchester Early Intervention Service was transferred to a local provider following a review of service provision in the city. Our contribution to the North East Lincolnshire Drug and Alcohol Service, Foundations, and to the Rotherham Drug and Alcohol Services came to an end on 31 March 2018.



The services we provide

We have four care groups - with an emphasis on the 'place' within which the services provided by three Care Groups in Rotherham, Doncaster and North Lincolnshire; and a dedicated care group to deliver our Children's services across all three geographical areas. Our care groups and the services they provide are:

Doncaster Care Group

- All Age Inpatient and Community Mental Health Services
- Community Integrated Services
- Learning Disabilities
- Forensic Services
- Drug and Alcohol Services.

Rotherham Care Group

- All Age Inpatient and Community Mental Health Services
- Learning Disabilities
- Drug and Alcohol Services.

North Lincolnshire Care Group

- All Age Inpatient and Community Mental Health Services
- Community Learning Disabilities
- Drug and Alcohol Services (North East Lincolnshire until March 31 2018).

Children's Care Group

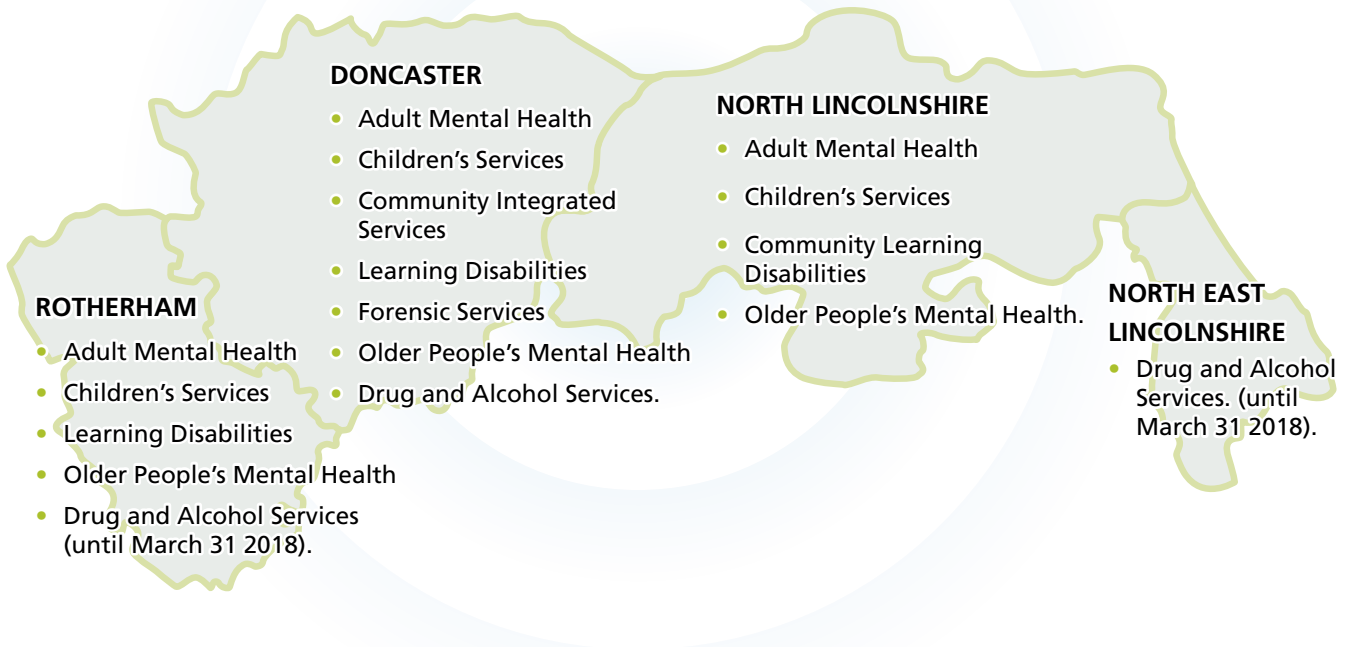
- Children and Young People's Mental Health
- Community Integrated Services.

Descriptions of our services:

- All Age Inpatient and Community Mental Health Services – including crisis and home treatment, assertive outreach, early intervention in psychosis, community therapy, social inclusion, recovery, rehabilitation and dementia services. The core community mental health services are delivered through a number of care pathways designed to meet assessed needs. The Trust also provides psychological therapies (Improving Access to Psychological Therapies, known as IAPT).
- Children and Young People's Mental Health Services (CYPMHS also known as CAMHS) – a range of psychotherapeutic approaches and interventions for children and adolescents with mental health needs;
- Adult Community Learning Disability Services in Doncaster, Rotherham and North Lincolnshire - services include assessment and treatment community settings, supporting people in the community and helping people with complex needs, as well as providing leisure, recreational and educational activities. The Trust also provides a low-secure unit and locked rehabilitation service on the Tickhill Road site for men with learning disabilities;
- A comprehensive Drug and Alcohol Service – operates across Doncaster (and in Rotherham and North East Lincolnshire up to March 31 2018), in partnership with a range of agencies. This provides support through drug treatment, relapse prevention and a holistic approach to assisting people to regain fulfilling lives; and
- Community Integrated Services – adult, children and family healthcare services are provided across Doncaster, including community and inpatient, district nursing and specialist community nursing services, rehabilitation services, hospice services, children and family nursing services and sexual health services. The Trust also provides health visiting and school nursing in North Lincolnshire.

Our services

The services we provided during 2017/18 in the different localities are presented in the map below.



In partnership with our commissioners, the Trust continued to develop new services during 2017/18 and further improve existing services, in line with the needs of local people. Many of the services are delivered on an integrated basis with local authority and general hospital partners.

The Trust has no overseas operations.

Further details on the key events for our services can be found from page 25 onwards.



Participants in Aspire's Recovery Games are pictured in the colour dash.

Our Vision, Mission, Values and Strategic Goals

Our Vision

'Leading the way with care.'

Our Mission Statement

Promoting health and quality of life in partnership with people and communities.

Our Values

- Passionate
- Reliable
- Caring and safe
- Empowering and supportive of staff
- Open, transparent and valued
- Progressive.

Strategic Goals

- To provide safe, effective, compassionate care
- To attract, retain, support and develop the finest workforce
- To maintain financial stability
- To work with partners to offer and deliver market-leading services
- To be an outstanding, 'Well-Led' organisation.

Risks

The key risk to the delivery of the financial plan was the delivery of the efficiency savings plans. Whilst the full delivery of savings target was not achieved, the Trust delivered its financial plan at the year end and achieved all operational performance targets set by NHS Improvement (NHSI) as per the Single Oversight Framework (SOF) – see page 47.

Other key risks which the Trust sought to mitigate in the year mainly related to service improvement (transformation) and to the Unity Electronic Patient Record programmes and included:

- Operational management and clinical capacity
- Transfer of data from the old to the new electronic patient record
- Electronic Prescribing Module functionality
- Capacity within the Health Informatics team.

Whilst mitigating actions have been taken, the majority of these risks remain active at the year-end and further mitigation is planned to be undertaken in 2018/19.

The way forward: Future developments

The Trust's five year plan (2014-2019) set out a comprehensive summary of our strategy to meet our aim of:

- Maintaining a focus on sustaining our core secondary care services in each area
- Developing Specialist Inpatient and Community Services
- Transforming Community Services.

It provided an assessment of the likelihood of achieving the plan, ensuring the sustainability of our Trust over the coming five years on a clinical, operational and financial basis. An Operational Plan for 2017/18 was produced to provide focus for the year, against the backdrop of the longer term five year plan and to reflect the changing environment in which the Trust is operating.

During 2017/18, the Board of Directors has continued to consider the national, local and organisational context to inform the production of our 2018/19 Operational Plan which was approved by the Board of Directors in April 2018.

To achieve the delivery of clinically and financially sustainable services, a focus for the Trust during 2018/19 will be on service improvement across our health and care economies, including:

- Implementation of all age mental health and integrated community nursing service models and structures
- The completion of the rollout of an improved Electronic Patient Record System
- Continue with Listening into Action (LiA) - putting our staff at the centre of change to provide real opportunity to fundamentally shift how we work and lead
- Continued involvement in the development of Accountable Care Systems / Integrated Care Systems and 'place-based' plans across the wider geographical footprints to support the delivery of new models of care.

The financial environment, as with many other NHS organisations across the sector, is very challenging and has to be balanced with the level of services we can provide. In light of this, the clinical priorities and enabling corporate strategies alignment with the financial plan is continually reviewed to maintain the sustainability and resilience needed to achieve our aims.

Our plans bring together the initiatives that will enable us to progress and mitigate risks we face. Relevant initiatives include:

- Improving our internal efficiency
- Improving and rationalising our physical estate
- Harnessing the benefits of information technology to improve the quality of care and support agile working
- Exploring the opportunities for new markets
- Developing strong leadership across the system
- Workforce redesign.

In delivering the plans, it is imperative to its success, that the Trust can flex and support change as it happens. The Trust will strive to always have the strategic agenda as a focal point in driving transformation of community services, developing specialist inpatient and community services, and maintaining a focus on sustaining our core care services in each area.

Workforce Strategy 2016-2021

The workforce strategy was approved at the April 2016 Board of Directors meeting. This strategy sets out the human resource framework to support the transformation of the workforce to enable the delivery of sustainable, safe, effective, caring, responsive and well led services. It has been developed to support and enable the delivery of the overall vision, mission, values and strategic goals of the Trust, particularly strategic goal two, “To attract, retain support and develop the finest workforce”.

The following table outlines the key elements and work streams required to achieve our goals:

Workforce Strategy – Key Elements	
1.0 Leadership & Management Development (at all levels/ formal and informal)	
2.0 Equality & Diversity (at all levels – staff and services)	
3.0 Attract	3.1 An employer of choice that attracts the best
	3.2 Selection and induction
4.0 Grow	4.1 Developing the workforce and succession planning
	4.2 Performing for excellence – continuous improvement and learning
	4.3 Health, wellbeing and resilience
5.0 Engage	5.1 Recognition and reward
	5.2 Service transformation – leading organisational and external change

Leadership and management and equality and diversity are overarching strategies.

The attraction, growth and engagement of our people will be undertaken through our leaders and managers at all levels throughout the Trust. We recognise therefore that the ‘leadership’ community is critical to the successful delivery of the five strategic goals. We also recognise that promoting difference, diversity and inclusivity is a requisite to creating a remarkable place to work.

The Trust continues to pay almost all staff in line with the national Agenda for Change pay, terms and conditions. Some staff receive pay in line with other frameworks, for example Hospital Medical and Dental pay and conditions or, in a very small number of instances, pay is on a locally agreed level.

Information and Communications Technology (ICT)

The Trust’s Information and Communications Technology (ICT) Strategy sets out an ambitious programme, which includes agile working, business intelligence and data warehousing solutions, improved Information Technology (IT) infrastructure and an upgraded network. The work programme is currently being revised to take further account of the requirements and ambitions within local Sustainability and Transformation Plans, digital roadmaps and digital maturity. To protect its infrastructure and ensure that digitally supported treatment and care is able to be delivered uninterrupted, the Trust has continued to invest in improving its cyber security capabilities.

The revised strategy commits the Trust to drive forward improvements in the use of information and technology to support the delivery of clinical services. We have also procured a new electronic patient record – SystmOne and we are currently working hard to roll out implementation across all our services. The system will provide clinical staff with a single patient record to support decision making. The Trust is also progressing with extending agile working across the geographies it covers, enabling care to be delivered in the most appropriate location, in the home or in the community.

RDaSH's IT strategic partner: Channel 3 Consulting

The investment (financial and resource) by the Trust is extensive. To ensure this has been done in the most cost and time effective way, RDaSH has worked collaboratively with a strategic partner called Channel 3 Consulting throughout the financial year to share and implement best practice.

Improving and rationalising our estate

The Trust is always looking at the way it uses all of its buildings as part of its Transformation process. This is to ensure that buildings are used to their full potential releasing savings where possible and supporting clinical services as they move into the new 'all age care groups'.

The Trust is working with its clinicians and senior management to create a smaller, more efficient and better quality estate from which its services are delivered. This will mean that we are taking into account the current and future service developments. Where some underutilised buildings have been identified we have found alternative uses or made them available for rent to provide additional income to the Trust and to reduce the running costs. Many of these buildings are now managed on behalf of the Trust by Flourish Enterprises on Woodfield Park, which neighbours the Tickhill Road Site in Doncaster.

The Trust continues to work with all of its Local Authorities and partner organisations across all localities to ensure every opportunity is explored to support joint working, in an attempt to release additional savings and giving more flexibility about how and where our services can be delivered from.

Some services within the Trust are already working in an agile manner and the benefits of agile working will be shared across all the Trust's services.

Performance analysis

At every Board of Directors' meeting, there is a review of our key performance measures – on the quality of our services, our workforce and the financial performance of the Trust. These include the delivery against our financial plan and the performance against the performance targets included within the NHSI's SOF. The delivery of these key performance measures enables the Trust to measure the success it has in achieving its strategic goals. This information is obtained from a number of sources and each of the areas is subject to further oversight through the committees of the Board of Directors – with their respective reports to the Board of Directors providing not only the performance position, but any identified risks, gaps or highlights.

The key quality indicators are presented within the Quality Report – these include a number from the Trust's Sign Up To Safety initiatives relating to suicide reduction, falls reduction, pressure ulcer management and restrictive interventions. The quality metrics included in the Quality Report also relate to patient experience and clinical effectiveness.

Performance metrics relating to our staff are also subject to regular review and scrutiny through the Quality Committee and the Board of Directors. Workforce metrics are included in the Staff report – including Staff Survey outcomes - and in the Quality Report, where performance against Staff Friends and Family Test and mandatory and statutory training are presented.

The Financial Performance is presented in the section on page 16.

Operational Performance, including performance indicators that are set by NHSI (and part of the SOF) and those of our commissioners, are reported on a monthly basis to the Finance, Performance and Informatics Committee and the Board of Directors. See 'Operational Performance' below.

Operational Performance

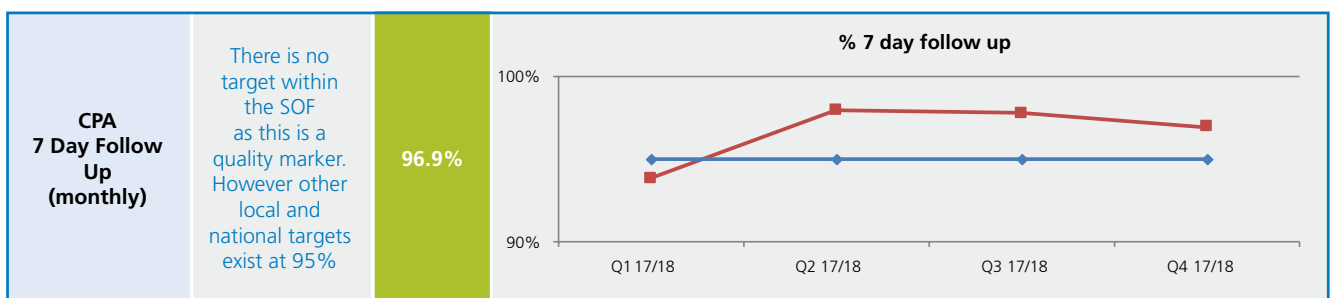
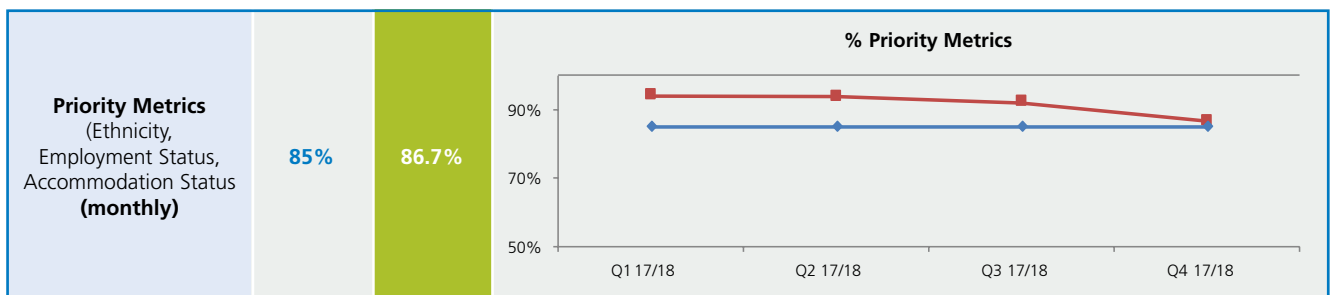
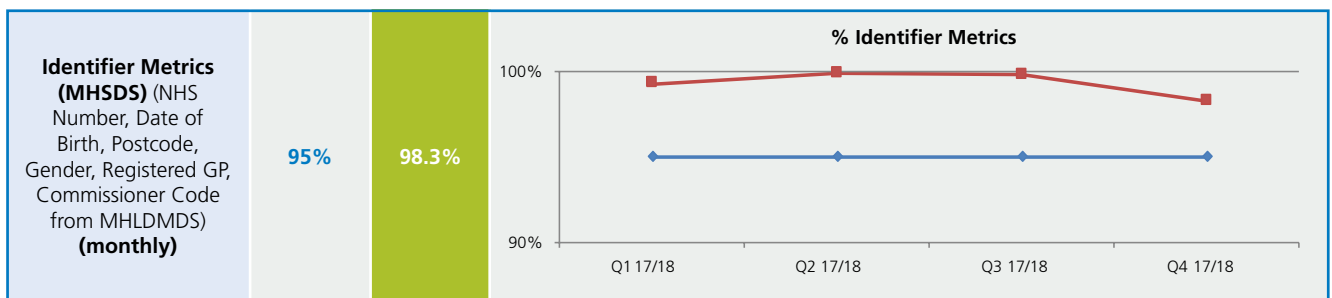
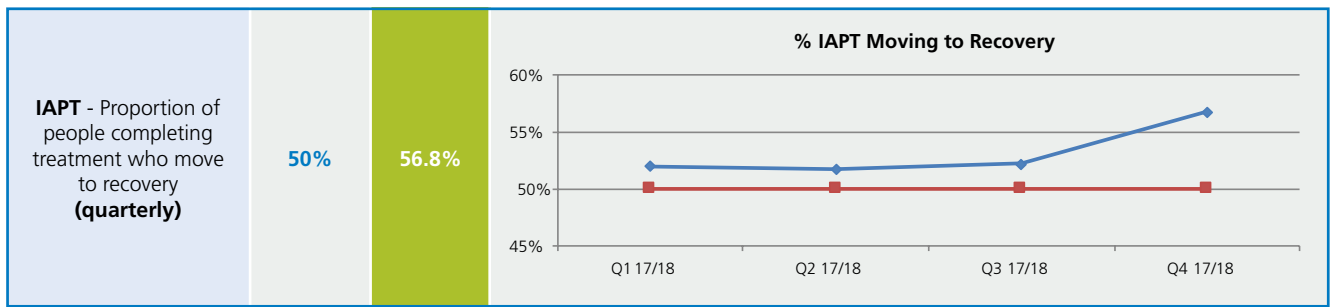
The Trust measures its performance primarily through monitoring of compliance with NHSI's SOF alongside performance with Key Performance Indicators (KPIs) contained within the Trust's service contracts.

For 2017/18, the Trust's performance against the operational performance measures contained within the SOF was as follows:



CRHT – Crisis Resolution and Home Treatment
 MHSDS – Mental Health Services Data Set
 MHLDMDS – Mental Health and Learning Disabilities Minimum Data Set
 CPA – Care Programme Approach
 IAPT – Improving Access to Psychological Therapies

Indicator	Target	17/18 Position	Position to date
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The Trust's compliance with the SOF and KPIs contained within contracts is reported to through the Trust's governance structure on a monthly basis, originating at care group performance and finance meetings and culminating in presentation to the Executive Management Team and Finance, Performance and Informatics Committee.

This includes escalation of performance 'hotspots', which are KPIs which have been consistently below compliance for three consecutive months. During 2017/18, there have been a total of 30 performance hotspots escalated, however, 16 of these have been removed following successful management and de-escalation. Two particular areas to note are as follows:

Doncaster Speech and Language Therapy (SaLT) Service

At the end of 2017/18, the Doncaster SaLT service achieved 86.8% for the 18 weeks Referral to Treatment target of 92% due to recognised capacity issues in the service. This was escalated as an extreme risk on the Trust's Risk Register and in response, additional capacity has been identified to support the service and through this, it is forecast that the service will return to compliance by the end of April 2018. However, this additional capacity is not sustainable in the longer term and therefore the Trust is discussing a partnership approach that will manage risks to 2018/19 with the commissioner and the local acute trust.

Rotherham and Doncaster Child and Adolescent Mental Health (CAMHS) waiting times

During 2017/18 the Rotherham and Doncaster CAMHS services have experienced difficulty in sustainably achieving referral to assessment/treatment waiting times, resulting in a Contract Performance Notice being issued in respect of the Doncaster service. Improvements were delivered in both services during the year and on November 30, 2017 the Trust's CAMHS Services were the first to 'Go Live' with the Trust's Unity Programme in which its clinical system transferred from Silverlink to SystemOne. This has resulted in a number of benefits to clinical service delivery which was communicated to the Board of Directors in January 2018. The Trust is now finalising the data stitching that it is forecast will deliver the required improvement to waiting times as we enter 2018/19.

Finally, during 2017/18 the Trust started development and preparation work for the delivery of an Integrated Dashboard Report to triangulate information across the following themes:

- Operational Performance
- Quality of Care
- Organisational Health
- Finance and Use of Resources.

This approach has allowed the Trust to view a holistic picture in relation to performance and also identify where there may be interdependencies between metrics, for example safe staffing levels against income and expenditure and compliance with KPIs against vacancy and sickness rates.

Financial performance

Introduction

This section provides a commentary on the Trust's financial performance for the financial year 2017/18. It provides an analysis of the key financial targets, capital expenditure and income activities for the year as well as an overview of the Trust's plans for future years. The financial year 2017/18 has been a challenging year for all NHS organisations, however in light of this challenging environment the Trust has delivered a strong financial outturn which is detailed in the next sections of this report.

Consolidated accounts

The 2017/18 accounts included in this report show a position that consolidates the Trust activities, Flourish Enterprises CIC (Subsidiary) and the Trust's Charitable Funds. The table below shows the consolidated ('Group') position and the breakdown between Trust activities Flourish Enterprises CIC and charitable funds.

A separate annual report is available for the Trust's Charitable Funds and for Flourish CIC, and therefore this commentary will focus on the financial performance of the RDaSH activities.

Financial Results 2017/18	RDaSH Activities £'000	Flourish CIC £'000	Charitable Funds £'000	Group Position £'000
Income from Patient Activities	151,577	0	0	151,577
Other Operating Income	11,658	125	587	12,370
Total Income	163,235	125	587	163,947
Operating Expenses	-153,706	-73		-153,779
Charitable Funds Expenditure			-507	-507
Finance Liabilities	-1,561			-1,561
Finance Income	75		66	141
Public Dividends Payable	-2,102			-2,102
Surplus / (Deficit) before impairment	5,941	52	146	6,139
Gain / (Loss) from transfer by Absorption				0
Gain / (Loss) on Disposal of Assets	150		31	181
Movement in fair value of investment Property	-16			-16
Net Impairment	-1,333			-1,333
Surplus / (Deficit) after impairment	4,742	52	177	4,971
Tax		-9		-9
Surplus / (Deficit) after impairment and Tax	4,742	43	177	4,962
Sustainability and Transformation Fund Received (STF)	3,873			3,873

Going concern

After making enquiries, the Board of Directors has a reasonable expectation that the Trust has adequate resources to continue in operational existence for the foreseeable future. This was supported at the Board by the sign off of the 2018/19 annual plan which plans to maintain a Use of Resources rating of 1. As a result of this declaration the Board continue to adopt the going concern basis in preparing the accounts.

Financial statements

The Accounts, presented as part of this Annual Report and Accounts 2017/18, have been prepared under a direction issued by NHSI under the National Health Service Act 2006.

Income and expenditure

The table below summarises the income and expenditure results for the period April 1, 2017 to March 31, 2018 **(Trust activities only)**.

Trust (RDaSH) Income and Expenditure 2017/18	Financial Results 2017/18 £'000	Previous Year's Results 2016/17 £'000
Income from Patient Activities	151,577	153,072
Other Operating Income	11,658	10,520
Total Income	163,235	163,592
Operating Expenses	-153,706	-155,646
Finance Liabilities	-1,561	-2,883
Finance Income	75	74
Public Dividends Payable	-2,102	-1,820
Surplus / (Deficit) before impairment	5,941	3,317
Gain / (Loss) from transfer by Absorption	0	0
Gain / (Loss) on Disposal of Assets	150	-16
Movement in fair value of investment Property	-16	0
Net Impairment	-1,333	-2,090
Surplus / (Deficit) after impairment	4,742	1,211
Overall Financial Use of Resources	1	1
Sustainability and Transformation Funds (STF) Received by the Trust	3,873	2,195

Surplus position

The Trust, along with other NHS organisations, has faced some significant challenges in 2017/18. These include:

- A need to release a further 2.35% (£3.607m) in efficiency savings
- £2.8m of the Trust's income was subject to delivery of quality targets agreed with the Commissioning for Quality and Innovation (CQUIN)
- Significant reductions in some Local Authority contracts and additional financial cost pressures relating to agency costs, service transformation and capital charges.

Despite these challenges the Trust has delivered a surplus, before impairments, Gain on Disposal of Assets and movement in value of Investment property, of £6.075m, which is above the plan set by the Board of Directors at the beginning of the year of £2.068m before impairments.

In addition the Trust has delivered a Use of Resources rating of 1 as planned which is a strong financial rating.

During the year the Trust has carried out a review of its asset values. In some cases this has resulted in a reduction in the values of these assets known as Impairment. The table above shows that during 2017/18 the Trust incurred an Impairment charge of £1,333k. This impairment is not taken into account when the Trust's financial performance is assessed against the control total.

Control Total and Sustainability and Transformation Funding (STF)

As part of the 2017/18 plan, the Trust confirmed that it would accept a control total of £2.065m. By accepting and meeting the control total in 2017/18 the Trust is eligible for the general element of the Sustainability and Transformation fund of £0.987m this is then used to meet the control total of £2.065m. The Trust also received incentive STF of £1.221m, incentive STF (general distribution) of £0.475m and a bonus STF of £1.190m during 2017/18. In total the Trust received £3.873m of STF funding in 2017/18 and is included in the financial position reported above. The financial plan for 2017/18 included an amount of £0.987m in relation to STF, the additional £2.886m was made available from national allocations and was non-recurrent in nature.

Control total performance includes Flourish CIC but excludes the Charitable Funds. The actual control total performance was £6.172m against the control total of £2.065m. The reconciliation to the overall group position is detailed below:

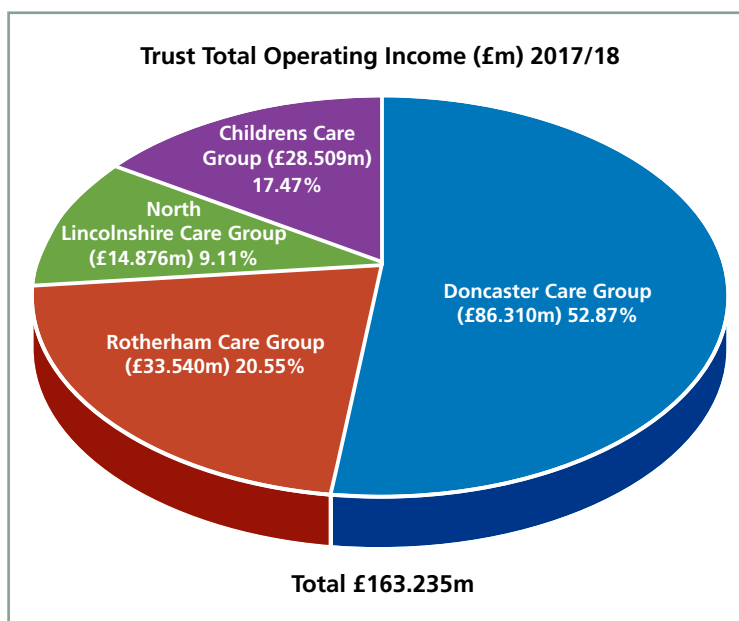
Actual Control Total compared to Overall Group results	
	£'000
Planned control Total (Excl. STF)	1,078
Original Planned STF	987
Planned Control Total Incl. Original STF	2,065
Additional Surplus	1,221
Additional STF Bonus	2,886
Actual Control total Performance	6,172
Less : Impairments	-1333
Less : Non-Cash Pensions	-91
Add : Departmental Expenditure Limit (DEL) Impairment	25
Add : Flourish Prior Period Adjustment	12
Add : Charitable Funds Surplus	177
Group Position	4,962

Financial rating as assessed by the Financial Regulator (NHS Improvement)

The Use of Resources risk rating measures the Trust's liquidity, in-year performance and its ability to pay its debts and is assessed on a scale of 1 to 4, where 1 is the best financial rating. At the end of 2017/18 RDaSH achieved a Use of Resources rating of 1 which is a strong financial rating and is in line with the Trust's financial plan.

Income and expenditure analysis

The analysis above shows the breakdown of how the Trust's income has been used to deliver the Trust services. In a challenging year with a net tariff increase of 0.1% on all NHS contracts and higher reductions and market testing on the local authority contracts, the Trust has retained a solid income base of £163.24m. In relation to expenditure, of the total operating expenditure of £153.71m (excluding Impairments), a total of £120.76m (78.6%) was related to employee costs. The remaining £32.95m was spent on clinical supplies, drugs, non-clinical equipment and infrastructure costs.



In accordance with Section 43(2A) of the NHS Act 2006 the Trust confirms that the income from the provision of goods and services for the purposes of the Health Service in England is greater than its income from the provision of goods and services for any other purposes. The Trust has therefore met this requirement.

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

Working capital

Treasury management policy

In 2017/18 the Trust invested any short term surplus cash in line with NHSI's guidance on investments. Although interest rates remain low, £75,000 of additional investment income has been generated during the year.

Cash flow and liquidity

At the end of the 2017/18 financial year, the Trust has a very strong liquidity position, which will assist in the management of risk in 2018/19 and further investment in relation to capacity and business development.

Overview of capital investment and asset values

During the financial year, the Trust invested a total of £4.695m of capital in its assets. This includes additional investment in information technology infrastructure to provide more flexible working approaches and estate infrastructure to further improve the environment for our service users and provide opportunities for service development.

Long term borrowing

At the beginning of the financial year, the Trust's long term debt totalled £17.507m (made up of the loan from the Foundation Trust Financing Facility and the Private Financing Initiative (PFI)). At March 31, 2018, this debt has been reduced to £16.113m by repayments of the Loan and Capital PFI repayments.

Public sector pay policy

The Trust adopts a Better Payment Practice code in respect of invoices received from suppliers. The code requires the Trust to aim to pay all undisputed invoices within 30 calendar days of receipt of goods or a valid invoice (whichever is later), unless other payment terms have been agreed. The Trust's performance against the target for the 12 month period April 1, 2017 to March 31, 2018 is 96.8%

	By Number				By Value			
	Total Number of Invoices	Paid in 30 days	Not paid in 30 days	% paid in 30 days	Total £ of Invoices	Paid in 30 days	Not paid in 30 days	% paid in 30 days
NHS	1,382	1,347	35	97.5%	9,553,291	9,293,736	259,555	97.3%
Non-NHS	31,454	29,754	1,700	94.6%	61,929,269	59,891,343	2,037,926	96.7%
Combined Total	32,836	31,101	1,735	94.7%	71,482,560	69,185,079	2,297,481	96.8%

There has been no interest paid as a result of failing to pay within 30 days.

Countering fraud and corruption

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

Pensions and Retirement Benefits

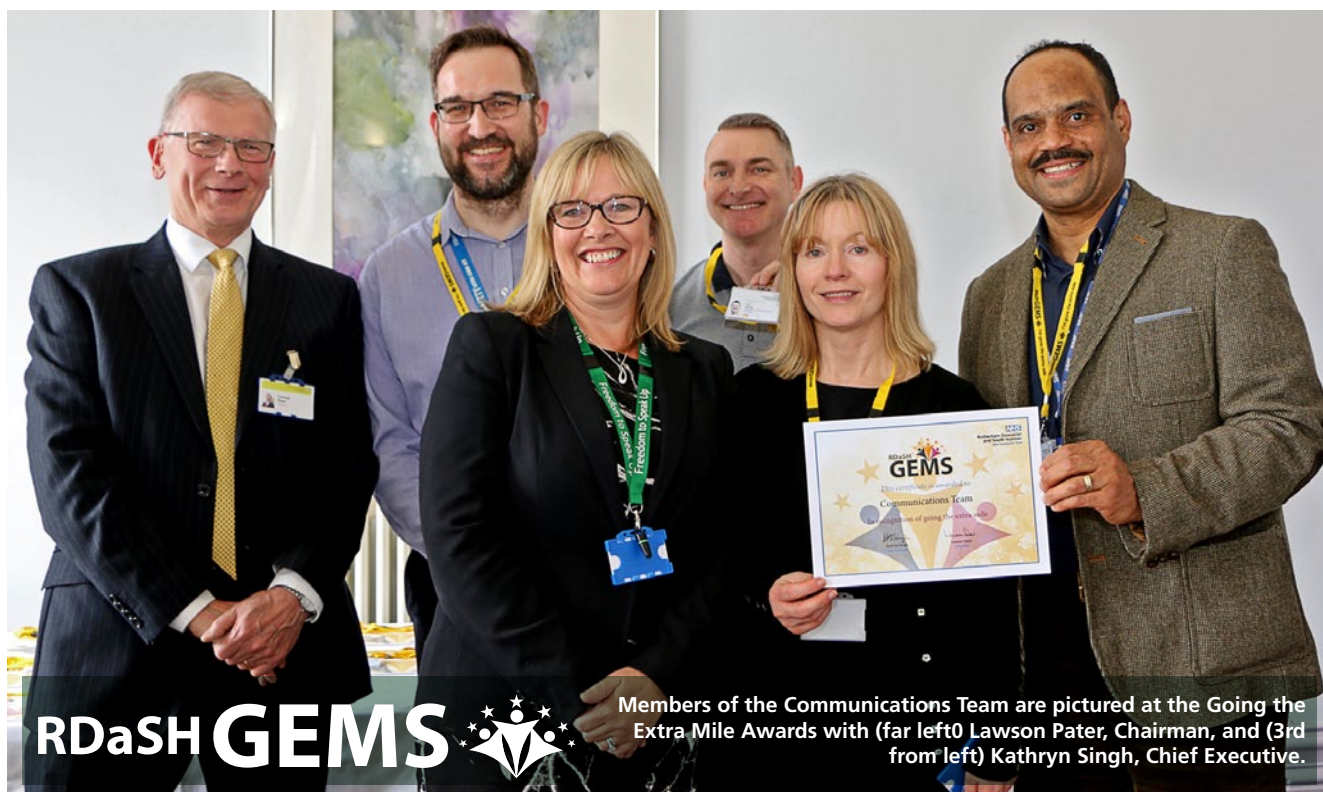
Accounting policies for pensions and other retirement benefits is included in note 1.3 to the accounts; pension liabilities are included in notes 8 and 33; and details of senior employees' remuneration can be found in the Remuneration Report.

Charitable donations

The Trust continues to receive charitable donations (see consolidated accounts summary on page 18). These are monitored and allocated separately through a charitable funds committee. The Trust is extremely grateful to fundraisers and members of the public for their continued support in providing these donations. The Trust produces a separate annual accounts and report on the use of these funds each year.

Political Donations

The Trust made no political donations in 2017/18 (none in 2016/17).



RDaSH GEMS

Members of the Communications Team are pictured at the Going the Extra Mile Awards with (far left) Lawson Pater, Chairman, and (3rd from left) Kathryn Singh, Chief Executive.

Overview of the Trust's financial plan for 2018/19

The financial environment of the NHS continues to be very challenging in 2018/19. In relation to the Trust the particular challenges are:

- A further recurrent efficiency challenge of £5.146m (approximately 3.6%)
- £2.8m of the Trust's income reliant on the delivery of quality requirements set by the commissioners
- A significant restructure and transformation programme within the Trust which includes the final go live of a new Electronic Patient Record System
- Further reductions in income particularly from local authority contracts.

As a result of this challenging environment the Board of Directors has agreed a financial plan that balances continued financial stability with the need to maintain quality and provide capacity for continuous service improvement. The key elements of the 2018/19 plan are:

- To meet the control total set by NHS Improvement of £2.056m whilst managing all risk factors
- To deliver continuity of services ratio of at least 1
- A forecast Capital expenditure of £5.075m to further develop the IT strategy and the implementation of the EPR system and to enhance the patient environment
- To maintenance of a strong liquidity position.

Summary of Financial Performance

In line with other NHS organisations, the 2017/18 financial year has been a challenging year for the Trust, with further reductions in its income base. In this difficult environment the Trust has again had a successful financial year. The achievements described in this section means that the Trust has maintained a strong financial base to manage future risks, while at the same time investing appropriately in the services the Trust provides. The Trust will be operating in an even more challenging financial environment, at least for the next three to five years, and the Board of Directors has taken a decision moving forward to target a financial position that continues to achieve the balance between solid financial standing and appropriate investment in front line services.



Chairman Lawson Pater is pictured (far left) jamming with volunteers at Scunthorpe Recovery College summer fayre.

This year's headlines

Here are our successes during the last 12 months:

0-19 services, North Lincolnshire

Following a successful tender process the Children's Care Group welcomed the Health Visiting Team of North Lincolnshire into the Integrated 0-19 Health and Wellbeing service.

The team offers a seamless service for the children, young people and families of North Lincolnshire from the antenatal period into adult services. The Multi-Disciplinary Team of Specialist Community Public Health Nurses and other professionals provide expert information and interventions to families. The service

also offers an intensive schedule of support for families in need in the first 1001 days from conception until the child's second birthday and support families to access services with our other partners in the community. The service also leads the Healthy Child Programme and works in partnership with both statutory and voluntary agencies to provide packages of care to support the child's journey throughout their infancy and school years.



North Lincolnshire 0-19 Health and Wellbeing staff.

Bassetlaw Epilepsy Nursing Service

This small service, run by one member of staff, will transfer to the Trust from Nottinghamshire Healthcare on April 1, 2018.

0-5 years Public Health Nursing Service Doncaster

Following a tender process, we retained the 0-5 years Public Health Nursing Service in Doncaster. The service consists of Specialist Community Public Health Nurses and other professionals who provide expert information, assessments and interventions for babies, children and families including first time mothers, fathers and families with complex needs. Focus is given to the first 1001 days that starts at conception of a new infant and intensive support is given to the family throughout that infant's journey until their second birthday. The service works in partnership with the local authority and voluntary sector to build community capacity, strengthening families' confidence to self-manage their needs, recognise when they need additional support and know where and how to seek that support.



Doncaster staff together with mums and babies at The Big Latch On event.

Grounded Research

The Trust's research arm, Grounded Research, continued to go from strength to strength, growing in staff numbers and ran, jointly with Doncaster Public Health, a very successful research conference in 2017.

WellBean Coffee Lounge at Tickhill Road Hospital

Visitors to Tickhill Road Hospital can now enjoy a range of barista style coffees and speciality teas in the newly opened WellBean Coffee Lounge.

Launched in July 2017, the project to create the coffee lounge was led by Aspire Drug and Alcohol Service, the Trust's catering services, volunteer services, RED centre and Flourish Enterprises which are part of the Trust.



Pictured at the 'WellBean' official opening was The Civic Mayor of Councilor George Derx and Mrs Pauline Derx; (centre) with Trust staff and volunteers.

Services that have moved elsewhere

Manchester Early Intervention Service

We handed over this service to the Greater Manchester Mental Health NHS Foundation Trust on April 1, 2017.

Rotherham Learning Disability Registered Homes

Our homes at John Street and Oak Close transferred over to national health and care provider Turning Point on March 26, 2018.

Drug and Alcohol Service, Rotherham

On April 1, 2018, we handed over this service to the organisation Care Grow Live (CGL).

Grimsby 'Foundations'

We handed our Grimsby Foundations Service, a drug and alcohol service, over to the organisation Addaction on April 1, 2018.

Other performance

Care Group Review

The Trust operates in a structure comprising of four care groups.

A number of updates from their services are below. All of their stories from the year can be found on our website at www.rdash.nhs.uk or in our Trust Matters magazines here: <http://www.rdash.nhs.uk/category/publications/newsletters/>



Children's Care Group

Bid to stamp out flu

More than 53,500 school children in Rotherham, Bassetlaw, North Lincolnshire and Doncaster were offered a vaccination last winter in a bid to stamp out flu.

The vaccinations, which were given via a nasal spray, were carried out by our nurses from early October. The initiative was part of the National Healthy Child Flu Vaccination Programme and the vaccine was being offered to healthy children as well as those with a health condition in reception class, Year 1, 2, 3 and 4. The breakdown of children eligible for the vaccination was:



Our Immunisation and Vaccination Team.

- Rotherham 17,500 youngsters
- Doncaster around 19,000
- North Lincolnshire 10,200
- Bassetlaw 6,800.

Sarah Thompson, our vaccination team clinical lead, said: "Flu can be a very unpleasant illness in children and some children can develop serious complications. The nasal spray is painless and easy for the children to have. By offering the flu vaccination to as many children as possible, we help to protect them in time for winter. As well as protecting those vaccinated children, the disease is less able to spread as easily and so they also help to protect younger brothers and sisters and other family members including parents and grandparents."

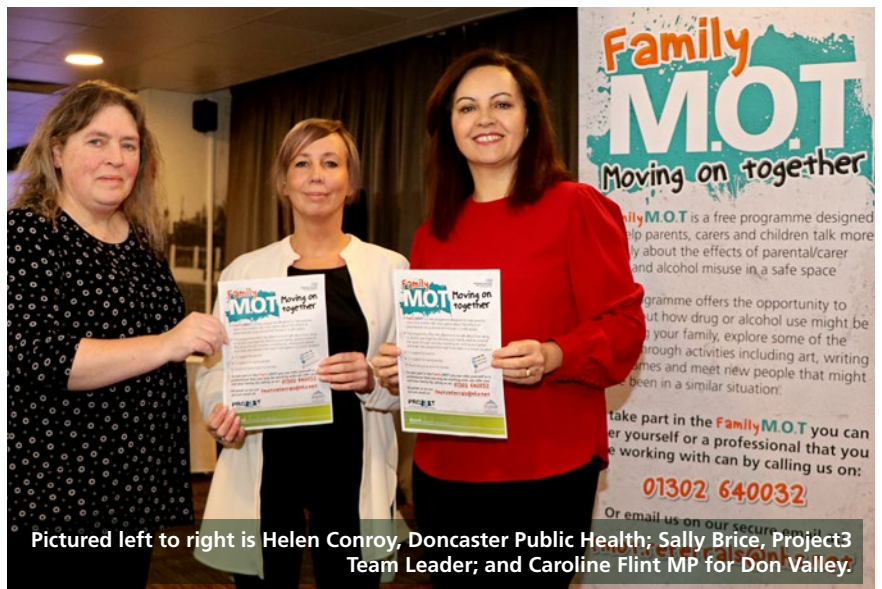
Family drugs and alcohol service launched in Doncaster

A programme that gives families living in Doncaster a safe place to talk openly about the effects of drugs and alcohol was officially launched to mark the first day of Alcohol Awareness Week.

The Family Moving On Together (MOT), an eight week programme is designed for Doncaster families with young children aged between eight and 18 years old, where one or both parents or carers have experienced or are still living with substance misuse.

This new scheme is co-ordinated by Project3 Young Persons Health and Wellbeing Service and is jointly run by Aspire Drug and Alcohol Service, and Doncaster Council's Stronger Families programme.

Sally Brice, Project3 Team Leader, said: "The effects of drug and alcohol addiction can have a big impact on



Pictured left to right is Helen Conroy, Doncaster Public Health; Sally Brice, Project3 Team Leader; and Caroline Flint MP for Don Valley.

the whole family. The idea behind this programme is to bring families together, who have similar experiences, and to give them the opportunity to talk and listen to each other. We will show them how to make small but positive changes to help improve their family life. All we ask is that those attending the Family MOT are free from drugs or alcohol during each session.”

The Family MOT sessions include a mixture of talking, listening, family friendly games and activities to help the family to have a better understanding of addiction, improve their communication and support for each other.

Lydia Rice, Aspire Volunteer and Mentor Co-ordinator, said: “Results from previous programmes have shown that families who have attended these types of sessions are better able to cope with the challenges of substance misuse in their family. After completing the programme, all families will be invited back for a review twice a year providing continued support and a chance for them to celebrate their success.”

Health team celebrates first birthday

One of our young people’s mental health teams celebrated its first birthday – and over the last year has rolled out a new initiative to schools in Doncaster.

The new Children and Young People’s Mental Health (CAMHS) locality service was set up in September last year and over the last 12 months has gone from strength to strength.

Initially four members of staff worked in the team, which will soon increase to eight, and over the year the team has helped an estimated 1800 pupils through direct and indirect consultations.

The team’s main role is to work closely with schools, supporting teachers and school staff to spot young people who have mental health needs as early as possible, so they can support them, encourage them to seek help and to promote positive mental health.

Dr Monica Birdi, Principal Clinical Psychologist, said: “Our team members visit schools in the area empowering school staff to support young people who may have mental health needs.

“As a team we have seen many young people make significant progress in terms of their emotional health and wellbeing,” added Monica. “For example, we have supported young people who are now able to attend school full-time after not being able to do so for months due to anxiety. This is of course due to the hard work of these young people and progress has been helped through the weekly meetings that have taken place at school with school staff, family and the young people, as well as regular one-to-one support for them.



The CAMHS team is pictured.

Top award for health services

Health services which includes us, for pregnant women and new mums across North and North East Lincolnshire have been awarded the prestigious 'baby friendly' accreditation from UNICEF.

The services receiving stage three of the UK UNICEF baby friendly initiative are:

- Maternity and neonatal services at Northern Lincolnshire and Goole NHS Foundation Trust (NLaG)
- The health visiting service in North Lincolnshire run by RDaSH
- Health Visiting Service and Family Hubs run by North East Lincolnshire Council.
- Children's centres run by North Lincolnshire Council.

The health and wellbeing of all babies is at the heart of the baby friendly initiative. A strong mother-baby relationship is the foundation for a baby's future health and wellbeing, and breastfeeding supports this loving bond, making a vital difference to health.

Christina Harrison, Children's Care Group Director, who manages the health and wellbeing service for 0-19 year olds in North Lincolnshire, said: "This is a great accolade for all partners. It's a great achievement. It means mums are receiving the best possible advice on breast feeding from all staff who work with them in the early days and months after their baby is born."

Stages one and two of the baby friendly accreditation are about getting the right policies and guidelines in place, ensuring the workforce are skilled and knowledgeable about how to encourage and support breastfeeding women. Stage three is about the outcomes for pregnant women, new mothers and their babies, that is; parents have had informative conversations regarding infant feeding, that they are able to make an informed choice about the method of feeding and that they receive consistent support and advice on their breastfeeding journey.



Pictured with the Breast Feeding Champions is Jane Goodwin, Infant Feeding Specialist Midwife at North Lincolnshire and Goole NHS Foundation Trust (third right) and Sara Brown, Health Improvement Practitioner North Lincolnshire Council (centre).

Doncaster Care Group

Setting up a Recovery Academy

Our drug and alcohol service in Doncaster has teamed up with Sheffield Hallam University and Spectrum Community Health to set up a Recovery Academy in Yorkshire for people working in addiction services and for those in recovery from substance misuse.

Aspire Drug and Alcohol Service has been working with organisations in education, research, housing and the prison service to offer a range of recovery focused education lectures, group work and presentations that promote strength-based support and sustainable recovery communities.

Stuart Green, Aspire Service Manager, said: "The Recovery Academy is for anyone interested in drug and alcohol addiction or community development either personally or in their area of study or work. Tutorials are jointly devised and delivered by people who are working, teaching or who have a vested interest in the field of drug and alcohol addiction as well as recovery and wellbeing.

"The idea behind the college is to increase and share knowledge of both lived and taught experience of substance and alcohol misuse in a welcoming, relaxed, non-judgemental and confidential environment. The college also supports staff working in the health and recovery field with their continued personal development." The academy takes an educational rather than a clinical approach to raising awareness of drug and alcohol addiction and focuses on both individual and community strengths to improve recovery from addiction.

It offers knowledge that would not be available in further education colleges due to the specialist expertise of delegates and tutors.

David Best, Professor and Head of Criminology at Sheffield Hallam University, said: "This is a great example of applying academic knowledge and skills to support local partnerships and to improve the wellbeing of staff and the outcomes for drug and alcohol users and their families. We are building sustainable partnerships to strengthen local communities and to make the university an accessible and positive resource for vulnerable populations in Rotherham, Doncaster and South Humber."



Pictured left to right: Professor David Best; Neil Firbank; Angela Wright, Northern College; Carl Britton, Disc; Stuart Green, Aspire Service Manager; and Tim Young, CEO Alcohol and Drug Service.

Meet Rodney and Del Boy the pet therapy guinea pigs

A little bit of Peckham has come to Doncaster in the shape of Rodney and Del Boy two guinea pigs providing pet therapy to patients at Tickhill Road Hospital site.

The two loveable characters are already making their mark and doing a “Lovely Jubbly” job creating a sense of calm and wellbeing for older people on Coniston Ward and Windermere Lodge.

Tracy Pawson, our Clinical Lead Occupational Therapist, said: “Rodney and Del Boy are certainly a big hit, lighting up the patients’ faces every time they see them.



Tracy Pawson, Clinical Lead Occupational Therapist (left) with Rodney and Tracy Smith, Reablement Support Worker with Del Boy.

She added: “Pets can provide physical, social, psychological and emotional benefits as well as enjoyment. Rodney and Del Boy are being used as part of our ward therapy activities and we are seeing great therapeutic benefits for our patients. They enjoy cuddling and feeding them and even putting extra bedding in their hutch when it’s cold.”

Rodney and Del Boy live in their hutch which the patients helped to build and trot around the wards’ garden.

Both wards have had visits from therapy pets before including dogs, rabbits and guinea pigs but this is first time that they have their own pets.

Coniston Ward and Windermere Lodge provide inpatient assessments for people experiencing mental health problems such as depression, anxiety, schizophrenia or who have a diagnosis of dementia.

Prestigious visit for patients who get on their bike

A group of patients who regularly use pedal power and get on their bikes to improve their mental health received a special visit from Welcome to Yorkshire chiefs together with the widely acclaimed Tour de Yorkshire cycle race trophies.

Patients who are currently receiving support for their mental health at Emerald Lodge in Bentley and at Coral Lodge in Balby, received a visit from Alan Rowley, custodian of the Tour de Yorkshire trophy of Welcome to Yorkshire, who came along with both the men’s and women’s trophies.



Patients and staff are pictured together with Alan Rowley of Welcome to Yorkshire (centre).

The visit was organised by Doncaster Council after they heard about the fantastic work Occupational Therapy Assistants Hayley Smith and Neil Wigglesworth do with the patients and their cycling club.

The visit was organised by Doncaster Council after they heard about the fantastic work Occupational Therapy Assistants Hayley Smith and Neil Wigglesworth do with the patients and their cycling club.

Deb Hackett, Senior Sister at Emerald Lodge, said: “The patients and staff were really excited to have Alan visiting. They were busy baking all morning to make afternoon tea – including making bread shaped bikes.”

Hayley added: “Cycling is really good to help keep people well who have mental health issues. I really enjoy running the cycling group and to have this visit from organisers of our county’s prestigious race was fantastic. Our patients were enthusiastic about cycling already, now even more so!”

Hospice celebrates 25th birthday

Staff, patients, carers, volunteers and fundraisers helped our St John's Hospice at Balby celebrate its 25th birthday last year.

A special garden fete was held with guests including Jeannette Fish (who has sadly passed away and will be missed by many) and a number of dedicated fundraisers, who without them the hospice would have never been built. There was fun on offer, including rides, a sandpit, face painting and the chance to hold birds of prey for the kids, and stalls, cakes, tombola's and much more for the adults.

Chairman Lawson Pater together with Jeanette did the honours, cutting the 25th birthday cake to mark the start of the afternoon's celebrations.

Lawson said: "It was a fantastic day to mark the 25th anniversary of such a vital community asset. None of us know, if or when we, or any of our loved ones, might need the help of our hospice or community palliative care services. But when the need does arise, the people of Doncaster, through their own generosity over the years, have excellent services staffed by dedicated, caring and compassionate staff and volunteers to rely on. We are very grateful indeed for everyone's donations which go towards enhancing the care of those in need."

John Clark, former chairman of Doncaster Cancer Detection Trust (DCDT), who was accompanied by Carol Spiller and Yvonne Woodcock, who have volunteered for the DCDT for more than 25 years, added: "The hospice is a terrific worthwhile cause. The DCDT has donated over £5 million over the years and all of the money raised was done so by volunteers. When we first started fundraising it was at the time of the miners' strike and when RAF Finningley closed but Doncaster people were so generous to get the hospice going."



A selection of photos from our hospice's 25th birthday celebrations.

North Lincolnshire Care Group

New home for recovery college

Our North Lincolnshire college, that provides recovery focused education courses for people struggling with their mental wellbeing, has moved to new premises in Scunthorpe town centre.

Options Recovery College, formerly at Sandfield House, Ashby, now offers a wide range of courses from The Talking Shop at Market Hill. The courses are free of charge and available to anyone who is experiencing mental health issues themselves or a family member or friend. The courses include anxiety management, mindfulness and getting a good night's sleep.

Sue Watson, Manager of Options Recovery College, said: "We are very excited about this move which means that local people can now benefit from the recovery courses in a more convenient location.



"Since moving into our new location in January, we've held a number of sessions and received very positive feedback. People attending have told us that the building is nice and relaxed and just one bus journey away. Being located in the town centre means that even more people can benefit from the self-help and knowledge gained."

Great Oaks Tea and Talk event

A Scunthorpe unit that cares for people with mental health needs celebrated World Mental Health Day with a 'Tea and Talk' event.

World Mental Health Day is hosted by the World Federation of Mental Health on October 10 each year. The day provides the opportunity to raise awareness of mental wellbeing and to encourage people to seek help and support and to break down the stigma associated with the condition.

The event in October at Great Oaks in Ashby showcased the benefits of talking, writing and listening to promote mental health wellbeing.



Noma Makhanda, Occupational Therapist at Great Oaks, said: "The event has been a great success and proved very popular with all those who attended. Everyone enjoyed taking part in the 'Let's Talk' themed activities which demonstrated the value of taking time to talk. Even just knowing that there is someone there to listen can be of great help."

The unit's patients, carers, family and friends took the opportunity to chat and mingle socially over a cup of tea and cakes. Talking activities included using an old telephone box to share conversations about feelings and thoughts. Writing activities included putting messages on tea cups, posting notes in a bottle and sharing their thoughts about mental health by writing them down on leaves which were placed on to trees around the unit.

Recovery Street Film Festival pop up cinema

A finalist in the 2017 Recovery Street Film Festival showed its shortlisted film in a pop up cinema in Grimsby. Foundations Drug and Alcohol Service which supports people in recovery from addiction across North East Lincolnshire was in the final 10 at this year's Recovery Street Film Festival competition.

The short three minute film called 'Making up for Lost Time' had its first public showing outside of London along with the other shortlisted films in September at Grimsby Town Hall.

The Recovery Street Festival is an annual event that encourages people from across the UK to make short three minute films to tell their stories of recovery from drug and alcohol addiction.

Lucy Campbell, Foundations Volunteer Co-ordinator who was involved in making the film, said: "It was a great honour and very exciting to experience the Recovery Street Film Festival in London. Being in the final 10 was brilliant and I want to thank our two peer mentors who were the real stars of the show. I hope that people will come along and watch the films which are very moving."

Hate crime prevention scheme shortlisted

A scheme to protect people with learning disabilities from Hate Mate crime in the community was runner up in a national Nursing Times Award.

Louise Burnell, Senior Community Nurse for North Lincolnshire Learning Disabilities team based at the Ironstone Centre in Scunthorpe, was shortlisted for the 'Learning Disabilities Nursing' category of the 2017 awards which celebrate the best in nursing across the country.

Louise said: "Hate Mate crime is a growing problem facing vulnerable people both in their local community and also those who use social media. It usually starts when someone befriends a person with a learning disability. They then use the relationship to secretly steal from them or abuse them physically or sexually. With the increased use of mobile phones and social media this crime is sadly becoming more common."

The idea behind this programme is to raise awareness of how to spot the signs of online Hate Mate crime and to offer advice on how to support people who are experiencing it.

Louise has introduced training and workshops for people with learning disabilities, their families and carers to help them to gain better awareness of the risks which come with social media to keep the most vulnerable in society safe.

Alison Carter, Team Manager, said: "I am delighted that the judges at the Nursing Times Awards have recognised this very important programme to keep one of the most vulnerable groups of people safe."



Louise Burnell is pictured centre outside the Ironstone Centre with her colleagues.

Rotherham Care Group

Mental Health support group for new and expectant mums

A group designed to support the mental health and wellbeing of new and expectant mums in Rotherham has been set up by Home Start and ourselves.

The Perinatal Mental Health Support Group provides advice and a safe place for women experiencing perinatal mental health issues either during their pregnancy or in the first year after childbirth.

Rachel Maltby, Perinatal Mental Health Clinical Lead at RDaSH, said: "It is very common for women to feel unable to cope, anxious and think that they are not good enough for their baby. This group offers professional support and advice in a relaxed atmosphere to help them overcome these feelings."

Postnatal depression affects around 15 in every hundred new mothers. It is a serious illness that can have a big impact on both the mum and also on the long term emotional development of the child.

Rachel added: "This group for anyone whether they are pregnant, just had a baby or a worried friend or family member. Together with Home Start we are here to help and offer support."

The Perinatal Mental Health Support Group meets every Thursday at the Maltby Stepping Stones Children's Centre.



Pictured left to right is new mum Georgia and baby Edward "Teddy"; Abby Koerner, Home Start Co-ordinator, and Rachel Maltby, Perinatal Mental Health Clinical Lead.

Social prescribing project highlighted nationally

Pioneering health work carried out in Rotherham has been highlighted in the Government's 25 year environment plan, which was recently launched by Prime Minister Theresa May.

Rotherham's social prescribing service, which started in 2015 features in 'A Green Future: Our 25 Year Plan to Improve the Environment', published on January 11, which sets out what the Government will do to improve the environment within a generation.

The social prescribing service helps adults over the age of 18 with long term health conditions and mental health issues. It aims to improve their health and wellbeing by helping them to access community activities and services. The main aim of social prescribing is to help people become more resilient and able to self-care. People referred to the service are more likely to continue living at home independently and also become less dependent on statutory health and social care services. The service is run alongside the traditional mental health services and was recently highly commended for a national Health Service Journal award and cited in the Jo Cox Commission report on loneliness for its pioneering work.

Commissioned by NHS Rotherham Clinical Commissioning Group, the service is run in partnership with Voluntary Action Rotherham and the Trust.

The government publication says that social prescribing teams could help put patients in touch with environmental programmes. One of the actions the Government says it will take is to fund a project led by The Conservation Volunteers.

Janet Wheatley, Chief Executive of Voluntary Action Rotherham, who spoke at a major policy conference on social prescribing in March 2018 hosted by the Westminster Health Forum, said: "This is excellent news. We are now in discussions with NHS England about DEFRA's plans for the future and we look forward to working with them on how we take this forward."

Kathryn Singh, our Chief Executive, said: "It is fantastic that this pioneering work, carried out in Rotherham, has been recognised by the Government and that they are now looking to expand this scheme by looking at how adults with long term health and mental health conditions can improve their wellbeing by accessing activities which can benefit the environment."

Time to Talk about mental health

A Rotherham service that supports people who are feeling stressed and anxious has encouraged people to sign up for stress control classes as part of the national Time to Talk Day.

Taking place in February, the national Time to Talk Day brings the nation together to get talking about mental health. Our Improving Access to Psychological Therapies (IAPT) Service is taking bookings for its free six-week education programme.

James Bell, of RDaSH, who is involved in organising the classes, said: "With one in six people experiencing stress or anxiety at some point during their lives, we are reminding Rotherham residents that support is available.

"Our stress control course aims to give people a better understanding of the triggers of their stress and anxiety while providing support and self-help techniques to be able to manage the condition. We also provide an information pack and activities for them to work through in their own time to improve their wellbeing."

The classes are held in the evenings and during the day in locations in Rotherham town centre. Stress control is available to anyone over the age of 18, who are registered with a Rotherham GP practice.



Ferns ward helps patients regain independence

We've been working with The Rotherham NHS Foundation Trust to provide the Ferns, a 12-bedded ward which provides patients with specialised mental health care and cognitive rehabilitation following an admission to Rotherham Hospital.



Some of the Ferns team.

The ward, which is at The Woodlands on the Rotherham Hospital site, is specifically aimed at patients with dementia and some other types of cognitive impairment who no longer require an acute hospital bed but would benefit from the rehabilitation for their health and wellbeing.

Cognitive rehabilitation helps people achieve their optimum level of functioning and wellbeing. This approach provides patients with individualised care and support to help with daily routines and independence with the aim of these patients returning home.

Gemma Spilsbury, our Ward Manager at The Ferns Ward, said: "We've already received some really positive feedback from carers and patients who have quickly started to regain their independence in a tranquil and therapeutic environment on the ward."

Rotherham Market event raises awareness

Health staff visited Rotherham Market to provide local people with advice on mental health and general wellbeing during Mental Health Awareness Week 2017.

Staff from our Rotherham mental health and learning disabilities services joined other public services and voluntary organisations at Rotherham Outdoor Market off Eastwood Lane on May 10 to encourage people to be more aware of the importance of thriving with good mental health.

RDaSH Support Time and Recovery Worker Jo Hayes said: "One in four people in the UK will experience a mental health problem each year. The theme of this year's Mental Health Awareness Week is 'Surviving or Thriving'.

"We know that one in four people experience a problem with their mental health every year UK and many of us are struggling to cope with the demands of everyday life.

"We joined up with local partners from across the borough to raise awareness of mental health and wellbeing and provide information about the help and support available to local people.

"We were delighted so many people came along to enjoy the spring sunshine and have a conversation about mental health."



Our staff are pictured at Rotherham Market during Mental Health Awareness Week.

Flourish Enterprises



Flourish Enterprises based in Balby, Doncaster became a registered Community Interest Company in 2014. It established three arms to the enterprise:

- Flourish vocational and training
- Flourish commercial, made up of St Catherine's House, The Walled Garden and The Victorian Tea Room
- Woodfield 24 - care services.

During the past year Flourish has thrived with a lot of positive feedback received around the care services provided by Woodfield 24. It also runs a café at The Woodlands, Rotherham.

End of life team praised

When Doncaster woman Elaine Mackay was in the final stages of cancer her husband Ken really needed extra help and support.



That's when staff at The Sheffield Teaching Hospital referred Elaine's case to Woodfield 24 Care Services, an end of life care team based in Balby.

Staff from Woodfield 24 were only too happy to help and to provide personalised care to support Elaine and Ken. Elaine (66), of Bawtry, who sadly lost her battle with cancer in May last year, was supported with care from the team every day. The support from Woodfield 24 meant that Elaine was able to remain at home with her family. The care package was tailored to meet the needs of Elaine and was flexible to support any additional requirements she requested.

Ken said: "The carers were fantastic. They cared for Elaine for the last three weeks of her life and she always looked forward to them calling in. They delivered care with respect and one of the carers even gave Elaine a pedicure to cheer her up. They always had time for us and nothing was ever too much trouble for them.

"We had five or six different carer teams and each and every one of them in the teams went way beyond their call of duty which I will be eternally grateful for and can never thank all of them enough for what they did for Elaine," he added.

"They just got on with caring for Elaine and did everything we needed them to support us with. They were kind, respectful, professional and caring. All of these ladies are the backbone of Woodfield 24 and it is very evident to me that they all want to care and do the best for the patients at this traumatic time of life"



Ken Mackay is pictured centre together with Woodfield 24 Care Services staff, Kath Haystead (left) and Rhianna Higgins.

New café launched to help others

A new café launched in Rotherham in 2017 has gone from strength to strength with the aim of helping people to get essential work experience to support them getting a job or re-entering education.

The café opened its doors in early 2017 at The Woodlands, a hospital unit for people aged over 65

who have mental health needs. The Woodlands is based at the rear of Rotherham Hospital, off Moorgate. The café, which serves a range of refreshments, home-made cakes, sandwiches, salads and fruit pots, is open to all, including patients, their families, carers and staff.

Wendy Parkes, Flourish Enterprises' Operations Manager, said: "Everyone is welcome to come along and have a drink or bite to eat.

"Flourish Enterprises provides work and vocational opportunities to people who need support to get back into education or employment and we hope that our new café at The Woodlands will support people to do this."

Fun for all

Three times a year Flourish Enterprises staff and volunteers organise free to enter fun days for the community, usually at Easter, in the summer and at Christmas.

Visitors can have a go at a wide range of games, kids can have their faces painted, there's usually children's crafts to take part in, Easter egg hunts, Easter bunny or Santa to visit and much more.



Youngsters having fun at our summer Flourish Enterprises fair.

RDaSH – External Environment

South Yorkshire and Bassetlaw Accountable Care System/ Sustainability and Transformation Plan

In June 2017 the South Yorkshire & Bassetlaw Sustainability and Transformation Partnership (STP) was named as one of the first Accountable Care Systems (ACS) in the country. Known as Health and Care Working Together in South Yorkshire and Bassetlaw, the ACS is a partnership of 25 organisations responsible for looking after the health and care of the 1.5 million people living in Barnsley, Bassetlaw, Doncaster, Rotherham and Sheffield. More information about the ACS can be found at www.healthandcaretogethersyb.co.uk

Working together the local ambition is to be better able to join up GPs and hospitals, physical and mental healthcare, social care and the NHS to give patients seamless care. Through partnership working, the ACS aims to make real and long lasting improvements to the health of local people which individuals and organisations working alone would not be able to achieve.

In July 2017 the first STP Progress Dashboard was published to mark the ACS partnership against a number of key areas. The first dashboard judged the South Yorkshire and Bassetlaw ACS to be 'outstanding'. The dashboard will be updated and published every year and will track progress on improving a number of health and care services – from access to GP appointments, reducing the time between being diagnosed and receiving treatment for cancer, improving access to mental health and therapy services and reducing Emergency Department waiting times across all hospitals in the area.

In 2017/18 the governance of the ACS has been strengthened. Whilst the ACS does not replace any legal, or statutory, responsibilities of any of the partner organisations, a number of groups discuss regional issues and agree how best to take things forward in collaboration. The ACS Oversight and Assurance Group (OAG) has been established in 2017 and is attended by chairs from clinical commissioning groups, hospital trusts and health and wellbeing boards. The OAG offers support and challenge to the ACS Collaborative Partnership Board which has continued in 2017 and is attended by chief executives and accountable officers from acute and mental health hospitals, primary care, commissioning groups, local authorities, umbrella voluntary action organisations, Healthwatch organisations, NHS England and other arm's length bodies.

A number of workstreams have been identified as priorities for the ACS, they are: mental health and

learning disabilities; urgent and emergency care; primary and community care; cancer; maternity and children's; elective and diagnostic; and healthy lives, living well and prevention. In 2017/18 the work streams have continued to work as networks, with key individuals from each partner organisation meeting on a regular basis to identify and develop opportunities to work together to improve health and care services. A number of schemes have commenced planning or early implementation in 2017/18 and are set for further development next year.

In 2017/18 the ACS has helped secure additional funding into South Yorkshire and Bassetlaw health and care services thanks to the Government's pledging additional funding for capital and transformation schemes. In South Yorkshire and Bassetlaw funding was secured for: Barnsley Hospital Children's Emergency Department and Assessment Unit scheme to support the rapid assessment and treatment of children; Doncaster Urgent and Emergency Care scheme to expand, redesign and improve emergency care; the expansion of hyper-acute stroke services at Sheffield Teaching Hospitals; the buying of a new CT scanner and capacity expansion at Doncaster and Bassetlaw Teaching Hospitals - again to improve stroke as well as cancer care.

One of the biggest pieces of work commenced in 2017/18 by the ACS was a review of all acute hospital services. The review looks at how current hospital services are provided and what needs to happen to future proof them, taking into account local and national issues such as rising demand, workforce and resource challenges and consistently delivering quality standards. The ultimate aim of any commissioning decisions taken on the back of the review (which will report later in 2018) will be to ensure patients and local communities have access to appropriate, safe, high quality care and that improved ways of working are developed to ensure existing staff are retained as well as hospitals being able to attract the best possible staff in the future.

In 2017/18 the Working Together Partnership provider Vanguard programme and the commissioners Working Together Partnership have come together to become part of the small ACS Programme Management Office.

From April 2018 the ACS will begin to operate as a Shadow ACS, which means taking on additional responsibilities from NHS England and NHS Improvement around local system performance and transformation indicators.

Service User and Carer Focus

Patient Feedback

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

Indicator	2017/18	2016/17	2015/16	2014/15	2013/14
Patient Advice and Liaison Service (number of contacts)	337	425	413	277	389
Your Opinion Counts (number of returned forms)	2730	3128	3783	3201	3726
NHS Choices / Patient Opinion (number of contacts)	6	10	2	4	8

Complaints and Compliments

All complaints made to the Trust are taken very seriously and acted upon. Once complaints are made, the Trust analyses these for themes and trends. It uses this information to try to learn lessons and take action across the whole organisation, with the aim of improving quality. The numbers for each indicator are presented in the table below:

Indicator	2017/18	2016/17	2015/16	2014/15	2013/14
Compliments	1222	1166	1675	1612	3794
Complaints	165	137	119	121	155
Non-formal complaints	0	0	2	3	3
Re-opened complaints	15	*	*	*	*
MP enquiries	53	59	47	38	35
Re-opened MP enquiries	2	2	4	0	0

* information not previously recorded and therefore no comparatives are presented.



Staff are pictured at Carers' Week 2017.

Learning from Complaints

The main four categories for complaints in 2017/18 were Patient Care, Communications, Clinical Treatment and Values and Behaviours of Staff. For each the key themes which were also identified are shown below:

Patient Care:

- Care needs not adequately met
- Failure to provide adequate care
- Inadequate support provided
- Care needs not identified
- Care pathway Issues
- Food and Hydration – Failure to undertake nutritional screening
- Other.

Communications:

- Communication with relatives/ carers
- Communication with patient

- Breakdown in communication between staff
- Conflicting information
- Incorrect/inaccurate interpretation
- Other.

Clinical Treatment:

- Inappropriate treatment
- Delay or failure to diagnose
- Dispute over diagnosis
- Delay in treatment
- Failure to follow up on observation
- Lack of clinical assessment

- Delay or failure in acting on test results
- Delay or failure in observations
- Incorrect diagnosis
- Other.

Values and Behaviours of Staff:

- Attitude of nursing staff
- Failure to act in a professional manner
- Breach of confidentiality by staff
- Attitude of medical staff
- Rudeness.

Complaints

The table below shows those services which received five or more complaints in 2017/18.

Service	Number of complaints
Doncaster Intensive Community Therapies	11
Doncaster Access Team	8
North Lincolnshire Access Team	8
Rotherham CAMHS	7
Mulberry House	6
Doncaster Community Therapies	6
Brodsworth Ward	6
Doncaster CAMHS	5
North Lincolnshire Intensive Community Therapies	5
Rotherham Intensive Community Therapies	5
Doncaster District Nurses – South	5

Examples of actions taken include:

1. Complainant expressed concern about the care and treatment provided to her mother from the nurses who visited her; complainant concerned as mother was diabetic and she felt that the nurses who visited her mother did not fully acknowledge/ appreciate the implications of this and had a lack of knowledge about the correct use of the blood glucose monitor.

Care Group: Doncaster (District Nursing Service) Outcome: Partially Upheld

Actions/learning:

- Refresher to all staff on the safe and correct use of blood glucose monitors;
- A review of care plans used for diabetic management to ensure that clear instructions are available; All care plans to be personalised, to include safe ranges of blood sugar levels, and instructions of safe actions to be taken;
- Discussions during supervision with case managers on their role of management of diabetes and personalised care planning. Regular one to one with all staff to reinforce the importance of personalised care plans for diabetic patients;
- Review of diabetic patients regularly by 'safety huddle' handovers.

2. Complainant concerned that with regard to a copy of an Electrocardiogram (ECG) tracing that had an electronic interpretation from the ECG machine, but not interpreted by a professional. The ECG tracing showed abnormalities that were not shared by our service with the patient or GP until approximately 14 weeks after it was taken.

Care Group: North Lincolnshire (Community Memory Therapy Service)

Outcome: Upheld

Actions/learning:

- Liaise with the staff member's supervisor to investigate Information Governance (IG) through updating practice, supervision and reflection of practice
- Any abnormal presenting ECG to be shared with the GP in a timely manner and agree if further referral to the cardiologist is required; if any concerns, the patient should be contacted as routine and advised of action taken
- The service initiate the use of a checklist tool for the technician carrying out the ECG to ask the patient, which will give a better picture of presentation, to interpret with the tracing.

3. Complainant unhappy with the circumstances of her daughter being taken off a school coach during a school trip abroad, following the advice of CAMHS staff involved with her daughter. (Verbal agreement only of care plan agreed for patient not to leave the country on school trip and acceptance of intensive home visits).

Care Group: Children's (CAMHS, Doncaster)

Outcome: Not Upheld

Actions/learning:

- Communication problem of different understanding and agreement between professionals, patient and parents of required intensive visits care plans; Eating disorder team to arrange learning and development exploration of "written contract working practice".
4. Complainant unhappy with response(s) from consultant psychiatrist – both verbal, during a consultation and also with content of written communication, which was subsequently sent to an external organisation/agency

(Probation service, shared outside of due IG process).

Care Group: North Lincolnshire (Intensive Community Therapies) Outcome: Partially Upheld

Actions/learning:

- Consultant to be encouraged to reflect upon approach to both verbal and written communications with patients and carers;
 - Staff member (who sent letter on to Probation Service) to have discussion with manager in supervision;
 - Team Leaders to brief teams that Probation need to request information from RDaSH medical records, via IG – unless to manage an urgent safeguarding risk.
5. Complainant unhappy that inappropriate notice was given with regard to a Managers' Hearing being held for her brother (Form 14c not completed and communicated to the Mental Health Act office in a timely way); not enough time for relative to submit their concerns/ opinions). Also unhappy with outcome of Panel Hearing as she felt that the panel had not listened to the views/ opinions/ recommendations of the team caring for the patient.

Care Group: Doncaster (Forensic Services) Outcome: Partially Upheld

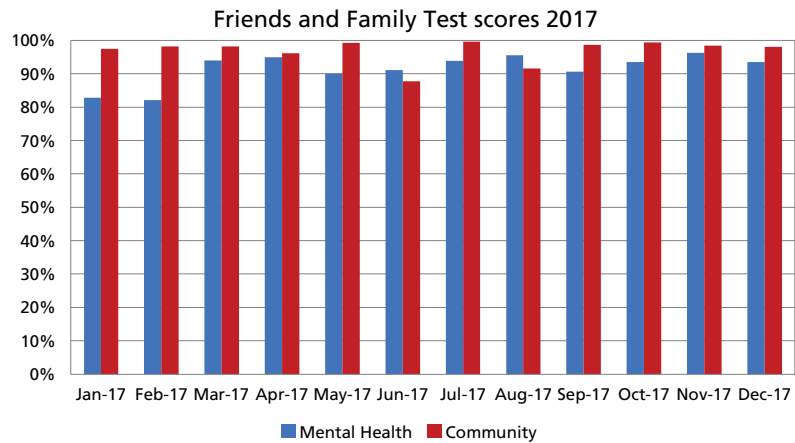
Actions/learning:

- Ward Manager to circulate the Hospitals Managers Protocol to the inpatient team to ensure that all qualified staff are familiar with the protocol and timeframes for completing the form 14c
- Ward Manager and Mental health Act Office to agree escalation and action process if form 14c are not received in a timely way
- Ward manager to discuss at the ward meeting the need for timely communication with relatives in relation to Mental Health Act reports.

Friends and Family Test

The Trust has formally undertaken and reported on the Friends and Family Test since January 2015 and has consistently shown high levels of satisfaction with services. The Friends and Family Test is part of the well-established Your Opinion Counts process.

The percentage of respondents who stated that they would be 'extremely likely/ likely' to recommend the Trust's services is shown in the tables here:



	Jan 2017	Feb 2017	March 2017	April 2017	May 2017	Jun 2017	Jul 2017	Aug 2017	Sept 2017	Oct 2017	Nov 2017	Dec 2017
	%	%	%	%	%	%	%	%	%	%	%	%
Mental Health	82.86	82.14	94.03	94.89	90.00	91.09	93.89	95.54	90.63	93.51	96.22	93.50
Community	97.51	98.14	98.14	96.19	99.25	87.69	99.64	91.54	98.68	99.33	98.39	98.10

Sustainability

Our Sustainability Team continues to work hard to improve the Trust's carbon emissions – which in turn help improve the health of our local residents. By cutting our emissions, we create less pollution in the local atmosphere, improving the health of not only residents but staff, patients and their carers. The Climate Change Act asks for a 34% reduction in carbon emissions by 2020 and we are on target to achieve this.

The NHS Carbon footprint is made up of buildings' energy use, travel by staff and commuting and procurement. We don't measure commuting and procurement carbon footprint at the moment.

Most of our emissions are from energy used in Trust buildings and over the last 12 months more of our staff have been working agile – meaning we have been able to reduce the amount of buildings in our estate. This results in using less gas and electricity and reducing our carbon footprint in this area. Staff using cars more does however add to the carbon footprint via their mileage but we continue to use our pool cars from Co-Wheels, which are low emission Toyota Aygos.

We've invested over the last few years in electric vehicles. Several of our fleet vans are now electric. We also need

to develop more car sharing, increase the use of our pool car scheme and teleconferencing to reduce travel.

We also work with volunteers from Friends of Woodfield Park, who carry out small projects in the park, which has included installing gym equipment. The Centre for Sustainable Health Care supported the Friends to secure funding for the initiative.

We continue with our Re-Food recycling – which sees our waste food taken away and used in an anaerobic digester to generate electricity. We continue to use the water from the bore hole on the Tickhill Road site, which supplies our laundry and other parts of our Trust and The Walled Garden thus reducing our water usage and saving us money. It is not used for drinking water.

We are also working towards zero waste to landfill and currently only send about seven of our waste to landfill. This is waste which is difficult to find a recycling route for however we are working with our suppliers to try and rectify this.

We also continue to see success from our solar panels, which should 'pay back' the installation fees within five years. These are installed on buildings around our Trust and we continue with replacing bulbs with LED ones.

Performance Report signed on behalf of the Board of Directors.

Kathryn Singh
Chief Executive
May 25, 2018

Accountability Report

Directors report

Board of Directors

- Lawson Pater, Chairman
- James Marr, Non-Executive Director/ Vice Chairman/ Senior Independent Director
- Kathryn Smart, Non-Executive Director
- Alison Pearson, Non-Executive Director
- Tim Shaw, Non-Executive Director
- Justin Shannahan, Non-Executive Director
- Dawn Leese, Non-Executive Director
- Kathryn Singh, Chief Executive
- Dr Deb Wildgoose, Executive Director of Nursing and Quality
- Steve Hackett, Executive Director of Finance and Performance
- Dr Nav Ahluwalia, Executive Medical Director
- Rosie Johnson, Executive Director of Workforce and Organisational Development/ Deputy Chief Executive
- Debbie Smith, Executive Chief Operating Officer
- Richard Banks, Director of Health Informatics.
- Philip Gowland, Director of Corporate Assurance / Board Secretary

Changes to the Board of Directors in 2017/18

- Steve Hackett, Executive Director of Finance and Performance joined the Trust on May 1 2017
- Helen Dabbs, Deputy Chief Executive / Executive Director of Nursing and Partnerships, who was on a secondment to the NHS Trust Development Authority since November 1, 2015, retired on December 4, 2017.

The role of the Board of Directors

The Board of Directors acts overall as a unitary board and has corporate responsibility for the decisions it makes. The Board of Directors is the legally responsible body for the delivery of high quality, effective services, and for making decisions relating to the strategic direction, financial control and performance of the Trust. It comprises both Executive Directors and Non-Executive Directors

- Seven Non-Executive Directors (including the Chairman) – bring independent judgement and scrutiny to the Board to make sure that sound and well informed decisions are made
- Six Executive Directors (including the Chief Executive) – responsible for implementing Trust policy and for the effective day-to-day running of the Trust.

In addition, the Director of Health Informatics and Director of Corporate Assurance/ Board Secretary attend each Board of Directors' meeting. The composition of the Board of Directors is in accordance with the Trust's Constitution and it is appropriately composed to fulfil its statutory and constitutional function and to meet the terms of the licence issued by NHSI.

The Chairman is responsible for ensuring that the Board of Directors focus on the strategic development of the Trust and for ensuring that robust governance and accountability arrangements are in place, as well as undertaking an evaluation of the performance of the Board of Directors, its committees and individual Non-Executive Directors.

The Chairman also chairs the Council of Governors' meetings and ensures that there is effective communication between the Board of Directors and the Council of Governors, and that, where necessary, the views of the governors are obtained and considered by the Board of Directors. Executive and Non-Executive Directors attend the Council of Governors' meetings and the Governor Information and Discussion Group meetings throughout the year. The Chairman, supported by the Senior Independent Director, also seeks to foster a strong, engaging relationship between the Board of Directors and the Council of Governors. There is regular attendance at the Board of Directors' meetings by governors and further details of governors' involvement at the Trust are provided at page 57.

This engagement ensures that all parties maintain an understanding of the views and aspirations of the Trust and its members, and contribute to the future development of the Trust.

While the Executive Directors are responsible for the day-to-day operational management of the Trust, the Non-Executive Directors share the corporate responsibility for ensuring that the Trust is run efficiently, economically and effectively. Non-Executive Directors use their expertise, interest and experience, and attend the meetings of the Board and its committees in order to achieve this.

Whilst not formally part of their Non-Executive Director role, five of the Non-Executive Directors also performed the role of Trust Associate Hospital Managers in accordance with the requirements of the Mental Health Act 1983. In doing so, they attended managers' hearings and hear appeals from individuals who are subject to and detained under the Mental Health Act.

All directors undertake regular service and site visits, as well as work shadowing key staff, in order to gain a more rounded understanding of the services being delivered and the issues faced by the staff in those services.

Brief details of the expertise and experience of each director are presented from page 53.

The Chairman and Chief Executive continue to review the Board of Directors' balance, completeness and appropriateness, and ensure that this is maintained when new appointments are made.

Throughout the year the Board of Directors has continued to review the effectiveness of the governance structure and internal control, responding where appropriate to best practice and specific recommendations made for example by Internal Audit. Towards the year end this work focused on the terms of reference for each committee and the Reservation of Powers to the Board/ Scheme of Delegation. The key driver of this review was to ensure each committee and individual had a clear remit and understanding of their respective responsibilities. The Board of Directors continues to use the findings of any internal reviews and best practice guidance to identify any further changes that will result in greater efficiency and effectiveness. During 2017/18, Care Quality Commission (CQC) has conducted a 'Well-Led' inspection at the Trust; with unannounced visits taking place from January 2018 and the inspection week February 13-15, 2018. We are awaiting the final report from this inspection.

During the year, the Trust's performance, clinically and financially, was closely monitored by the Board of Directors through the presentation and discussion of key performance information at each of its meetings. The Board of Directors acknowledges its responsibility for preparing the Annual Report and Accounts and considers that, taken as a whole, they are fair, balanced and understandable and provide the information necessary for patients, regulators and other stakeholders to assess the Trust's performance, business model and strategy. As far as the Board of Directors is aware, there is no relevant audit information of which the auditors are unaware. Each of the Directors has taken all the steps that they ought to have taken. Directors in order to make themselves aware of any relevant audit information and to establish that the Trust's auditor is aware of that information.

Attendance by Directors at the Board's meetings in the year is presented in the Board of Directors' attendance table at the end of this section.

Code of Governance

It is extremely important that the Board of Directors maintains the highest standard of probity and demonstrates adherence to best practice in corporate governance. NHSI publishes a Code of Governance which assists with this aim. The Trust has applied the principles of the NHS Foundation Trust Code of Governance on a comply or explain basis. The NHS Foundation Trust Code of Governance, most recently revised in July 2014, is based on the principles of the UK Corporate Governance Code issued in 2012. Schedule A to the Code of Governance sets out the requirements in six categories and the Trust's response and declarations for each area are below:

All statutory requirements as per category 1 of Schedule A of the Code of Governance have been complied with, if appropriate in the year.

Area 2 of Schedule A in the Code of Governance requires a declaration and supporting explanation for the provisions set out in the table below. The declaration is made and an explanation is included or alternatively a reference is made to the relevant section of the Annual Report.

Provision	Requirement
A.1.1	The schedule of matters reserved for the Board of Directors should include a clear statement detailing the roles and responsibilities of the Council of Governors. This statement should also describe how any disagreements between the Council of Governors and the Board of Directors will be resolved. The Annual Report should include this schedule of matters or a summary statement of how the board of directors and the council of governors operate, including a summary of the types of decisions to be taken by each of the Boards and which are delegated to the executive management of the Board of Directors.
	Comply – Board of Directors and Council of Governors Scheduled of Matters Reserved for the Board of Directors includes the roles and responsibilities of the Council of Governors and was reviewed during the year.
A.1.2	The Annual Report should identify the Chairperson, the Deputy Chairperson (where there is one), the Chief Executive, the Senior Independent Director (see A.4.1) and the Chairperson and members of the nominations, audit and remuneration committees. It should also set out the number of meetings of the board and those committees and individual attendance by Directors.
	Comply – Board of Directors
A.5.3	The Annual Report should identify the members of the Council of Governors, including a description of the constituency or organisation that they represent, whether they were elected or appointed, and the duration of their appointments. The annual report should also identify the nominated lead governor.
	Comply – Council of Governors
n/a	The Annual Report should include a statement about the number of meetings of the Council of Governors and individual attendance by Governors and Directors.
	Comply – Council of Governors
B.1.1	The Board of Directors should identify in the annual report each Non-Executive Director it considers to be independent, with reasons where necessary.
	Comply - Board of Directors. This matter was subject to review and approval by the Board of Directors at its meeting in April 2017.
B.1.4	A separate section of the Annual Report should describe the work of the nominations committee(s), including the process it has used in relation to board appointments.
	Comply – Board of Directors
n/a	The disclosure in the Annual Report on the work of the nominations committee should include an explanation if neither an external search consultancy nor open advertising has been used in the appointment of a Chair or Non-Executive Director.
	Comply – Remuneration Report, Section, ‘Non-Executive Directors Remuneration’
B.2.10	A separate section of the Annual Report should describe the work of the nominations committee(s), including the process it has used in relation to board appointments.
	Comply – Council of Governors
n/a	The disclosure in the Annual Report on the work of the nominations committee should include an explanation if neither an external search consultancy nor open advertising has been used in the appointment of a Chair or Non-Executive Director.
	Comply – Remuneration Report, Section, ‘Non-Executive Directors Remuneration’
B.3.1	A Chairperson’s other significant commitments should be disclosed to the Council of Governors before appointment and included in the annual report. Changes to such commitments should be reported to the Council of Governors as they arise, and included in the next annual report.
	Comply – Publicly available register of interests available for the Chairman and all those on the Board of Directors, which is also presented at the start of each and every Board of Directors’ meeting. Reference to the Chairman is also provided in ‘Board of Directors: expertise and experience’ and ‘Director independence and register of interests’

B.5.6	Governors should canvass the opinion of the Trust's members and the public, and for appointed governors the body they represent, on the NHS foundation trust's forward plan, including its objectives, priorities and strategy, and their views should be communicated to the board of directors. The annual report should contain a statement as to how this requirement has been undertaken and satisfied.
	Comply – Council of Governors
n/a	Governors should canvass the opinion of the Trust's members and the public, and for appointed governors the body they represent, on the NHS foundation trust's forward plan, including its objectives, priorities and strategy, and their views should be communicated to the board of directors. The annual report should contain a statement as to how this requirement has been undertaken and satisfied.
	Comply – the Governors were not required to use their power during the financial year. Every Governor meeting is attended by the majority of the Board of Directors.
B.6.1	The Board of Directors should state in the annual report how performance evaluation of the board, its committees, and its directors, including the chairperson, has been conducted.
	Comply – Board of Directors
B.6.2	Where there has been external evaluation of the board and/or governance of the Trust, the external facilitator should be identified in the annual report and a statement made as to whether they have any connection to the Trust.
	Comply, 'Role of the Board of Directors'
C.1.1	The directors should explain in the Annual Report their responsibility for preparing the annual report and accounts, and state that they consider the annual report and accounts, taken as a whole, are fair, balanced and understandable and provide the information necessary for patients, regulators and other stakeholders to assess the NHS Foundation Trust's performance, business model and strategy. There should be a statement by the external auditor about their reporting responsibilities. Directors should also explain their approach to quality governance in the Annual Governance Statement (within the annual report).
	Comply: Financial Statements declaration – Board of Directors External Auditors responsibilities Quality Governance – Annual Governance Statement
C.2.1	The Annual Report should contain a statement that the Board has conducted a review of the effectiveness of its system of internal controls.
	Comply – through the work of the Audit Committee and Internal Audit. The Annual Governance Statement – provides details of the review undertaken.
C.2.2	A trust should disclose in the Annual Report: (a) if it has an internal audit function, how the function is structured and what role it performs; or (b) if it does not have an internal audit function, that fact and the processes it employs for evaluating and continually improving the effectiveness of its risk management and internal control processes.
	Comply – Audit Committee
C.3.5	If the Council of Governors does not accept the audit committee's recommendation on the appointment, reappointment or removal of an external auditor, the Board of Directors should include in the annual report a statement from the audit committee explaining the recommendation and should set out reasons why the Council of Governors has taken a different position.
	Comply – during the year the Council of Governors in conjunction (and in agreement) with the Audit Committee undertook a procurement exercise which resulted in the appointment from April 1 2017 of Deloitte as the Trust's External Auditor.
C.3.9	A separate section of the annual report should describe the work of the audit committee in discharging its responsibilities. The report should include: <ul style="list-style-type: none"> • the significant issues that the committee considered in relation to financial statements, operations and compliance, and how these issues were addressed; • an explanation of how it has assessed the effectiveness of the external audit process and the

	<p>approach taken to the appointment or re-appointment of the external auditor, the value of external audit services and information on the length of tenure of the current audit firm and when a tender was last conducted; and</p> <ul style="list-style-type: none"> if the external auditor provides non-audit services, the value of the non-audit services provided and an explanation of how auditor objectivity and independence are safeguarded.
	Comply – Audit Committee
D.1.3	Where an NHS Foundation Trust releases an Executive Director, for example to serve as a Non-Executive Director elsewhere, the remuneration disclosures of the annual report should include a statement of whether or not the Director will retain such earnings.
	Comply – provision is not applicable.
E.1.4	Contact procedures for members who wish to communicate with Governors and/ or Directors should be made clearly available to members on the NHS Foundation Trust’s website and in the annual report.
	Comply – www.rdash.nhs.uk and contact details are included in the Annual Report under ‘Director independence and register of interests’ – page 63 and ‘How to contact your governor’
E.1.5	The Board of Directors should state in the annual report the steps they have taken to ensure that the members of the Board, and in particular the Non-Executive Directors, develop an understanding of the views of Governors and members about the NHS Foundation Trust, for example through attendance at meetings of the Council of Governors, direct face-to-face contact, surveys of members’ opinions and consultations.
	Comply – Board of Directors and Council of Governors
E.1.6	The Board of Directors should monitor how representative the NHS Foundation Trust’s membership is and the level and effectiveness of member engagement and report on this in the annual report.
	Comply - Foundation Trust Membership and receipt of specific paper to the Board of Directors in 2017/18

All information listed in area 3 of Schedule A is publicly available via the Annual Report, the Trust’s website or via the Board Secretary.

In respect of area 4, the Chairman of the Trust will confirm to the Governors, when considering the re-appointment of any Non-Executive Director (and in the case of the Chairman, the Vice Chairman will confirm), that following formal performance evaluation, the performance of the individual proposed for re-appointment continues to be effective and to demonstrate commitment to the role. This is achieved by the Chairman (or Vice Chairman) attending the Nominations Committee. This action was required during the year when Lawson Pater and Tim Shaw were re-appointed to the Board of Directors.

In respect of area 5, the names of Governors submitted for election or re-election are accompanied by sufficient biographical details and other relevant information to enable members to take an informed decision on their election. This includes prior performance information. This is achieved in the individual’s election manifesto statement.

In respect of area 6, the Trust complies with all provisions with the exception of one – provision B.2.4 that states “the chairperson or an independent Non-Executive Director should chair the Nominations Committee.” The Nominations Committee at the Trust that deals with the appointment, re-appointment and removal of the Chair and Non-Executive Directors comprises solely of Governors and is therefore currently chaired by Mr Alex Sangster, Rotherham Public/ Lead Governor, as is the Governors’ role and responsibility to undertake these key tasks. Where appropriate the committee engages with the Chairman of the Trust as it did in 2017/18 in respect of the re-appointment of the Chairman and one Non-Executive Director.

Single Oversight Framework (SOF)

NHSI's SOF provides the framework for overseeing providers and identifying potential support needs. The framework looks at five themes:

- Quality of care
- Operational performance
- Leadership and improvement capability (Well-Led).
- Finance and use of resources
- Strategic change

Based on information from these themes, providers are segmented from 1 to 4, where '4' reflects providers receiving the most support, and '1' reflects providers with maximum autonomy. A foundation trust will only be in segments 3 or 4 where it has been found to be in breach or suspected breach of its licence.

The SOF applied from Quarter 3 of 2016/17. Prior to this, Monitor's Risk Assessment Framework (RAF) was in place. Information for the prior year and first two quarters relating to the RAF has not been presented as the basis of accountability was different. This is in line with NHSI's guidance for annual reports.

Segmentation

During 2017/18 the Trust has been assessed in Segment 1. No enforcement action has been taken by NHSI against the Trust.

This segmentation information is the Trust's position as at March 31, 2018. Current segmentation information for NHS trusts and foundation trusts is published on the NHSI website.

Finance and use of resources

The finance and use of resources theme is based on the scoring of five measures from '1' to '4', where '1' reflects the strongest performance. These scores are then weighted to give an overall score. Given that finance and use of resources is only one of the five themes feeding into the SOF, the segmentation of the Trust disclosed above might not be the same as the overall finance score here.

Area	Metric	2017/18 scores				2016/17 scores	
		Q4	Q3	Q2	Q1	Q4	Q3
Financial sustainability	Capital service capacity	1	2	2	1	2	2
	Liquidity	1	1	1	1	1	1
Financial efficiency	I&E margin	1	1	1	1	1	1
Financial controls	Distance from financial plan	1	1	1	1	1	1
	Agency spend	1	1	1	1	1	1
Overall scoring		1	1	1	1	1	1

Cost Allocation and Charging

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

Fees and Charging (Income Generation)

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

Committee Structure

The Board of Directors has six committees; details of each are provided on the following pages:

Quality Committee (QC)

QC gains and provides assurance to the Board of Directors that arrangements are in place for the delivery of high standards of care by the Trust across the three domains of quality: clinical effectiveness, patient safety and patient experience and that these are working effectively.

QC also gains and provides assurance to the Board of Directors in relation to all aspects of workforce, organisational development and learning development.

The QC is chaired by Alison Pearson, Non-Executive Director and its membership also includes two other Non-Executive Directors – currently Jim Marr and Dawn Leese. Other members are the Chief Executive, Director of Nursing and Quality, Medical Director, Director of Workforce and Organisational Development, Chief Operating Officer, Chief Pharmacist, Deputy Director of Nursing and Quality and Director of Corporate Assurance/ Board Secretary.

Attendance of Directors at the QC's meetings in the year is presented in the Board of Director's attendance table.

Finance, Performance and Informatics Committee (FPIC)

FPIC gains and provides assurance to the Board of Directors that arrangements are in place for the delivery of the financial performance, infrastructure and business development and contractual performance of the Trust – in line with the Strategic and Operational Plans developed and approved by the Board of Directors.

FPIC is chaired by Tim Shaw, Non-Executive Director, and its membership also includes two other Non-Executive Directors – currently Kath Smart and Justin Shannahan. Other members are the Chief Executive, Director of Finance, Director of Health Informatics, Director of Workforce and Organisational Development, Chief Operating Officer and Director of Corporate Assurance/ Board Secretary.

Attendance of Directors at the Finance, Performance and Informatics Committee's meetings in the year is presented in the Board of Directors' attendance table.

Audit Committee

On behalf of the Board of Directors, the Audit Committee provides a means of independent and objective review and seeks assurances on the effectiveness of the governance, risk management and internal control systems of the Trust. It also provides assurance of independence for external and internal audit.

The committee comprises four Non-Executive Directors and was chaired by Kathryn Smart, Non-Executive Director during 2017/18. From April 2018 the Chair of the Audit Committee is Justin Shannahan, Non-Executive Director. In line with NHS Improvement guidance, Kathryn (and Justin Shannahan) are Non-Executive Directors on the committee that have relevant and recent financial experience. Also in attendance at the meetings are the Director of Finance, the Board Secretary/ Director of Corporate Assurance, representatives from internal and external audit and the Trust's Anti-Crime Specialist. Two of the Trust's Governors also attend the Audit Committee.

For the 2017/18 financial year, the Trust's internal auditors were 360 Assurance. With over 40 clients and 50 employees, 360 Assurance is one of the UK's leading providers of internal audit, assurance and anti-crime services to the NHS. To reflect the needs of its client base 360 Assurance has configured its services into the following specialisms:

- Providers of healthcare including acute, ambulance and mental health services; and
- Clinical Commissioning Groups.

The Trust's internal audit manager leads a team of mental health assurance specialists to ensure best practice and emerging risk in areas such as CQC compliance and data quality are shared with the organisation. The lead contact is Lisa Mackenzie, Client Manager. The role of internal audit is to provide independent assurance that the Trust's risk management, governance and internal control processes are operating effectively. An annual audit plan is agreed by the Audit Committee and an update on progress with the delivery of the plan is provided at each Audit Committee meeting.

For the 2017/18 financial year the Trust's external auditors were Deloitte. The engagement lead from Deloitte was Paul Hewitson. 2017/18 was the first year of a three year contract with Deloitte following a tender exercise.

A protocol is in place following agreement with the Council of Governors for the engagement of the external auditors to undertake work outside of the audit code. The agreement includes provisions to ensure continued external auditor independence. During the year the Trust paid a total of £58,300 (excluding VAT) for the statutory external audit service provision and non-audit work (Quality Account).

At its meeting in September 2017, the Audit Committee received a planning report from the external auditors. Within the report the following points were included in reference to the risk assessment process employed:

"...consider a number of factors when deciding on the significant audit risks, those being where we consider the greatest risk of material misstatement in the accounts. These factors include:

- *the significant risks and uncertainties previously reported in the annual report and financial statements;*
- *the IAS1 critical accounting estimates previously reported in the annual report and financial statements;*
- *the disclosures made by the Audit Committee in their previous Audit Committee report;*
- *our assessment of materiality; and*
- *the changes that have occurred in the activities and the environment the Trust operates in since the last annual report and financial statements.*

Our audit planning process includes an on-going assessment of internal and external factors affecting the Trust, in accordance with the requirements of International Standards on Auditing (UK and Ireland) and Code of Audit Practice issued by the National Audit Office.

A key initial step in this process is considering the Trust's actual and planned performance on financial, quality and other governance metrics compared to its peers, to enable us to identify risks specific to the Trust.

The significant risks that were anticipated and which would have focus during the external audit were:

- Risk 1 – Revenue recognition in respect of CQUIN Income and the Rotherham MBC Learning Disability service
- Risk 2 – Accounting for Property valuations
- Risk 3 – Management override of controls.

At its meeting on May 25, 2018 the Audit Committee received the 'Report of the External Auditors to those charged with governance' (ISA 260 report). The report provided the unqualified opinion on the accounts and also the conclusions drawn on the three key risks identified during the planning process.

The Audit Committee discussed the ISA260 and the issues arising and after due consideration it supported the accounts unchanged and as presented.

Additionally, the report confirmed that there would be no modification to the audit certificate following the work which was undertaken to confirm that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of the Trust's resources.

At the meeting the Audit Committee also received the management report on the Quality Report from the external auditors. This work concluded satisfactorily and an unqualified limited assurance report has been received in respect of that work.

Attendance of directors at the Audit Committee's meetings in the year is presented in the Board of Directors' attendance table.

Mental Health Legislation Committee

The Mental Health Legislation Committee is responsible for ensuring that:

- There are systems, structures and processes in place to support the operation of mental health legislation, in both inpatient and community settings, and to ensure compliance with associated codes of practice and recognised best practice
- The Trust has in place and uses appropriate policies and procedures in relation to mental health legislation and to facilitate the publication, distribution and explanation of the same to all relevant staff, service users and managers
- Trust Associate Managers and appropriate staff groups receive guidance, education and training in order to understand and be aware of the impact and implications of all new relevant mental health and associated legislation.

The Mental Health Legislation Committee is currently chaired by Jim Marr, Non-Executive Director. Other members of the committee are three Non-Executive Directors, Chief Executive, Medical Director (designated Executive Director Mental Health Legislation Lead), Mental Health Act Manager, Mental Capacity Act Lead, Director of Nursing, Chief Operating Officer and Consultant Lead.

Attendance of directors at the Mental Health Legislation Committee's meetings in the year is presented in the Board of Directors' attendance table.

Charitable Funds Committee

The Charitable Funds Committee is responsible for overseeing the administration of the Rotherham Doncaster and South Humber NHS Foundation Trust Charitable Fund (registered charity number 1055641). These funds are held on trust for purposes relating to the National Health Service and Community Care Act 1990 by Rotherham Doncaster and South Humber NHS Foundation Trust, acting as the corporate trustee of the charity.

The Committee is chaired by Justin Shannahan, Non-Executive Director. Other members of the Committee are Dawn Leese, Non-Executive Director; Director of Finance, Director of Workforce and Organisational Development, the Head of Financial Services and the Charitable Funds Manager. Two of the Trust's Governors also attend the meetings of the Committee.

Attendance of directors at the Charitable Funds Committee's meetings in the year is presented in the Board of Directors' attendance table.

Charitable funds are accounted for separately from revenue and capital funds, and a separate annual report and accounts are produced annually. However, in line with International Audit Standard 27 (revised) the charitable funds accounts have been consolidated with the revenue and capital funds for this annual report.

The most recent set of charitable funds accounts is available from the Board Secretary of the Trust and are also available via the Charity Commission website www.charitycommission.gov.uk – search for charity number 1055641.

Remuneration Committee

The Remuneration Committee of the Board of Directors comprises the seven Non-Executive Directors. The Committee is chaired by Dawn Leese, Non-Executive Director. The committee has delegated authority for all aspects of remuneration and terms of service for the Senior Leadership Team.

The committee met on one occasion in the year. Further details relating to the work of the committee and the remuneration of the Board of Directors are provided in the remuneration report.

Attendance of directors at the Remuneration Committee's meetings in the year is presented in the Board of Directors' attendance table.

Board of Directors and Committee Attendance 2017/18

Director	Title	Board of Directors	Audit	Remuneration	Mental Health Legislation	Charitable Funds	Quality	Finance, Performance and Informatics
Lawson Pater	Chairman	12 out of 12		1 out of 1				
James Marr	Non-Executive Director / Vice Chairman	11 out of 12		0 out of 1	4 out of 4	2 out of 2	11 out of 12	
Kathryn Smart *	Non-Executive Director	10 out of 12	4 out of 4	1 out of 1				10 out of 11
Alison Pearson	Non-Executive Director	10 out of 12	3 out of 4	1 out of 1	2 out of 4		11 out of 12	
Tim Shaw	Non- Executive Director	12 out of 12	4 out of 4	1 out of 1	4 out of 4			10 out of 11
Dawn Leese	Non-Executive Director	10 out of 12		1 out of 1	4 out of 4	3 out of 4	11 out of 12	
Justin Shannahan	Non-Executive Director	12 out of 12	4 out of 4	1 out of 1	1 out of 1	3 out of 3		9 out of 11
Kathryn Singh	Chief Executive	11 out of 12			1 out of 4		8 out of 12	9 out of 11
Steve Hackett **	Executive Director of Finance and Performance	10 out of 11	3 out of 4			3 out of 4		9 out of 10
Dr Nav Ahluwalia	Executive Medical Director	10 out of 12			4 out of 4		11 out of 12	
Dr Deb Wildgoose	Executive Director of Nursing and Quality	10 out of 12			3 out of 4		11 out of 12	
Rosie Johnson	Executive Director of Workforce and Organisational Development/ Deputy Chief Executive	10 out of 12				3 out of 4	11 out of 12	9 out of 11
Debbie Smith	Executive Chief Operating Officer	10 out of 12			3 out of 4		10 out of 12	10 out of 11
Richard Banks	Director of Health Informatics	11 out of 12						10 out of 11
Philip Gowland	Director of Corporate Assurance / Board Secretary	12 out of 12	4 out of 4				10 out of 12	11 out of 11

* Left the Trust in April 2018. ** Joined the Trust May 1, 2017.



Board of Directors: expertise and experience



Lawson Pater

Chairman (term of office expires November 30 2019)

Lawson initially served as a Non-Executive Director, was appointed as Chairman of the Trust from December 1, 2013 and was successfully reappointed in November 2017. He became one of the first people nationally to have served as a governor (Carer Governor – Learning Disabilities), Non-Executive Director and Chairman of a foundation trust.

He has previously held board positions in UK subsidiaries of international companies and ran his own executive recruitment consultancy. His board experience includes sales, marketing and manufacturing, together with strategic development and the management of change. Lawson is a Trustee of 'DARTS' (Doncaster Community Arts), a charity, which through active participation in the arts, enables local people and organisations to grow in ability, confidence and skills, and so contribute to the regeneration of their communities.



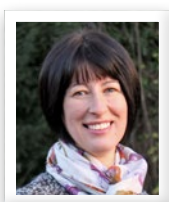
Jim Marr

Non-Executive Director/ Vice Chairman (term of office expires November 30, 2018)

Jim was initially appointed for two years from December 1, 2010, and was reappointed by the Council of Governors during 2012 and again in 2015 and appointed as Vice Chairman from December 1, 2013.

Jim spent most of his career in energy and engineering organisations. A qualified marine and mechanical engineer he has experience of leading businesses in various parts of the world including Japan, Australia, Iran, North and South America, Europe and Africa. Jim is a member of the Institution of Mechanical Engineers and is a fellow of the Institute of Directors. A change in career direction saw Jim serving as an independent member of the service provider arm of NHS North Lincolnshire prior to coming to RDaSH.

Jim also runs a Job Club in Brigg which supports the long term unemployed.



Kathryn Smart

Non-Executive Director

Kath was appointed to the RDaSH Board of Directors in 2011 and reappointed in 2013 and again in 2016. (Kath left the Trust on April 13, 2018)

Prior to her appointment at RDaSH Kath worked in senior management in the NHS for 10 years across Doncaster, Wakefield and Hull. During that time, Kath worked for five years as an Executive Director in an NHS primary care trust, and before that she worked in the public sector undertaking a variety of finance and audit roles. Kath is a Chartered Institute of Public Finance and Accountancy (CIPFA) qualified accountant and participates in their Continuing Professional a Development (CPD) scheme.

Her previous roles have focussed on improving governance and performance of the organisations she worked for. In her NHS director roles, she held a portfolio which covered performance, governance, risk management and assurance. She is currently also the co-opted independent member for Doncaster Metropolitan Borough Council's Audit Committee, Independent Audit Committee member of a social housing provider (ACIS, based in Gainsborough) and Court Secretary for Foresters Friendly Society (Sheffield Court).



Tim Shaw

Non-Executive Director (term of office expires March 31, 2020)

Tim was appointed to the Board of Directors from the 1 December 2013, reappointed in November 2015 and again in November 2017. Tim qualified as a Solicitor and retired from full time practice in 2016 after 38 years in practice. He has significant experience of dealing with complex commercial projects, contracts, real estate and public law issues.

Tim has previously undertaken non-executive roles in both the regeneration and housing sectors. He served as a Non-Executive Director of one of the country's largest social housing companies, Sheffield Homes, for a number of years. Tim was also Chair of a School Governing Body. Presently, he is Trustee and Chair of a local charity Doncaster Business for the Community.



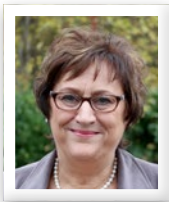
Alison Pearson

Non-Executive Director (term of office expires November 30, 2019)

Alison joined the Board of Directors on December 1, 2014 and was reappointed by the Council of Governors for a second term in November 2016. She previously worked as an Operations Director for Royal Mail responsible for mail collection and production operations across the North of the UK. Her experience, gained in a number of regional and national roles in the UK and USA, features transformational change, customer service and employee engagement. Alison was also a Non-Executive Director for Quadrant Catering Limited.

Alison is Vice Chair of the Two Ridings Community Foundation and an Independent Member of the Parole Board.

Alison holds a BSc (Hons) in Geological Sciences, a Postgraduate Diploma in Business Studies and is a Chartered Fellow of the Institute of Logistics and Transport.



Dawn Leese

Non-Executive Director (term of office expires November 13, 2018)

Dawn joined the Board of Directors in November 2016. Dawn is an experienced nurse and clinical leader with over eight years' experience working at board level within the NHS as an Executive Director and with recent experience as a commissioner and provider.

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

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



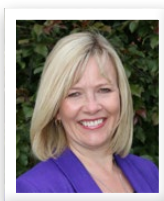
Justin Shannahan

Non-Executive Director (term of office expires November 13, 2018)

Justin joined the Board of Directors in November 2016. Justin has a broad finance and purchasing background and previously worked for over 20 years in a number of roles at Rolls-Royce, most recently as a divisional Director of Finance.

As well as his current role at RDaSH, Justin also works on a part-time basis as Head of Finance Strategy and Processes at Derbyshire County Cricket Club.

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



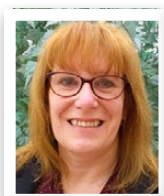
Kathryn Singh
Chief Executive

Kathryn joined the Trust in June 2015 from the NHS Trust Development Authority (TDA), now part of NHS Improvement, where for the previous two years she was a Portfolio Director. Kathryn's role at the TDA included working on the National TDA Accountability Framework, developing and piloting the Well Led Framework and supporting a range of NHS Trust Boards, including those in Special Measures.

Before joining the NHS TDA, Kathryn held a number of senior executive roles in the NHS including working at Deputy and Acting Chief Executive level for Derbyshire Healthcare NHS Foundation Trust, where Kathryn led the successful application for Foundation Trust status.

Kathryn has also held senior commissioning roles, including a secondment to the Department of Health to lead on the development of multi-agency guidance for Children's Services and culminating in the position of Director of Commissioning at Derby City Primary Care Trust.

Kathryn holds a Post Graduate Diploma in Health Service Management.



Dr Deb Wildgoose
Director of Nursing and Quality

Dr Deb Wildgoose took up the post of Director of Nursing and Quality in November 2015. She previously worked as the Deputy Director of Nursing for the Trust and has held a number of leadership and clinical posts including Nurse Consultant and Modern Matron in Adult Mental Health Services and Team Manager for Drug and Alcohol Services. Her experience also includes working for a national team that had oversight of policy development for Adult Mental Health Services.

Deborah's current responsibilities include Professional Leadership for Nurses, Allied Health Professionals, Clinical Psychologists and Psychological therapists, quality, patient safety, patient and carer engagement and Mental Health Legislation. She is the Trust Director lead for safeguarding and the Director for Infection Prevention and Control.

Deborah is a Registered Mental Health Nurse and has a Doctorate in Professional Studies, an MSc in Research, a post graduate diploma in Health Service Management and a post graduate diploma in Addiction Studies.



Steve Hackett
Executive Director of Finance and Performance

Steve Hackett took up the position of Director of Finance in May 2017. Steve joined the Trust from Chesterfield Royal Hospital NHS Foundation Trust where he worked as Director of Finance and Contracting. He has worked in the NHS since 1990 having previously worked for NHS England and Primary Care Trusts in the area. Steve qualified as a Certified Accountant in 1997 and has worked as a Director of Finance in the NHS since 2001.

Steve is also a voluntary Director of Flourish Enterprises Ltd which is the Trust's Community Interest Company providing domiciliary care and vocational pathways to individuals who need support to get back into employment.



Dr Nav Ahluwalia
Executive Medical Director

Nav took up the post of Executive Medical Director in April 2012.

He graduated in medicine in 1992 and completed his postgraduate psychiatric training in 2002. He has worked as the RDaSH Consultant in Substance Misuse services since 2002. He has extensive experience of undergraduate and postgraduate education systems. He is a member of the Royal College of Psychiatrists, a Fellow of the Higher Education Academy, and has a postgraduate certificate in education and a postgraduate diploma in management.



Rosie Johnson

Executive Director of Workforce and Organisational Development/ Deputy Chief Executive

Rosie joined RDaSH in September 2009 from Yorkshire Ambulance Service, where she was the Director of Human Resources and Organisational Development.

Since starting work in the NHS in 1992, Rosie has worked in a combined acute and community trust in Dewsbury, an acute trust (Pinderfields and Pontefract Hospitals NHS Trust) and a health and social care organisation (Bradford District Care Trust) in a variety of Human Resources (HR) and organisational development (OD) roles, including Assistant Director of HR, Assistant Director of OD, Personnel Manager and Training Officer.

Rosie has a Master's degree in leadership and management from Leeds University and is a Fellow of the Chartered Institute of Personnel and Development (CIPD).



Debbie Smith

Executive Chief Operating Officer

Debbie joined the Trust in 2005 from Derbyshire Mental Health Services as Assistant Director (AD) for Older People's Mental Health Services where she supported the modernisation of the Rotherham and Doncaster services. Debbie was then appointed as Deputy Director of Specialist Services, which involved supporting the ADs for CAMHS, Forensic, Older People, Substance Misuse and Learning Disability Services.

After leading the Trust's One Team Working (OTW) project and the development of integrated community services for adult and children across Doncaster, Debbie was appointed as Service Director Mental Health in March 2013 and was subsequently appointed as Chief Operating Officer from June 2016.

She is a Registered Mental Health Nurse with a post graduate diploma in management and more recently a MBA through the Open University.

Debbie is also a voluntary Director of Flourish Enterprises Ltd which is the Trust's Community Interest Company providing domiciliary care and vocational pathways to individuals who need support to get back into employment.



Richard Banks

Director of Health Informatics

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

Richard is the executive lead for the Unity programme, implementing a new electronic patient record, and is responsible for the provision of the Health Informatics function within the Trust.

Prior to joining RDaSH he worked in local government, the Sheffield FHS, Health Authority and Community Health Sheffield, before joining RDaSH in 2000 as Head of Planning. Richard has a degree in economic and social history, a post graduate certificate in managing health and social care, and has completed the Kings Fund top manager programme. In 2016 Richard gained an MSc in Health & Social Care leadership.



Philip Gowland

Director of Corporate Assurance/ Board Secretary

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

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

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

Director independence and register of interests

The Board of Directors has confirmed that it considers all Non-Executive Directors to be independent as per the requirements of the Code of Governance. In doing so, the Board of Directors acknowledged the following, which it considered not to compromise the independence of the Non-Executive Director to which they refer:

Lawson Pater, Chairman, was initially appointed to the Board of Directors in September 2009 as a Non-Executive Director. He was subsequently appointed as Chairman from December 1, 2013 and reappointed in year (until November 2019) and has therefore served in excess of six years, contrary to the provisions of the Code. In confirming his independence, the Board of Directors recognises the distinction between his roles as Non-Executive Director and Chairman and that with respect to the Code's provision and the '...first appointment', it now recognises December 2013 as the relevant date for Lawson. The Board of Directors also acknowledged that Mr Pater has no other significant external commitments and whilst he has two entries on the register of interests, neither individually or both collectively are considered to be a conflict, and he is therefore considered to be independent.

Kath Smart, Non-Executive Director, holds the role of independent member of the Audit Committee of Doncaster Metropolitan Borough Council – with whom the Trust transacts.

The Board of Directors acknowledged the other position held by Kath Smart (and her role with Flourish Enterprises CIC – see below) and has confirmed that it still considers Mrs Smart to be independent.

Kath Smart, Steve Hackett and Debbie Smith are also Directors of Flourish Enterprises Community Interest Company (CIC) a wholly owned subsidiary of the Trust. Flourish Enterprises is a Community Interest Company based at Woodfield Park, Balby that offers services to the Doncaster community through St Catherine's House Conference and Events Centre, Victorian Tea Rooms and The Walled Garden Centre. Flourish provides volunteering opportunities and practical vocational training for people who need support to gain skills and confidence on the pathway to employment. In respect of the transactions between the Trust and Flourish Enterprises:

- Flourish recharge the Trust for vocational referrals received from the Trust's services. In addition, Flourish provides tenant support services on behalf of the Trust for the buildings commercially leased on Woodfield Park
- The Trust provides corporate support services to Flourish (e.g. finance, HR and IT)
- Woodfield 24 is a subsidiary of Flourish and provides End of Life Care under a sub-contract arrangement to the Trust.

The Register of Directors' Interests is held by the Board Secretary. It is a public document which can be accessed by contacting the Board Secretary on 01302 798129 and is presented to the Board of Directors at each and every meeting. Contact with directors can be made via the Board Secretary.

The Council of Governors

The Council of Governors comprises 41 individuals who are members of the public, service users/patients, carers, staff and representatives from partner organisations.

Governors have responsibility for:

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

The Council of Governors provides an important link between the Trust, the local community and key organisations, sharing information and views that can be used to develop and improve services. The Council of Governors is chaired by Lawson Pater, Chairman of the Trust, who ensures that there is a strong link between the Council of Governors and the Board of Directors. The Lead Governor during 2017/18 was Alex Sangster, Rotherham Public Governor and from November 2017, the position was held by Christine O’Sullivan, North Lincolnshire Public Governor.

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

Composition of the Council of Governors		
Public - 12 governors	Service users - 7 governors	Carers - 7 governors
4 Rotherham	3 Mental Health	3 Mental Health
4 Doncaster	2 Community Services	2 Community Services
2 North Lincolnshire	1 Learning Disabilities	1 Learning Disabilities
1 North East Lincolnshire	1 Specialist Services	1 Specialist Services
1 Rest of England		
Staff 6 governors	Partner organisations (9 governors)	
1 Nursing	1 Doncaster Clinical Commissioning Group (CCG)	
1 Allied Health Professionals (AHP)/ Psychology	1 Rotherham CCG	
1 Medical and Pharmacy	1 North Lincolnshire CCG	
1 Social Care	1 Doncaster Council	
1 Non Clinical	1 Rotherham Council	
1 Community Nursing	1 North Lincolnshire Council	
	1 university	
	1 community voluntary sector	
	1 GP	

At the start of the year, 28 governors were in post. Over the year there have been a number of changes to those holding positions on the Council of Governors, resulting in 31 seats being filled at the year end. An election took place in 2017 for the following vacancies:

Four Public Governors in the following constituencies:

- Doncaster (2 vacancies)
- Rest of England (1 vacancy)
- North East Lincolnshire (1 vacancy).

Three Staff Governors in the following constituency:

- Community Nursing (1 vacancy)
- Social Care (1 vacancy)
- Nursing (1 vacancy).

Nine Service Users and Carer Governors in the following constituencies:

- Service User: Specialist Services (1 vacancy)
- Service User: Learning Disability (1 vacancy)
- Service User: Community Services (2 vacancies)
- Service User: Mental Health (1 vacancy)
- Carer: Mental Health (1 vacancy)
- Carer: Specialist Services (1 vacancy)
- Carer: Learning Disability (1 vacancy)
- Carer: Community Services (1 vacancy).

At the year-end plans were being finalised for the 2018 round of elections that will cover 16 seats.

Over the last year, the Governors have continued to demonstrate their commitment and to show their enthusiasm in their role. Since April 2017, the Council of Governors has held four public meetings. All meetings were chaired by Lawson Pater, Chairman of the Trust and all meetings were attended by members of the Board of Directors. The Governors and their attendance at the meetings are shown in the table below:

Members of the Council of Governors and their attendance in 2017/18			
Name	Constituency	No. of Council meetings attended / possible total	Term expires/d
Current Governors			
Alex Sangster	Public: Rotherham	1/4	November 18
Gary Cooper	Public: Rotherham	2/4	November 18
Ian Fairbank	Public: Rotherham	4/4	June 18
Mohammed Ramzan	Public: Rotherham	2/4	June 18
Richard Rimmington	Public: Doncaster	4/4	August 19
Helen Ward	Public: Doncaster	3/3	August 20
John Carter	Public: Doncaster	4/4	August 20
Allyson Vuli	Public: Doncaster	0/4	June 18
Christine O'Sullivan	Public: North Lincolnshire	4/4	June 18
Roni Wilson	Public: North Lincolnshire	4/4	November 18
George Baker	Public: North East Lincolnshire	4/4	June 20
Melissa March	Service User: Mental Health	2/4	August 19
Peter Vargas	Service User: Mental Health	3/3	August 20
Brendan Fox	Service User: Community Services	4/4	August 20
Susan Hodgson	Service User: Specialist Services	0/3	August 20
Peter Barr	Service User: Learning Disability	2/3	August 20
Eileen Harrington	Carer: Mental Health	3/4	November 18
Adam Foster	Carer: Mental Health	3/3	August 20
Joan Cox	Carer: Community Services	1/3	August 20
Maggie McAndrews	Carer: Community Services	2/4	August 19
Chris Grice	Carer: Specialist Services	1/3	August 20
Jane Knowles	Staff: Community Nursing	2/3	August 20
Simon Mills	Staff: Social Care	2/3	August 20
Alison Davies	Staff: Medical and Pharmacy	0/4	May 18
Heidi Cheung	Partner: Universities	2/4	March 19
Catherine Wylie	Partner: North Lincolnshire CCG	1/4	November 18
Mike Young	Partner: Doncaster CCG	3/4	January 19
Nigel Parkes	Partner: Rotherham CCG	2/3	August 20
Karen Johnson	Partner: Doncaster MBC	2/3	August 20
Jayne Elliot	Partner: Rotherham MBC	3/3	August 20

Governors that have left during the year

Eve Rose	Partner: Rotherham MBC	0/1	Apr 17
Valerie Wilson	Carer: Mental Health	0/1	May 17
Tracey Evans	Staff: Nursing	0/1	June 17
Helen Thompson	Staff: Community Nursing	1/1	June 17
Amy Chambers	Staff: AHP/Psychology	2/2	August 17
Kate Tuffnel	Partner: Rotherham CCG	0/1	August 17
Rebecca Parkin	Service User: Mental Health	0/2	October 17
Sue Sparks	Staff: Non-clinical	1/3	December 17

Furthermore, the Council of Governors work over the last 12 months has included:

- Receiving the Annual Report and Accounts for 2016/17 and contributing to the Quality Report 2017/18
- Receiving and contributing to the Annual Plan for 2018/19
- Patient Led Assessments of the Care Environment (PLACE) visits 2017 and 2018
- Reappointment of the Chairman, Lawson Pater and Tim Shaw, Non-Executive Director.

In contributing to the development of the Annual Plan the Governors draw on their personal experiences, expertise and liaison with the members that they represent.

The Governors have continued to participate in a programme of development opportunities over the last 12 months. They have also engaged with members of their constituencies on a number of occasions. The list below provides some example of how Governors have contributed to this in 2017/18 which has allowed Governors to engage individually and collectively with fellow Governors, the Trust's members and the wider public, service users and carers as well as staff and the Board of Directors:

- Governor constituency meetings and the quarterly Governor information and discussion group
- Election information events
- Monthly Members drop-in sessions
- Annual Members' Meeting
- Community events
- Regular attendance at the Listen to Learn Network and Carer Champion Network events
- Representation on the Trust's Triangle of Care Steering Group
- Patient-Led Assessments of the Care Environment (PLACE) assessment visits
- Visits to service user/patient and carer user groups
- Visits to services
- Public Board of Directors' meetings
- Non-Executive Director interview and (re)appointment
- Corporate Events at the Trust - Trust Graduation Ceremony, Trust official openings, Volunteers' Afternoon Tea and the Annual Awards Ceremony

- Charitable Funds Committee
- Audit Committee
- Food and Hydration Forum
- Equality Diversity and Human Rights Steering Group
- Medicines Management Committee
- Annual Awards Ceremony Judging Panel
- Listening into Action (LiA).

The Board of Directors recognises the importance of ensuring that the Governors have sufficient knowledge and understanding in order to fulfil their roles and therefore supported several Governors to attend a number of external events including Governwell training and regional and national workshops.

Register of interests

The register of interests for the Council of Governors is available from the Foundation Trust (FT) office on freephone 0800 015 0370 or email rdash.ftmembership@nhs.net

Expenses

Governors receive no remuneration for their role. However, the Trust provides appropriate reimbursement, for example to cover travel / expenses for Governors who participate in events or activities arranged by the Trust. During the 2017/18 year, the amount reimbursed to governors was £4,336 (12 claimants), (2016/17 £5,813 for 10 claimants).

How to contact your Governor

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

Telephone: Freephone 0800 015 0370.

Post: FT Membership office, FREEPOST RSGC – RKYB – BCHH, Woodfield House, Tickhill Road, Balby, Doncaster, DN4 8QN.

Email: rdash.ftmembership@nhs.net

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

Foundation Trust membership

Becoming a member of the Trust offers local people a unique opportunity to have their say and to be involved in how the Trust and its services are developed. The Trust seeks to build a meaningful and representative membership, and throughout 2017/18 it has continued to work hard towards ensuring that there is appropriate representation in all areas.

Some initiatives have included attending a number of community events highlighting the benefits of membership to local people. Over the past 12 months, the Trust has increased recruitment of and engagement with its members in the wider community (patients, service users, carers and public) through social media such as Twitter and Facebook. New employees automatically become members of the Foundation Trust. As with all members, they can influence plans for the Trust and its services for the benefit of service users and carers. They can elect to the Council of Governors and stand for election themselves. Staff are encouraged to be actively involved as members of the Trust and to spread the word, highlighting the benefits of membership.

Ongoing communication with all members is through Trust Matters, the staff and members' magazine. A printed version is produced four times a year and each month is available as an eNewsletter to members. Communication is also via regular members' updates and other publications, and by providing opportunities to be more involved. The designated members' section of the Trust's website is continually updated with useful information. A monthly members' drop-in also takes place and is facilitated by Governors and supported by the Foundation Trust Office.

Further engagement with members has also included the following initiatives:

- Election information events
- Monthly members' drop-in in Rotherham and Doncaster
- Public engagement through community events
- Public Council of Governors' meetings
- Public Board of Directors' meetings
- The Annual Members' Meeting
- Participation in surveys and consultations
- Trust website
- Trust Matters magazine
- Governor attendance at Acute Care Forum and Collaborative meetings
- Governor visits to service user and carer groups
- Listen to Learn Network (the Trust's Patient and Public Engagement and Experience (PPEE) Strategy)
- Carer Champion Network
- Triangle of Care Steering Group
- PLACE visits.

Membership constituencies

Anyone who is aged 16 or over is eligible to become a member. The Trust has four membership constituencies – Public, Service Users, Carers and Staff.

Public

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

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

Service users

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

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

Carers

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

Staff

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

- Non-clinical
- Social Care
- Medical and Pharmacy
- Allied Health Professionals
- Nursing
- Community Nursing.

On April 1 2017, the Trust had 9,808 members. At the end of March 2018, the membership stood at 9,757. This represents a net gain of 51 members although there were 471 new members throughout the year. While wanting to maintain membership levels in the year, a greater focus was provided to engagement and better understanding the composition of the membership. Every effort will be made during 2018/19 to increase our membership.

Membership size and movements	
Public constituency	2017/18
At year start (April 1)	5,257
New members	37
Members leaving	87
At year end (March 31)	5,207
Staff constituency	2017/18
At year start (April 1)	3,352
New members	368
Members leaving	502
At year end (March 31)	3,308
Patient/ Carer constituency	2017/18
At year start (April 1)	1,199
New members	66
Members leaving	23
At year end (March 31)	1,242

Analysis of current Public membership

	Number of members	Eligible membership (local population aged 16 and above)
Age (years):		
0-16	4	181,282
17-21	22	48,303
22+	4,663	669,217
Ethnicity:		
White	4,836	844,993
Mixed	26	8,302
Asian or Asian British	179	24,843
Black or Black British	16	5,354
Other	23	3,252
Socio-economic groupings:		
AB	1,104	37,599
C1	1,437	70,144
C2	1,234	68,935
DE	1,386	95,668
Gender analysis:		
Male	1,859	444,101
Female	3,240	454,699

Membership 2018/19

We will continue to recruit new members through some of the successful initiatives undertaken previously, particularly by attending local Trust events and local community events organised externally. The increased use of social media such as Twitter and Facebook has shown an increase in the number of online applications and this will be further developed in the coming months. This has also proved positive in terms of engagement with members and the wider public. The membership remains broadly representative of the population and local communities served and there are continued efforts to engage and recruit members from all parts, especially younger members, where there is greatest scope to increase numbers.

In addition, our plans for membership and recruitment over the next 12 months will include considerable input from the Council of Governors. Governors are able to contribute a wealth of knowledge and experience, which in turn can be used as a tool to encourage and engage with new members. Their established involvement in community and voluntary organisations provides an ideal opportunity to reach out to potential members by highlighting the benefits of membership. The appointment of a Patient and Public Engagement Lead (Membership and Governor Support) has meant that engagement and involvement functions at the Trust (of which Foundation Trust Membership is one) has been more co-ordinated and has provided more opportunities for recruitment and engagement of members across the Trust and wider involvement for governors. Governors now have more influence of how they communicate and engage with members through the Governor Working Group, whose purpose is to raise the profile of the RDaSH Governors both internally and in the wider community.



Kathryn Singh
Chief Executive
May 25, 2018

Remuneration Report

Introduction

A 'senior manager' is defined as 'Those persons in senior positions having authority or responsibility for directing or controlling the major activities of the Foundation Trust.'

The Remuneration Report contains details of senior managers' remuneration and pensions. It also sets out further information about the appointment of those senior managers (where these have occurred during 2017/18) as required by NHSI's Code of Governance.

For the Trust, the report covers seven Non-Executive Directors, including the Chairman, six Executive Directors, Director of Health Informatics and Director of Corporate Assurance – these are the 'senior managers' in post at the year end.

Details of the Directors including their start date in their role and their relative experience and expertise are on page 58.

Annual Statement on Remuneration

The Remuneration Committee met on one occasion in the year at which the Committee undertook an annual review of the remuneration paid to the 'senior managers'. As a result of its review, the Committee amended the remuneration of the Director of Workforce and Organisational Development/ Deputy Chief Executive and the remuneration of the Director of Corporate Assurance/ Board Secretary to reflect changes in portfolio and to align to current market rates for the roles.

Executive Director Remuneration Policy

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

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

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

Element	Policy
Salary	A 'spot' salary which is reviewed annually. The setting of that salary and the subsequent review are undertaken with reference to national benchmarking data and national pay awards (Agenda for Change).
Taxable benefits	Travel and subsistence expenses are reimbursed and paid with salary via payroll
Annual performance related bonuses	No performance related bonuses are paid.
Long-term performance related bonuses	No long term performance related bonuses are paid.
Pension-related benefits	Executive Directors and Directors can access the NHS Pension scheme.
Percentage uplift (cost-of-living increase)	Reviewed annually by the Remuneration Committee taking into consideration national pay awards, benchmarking data and the related financial implications.

The current senior managers are on substantive contracts that incorporate a three-month notice period, with the exception of the Chief Executive (six-month notice period).

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

Executive Director Remuneration

A Committee of the Board of Directors, the one meeting of the Remuneration Committee during the year was chaired by Alison Pearson, Non-Executive Director. During the year and following a review of Non-Executive Director portfolios, Dawn Leese, Non-Executive Director has been appointed as the Chair of the Committee. The remaining members of the committee are the other Non-Executive Directors. The Chief Executive attends meetings of the Committee as does the Board Secretary/ Director of Corporate Assurance, and the Director of Workforce and Organisational Development.

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

The Remuneration Committee met on one occasion in the financial year and details of the attendance are presented in the Board of Directors' attendance table. The Committee did not seek nor receive advice or services from any person that materially assisted it its consideration of these matters. In setting the remuneration, the Committee takes due account of any guidance issued for NHS staff regarding the level of pay inflation which may be awarded, but does not consult with those employees. The Committee also takes due account of national benchmarking data collated and distributed by NHS Providers. This allows for sector and geographical comparisons to be made.

The Chief Executive and the Medical Director are remunerated at a level greater than £150,000 (this equates to the Prime Minister's ministerial and parliamentary salary). The remuneration paid to these two Directors is considered to be reasonable for the posts given the relative position in terms of benchmarking with similar foundation trusts.

Non-Executive Director Remuneration Policy

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

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

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

Element	Policy
Fee Payable	A 'spot fee' which is reviewed annually. The setting of that fee and the subsequent review are undertaken with reference to national benchmarking data and national pay awards (Agenda for Change).
Additional Fee	The Senior Independent Director receives an additional £1,000 and the Chair of the Audit Committee an additional £2,000.
Percentage uplift (cost-of-living increase)	Reviewed annually by the Nominations Committee taking into consideration national pay awards and financial implications.
Travel	Travel and subsistence expenses are reimbursed and paid with remuneration via payroll
Pension Contributions	Non-Executive Directors do not have access the NHS Pension scheme.
Other remuneration	None

The Chairman and Non-Executive Directors do not have a notice period.

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

Non-Executive Directors Remuneration

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

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

The Nominations Committee is chaired by Alex Sangster, Rotherham Public Governor and supported administratively by the Director of Corporate Assurance/ Board Secretary.

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

During the year, Lawson Pater, Chairman and Tim Shaw, Non-Executive Director, were both reappointed by the Council of Governors in November 2017.

During the year, the Nominations Committee met on three occasions and undertook the following key items of business, making formal recommendations to the Council of Governors in each case:

- Reviewed the remuneration of the Non-Executive Directors and in doing so, the Nominations Committee took due account of guidance regarding levels of pay inflation applicable to the staff at the Trust (i.e. the national pay award) and relevant benchmarking information from the NHS foundation trust sector.
- Contribution to the annual appraisal of the Chairman and Non-Executive Directors
- Recommended to the Council of Governors the reappointment of Lawson Pater and Tim Shaw.

Details of the attendance at the Nominations Committee are presented in the table below:

Name	Position	Meetings Attended
Alex Sangster (Chair)	Public – Rotherham	3 out of 3
Christine O’Sullivan	Public – North Lincolnshire	2 out of 3
Heidi Cheung	Partner - Universities	2 out of 3
Melissa March	Service User – Mental Health	1 out of 3
Mohammed Ramzan	Public – Rotherham	1 out of 3
Mike Young	Partner – Doncaster CCG	3 out of 3

Since the last meeting of the Nominations Committee in November 2017, Mohammed Ramzan has left the Committee and Karen Johnson, Partner Governor (Doncaster MBC) and Adam Foster, Mental Health Carer Governor have joined the Committee. Mike Young ended his term as a Governor on March 31, 2018.

Assessment of performance of senior managers

Individual performance is reviewed through the Trust's performance and development review process, using standardised documentation to evaluate the extent to which senior managers have met their objectives, and by so doing have contributed to the delivery of the Trust's strategic objectives.

The Executive Directors are appraised by the Chief Executive, who herself is appraised by the Chairman of the Trust. The Chairman of the Trust appraises the Non-Executive Directors and is himself appraised by the Non-Executive Directors, led by the Senior Independent Director. Christine O'Sullivan, Lead Governor is part of the appraisal process of all Non-Executive Directors (including the Chairman). While the Trust does not operate a formal system of performance-related pay, the review process is valuable in ensuring coherence between the achievement of individual and organisational objectives.

Expenses

Directors and Governors are provided with financial support in terms of the reimbursement of travel costs. The following amounts were paid in the year:

	2017/18			2016/17		
	Number in office	Number receiving expenses	Aggregate sum of expenses £00	Number in office	Number receiving expenses	Aggregate sum of expenses £00
Directors	15	15	172.33	14	14	116.52
Governors	31	12	43.36	38	10	58.13

Payments for loss of office

In the year to March 31, 2018, no payments were made by the Trust to senior managers for loss of office.

Payments to past senior managers

In the year to March 31, 2018, no payments were made by the Trust to past senior managers.

Remuneration Report signed by



Kathryn Singh
Chief Executive
May 25, 2018

Name and Title	2017/18				2016-17			
	Salary (bands of £5,000) £000	Benefits in Kind (Rounded to the nearest £100)	Pension related benefit (bands of £2,500)	Total (bands of £5,000)	Salary (bands of £5,000) £000	Benefits in Kind (Rounded to the nearest £100)	Pension related benefit (bands of £2,500)	Total (bands of £5,000)
Mr L Pater - Chair	40-45	0	0	40-45	40-45	0	0	40-45
Mr J Marr – Non-Executive Director (Vice Chair)	10-15	0	0	10-15	10-15	0	0	10-15
Mrs K Smart - Non-Executive Director	10-15	0	0	10-15	10-15	0	0	10-15
Mr T Shaw - Non-Executive Director	10-15	0	0	10-15	10-15	0	0	10-15
Ms A Pearson - Non-Executive Director	10-15	0	0	10-15	10-15	0	0	10-15
Ms D Leese – Non-Executive Director	10-15	0	0	10-15	0-5	0	0	0-5
Mr J Shannahan – Non-Executive Director	10-15	0	0	10-15	0-5	0	0	0-5
Mr P Vjestica - Non-Executive Director					5-10	0	0	5-10
Mr M Smith - Non-Executive Director					5-10	0	0	5-10
Mrs K Singh - Chief Executive	150-155	0	20-22.5	175-180	150-155	0	20-22.5	170-175
Miss R Johnson - Director of Workforce and Organisational Development	100-105	0	12.5-15	115-120	90-95	0	12.5-15	100-105
Dr N Ahluwalia - Executive Medical Director	185-190	0	17.5-20	205-210	185-190	0	17.5-20	200-205
Mrs D Smith - Chief Operating Officer	110-115	0	15-17.5	125-130	105-110	0	15-17.5	120-125
Mr S Hackett – Director of Finance and Performance	115-120	0	15-17.5	135-140				
Dr D Wildgoose – Executive Director of Nursing and Quality	95-100	0	12.5-15	110-115	95-100	0	12.5-15	105-110
Mr R Banks - Director of Health Informatics	90-95	0	12.5-15	105-110	90-95	0	12.5-15	100-105
Mr P Gowland – Director of Corporate Assurance / Board Secretary	90-95	0	12.5-15	105-110				
Mr P Wilkin – Deputy Chief Executive/Director of Finance					110-115	1200	15-17.5	125-130
Mrs S Schofield - Service Director – Children's and Community Services					25-30	0	2.5-5	30-35

The 'Pension related benefit' is the employer contribution to the NHS Pension Scheme for that year

Mr S Hackett started with the Trust on May 1, 2017.

Mr P Gowland formally joined the Executive Management Team from April 2017.

Mr P Vjestica ceased to be a Non-Executive Director on September 2, 2016 and Mr M Smith ceased to be a Non-Executive Director on September 30, 2016. Ms D Leese and Mr J Shannahan started as Non-Executive Directors on November 14, 2016. Mrs S Schofield retired on July 31, 2016 and Mr P Wilkin retired on March 31, 2017.

The benefits in kind relate to the amount that is taxable for the private use of a lease vehicle. All mileage is now taxed at source through payroll and therefore is not a taxable benefit.

(This information has been audited).

Reporting bodies are required to disclose the relationship between the remuneration of the highest-paid director in their organisation and the median remuneration of the organisation's workforce.

The banded remuneration of the highest-paid director in Rotherham Doncaster and South Humber NHS foundation Trust in the financial year 2017/18 was £185,000 to £190,000 (2016/17 £185,000 to £190,000)

This was 8.74 times (2015/16 7.83 times) the median remuneration of the workforce, which was £21,379 (2016/17 £23,732)

In 2017/18, None (2016/17 none) employees received remuneration in excess of the highest-paid director.

Total remuneration includes salary and benefits-in-kind. It does not include severance payments, employer pension contributions and the cash equivalent transfer value of pensions.

This information has been audited.

Pension Benefits

Name and Title	Real increase in pension at pension age (bands of £2,500) £000	Real increase in lump sum at pension age (bands of £2,500) £000	Total accrued pension at pension age at 31 March 2017 (bands of £5,000) £000	Lump sum at pension age related to accrued pension at 31 March 2017 (bands of £5,000) £000	Cash Equivalent Transfer Value at 31 March 2017 (Rounded to the nearest £1000) £000	Cash Equivalent Transfer Value at 31 March 2016 (Rounded to the nearest £1000) £000	Real increase in Cash Equivalent Transfer Value (Rounded to the nearest £1000) £000	Normal retirement age
Mrs K Singh – Chief Executive	12.5-15	5-7.5	60-65	155-160	927	763	164	SPA
Miss R Johnson – Deputy Chief Executive/ Director of Workforce and Organisational Development	2.5-5	7.5-10	30-35	85-90	611	505	106	SPA
Mr S Hackett – Executive Director of Finance and Performance	47.5-50	120-122.5	45-50	120-125	738	0	738	SPA
Dr N Ahluwalia – Executive Medical Director	2.5-5	10-12.5	45-50	145-150	888	770	118	55
Mrs D Smith – Chief Operating Officer	10-12.5	32.5-35	45-50	140-145	853	607	246	55
Dr D Wildgoose – Executive Director of Nursing and Quality	0-2.5	5-7.5	45-50	145-150	933	844	89	55
Mr R Banks – Director of Health Informatics	0-2.5	0-2.5	30-35	85-90	576	515	61	SPA
Mr P Gowland – Director of Corporate Assurance/ Board Secretary	20-22.5	55-57.5	20-25	55-60	331	0	331	SPA

- As Non-Executive Directors do not receive pensionable remuneration, there are no entries in respect of pensions for Non-Executive Directors
- A Cash Equivalent Transfer Value (CETV) is the actuarially assessed capital value of the pension scheme benefits accrued by a member at a particular point in time. The benefits valued are the member's accrued benefits and any contingent spouse's pension payable from the scheme. A CETV is a payment made by a pension scheme or arrangement to secure pension benefits in another pension scheme or arrangement when a member leaves a scheme and chooses to transfer the benefits accrued in their former scheme. The pension figures shown relate to the benefits that the individual has accrued as a consequence of their total membership of the pension scheme, not just their service in a senior capacity to which the disclosure applies. The CETV figures and the other pension details, include the value of any pension benefits in another scheme or arrangement, which the individual has transferred to the NHS pension scheme. They also include any additional pension benefit

accrued to the member as a result of their purchasing additional years of pension service in the scheme at their own cost. CETVs are calculated within the guidelines and framework prescribed by the Institute and Faculty of Actuaries. The Government Actuary Department (GAD) factors for the calculation of CETVs assume that benefits are indexed in line with CPI which is expected to be lower than RPI which was used previously and hence will tend to produce lower transfer values

- Real increase in CETV – this reflects the increase in CETV. It takes account of the increase in accrued pension due to inflation and uses common market valuation factors for the start and end of the period
- SPA: State Pension Age. These are employees that have rights both in the 1995 Scheme and the 2015 Scheme.

This information has been audited.

Staff report

Valuing our staff

The Trust values its employees and has over 3,400 staff working across our geographical footprint. It is a diverse workforce across the protected characteristic – see below regarding Equality and Diversity. The section below provides details of the support, development and engagement activities at the Trust.

Average Staff Costs

	Group			Restated 2016/17 Total £000
	Permanent £000	Other £000	2017/18 Total £000	
Salaries and wages	89,159	7,676	96,835	97,113
Social security costs	7,628	422	8,050	8,093
Apprenticeship levy	454	-	454	-
Employer's contributions to NHS pensions	11,062	632	11,694	11,836
Pension cost - other	153	-	153	63
Other post employment benefits	3	-	3	20
Termination benefits	4,928	-	4,928	1,853
Agency/contract staff	-	3,614	3,614	5,210
Total gross staff costs	113,387	12,344	125,731	124,188

Of which:

Costs capitalised as part of assets	20	27	47
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Average number of employees (WTE basis)

	Group			2016/17 Total Number
	Permanent Number	Other Number	2017/18 Total Number	
Medical and dental	76	30	106	111
Administration and estates	569	75	644	670
Healthcare assistants and other support staff	214	33	247	222
Nursing, midwifery and health visiting staff	1,753	40	1,793	1,790
Scientific, therapeutic and technical staff	282	35	317	324
Social care staff	23	4	27	38
Other	-	283	283	272
Total average numbers	2,917	500	3,417	3,427

Year End Analysis

At March 31, 2018, the profile of staff in post was

	Male	Female
Directors	8	7
Senior Managers (Band 8a and above)	23	62
Others	570	2756

Our sickness absence figure for the period was 5.73%. In total the Trust lost 39,708 days due to sickness in 2017/18 which, with an average of 3118 WTE, equates to 12.7 days per employee (WTE).

Retention Programme

In 2017, RDaSH was included in the first cohort of a national programme developed by NHSI for improving retention across the NHS. The programme was launched in June 2017 and is set to run until 2020 firstly being focussed upon stabilising leaver rates, which are acknowledged as rising throughout the NHS and then reducing leaver rates as the programme progresses.

The retention programme is targeted upon the non-medical staff workforce, particularly nursing and emphasis is placed upon it being clinically led. NHSI's central workforce team provided direct support to trusts whose leaver rates are higher than the average rate within a regional trust peer group. The aim of the support has been to reduce the variation in leaver rates across trusts.

The Trust has been placed in a comparison group of 15 other mental health trusts. At the start of this programme the Trust ranked 9th out of 15 in our turnover rate within this peer group. The lowest turnover rate recorded in our peer group was 7% and the highest 17%. Although our Trust overall turnover rate has been gradually reducing from 13.9% in 2014 to 12.6% in 2016. Our peer group average was 11% in 2016.

We started the programme in July 2017 and have been reviewing Trust data in regards to leaver rates as well as consulting with teams that have higher than average turnover and teams which have lower than average turnover. The Trust has drilled down into hotspot areas which were those areas that had some of the Trust's highest levels of turnover such as district nursing, which averaged at just above 14.5% at the beginning of this programme. Within our NHSI retention programme our aim is to reduce our overall turnover further to 10.5% and to then sustain this.

We have co-produced a plan for the Trust's 12 month retention work in discussion with care groups and have also taken information from our staff survey, pulse check and feedback our staff have provided through the numerous LiA 'Big Conversations' that we have held over the past year. A retention project team has been set up, with members from across all care groups in clinical areas and support services.

In October 2017, the Trust received a visit from Professor Mark Radford, Director of Nursing for Improvement NHSI; Jonathon King, Workforce Insight Manager NHSI; and Nyasha Mareya, from the NHSI Carter Safe-Staffing Team; concerning our staff retention programme. At this meeting NHSI reviewed and approved our retention plan.

The Retention Project Team consists of clinical leaders, team managers and corporate support services all working together to reduce turnover rates in specific clinical areas to improve retention, linked with the Trust's workforce priority aims concerning attracting high quality staff, retaining staff and growing and developing staff.

Health and wellbeing

Workplace Wellbeing Charter

In 2017 The Trust was awarded the Workplace Wellbeing Charter for Doncaster and Rotherham services by Doncaster Public Health.

The Workplace Wellbeing Charter is given to employers who demonstrate their commitment to the health and wellbeing of their workforce. The Charter looks at leadership, culture and communication around health and wellbeing as well as specific topics including physical activity, healthy eating and mental health. Information contained in the Assessment Report will form part of the work we undertake moving forwards.

This process will also be undertaken with North Lincolnshire Public Health for our services based in Scunthorpe.

Jo's Cervical Cancer Trust – Time to Test

Eighty percent of the Trust's workforce is women. One in four women do not attend their potentially life-saving cervical screening test for a variety of reasons. In order to encourage our female staff to attend their appointments, the Trust made a pledge to support staff to attend.



Our staff are pictured with Rosie Johnson, Executive Director of Workforce and Organisational Development (centre).



Health and Wellbeing days

To show our commitment to encourage our staff to live healthier lives at work we held a number of staff health and wellbeing days – one at The Woodlands, another in Scunthorpe and on the Tickhill Road site in Doncaster.

There was a range of fun and interactive sessions, a marketplace of health stalls, mindfulness sessions, yoga, hand massages and mini manicures by therapy students from Doncaster White Rose Beauty College.



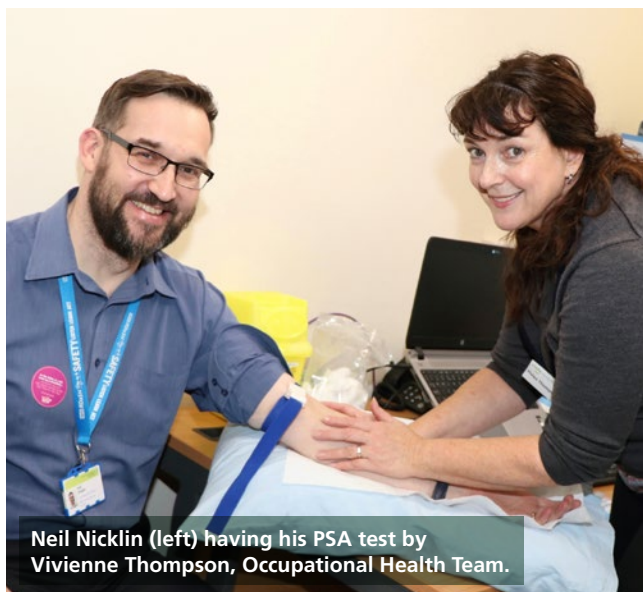
Various pictures from one of our Health and Wellbeing Days.

Occupational Health

Occupational Health is provided by People Asset Management (PAM) across all sites and has close links with the Health and Wellbeing Co-ordinator and the Sickness Absence Co-ordinators in ensuring that the Trust provides a holistic approach to staff wellbeing.

As well as providing support to staff and managers in relation to sickness management or disability issues, during 2017/18 Occupational Health provided 1,355 appointments to staff for mental wellbeing including resilience, counselling and Cognitive Behaviour Therapy and 691 appointments to staff for musculoskeletal issues

They also supported the Trust with two Health and Wellbeing Days, providing health checks, advice and testing for prostate cancer.



Learning and development (L&D)

L&D services continue to transform in order to provide quality and efficient services that support the development, recruitment and retention of our workforce that demonstrates our staff have the required competence skills, knowledge and behaviours that reflects our organisational values and strategic goals. The L&D team has experienced team members with a varied skill mix who take pride in their roles and maintain their own Continuing Professional Development (CPD) and take the opportunity to network internally and externally to share ideas including developments, lessons learnt and good practice

The team continues to provide access to a wide range of mandatory/ statutory learning and organisational development opportunities for all staff to reflect the needs of the community and Trust.

Key developments this year include:

Supported Recovery Strategy

The team has supported the organisation with the Recovery Strategy by improving engagement with volunteers, service users and staff with lived experiences to access L&D services including collaborating and co-producing training packages. This initially included elements of the Prevention and Management of Violence and Aggression (PMVA) training and support and also record keeping.

We are also focussing on developing and implementing co-produced service user led scenarios within our educator/ mentor update and interactive workshops and student welcome and orientation sessions. This should also help to reduce stigma and discrimination, as well as supporting the Trust's commitment to our PPEE Strategy concerning our service users and carers influencing our staff training.

Improving our customer's service by listening to feedback and making changes

The L&D Team has been developing and nurturing the Trust's administrators, who face daily demands and challenges within their roles with essential support training to ensure they provide accurate, timely reports and support the workforce with questions and queries on their matrices and learning needs including eLearning.

The L&D Team has developed some initial skills training for apprentices designed and delivered to a sub set of Trust apprentices to support their integration into the adult workplace.

The RDaSH coaching network continues to deliver one-to-one coaching for staff across the Trust, supporting staff to

improve individual and team relationships, improve their leadership, management and personal effectiveness, make decisions around career progression and resolve work based issues.

Thirty staff have attended a one day coaching conversations workshops to enable them to use coaching tools and techniques with their teams and colleagues.

A range of CPD workshops continue to be offered to staff such as effective people management and strengthening personal resilience.

RDaSH is working with a group of Trusts in the region to implement cost effective quality models of mandatory and statutory training. The project will enable training compliance to be transferred between NHS employers who have participated in the project reducing new starter training and it aims to reduce the time spent in refresher training.

The first pilot of the risk room training took place in March 2018 and was well received. This initiative aims to move away from class room style delivery of knowledge to provide a cost effective way to ensure that staff have the core skills that they require to deliver a safe service to our patients. Staff will be asked to complete a series of short exercises to demonstrate and evidence their knowledge and ability to use that knowledge appropriately in work situations.

Clinical skills and resuscitation services

The resuscitation service is a team who are the Trust Subject Matter Experts (SME) for resuscitation, emergency healthcare management and Do Not Attempt Cardiopulmonary Resuscitation (DNACPR).

The team has continued to focus on:

- Policy – review and audit of the resuscitation policy and DNACPR policies
- Early Warning Score (EWS) and Neurological Observations – review and audit of policy
- Emergency equipment – determining level and manufacturer, trialling, audit and review.

The Resuscitation Team activities have also included working closely with some of the wards to provide bespoke team day training sessions in response to incidents and investigations and to help and support other organisations with the implementation of the Recognising and Assessing Medical Problems in Psychiatric Settings (RAMPPS) project. The Resuscitation Team has also collaborated with the Royal College of Psychiatrists to develop a 'simulation in mental health' day.

The Clinical Skills and Resuscitation Team has facilitated a sepsis awareness day and promote this awareness across the Trust.

Clinical Skills Team

L&D clinical skills simulation training provision has been endorsed against the set criteria of the quality assurance management process and met the audit requirements set and approved by the Yorkshire and Humber Clinical Executive Committee.

This Clinical Skills Team has continued to embed and develop a diverse range of clinical skills packages across the organisation and wider community. This activity has also included creating a new clinical skills tool, the Care and Clinical Assessment Tool (CCAST) that meets organisational learning and training needs.

This highly skilled responsive service has been developing simulation within their clinical skills sessions. The team has been collaborating with the resuscitation team to develop fundamental skills and also PMVA to integrate patient centred training.

Mental Health Act (MHA)

This year MHA training has become part of the core training framework. The Trust continues to provide and commission training on different levels and subject areas. Training has had to be amended to incorporate a number of significant case law decisions and the implementation of the Policing and Crime Act which has amended section 135 and section 136.

Mental Capacity Act (MCA)

This year MCA training has become part of the mandatory framework. The Trust continues to provide training on different levels and subject areas. As case law has continued to evolve the interpretation of the Act and training has been amended accordingly.

Clinical Risk Assessment and Management

This training continues to be provided for specific groups of both qualified clinicians and support staff.

Skills Training On Risk Management (STORM)

STORM is a skills based training package for assessing and managing suicide risk. Over three days staff engage in a range of activities including videoed role play to promote their competence and confidence in this complex area of work.

Perinatal and infant mental health

The Trust hosted a successful half day conference in July 2017 at the Keepmoat Stadium which was attended by a range of different professional groups across partner organisations. Delegates contributed to the ongoing development of the local service.

Back Care Team

The team has continued to work on staff training compliance by providing regular training sessions throughout the year.

The L&D Team has undertaken a large piece of work in partnership with operational managers looking at staffs training matrices to ensure staff are supported to undertake their roles to the best of their ability and to ensure they attend the correct course in line with their job role. Efforts to raise compliance involved direct contact with key trainers and individual staff, informing them that their training was due for renewal. This work takes time and effort, but has proved its worth, driving up compliance. Key trainers are asked to forward their training records to ensure accuracy of records and to provide clarification on what practice has been included in the training session.

We have continued to work collaboratively with other teams, in particular the resuscitation service bringing in safe manual handling in emergency situations. By integrating this training we can deliver a better quality product to staff and support increased patient safety. Within the training room we have been able to show a couple of new pieces of specialist training equipment, staff are often excited to see new products, especially when they see the benefits that they can make to their practice and safer patient care.

The RDaSH Manual Handling Team continues to be part of the Doncaster Inter Agency Group working alongside Doncaster and Bassetlaw Teaching Hospital and Doncaster Metropolitan Borough Council. This brings many benefits which include a consistent approach in the standard of training, the opportunity for a transfer of skills across the different organisations and 'working together with the other trainers'. The group's latest project has been the production of a DVD on Emergency Handling which is in its final stages of completion.

After completing training the Trust has an additional 10 Patient Key Trainers and two Object Key Trainers which add to the vision of having 'trust wide key trainers'. Looking forward to the next training year L&D plan to continue to drive up compliance figures. In addition to training, the Team will support the key trainers to carry out their role in practice. This is crucial work to us as we face the challenges working as a smaller team.

To support our staff retention the team will also ensure that staff are safe and comfortable in their job role and when requested, provide workplace assessments in a timely manner ensuring that they are well supported.

Prevention and Management of Violence and Aggression (PMVA) Team

The team has provided numerous courses over the past year. These courses include conflict resolution training which is a theory package around the basic principles of managing conflict. There is a disengagement course which is around personal safety and practical breakaway techniques for community staff and other patient facing non-clinical staff. For inpatient areas clinical staff are required to attend a three day comprehensive course which looks at how staff can reduce restrictive interventions using primary, secondary and tertiary strategies to prevent and 'manage' times of crisis.

The team has also been able to provide some of this training to teams in their own working environments to aid staff attendance and compliance.

The team has been actively promoting Positive Behaviours Support plans and the Safe Wards Model both during training and by visiting clinical areas. The team has also been actively involved in bespoke training to clinical areas that experience particular difficulties with a specific issue or concern.

The team is constantly evaluating and developing new course content to ensure all national, regional and local policy and guidelines are adhered to, this is to ensure best practice and the highest quality training can be maintained.

Health and Safety

The Health and Safety of our staff, patients, services users and the general public who use our sites and services is of great importance. The Trust's Health and Safety Team provide Health Safety Fire and Security services with the aim of creating a safe and secure environment from which the Trust delivers its services.

Their work includes:

- Health and Safety workplace inspections
- Security audits
- Fire risk assessments
- Health Safety, Fire and Security training
- Review of incident reports.

During the year a range of supporting policies including the Security Policy, Control of Contractors, Lockdown Policy/ Procedure and Lone Working Policy were all reviewed. The Trust successfully retained its registration for the Contractors Health and Safety Scheme (CHAS) in July 2017.

The Multi Professional Placement Learning Team

This team continues to monitor and maintain quality assured educationally audited multi-professional placements across the organisation maximising the learning experience for pre-registration and post registration learners. This team continues to review and evaluate educational activities to meet identified organisational trends, themes and learning needs such as the successful co-produced interactive multi-field workshops which has improved student and mentor evaluations whilst increasing engagement from educators, coaches in practice helping to maintain regulatory body compliance.

Tri-partite partnerships with regional Higher Education Institutions (HEI) colleagues continues to flourish as L&D explores growing and enhancing the learning environment, supporting recruitment and retention along with internal and external activities across the organisation. This has included developing a level seven distance learning CPD module to support our preceptees within their 12 month preceptorship programme.

Listening into Action (LiA)

The Trust began its LiA journey in 2016, looking at what gets in the way of our staff delivering great care and what solutions could be enacted to overcome these barriers. We launched with our first 10 clinical teams, who then passed on their outcomes and learning to our next 20 LiA teams – culminating the first year in a showcase of progress and outcomes at RDaSH's Nursing Conference in June 2017.

The second year of LiA focussed on improving patient safety and teams have worked on improving transitions, improving care pathways and packages and improving joint working and communication in teams.

Since starting our LiA journey the Trust has seen much greater staff and patient engagement. Teams are now organising their own 'conversations' outside of being an 'LiA team' as a way of tackling barriers and finding solutions, getting the right people round the table with a defined mission to accomplish. The outcome of holding such conversations often leads to quick wins being identified resulting in service improvements.

Full details of all our LiA headlines from the past two years can be found here:
<https://www.rdash.nhs.uk/wp-content/uploads/2018/01/LiA-164-stories.pdf>

In 2018, Kathryn Singh hosted a second round of Trust wide LiA Big Conversations, the aim of which is to reflect upon the substantial improvements we have made over the last 18 months and focus upon how we can improve even more to ensure RDaSH is the first place our patients would chose to get their care and the best place our staff would want to work.

The conversations will be an opportunity to:

- Hear about all improvements across Trust
- Reflect upon how our improvements link with Trust values, objectives and goals
- Think together about the next stage of our improvement journey
- Define what we need to stop doing and what we need to prioritise in order that we can most effectively 'lead the way with care'.



Staff Council

The Trust has a Staff Council in place that meets every six weeks. This involves partnership working by senior management, including representatives from the Board of Directors, care groups, corporate services and representatives from staff side organisations.

The Staff Council has the following aims:

- To ensure that staff representatives are consulted on strategic and operational planning decisions which have an impact on staff members
- To ensure that staff representatives are consulted on the development of employment policies which require a common approach across the Trust
- To provide staff representatives with a forum through which to express their collective views on issues affecting the employment of staff members, including job security and job environment
- To provide a forum through which a joint review can take place of commitments made to staff in either strategic or annual service direction documents.

Freedom To Speak Up (FTSU)

Dr Judith Graham, Deputy Director for Organisational Development, was appointed as the Trust's FTSU Guardian in May 2016. In this role she reports direct to the Chief Executive, working with a wider team consisting of the Director for Workforce and Organisational Development and two designated Non-Executive Directors.

Regional and National development related to RDaSH FTSU implementation

In October 2016, RDaSH's FTSU Guardian attended and was also asked to present at the National Guardians' Conference in London. The presentation related to RDaSH's progress in terms of FTSU, which was very well received. Additionally, Dr Graham wrote about her experience as a FTSU Guardian and the progress made within this Trust which was published on the NHS Employers website available at: <http://nhsemployers.org/blog/2016/10/a-common-purpose-in-freedom-to-speak-up>

Due to the pathfinding work that the Trust's FTSU Team has conducted the RDaSH Guardian was also asked by the National Guardian's Office to chair the Yorkshire and Humber FTSU Guardians Network. The first meeting of this network took place in December 2016, hosted by this Trust in Doncaster, and attended by Russell Parkinson from the National Guardian's Office. These meetings have continued to take place bi-monthly, with each meeting being hosted by other FTSU Guardians within our region.

FTSU Advocates

In order to increase visibility of the FTSU movement within all our services, the Trust has recruited FTSU Advocates in all its directorates and operational care groups. Having advocates is promoted by the national FTSU Guardian's office and supports increasing the visibility of FTSU.

Each advocate has been provided with promotional material in terms of FTSU and posters to place in their work place with their contact details on. Contact details for advocates appear on the Trust FTSU webpage. All advocates have received introductory training and information from the Guardian. Within the last two quarters of 2017/18 a number of concerns have been raised via FTSU Advocates rather than direct to the FTSU Guardian, which appears to suggest that this increasing visible leadership of the FTSU concept is working effectively.



Our FTSU advocates.

National Guardian visit

RDASH was visited by Dr Henrietta Hughes, the FTSU Guardian, in December 2017. Dr Hughes met members of the Board of Directors and explored the way the Trust has approached the FTSU concept in RDASH. She also completed a site visit in an area where a concern had been raised, in order to speak to the staff about FTSU processes and organisational learning and improvements that have been made related to FTSU.

Dr Hughes provided positive feedback on our transparency and the way we have embraced the FTSU concept. She particularly commended us upon our use of data, our support for the region as well as our link of FTSU data with other safety monitoring systems in the Trust.

Feedback from people who have raised concerns:

Since May 2016, there have been 43 concerns raised via the FTSU route, these have been through our operational care groups and corporate services.

Date Period	Quarter	Number of Concerns
April – June 2016	1	5
July – Sept 2016	2	2
Oct – Dec 2016	3	7
Jan – March 2017	4	6
Apr – June 2017	1	2
July – Sept 2017	2	8
Oct – Dec 2017	3	12
Jan – Mar 2018	4	3

Date Period	Number of concerns and %	Number of staff in Locality (FTE)	Staff allocation in the Trust
Doncaster	19 (37%)	1388	45%
Rotherham	12 (24%)	536	18%
North Lincolnshire	10 (19%)	212	7%
Children's	4 (8%)	434	14%
Corporate	6 (12%)	478	16%
Total	51	3048	100%

Based on the total national responses, below is a breakdown of those who declared a profession, rather than provided anonymous information:

Date Period	% recorded cases reported nationally				RDASH % since 2016 when FTSU commenced
	Q1	Q2	Q3	Q4	
Nurses	29%	31%	28%	33.9	31%
AHPs	15%	15%	13%	10.7	6%
Administrative/ Clerical staff	13%	17%	17%	15.9	8%
Healthcare Assistants	9%	6%	5%	7.8	12%
Doctors	8%	6%	6%	6.8	4%
Corporate service staff	7%	6%	4%	5.5	2%
Midwives	2%	2%	2%	2.7	0%
Board members	0.50%	<0.5%	0.50%	0.1	0%
Dentists	<0.5%	<0.5%	<1%	0.1	Not applicable
Cleaning/ catering/ maintenance staff	Not reported	4%	5%	4.4	0%
Other**	10%	11%	10%	10.5	37%

**includes psychotherapists, psychologists, health visitors, union representatives and anonymous reports

The chart demonstrates that RDASH experiences a comparable percentage of FTSU concerns per profession for nurses, doctors and corporate service staff. However there is a lower than average allied health professions and a higher than average 'other' group. This may be accounted for as some of our cases are categorised in the 'other' which includes staff groups such as psychotherapists, psychologists, health visitors and union representatives.

What's the feedback?

Based on the feedback that country-wide FTSU Guardians have received to date, when asked 'Given your experience, would you speak up again?' there has been a predominantly positive response. This has been echoed within the RDaSH responses gained verbally and via written feedback:

Given your experience, would you speak up again?	% recorded Nationally 2017/2018 In Q1 & Q2	RDASH Report since 2016 when FTSU was introduced
Yes	89%	97.5%
No	2%	0
Maybe	5%	0
Don't know	4%	2.5%

Below are quotes from some of our staff, who have provided written feedback, on their experience of raising a concern:



RDASH Learning points:

- The importance of listening and validating concerns, even if the outcome is that the next stage of the process may not be being managed through FTSU
- The importance of clearly defining what is considered as 'anonymous', 'protected' and 'confidential' at the commencement of the concern being raised.
- The importance of asking the question 'why now'?
- The importance of ensuring that both the person who raises concerns and the person who has the concern raised about them are supported
- The importance of providing support whilst maintaining boundaries in relation to conduct and competence
- The importance of being able to request fast occupational health support for staff where required in FTSU cases
- The importance of being able to request urgent quality checks where clinical concerns are raised, in such a way to also preserve the anonymity of the person who has raised the concern
- The need to provide out of hours and off-site support for certain people, in order for them to have the confidence to speak up.

Equality and Diversity (E&D)

The Trust intends to further develop our performance on equality, diversity and human rights outcomes by taking full account of personal circumstances, including the protected characteristics and disadvantaged groups which form part of The Equality Act 2010 and NHS England's Inclusion Health Strategy to eliminate health inequalities. It will ensure that the services we provide are accessible and meet the needs of our service users, providing high quality health and social care.

As an employer, the Trust is committed to recruit, develop and retain a workforce that reflects the local population and promote equality of opportunity for all employees.

Everyone who comes into contact with the Trust can expect to be treated with respect and dignity, and have proper account taken of their personal, cultural and spiritual needs.

The Trust has a dedicated post of E&D Lead and an E&D Assistant.

During 2017/18 E&D steering groups have been established within the four care groups namely Rotherham, North Lincolnshire, Doncaster and Children's Care Groups.

Across the care groups there is not a 'one size fits all' approach although there are some similarities. One of the first tasks of the newly established E&D groups has been to scrutinise the local demographics of the areas and also analyse the protected characteristics of staff in order to prioritise and inform the work of the of the E&D groups in each area and across the organisation. Initial findings from scrutinising the demographics and analysis of the protected characteristics most significant are:

Rotherham

- Pregnancy and Maternity – development of pre-natal and perinatal Health services
- Disability – work with deaf service users and British Sign Language (BSL)
- Disadvantaged Groups:
 - Substance misuse
 - Suicides
 - Loneliness, particularly in the older female population.

Doncaster

- Disability – Doncaster has a significant deaf population. The group is fortunate to have in its membership the Clinical Nurse Specialist in Mental Health and Deafness, South Yorkshire Services for deaf people with mental health needs. The E&D group took over the work commenced by the LiA process and has secured places for staff to undertake level 1 BSL training, which started on September 11 2017. Working with the Service Manager Drug and Alcohol (also a group member) BSL drop-ins are being held in the WellBean Coffee Lounge on the second Thursday each month, with deaf volunteers in attendance to enable staff to practise their BSL skills. Some of the Deaf community has also agreed to translate some non-clinical information into BSL for inclusion on the Trust website. The Doncaster E&D group has become the vehicle to continue the work with the Deaf community in Doncaster and also identify good practise to share in Rotherham and the wider organisation.
- Learning Disability Service Screening
 - Breast Screening
 - Cervical Screening.

The Doncaster health profile also indicates that work is required particularly in:

- Disadvantaged groups
 - Alcohol related harm
 - Smoking related deaths.

North Lincolnshire

- The population of North Lincolnshire has a larger percentage of people aged 65 and over than regionally or nationally and one in every nine person in North Lincolnshire has a caring responsibility. RDaSH staff appear to be over represented at the older end of the age spectrum.
- The Black Minority Ethnic (BME) population is much lower than nationally and of the communities that there are, 53% live in the northern part of Scunthorpe.

The next steps will be further discussion to formulate actions to update the number of people on the Learning Disability register and consider the use of easy read and other learning disability initiatives with older people and mental health services.

Children's Care Group

A slightly different approach is being taken in that the Equality Act refers to adults aged over 18, however, looking at the treatment of people with protected characteristics and disadvantaged groups can only lead to good practice and of course the workforce, parents and carers are covered by the Act. In addition to the relevant demographics the Casey review has also been discussed. An Equality Delivery System 2 template and evidence base developed with an emphasis on transition programmes for working with schools and flexible working arrangements for staff.

The Public Sector Equality Duty (PSED) – Equality Act 2010

The Trust publishes its Public Sector Equality Duty (PSED) annually. This can be viewed on the Trust website or copies may be requested from the E&D Team.

Equality Objectives 2016 -2020

NHS organisations have a statutory requirement to prepare and publish Equality Objectives in support of the Public Sector Equality Duty (PSED) every four years. This requirement arose from the Equality Act 2010 (Specific Duties) Regulations 2011.

The Equality Act Guidance on publishing Equality Objectives recommends that NHS organisations use the Equality Delivery System 2 (EDS2) and choose around four or five Equality Objectives, at least one per EDS2 goal. The Trust's Equality Objectives for 2016 to 2020 are updated annually with progress and published within the Public Sector Equality Duty on January 31, annually.

Equality Delivery System (EDS)/ EDS2

A refreshed EDS2 was launched in November 2013, and the Trust intends to follow the suggestion that based on evidence and insight, it will be selective in the choice of services it reviews with the EDS2 outcomes that services are assessed and graded against. The EDS2 became mandatory for NHS organisations from April 2015 through the NHS standard contract.

The vehicle for the development of EDS2 within the Trust will be the E&D and Human Resources (HR) steering groups, evidence for the objectives of EDS2 is being collated by each care group.

Workforce Race Equality Standard (WRES)

Workforce Race Equality Standard (WRES) was introduced nationally in July 2015 and is being undertaken annually. The proportion of BME staff employed with the organisation is 3.7%, the proportion of staff who have self-reported their ethnicity is 95%.

There has been a percentage increase in BME staff appointed in the current reporting year when compared with the previous reporting year and the percentage involved is higher than the census information for the populations served by the Trust.

The 2016/17 WRES data indicated that 79% of BME respondents believe that the Trust provides equal opportunities for career progression and promotion. The 2017 staff survey results released March 2018 show a significant improvement in that 88% of BME staff respondents stated that they believe that the Trust provides equal opportunities for career progression and promotion. The average for combined mental health/ learning disability and community trusts is 76%.

The 2016/17 WRES data indicated that 27% of BME staff had experienced harassment bullying or abuse from staff, however, the newly released staff survey results indicate a significant improvement at 12% with the national average at 23%.

The Trust will continue to review the work experience of BME staff through the WRES action plan.

Equality Analysis

Equality Impact Assessments (EIA's) are undertaken routinely on all new and reviewed services, policies, strategies, events held for the public and services provided for the public, with regard to the protected characteristics and disadvantaged groups.

A tracking document is completed for all policy proposals to ensure that decisions are informed and take account of actual or potential impact on our staff, communities or stakeholders.

A Policy Review panel meets monthly to scrutinise all policies for content, formatting and monitoring of the tracking document prior to policies being presented at the relevant approval groups. In circumstances where the panel have difficulty in meeting together, the work will be undertaken in a virtual context.

Further information and completed equality impact assessments can be found on our website:

<http://www.rdash.nhs.uk/about-us/equality-and-diversity/>

Equality, diversity and the RDaSH workforce

The Trust continues to extend and develop its E&D monitoring into the E&D Monitoring Information Report. Workforce equality data is produced by the HR department on a bi-annual basis. The data is analysed against demographic information for each of the localities served by the Trust (which is taken from Office for National Statistics estimates and census data). Any actions or recommendations are implemented and reviewed as appropriate in order to ensure that, as far as possible, the Trust's workforce is representative of the communities it serves.

The data is published within the Public Sector Equality Duty.

E&D training

E&D Awareness is mandatory and forms part of new employees induction programme and is required to be updated on a three yearly basis, updates are available either by eLearning or face to face.

Places on face to face training sessions can be booked through the Learning and Development Service. The service also support staff to access and complete eLearning packages which include E&D training.

The compliance rate for mandatory E&D training for the last quarter of 2017 exceeded the 90% target set for all mandatory training topics. Training is evaluated and the evaluations are generally very positive for both Trust Induction and update training.

During 2017 the E&D Team held in house awareness training for staff on Equality Impact Assessments/ analysis; EDS2; Deaf awareness; Transgender awareness; and unconscious bias.

The Accessible Information Standard (AIS) awareness raising reached over 90% compliance in 2017 and is no longer stand-alone training but has been incorporated into the induction programme and the E&D mandatory training.

The key principles of the Accessible Information Standard and Unconscious Bias training are now included within mandatory E&D training (induction and update training)

Recruitment

The Trust has a comprehensive recruitment and selection policy which conforms to the Equality Act 2010 and ensures that full and fair consideration is given to applications received from disabled persons. The Trust provides a fully inclusive and accessible recruitment process both for external applicants via the Guaranteed Interview Scheme as well as existing staff who may have become disabled through a redeployment process.

The Trust also provides a large array of volunteering opportunities for people with disabilities with a view to providing a career pathway into employment either with the Trust or other employers.

Currently some services within the Trust include the involvement of patients in recruitment and selection and it is hoped to expand this to as many services as possible.

The Trust requests occupational health advice for employees who may have a recognised disability which is covered by the Equality Act where reasonable adjustments should be considered to ensure, wherever possible, employees can continue to work, in their substantive role or an alternative role where they have a long term or enduring condition. Managers, supported by HR Advisors ensure that there is ongoing and proactive engagement and discussion between all parties to ensure that the appropriate support, including training, is put in place as quickly as possible along with reasonable workplace adjustments.

The Trust's annual appraisal process provides the opportunity to discuss and agree support for any career progression, training and development needs for all employees. Our policies are equality impact assessed at the point of development to ensure all equality strands are assessed and evidenced prior to policy implementation. Reasonable adjustments can be made to accommodate the needs of disabled staff attending training (e.g. access to a loop/ reasonable adjustments within the workplace).

Chaplaincy/ Spiritual Care

The Trust has due regard to the NHS Chaplaincy guidelines 2015 'Promoting Excellence in Pastoral, Spiritual and Religious Care'.

Chaplaincy is defined as '...the pastoral and spiritual care provided to patients, family and staff...' It includes 'religious care provided by and to religious people. The term 'chaplain' is intended to also refer to non-religious pastoral and spiritual care providers who provide care to patients, families and staff'. It says that '...Spiritual care is care provided in the context of illness which addresses the expressed spiritual, pastoral and religious needs of patients, staff and service users...' [NHS 2015:1]. The document also declares that modern healthcare chaplaincy '...is a service and profession working within the NHS that is focused on ensuring that all people, be they religious or not have the opportunity to access pastoral, spiritual or religious support when they need it...' [NHS 2015:1.1]

The Trust's commitment to the health, wellbeing and recovery of its service users is expressed within a person-centred approach. Spiritual care is essential to this approach.

All members of care teams have a responsibility for spiritual care and can call on any member of the Chaplaincy Team for consultation. The Chaplaincy Team gives support to increase understanding of this aspect of care.

Chaplains are registered with the UK Board of Healthcare Chaplaincy (UKBHC).

The department continues to offer workshops for staff; these are held on alternate months throughout the year. As well as the Spiritual Care Workshop, Loss and Bereavement sessions are now offered and have proved very beneficial to staff.

The work of the chaplaincy team is linked with the spiritual needs of patients, sometimes this means joining in with coffee mornings or other events organised by ward areas. Patients are able to discuss any concerns they may have that are not of a medical nature in a safe environment.

For less mobile patients, songs of praise style services are offered on the wards, services are still held regularly in the chapel for those who are able to attend.

The Sikh day of prayer, Ramadan and other faith festivals are observed throughout the year. The children from the Warren Nursery as well as patients are included in various activities, either in the chapel or within the nursery setting. The Harvest Festival was celebrated with children learning about where our food comes from and donating food to local children who are not as fortunate as we are.

An Islam awareness session was held at Great Oaks in Scunthorpe where staff were able to ask questions and join in a discussion to enable them to care for service users in a more confident way.

A bereavement support group meets in the chapel at Doncaster on the first Saturday of each month. This has been set up by likeminded people who have all lost someone dear to them and offer support to one another. It is open to anyone in similar circumstances who would like to come along.

The team has a stand at Trust induction within the market place. All new members of staff have access to speak to a member of the team and are able to ask about what we do and what we are able to offer if they should ever need us once they are in post.

Modern Slavery Act 2015

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

Anti-Bribery

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

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

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

Expenditure on consultancy

As per note 5 to the accounts, the Trust spent a total of £158,000 on consultancy in the financial year. (2016/17 £115,000). The key pieces of consultancy work commissioned related to VAT Liaison (£40,000) for VAT advice and recovery; KPMG (£75,000) for work on Rotherham reconfiguration; PriceWaterhouseCoopers (£5,000) for IR35 advice and other minor projects totalling £38,000.

Off payroll

As part of its commitment to tackling tax avoidance and ensuring everyone pays their fair share, HM Treasury (HMT) reviewed the tax arrangements of senior public sector employees and published its report in May 2012. The review recommended that, in central government departments and their arm's length bodies, for all new engagements and contract renewals that board members and senior officials with significant financial responsibility should be on the organisation's payroll, unless there are exceptional circumstances – in which case the Accounting Officer should approve the arrangements – and such exceptions should exist for no longer than six months. The Trust's current position is presented below:

Table 1: Number of Off-payroll engagements as of March 31, 2018, for more than £245 per day and that last for longer than six months	1
Of which...	
Number that have existed for less than one year at time of reporting	0
Number that have existed for between one and two years at time of reporting	0
Number that have existed for between two and three years at time of reporting	1
Number that have existed for between three and four years at time of reporting	0
Number that have existed for four or more years at time of reporting	0

Table 2: Number of new off-payroll engagements, or those that reached six months in duration, between April 1, 2017 and March 31, 2018, for more than £245 per day and that last for longer than six months	1*
Of which:	
Number assessed as within the scope of IR35	0
Number assessed as not within the scope of IR35	1
Number engaged directly (via PSC contracted to Trust) and are on the Trust's payroll	0
Number of engagements reassessed for consistency/ assurance purposes during the year	1
Number of engagements that saw a change to IR35 status following the consistency review	0

* the one engagement referred to in Table 2 is the only engagement in place at the Trust and is the same engagement referred to in Table 1.

Table 3: Number of off-payroll engagements of board members, and/or, senior officials with significant financial responsibility, between 1 April 2017 and March 31, 2018	0
Number of individuals that have been deemed 'board members and/or senior officials with significant financial responsibility' during the financial year. This figure must include both off-payroll and on-payroll engagements.	15

Exit packages

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

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

Staff Exit Packages	2017/18			2016/17		
	Number of compulsory redundancies	Number of other departures agreed	Total number of exit packages	Number of compulsory redundancies	Number of other departures agreed	Total number of exit packages
Exit package cost band (including any special payment element)	Number	Number	Number	Number	Number	Number
<£10,000	2	1	3	2	-	2
£10,001 - £25,000	2	-	2	7	1	8
£25,001 - 50,000	2	-	2	5	3	8
£50,001 - £100,000	5	5	10	3	1	4
£100,001 - £150,000	4	-	4	1	-	1
£150,001 - £200,000	-	-	-	1	-	1
>£200,000	-	-	-	-	-	-
Total number of exit packages by type	15	6	21	19	5	24
Total resource cost (£)			1,305,351			973,780

Staff Exit Packages	2017/18		2016/17	
	Payments agreed	Total value of agreements	Payments agreed	Total value of agreements
Exit packages: other (non-compulsory) departure payments				
	Number	£000	Number	£000
Voluntary redundancies including early retirement contractual costs	5	359	4	138
Mutually Agreed Resignations (MARS) contractual costs	-	-	1	67
Early retirements in the efficiency of the service contractual costs	-	-	-	-
Contractual payments in lieu of notice	-	-	-	-
Exit payments following Employment Tribunals or court orders	-	-	-	-
Non-contractual payments requiring HMT approval	1	8	-	-
Total	6	367	5	205
Of which:				
Non-contractual payments requiring HMT approval made to individuals where the payment value was more than 12 months' of their annual salary	-	-	-	-

The information presented in the above section entitled 'Exit Packages' has been audited.

Staff Survey

Interpreting the survey results

The tables show the outcome in two different ways, either:

- A percentage scores (i.e. percentage of staff giving a particular response to one, or a series of, survey questions).
- Or scale summary scores - for each of these summary scores, the minimum score is always 1 and the maximum score is 5.

This year's results

The NHS staff survey is carried out on an annual basis between September and December and we chose to survey all applicable employees. Our comparator (benchmarking) group is Mental Health, Learning Disability and Community Trusts.

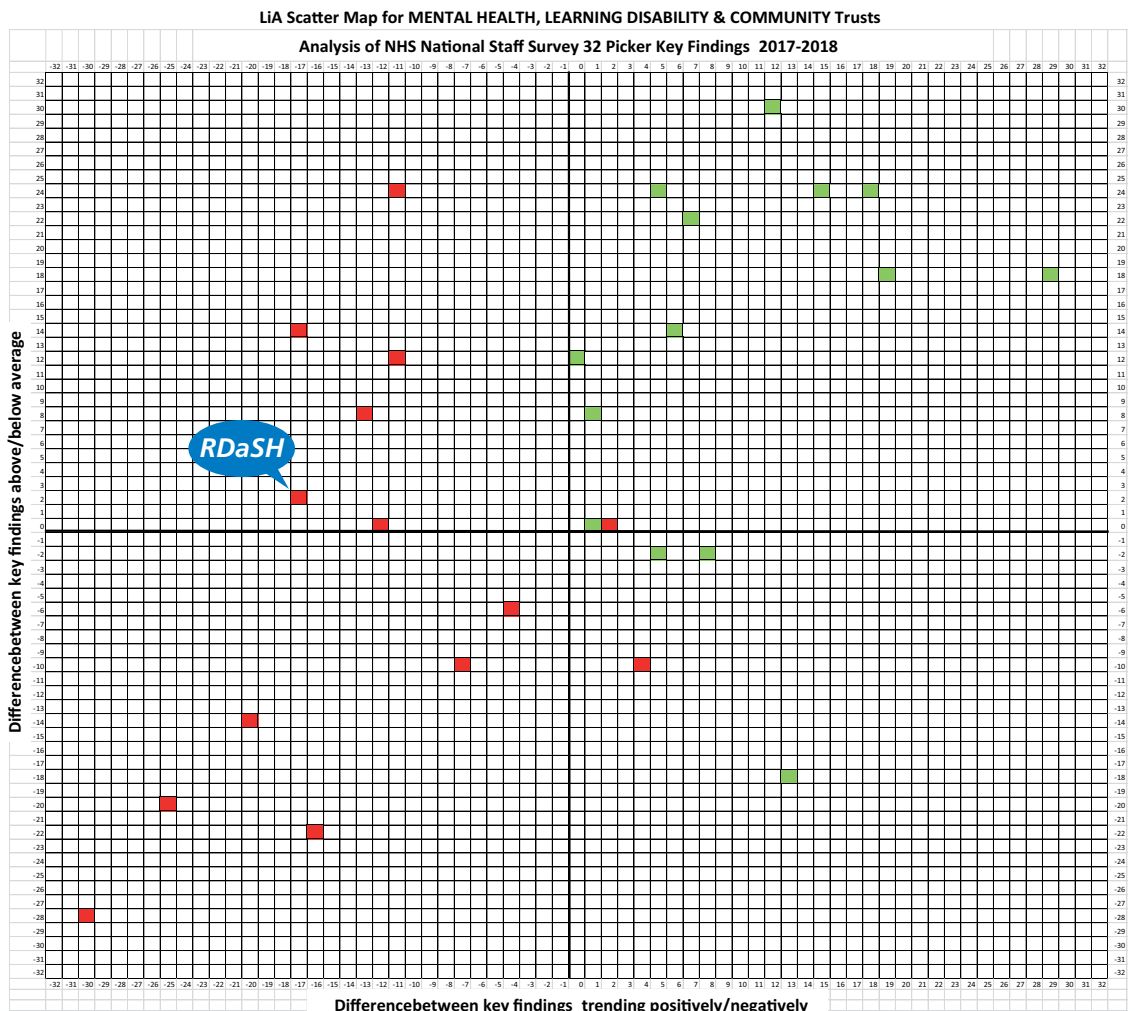
A total of 39% of the Trust's staff surveyed completed their 2017 questionnaire, which represents a 7% decrease from the previous year. The national response rate was 45% which increased from 44% in 2016. Our response rate is therefore below the NHS average.

National Comparison

The national position is described as 'challenging and shows a service under strain'. The national results raise issues over workload, staffing and expectations of the NHS.

The Trust's position is reflected in the 'LiA Scatter Map' for NHS Mental Health, Learning Disability and Community Trusts. RDaSH is in the second quadrant and is classified as 15 out of 28 mental health,

learning disability and community trusts. The scatter map shows how staff have rated the trusts' leadership and culture over the previous year. We are recorded in the second best quadrant which is the 'top left', a positive relative performance according to staff, but they are less positive than the same time last year.



Local Analysis

The staff survey consists of 32 key findings, all of which are then categorised and ranked against other Mental Health, Learning Disability and Community Trusts and the table below summarises the ranking for all of the 32 key findings.

Table one - Categorisation of Staff Survey Results.

Staff Survey Categorisation	Number of Key Findings for RDaSH in this category in 2017	Number of Key Findings for RDaSH in this category in 2016	Rating compared to 2016 results
Above (better than) average	4	12	Worse
Below (better than) average	6	6	No Change
Average	13	11	Worse
Below (worse than) average	8	3	Worse
Above (worse than) average	1	0	Worse

In summary the results are a negative set of results and further work is required in 2018 to address the points which our employees have highlighted but this also needs to be balanced against the national position.

Overall, the staff engagement score for the organisation is 3.74 which is a decrease of 0.06 from the 3.80 reported last year. This is a downwards trend which has been prevalent over the previous two years. Possible scores range from 1 to

5, with 1 indicating that staff are poorly engaged (with their work, their team and the Trust) and 5 indicating that staff are highly engaged. The national average for combined NHS Mental Health/Learning Disability and Community Trusts was 3.79, so the Trust's results are classed as below (worse than) average.

Table two - demonstrates areas of decline/improvement against the 2016 position.

Out of the 32 Key Finding classifications, 5 areas have declined when compared against the 2016 position and the remaining 27 there has been no statistically significant changes.

Key Finding	2016 (previous year)	2017 (current year)		Trust improvement / deterioration
	Trust	Trust	Benchmarking group	
	Results	Results	Results	
Key Finding 13 Quality of non-mandatory training, learning or development	4.11	4.05	4.06	Deterioration
Key Finding 30 Fairness and effectiveness of procedures for reporting errors, near misses and incidents	3.77	3.70	3.76	
Key Finding 19 Organisational and management interest in and action on health and wellbeing	3.74	3.67	3.70	
Key Finding 1 Staff recommendation of the organisation as a place to work or receive treatment	3.71	3.62	3.68	
Key Finding 2 Staff satisfaction with the quality of work and care they are able to deliver	3.99	3.88	3.85	

Table three - demonstrates the Trust Top 5 Ranking Scores

Top 5 Ranking Scores				
	2016 (previous year)	2017 (current year)		Trust improvement /deterioration
	Trust	Trust	Benchmarking group	
Key Finding	Results	Results	Results	Increase/ Decrease in % points
Key Finding 25 % experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months	23%	22%	26%	-1%
Key Finding 26 % of staff experiencing harassment, bullying or abuse from staff in the last 12 months	18%	16%	20%	-2%
Key Finding 22 % of staff experiencing physical violence from patients, relatives or the public in the last 12 months	13%	11%	14%	-2%
Key Finding 28 % of staff witnessing potentially harmful errors, near misses or incidents in the last month	19%	20%	23%	+1%
Key Finding 14 Staff satisfaction with resourcing and support	3.45	3.40	3.33	-0.05

Table four - demonstrates the Trust Top 5 Ranking Scores

Top 5 Ranking Scores				
	2016 (previous year)	2017 (current year)		Trust improvement /deterioration
	Trust	Trust	Benchmarking group	
Key Finding	Results	Results	Results	Increase/ Decrease in % points
Key Finding 3 % agreeing that their role makes a difference to patients/service users	89%	87%	89%	-2%
Key Finding 11 % of staff appraised in the last 12 months	90%	88%	92%	-2%
Key Finding 19 Organisational and management interest in and action on health and wellbeing	3.74	3.67	3.70	-0.07
Key Finding 30 Fairness and effectiveness of procedures for reporting errors, near misses and incidents	3.77	3.70	3.76	-0.07
Key Finding 1 Staff recommendation of the organisation as a place to work or receive treatment	3.71	3.62	3.68	-0.09

Future Priorities and Targets

We are keen to improve our standing as one of the top Mental Health/ Learning Disabilities and Community Trusts when the 2018 staff survey results and rankings are released. Therefore we will be working on improving our Trust position.

There will be further dedicated focus on the bottom five ranking scores and also those which have deteriorated when compared to the previous year to ensure an improvement in the 2018 staff survey.

We will seek to address the following:

- Improving our engagement score
- Improving the response rate
- Improving our PDR compliance and publicising our health and wellbeing offer whilst reducing bullying and harassment
- Supporting staff with their continued professional development (training and development).

Care groups and corporate directorates will be asking their managers to identify and report back on two actions at a local level tailored to meet the needs of the employees, with specific focus on the above areas as a minimum.

Trade Union – Support to Engagement

The Trust seeks to engage and foster positive relations with staff side representatives and in doing so supports a number of employees to fulfil roles with a number of unions and engages on a regular basis via the Trust Staff Council meeting.

There are 19 employees (18.4 wte) that undertake the role of union officials.

The costs associated with all the employees undertaking facility time equates to approximately £50,000.

The proportion of the facility time spent by the employees on paid union activities is approximately 5%.



Doncaster-based payroll and workforce systems team clinched a top national award for the second year running for the work that they do. Members of the team are pictured receiving their award from Sir Trevor McDonald.

Quality governance

In June 2017, NHSI published 'Developmental reviews of leadership and governance using the 'Well-Led' framework' replacing the previous quality governance framework. This new framework maintains focus on strong integrated governance and leadership across quality, finance and operations, and increases emphasis on organisational culture, improvement and system working. The guidance sets out how providers should carry out developmental reviews of their leadership and governance, carrying out self-reviews and commissioning external reviews.

The Trust has continued to address the recommended actions made by the CQC following their inspection in October 2016 and great progress has been made towards fully completing these. In particular, the implementation of a single electronic patient record system across the whole Trust and the improvement in mandatory and statutory training has been an achievement. During 2017/18, CQC has conducted a 'Well-Led' inspection at the Trust; with unannounced visits taking place from January 2018 and the inspection week February 13-15, 2018. We are awaiting the final report from this inspection.

The revised governance structure, introduced in April 2016, is now fully embedded within the Trust. The reporting structure from the sub-committees of the Board has created a stronger and more prominent focus on quality at the Trust. It supports risk management and the Board Assurance Framework as well as providing greater scrutiny of performance. Work has continued to refine the governance structure, including quality governance. Quality Dashboards have been developed and are presented to the Trust Quality Committee each month following discussion within the care groups. The Quality Committee provides a monthly report on quality assurance to the Board.

The Executive Director of Nursing and Quality has also undertaken a review of the delivery of her portfolio making necessary changes to the scope of work undertaken. The areas of Patient Safety, Patient and Public Engagement, Quality, and Organisational Learning have all been reviewed in 2017/18 and appointments made to key posts. During 2017/18 the Trust developed and launched a new structured review approach to incident reporting, including serious incidents and recording, reporting and investigation of all patient deaths. It is expected that this will improve the effectiveness and efficiency of the investigation, reporting process and organisational learning.

Further information relating to quality at the Trust can be found in the Quality Report. This includes details in relation to:

- Key achievements in delivery of high quality care
- Performance against key quality targets
- Improvements in patient and carer engagement, in particular the achievement of Level 3 Triangle of Care.



Pictured from the left is Chris Prewett and Cheryl Watkinson, our Patient Engagement Team.

Statement of the Chief Executive's responsibilities as the Accounting Officer of Rotherham Doncaster and South Humber NHS Foundation Trust

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

NHSI, in exercise of the powers conferred on Monitor by the NHS Act 2006, has given Accounts Directions which require Rotherham Doncaster and South Humber NHS Foundation Trust to prepare for each financial year a statement of accounts in the form and on the basis required by those Directions. The accounts are prepared on an accruals basis and must give a true and fair view of the state of affairs of Rotherham Doncaster and South Humber NHS Foundation Trust and of its income and expenditure, total recognised gains and losses and cash flows for the financial year.

In preparing the accounts, the Accounting Officer is required to comply with the requirements of the Department of Health Group Accounting Manual and in particular to:

- observe the Accounts Direction issued by NHSI, including the relevant accounting and disclosure requirements, and apply suitable accounting policies on a consistent basis
- make judgements and estimates on a reasonable basis
- state whether applicable accounting standards as set out in the NHS Foundation Trust Annual Reporting Manual (and the Department of Health Group Accounting Manual) have been followed, and disclose and explain any material departures in the financial statements
- ensure that the use of public funds complies with the relevant legislation, delegated authorities and guidance and
- prepare the financial statements on a going concern basis.

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

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



Kathryn Singh
Chief Executive
May 25, 2018

Annual Governance Statement

1 Scope of responsibility

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

2 The purpose of the system of internal control

The system of internal control is designed to manage risk to a reasonable level rather than to eliminate all risk of failure to achieve policies, aims and objectives; it can therefore only provide reasonable and not absolute assurance of effectiveness. The system of internal control is based on an ongoing process designed to identify and prioritise the risks to the achievement of the policies, aims and objectives of Rotherham Doncaster and South Humber NHS Foundation Trust, to evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively and economically. The system of internal control has been in place in Rotherham Doncaster and South Humber NHS Foundation Trust for the year ended March 31, 2018 and up to the date of approval of the Annual Report and Accounts.

3 Capacity to handle risk

3.1 Risk management leadership and structure

As Chief Executive I take personal responsibility to oversee the reporting and assurance system to keep the Board of Directors informed on all matters of a relevant nature. I chair the Executive Management Team (EMT) and attend the Finance, Performance and Informatics Committee (FPIC), Quality Committee (QC) and Mental Health Legislation Committee (MHLC) and receive reports on all aspects of corporate and clinical risk management and health and safety.

The individual responsibilities of the lead directors, managers and staff include:

- The Director of Corporate Assurance/Board Secretary who is director designated with lead responsibility for corporate governance and risk management
- The Director of Health Informatics who is the director designated with lead responsibility for information governance (SIRO)
- The Director of Nursing and Quality has the designated lead for clinical governance, safeguarding and infection prevention and control
- Directors (both executive and other directors) have the delegated authority for ensuring that risk is managed appropriately in their area of responsibility; where risks are included on the extreme operational risk register, directors are responsible for completing updates.

The Trust's Board Assurance Framework (BAF) is reported bi-annually to the Board of Directors. The BAF is continually updated in order to ensure that it covers all areas on which the Board of Directors should be seeking assurance and has undergone a quarterly review at FPIC and QC and a quarterly overview of the process is received by the Audit Committee.

The Trust's Risk Management Framework provides the overarching guidance to all staff at the Trust regarding the identification, management and reporting of risks.

3.2 Risk management structure

The Board of Directors is supported by six committees (Audit, Quality, Remuneration, Charitable Funds, Mental Health Legislation and Finance, Performance and Informatics). Three of the Committees have a supporting committee structure.

Risk management features throughout this structure and the key elements of the structure are described below:

3.2.1 The Board of Directors

The Board of Directors is responsible for ensuring that the organisation consistently follows the principles of good governance applicable to the Trust. This includes the development of systems and processes for financial control, clinical quality, organisational control, governance and risk management.

Compliance with the Code of Governance is reviewed and specific statements of compliance are included in the Annual Report. The Board of Directors is also responsible for reviewing the extreme operational risk register on a regular basis, and all risk registers are reported to it on a regular basis.

The Board of Directors receives and considers the BAF bi-annually. There are 17 strategic risks within the BAF, six of which remained under the remit of the Board of Directors to monitor and review.

3.2.2 The Executive Management Team (EMT)

The EMT receive, review and moderate new extreme operational risks and approve entry and exit (escalation and de-escalation) onto the extreme operational risk register.

The EMT undertakes a regular review of all the Trust's risk registers moderating the risks for consistency, looking at the reviews undertaken by the risk leads, movement of risks, all long standing risks and to escalate any themes for further discussion. In addition, the work of EMT provides the opportunity on a weekly basis to identify any new service risks for inclusion on the risk registers.

3.2.3 The Audit Committee

A committee of the Board of Directors, the Audit Committee's responsibilities include:

- To provide the Board of Directors with a means of independent and objective review of financial, clinical and corporate governance, assurance processes and risk management across the whole of the Trust's activities (clinical and non-clinical)
- Review the adequacy of
 - all risk and control related disclosure statements together with any accompanying Head of Internal Audit statement or other appropriate independent assurances.
 - the underlying assurance processes (BAF) that indicates the degree of the achievement of corporate objectives, the effectiveness of the management of principal risks and the appropriateness of the above disclosure statements
- Seek assurance from reports from Directors and managers concentrating on the overarching systems of governance, risk management and internal control, together with indicators of effectiveness.

The Audit Committee provides an update report to the Board of Directors after each meeting and an Annual Report in June each year demonstrating how it has discharged its Terms of Reference.

3.2.3 Quality Committee (QC) and Finance, Performance and Informatics (FPIC)

Both are committees of the Board of Directors with formal responsibility for overseeing the management of risk within the Trust. Both committees receive their own extracts of the BAF in line with their terms of reference and their key responsibilities include:

- To monitor, review and provide assurance on the risk, control and governance processes identified in the Board Assurance Framework, delegated to the Committee by the Board of Directors, providing reports to the Board of Directors and Audit Committee as requested
- Receive, manage and monitor risks on the operational risk registers.

Each Committee provides a report to the Board of Directors following each of its meeting highlighting the key risks and assurances it has received.

3.3 Staff training and empowerment

The Trust's staff induction programme includes awareness of risk management. For existing staff there is a comprehensive training needs analysis as part of their personal development. Appropriate training is provided to meet the needs identified. During induction both the Chairman and Chief Executive emphasise the importance of raising concerns, alerting potential risks and the personal responsibility that all staff have towards the risk management agenda.

The Trust has a comprehensive system that records and analyses incidents, which is supported by a multidisciplinary risk and safety training programme. This ensures that appropriate action is taken to address the risks identified. The Trust also uses a comprehensive environmental risk assessment tool. The Trust's Risk Management Framework sets out how major incidents and concerns are escalated within the organisation. This is being further strengthened by the development of an approach to the review of all incidents identified as moderate harm or above, that seeks to support local, operational review and the identification of immediate learning.

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

- An organisational-wide policy for the development and management of procedural documents
- Serious incident management policy
- Being Open and Duty of Candour policy
- Clinical Risk Assessment and Management policy
- Policy and procedure relating to the handling of formal complaints
- Incident reporting policy
- Learning from deaths.

The Trust has a FTSU Guardian who has two key components to their role. The first concerns conveying, to all avenues of the Trust, where staff can raise concerns, primarily within their own line management structure, or outside of this if required. The second component is to be the point of contact for people who do not feel that they can raise concerns within their own line management structure.

The FTSU concept has been promoted and significant effort has been focussed upon reaching all parts of our organisation via the recruitment of FTSU advocates who work alongside the Guardian and also the development of systems which mean that FTSU information is conveyed sensitively and in a timely manner in order to support the triangulation of risk and improved patient safety and staff wellbeing.

The FTSU approach concerns supporting people to 'raise concerns', and provides them with protection to do so anonymously if required. With the transformation process surrounding decision-making and meeting realignment that has occurred within the Trust over the past year, the FTSU reporting processes have also been reviewed.

To enable specific learning from individual cases, as well as informing, team, speciality, and care group learning, with appropriate FTSU papers presented through decision making and assurance committees in the Trust. We have also met all data reporting requirements from the National FTSU Guardians office and hosted a visit by the National Guardian.

Arrangements have been put in place to communicate the Trust's Risk Management Framework and associated issues to staff. This has been achieved through the induction process and through the Trust intranet that supports timely and accessible reporting (e.g. incidents) and communication (e.g. alerts) processes. In addition the leaflet, Risk for managers has been refreshed to broaden the scope to all staff and was published in March 2018.

Risk management is embedded in the Trust through the governance arrangements that cover clinical and non-clinical risk. While ultimate responsibility for risk management rests with the Board of Directors, the committees of the Board and the Executive Management Team provide the opportunity for identification, monitoring and oversight of the management of the risks, both clinical and non-clinical in nature.

Organisational Learning pertains to learning gained from patients, staff, incidents, and innovations. Operationally, currently organisational learning takes place within care group locality team meetings, through manager analysis of local trends and reporting to committees that focus upon quality, safety, financial regulation and staff management. In addition, it is informed by a cross-locality leaders work (i.e. Lead for Safeguarding and the Lead for safe staffing).

During the year further changes have been made within the operational structures, to the process for analysing information, to the support structures and to the ways in which the Trust can benefit from patient and staff engagement. Additional to our locality learning model, the Trust wide Leadership Development Forum is responsible for supporting a structured approach to active organisational learning and improvement discussions. At this forum leadership discussions and reflections take place, lessons are learned from incidents and developments are shared and embedded in the Trust's culture and practice.

There are plans to introduce a 'Learning Matters' forum alongside of the Leadership Development Forum in summer 2018. This will provide an additional venue for specific learning and is currently under development by the Nursing and Quality Team service following the adoption and implementation of a single investigation team structure and using the Consequence UK risk model. Through this co-produced forum we will further foster a culture of 'learning and not blaming', in which a 'safe space' is provided to explore concerns, incidents, failures and successes from each of our localities ensuring 'best practice' can be shared, which will lead to reduced unwarranted variation in service provision. Trial forums have been conducted with staff using aspects of the Oxford Model and 'Dare to Share' concepts championed by Mersey Care Trust. A Trust visit to Mersey Care is planned in Spring 2018, which will help shape the 'Learning Matters' forum.

In April 2017 the Government launched a national initiative to enable all NHS organisations to manufacture systems and processes to ensure that deaths were appropriately investigated and that any lessons learned were disseminated both within individual organisations and the wider healthcare community.

The Executive Medical Director chairs the monthly Mortality Surveillance Group. This group is charged with a number of roles and responsibilities but in particular to receive assurance from care groups regarding mortality data and to ensure that trends or areas of concern are flagged up both to the Quality Committee and also to individual care groups.

In September 2017 the Trust Board ratified the Learning from Deaths Policy. On a quarterly basis and following the Mortality Surveillance Group meetings, the Executive Medical Director provides a report to the Quality Committee to demonstrate it has discharged its responsibilities and to provide the most recent information. 360 Assurance (Internal Audit) has conducted a review of the Trust's systems and processes. The outcomes will be used by the Mortality Surveillance Group to recommend changes to the Learning from Deaths Policy so that a refreshed policy will be in place by September 2018.

External benchmarking occurs through the Northern Alliance Trusts via the Director of Nursing and Executive Medical Director.

The Trust is committed to playing a key role in systems learning through the Learning Disabilities Review (LeDeR) process and also to ensure that Public Health and Clinical Commissioning Groups covering the appropriate footprints are involved in understanding our systems and policies and if necessary the Trust plays a full part in multi-agency reviews of deaths.

In January 2017, the CQC rated the Trust as 'Good' in all CQC domains and reported that "The Trust had a system in place to share learning across all directorates". During 2017/18, CQC has conducted a 'Well Led' inspection at the Trust; with unannounced visits taking place from January 2018 and the inspection week February 13-15, 2018. We are awaiting the final report from this inspection.

The Chief Executive writes on a weekly basis to all staff covering a range of issues that have included raising concerns, safety and quality during the year.

The outcome of the 2017 Annual Staff Survey has been received and discussed by the Quality Committee and the Board of Directors, with individual outcomes per care group distributed for discussion and action. Elements of the survey cover risk management such as the raising of concerns and reporting incidents.

Trust care groups have continued to develop and are held to account for quality, risk management and performance through an agreed governance framework.

4 The Risk and Control Framework

4.1 Corporate Governance

The Board of Directors has six committees that are in place, all have clear terms of reference. The committees are chaired by Non-Executive Directors and have at least two further Non-Executive Directors as members. Membership also includes a mixture of the Chief Executive, Deputy Chief Executive and/ or Director of Nursing, with a designated lead director also taking a pivotal role in the functioning of the group. All meetings are scheduled to ensure that the scrutiny, decision making and reporting and accountability requirements are timely and allow for them to discharge their responsibilities in line with all internal and external reporting requirements.

These arrangements ensure there are effective governance structures in place with clear responsibilities of directors, committees and appropriate reporting lines and accountabilities between the Board, its sub committees and the executive team. This ensures the Trust responds to compliance requirements through appropriately timed and accurate information to assess emerging risks and for the Board to receive, challenge and respond to performance information.

4.2 Internal Control and Risk Management

The system of internal control is based on an ongoing risk management process that is embedded in the organisation and is presented in the Trust's Risk Management Framework and combines the following elements:

- Risk identification – the Trust implemented risk management software which is a module within a commercial system produced by Ulysses and known as 'Safeguard'. The Trust also uses the other system modules for the reporting and management of patient safety incidents, staff/ visitor incidents, customer services, alert distribution and monitoring of medical devices
- Risk reporting – Ulysses Safeguard risk management module provides an effective risk reporting system which uses a single reporting pro-forma for all types of clinical and non-clinical incidents
- Risk analysis – to ensure consistency of analysis and assessment of risks, the Trust has implemented the Risk Management Framework
- Risk evaluation – risk evaluation is carried out using the Trust's risk-rating matrix. This was developed from the system used by the National Patient Safety Agency and is included in the Trust's Risk Management Framework
- Risk treatment – for risks other than those considered as 'tolerated', managers are required to develop and implement a specific risk management action plan which includes consideration of the funding required
- Risk monitoring and review – action plans are monitored and reviewed by the sub committees and upward to the committees and Board of Directors
- The Executive Management Team review all risks scored 15 or above (extreme risks). These are entered onto the Extreme Operational Risk Register and are reported monthly to the Board of Directors

- The Trust has identified key risks which are recorded on the Extreme Operational Risk Register. These risks are the most extreme and would have the highest impact on the organisation. As at March 31 2018 there were three extreme operational risks on the Extreme Operational Risk Register the themes of which relating to:
 - Operational Management capacity
 - Data Transfer between systems and the availability of data (clinical risk assessments / 18 week wait)
 - Capacity within Business Intelligence.

The Risk Management Framework is in place throughout the Trust and was reviewed most recently in March 2018 where a full review was undertaken. An annual review and report at the end of the year 2017/18 that was reported to the Audit Committee, provided significant assurance of its implementation and confirmed that the Trust was operating in accordance with the Framework.

There are also detailed policies for 'Management of serious incidents', 'Being Open and Duty of Candour' 'Whistleblowing' and 'The handling of informal and formal complaints'.

All staff are subject to confidentiality requirements through a range of Trust policies and access to data held on the Trust's IT systems is restricted to authorised users. The Trust's IT department proactively maintains up to date technical security measures to minimise the threat to the Trust's networks from outside threats and inappropriate access. Data security has been subject to significant scrutiny throughout the year. The Trust completed its assessment of the 10 data security standards and submitted its statement of resilience. The Trust also submitted a 'Satisfactory' Toolkit submission for 2017/18 which was been reviewed and confirmed by NHS Digital.

Information Governance (IG) risks are managed as part of the processes described above and IG, confidentiality and data protection are key elements of the Trust's mandatory training. The IG Toolkit is used to assess current standards and identify gaps in control and assurance relating to information. An Information Risk Policy is in place which details the arrangements for governing information risk processes, i.e. the framework of accountability and the roles and responsibilities of staff, management and committees.

IG risk is monitored via the Information Governance and Records Management Steering Group, which meets monthly and reports directly to the Health Informatics Sub Committee, which also provides reports to the Finance, Performance and Informatics Committee as the committee with overall responsibility for IG.

IG incidents are also monitored through the Information Governance and Records Management Group. Any incidents which are deemed to be Serious Incidents Requiring Investigation's (SIRI's) are reported to the Health and Social Care Information Centre (HSCIC) and the Information Commissioner via the reporting tool. The Trust reported 0 (zero) 'Serious Incidents Requiring Investigation' for the year 2017/18.

Compliance with the CQC fundamental standards of quality and safety is one of the elements of the organisation's risk management process. The Trust is registered with the CQC without conditions. RDaSH obtains assurances on its compliance with CQC an internal compliance monitoring process. This involves a service level review of compliance with the fundamental standards, and care group level responsibility for continually reviewing and updating compliance for each service within their care group.

Following the Trust CQC inspection in February 2017, an action plan was developed and monitored on a regular basis by the Quality Committee and Board of Directors. This action plan has now been closed by the Board of Directors and it is anticipated a new plan will be developed following the CQC 'Well-Led' inspection in February 2018.

4.3 Quality Governance Framework

The Single Oversight Framework (SOF) introduced by NHSI was updated in November 2017. The SOF aims to provide an integrated approach for NHSI to oversee both NHS foundation trusts and trusts, and identify the support they need to deliver high quality, sustainable healthcare services. It aims to help providers attain and maintain CQC ratings of 'Good' or 'Outstanding'.

Foundation trust boards are responsible for ensuring that governance arrangements remain fit for purpose and there is an expectation that NHS foundation trusts should carry out an external review of their governance every

three years. Upon completion of the review, Trusts would be required to declare any material issues arising from the review. During 2017/18, CQC has conducted a 'Well-Led' inspection at the Trust; with unannounced visits taking place from January 2018 and the inspection week February 13-15, 2018. We are awaiting the final report from this inspection.

Since the move to a care group structure in 2016, the governance around quality reporting is now via monthly and quarterly quality dashboards. It is also through an enhanced governance structure to ensure that there is visibility from the Board of Directors to the operational service delivery in each care group and vice versa. This includes the care group governance arrangements, through the Operational Management Meeting (OMM), the EMT, the committees of the Board (eg: Quality Committee and FPIC) to the Board of Directors. A patient safety dashboard is produced monthly for each care group, with their local specific data. This is supported by an overarching Trust patient safety dashboard and also quarterly PPEE and clinical effectiveness quality dashboards.

The dashboards are principally a thematic means of drawing together a number of interrelated sources of intelligence in the domains of patient engagement, patient safety, clinical effectiveness, professional leadership and CQC. The dashboards are continuously developed monthly to reflect the Trust's performance in each of the identified sections. These quality dashboards are shared and discussed with all Trust staff, stakeholders and commissioners and contribute to a new Integrated Performance Dashboard that will be introduced from April 2018.

4.4 Communication and consultation

A number of forums exist that allow communication with stakeholders. The forums provide a mechanism for risk identified by stakeholders that affects the Trust to be discussed, and where appropriate action plans can be developed to resolve any issues. Examples of the forums and methods of communication with stakeholders are in the table below.

Stakeholder engagement methods:

Council of Governors

- Regular newsletters
- Minutes of the Council of Governors meetings.

Staff

- Staff Council
- Professional Networks
- Leadership Development Programme
- Big Conversations
- Listening into Action.

Networks

- Chief Executive's weekly email
- RDaSH Daily Communications email
- Staff meetings and team briefings
- Staff surveys/Pulse checks
- Staff governors

- Written staff communications, public and service users.
- Workshops.

Public and service users

- Patient surveys
- Patient Advice and Liaison Service (PALS)
- Listen to Learn Network
- Meetings with voluntary and self-help groups
- Face to face interviews
- Public, service user and carer governors.

Partner organisations

- Other health and social care community groups (e.g. Clinical Leaders' Group, Whole Systems Capacity Group)
- Clinical and professional networks
- Partner organisation governors.

The staff survey results have been shared with our managers and cascaded to the respective teams. We will utilise the LiA methodology for further discussions with staff regarding the emerging themes and the areas where it is clear that further action is needed.

5 Compliance statements

CQC registration

The foundation trust is fully compliant with the registration requirements of the CQC.

NHS Pensions

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

Equality and diversity

Control measures are in place to ensure that all the organisation's obligations under equality, diversity and human rights legislation are complied with. Equality Impact Assessments (EIA) are integrated into core Trust business e.g. they are carried out as standard procedure for all Trust's policies.

Carbon management

The foundation trust has undertaken risk assessments and Carbon Reduction Delivery Plans are in place in accordance with emergency preparedness and civil contingency requirements, as based on UK Climate Impacts Programme 2009 weather projects, to ensure that this organisation's obligations under the Climate Change Act and the Adaptation Reporting requirements are complied with.

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

The Finance, Performance and Informatics Committee and ultimately the Board of Directors ensure through a series of robust review mechanisms, that the use of resources is planned in an efficient and effective manner, and that the financial position of the Trust is monitored and scrutinised on a monthly basis. They monitor the monthly position against the approved financial plan for the year.

The delivery of the financial plan is dependent on the achievement of cash releasing efficiency savings targets and clear plans and monitoring arrangements to ensure delivery are in place. The Executive Management Team oversees the development and reviews the overall Quality Innovation, Productivity, Prevention (QIPP) programmes. The programmes are quality impact assessed and throughout the year the performance against them is continually reviewed with remedial actions identified if necessary to ensure targets and key milestones are delivered.

In addition the Trust uses a Programme Management Office to:

- Support project and programme delivery
- Ensure a standardised project approach
- External scoping to ensure projects have a focus on delivering sustainable change.

Prior to the approval of the QIPP plans, the EMT reviewed all individual care group and corporate service plans and quality impact assessments and held confirm and challenge sessions with each care group and corporate service. These plans were then signed off and approved as part of the financial plan presented to the Board of Directors.

The EMT has responsibility for ensuring that the resources used in the day-to-day operational activities of the Trust are done so in an economic, efficient and effective manner.

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

The Trust has a quarterly Audit Committee that includes reports from Internal and External Audit. Audit will provide a view to Non-Executive Directors on the Trust's overall governance and control processes.

The Trust did not fully deliver the required cost saving plan but did achieve its overall financial target for 2017/18 and as part of the SOF the Trust has maintained a Finance and Use of Resources score of 1 (where 1 is 'Best'). As a result of the Trust's performance in the 5 themes of the SOF the Trust has been assessed as being in Segment 1. (Where 1 allows maximum authority/ autonomy).

7 Information Governance (IG)

The Information Governance (IG) Toolkit is a measurement tool which has been developed by the HSCIC. It is a framework for handling personal information in a confidential and secure manner to appropriate ethical and quality standards in a modern health service. Its purpose is to take the array of laws, legal standards and government guidance and create a single set of IG requirements for all organisations across health and social care.

The IG Toolkit has requirements classified under six initiative areas, listed below:

- Information Governance Management
- Clinical Information assurance for Safe Patient Care
- Confidentiality and Data Protection assurance
- Corporate Information assurance
- Information Security assurance, and
- Secondary use assurance.

The Trust's submissions of version 14.1 (2017/18) to the HSCIC took place on the following dates:

Baseline submission	July 31, 2017
Performance Update	October 31, 2017
Final submission	March 31, 2018

The Trust's final submission was a declaration of a 'satisfactory' score, meaning the Trust achieved a score of level 2 or above on each requirement.

8 Annual Quality Report

The directors are required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations 2010 (as amended) to prepare Quality Accounts for each financial year. NHSI has issued guidance to NHS foundation trust boards on the form and content of annual Quality Reports which incorporate the above legal requirements in the NHS Foundation Trust Annual Reporting Manual.

The Trust has continued to engage with and involve the Council of Governors and staff groups and service user groups (directly and via the Listen to Learn Network) throughout 2017/18. The Trust has continued to work in partnership with local authority Overview and Scrutiny Committees, Health and Wellbeing Boards, Healthwatch and local NHS commissioners. The Trust based its quality priorities around the national and local quality priorities in order to provide a balanced view of its activities.

The Quality Report also includes the review of mandated areas such as CQUIN, CQC and NHSI year-end outturn positions. The data related to these indicators are externally validated by the relevant commissioner or regulator, having been subject to scrutiny at Board committee level. The Quality Report contains information that, as described above, is subject to both internal and external validation. In many cases it is available to the public through reports produced by regulatory bodies. There are no identified gaps in assurance in the BAF relating to the Quality Report.

Going forward, the quality of Trust services will continue to be increasingly defined at an operational level through the Trust's care groups, with service user, carer and stakeholder involvement, rather than following a corporately driven quality agenda, with due regard to appropriate organisational governance arrangements and oversight by the Board of Directors.

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

9 Review of effectiveness

As Accounting Officer, I have responsibility for reviewing the effectiveness of the system of internal control. My review of the effectiveness of the system of internal control is informed by the work of the internal auditors, clinical audit and the executive managers and clinical leads within the NHS foundation trust who have responsibility for the development and maintenance of the internal control framework. I have drawn on the content of the Quality Report attached to this Annual Report and other performance information available to me. My review is also informed by comments made by the external auditors in their management letter and other reports. I have been advised on the implications of the result of my review of the effectiveness of the system of internal control by the board, the audit committee Quality Committee and Finance, Performance and Informatics Committee, and a plan to address weaknesses and ensure continuous improvement of the system is in place.

In maintaining and reviewing the effectiveness of the system of internal control, I have received positive assurances through an independent review carried out as part of the external auditor's responsibilities under the audit code for NHS foundation trusts. I have also received the head of internal audit's opinion on the system of internal control and the supporting audit assignment reports. This has provided me with "Significant Assurance, that there is a generally sound framework of governance, risk management and control designed to meet the organisation's objectives, and that controls are generally being applied consistently." The opinion is based on the design and operation of the BAF; the outcome of individual assignments within the 2017/18 Internal Audit Plan; and the extent to which the Trust responded to audit recommendations as identified as part of the auditors follow up work.

The work of Internal Audit is monitored via the Audit Committee, from which further assurances, through their objective and independent view of the system of internal control, have been received. Satisfactory (significant) assurances have been received in reports relating to risk management, IG Toolkit, general ledger and financial reporting, workforce strategy and planning, staff appraisal process and staff engagement. Reports relating to pre-employment checks, conflicts of interest, procurement, policy management, stock management and clinical record management provided limited assurance. Plans to address any weaknesses and ensure continuous improvement of the system are in place and will be subject to regular follow up the Risk and Assurance Officer and overseen by the Audit Committee.

At the year-end there were a small number of gaps in assurance in the BAF but after due consideration, the Board of Directors agreed that none of them are significant enough to require disclosure in this statement.

The Annual Report of the Audit Committee to the Board of Directors has provided further assurances on the system of internal control and on its work in reviewing the outcomes of internal and external audit and discharging the responsibilities delegated to it by the Board of Directors.

External assessments from organisations including the Trust's commissioners, CQC and NHSI have also helped inform my review.

10 Conclusion

There are no significant internal control issues that have been identified during the period from April 1, 2017 to March 31, 2018 that require disclosure in this statement.



Kathryn Singh
Chief Executive
May 25, 2018

Quality Report 2017/2018 and Forward Strategy 2018/2019



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About our Quality Report

Required by the Health Act 2009, our Quality Report (including our Quality Account) provides the public with a report of our commitment and accountability regarding the quality of healthcare services we deliver. It is also an opportunity for the Trust to offer its approach to quality up for scrutiny, debate and reflection by the public.

The Quality Report incorporates all the requirements mandated by NHS Improvement and/or by The NHS (Quality Accounts) Amendment Regulations 2017, however other parts are determined locally and shaped through the feedback we receive.

Each year our Quality Report is both retrospective of the preceding year's key quality improvement achievements and challenges and sets out our quality priorities for the forthcoming year; ensuring that we maintain a balanced focus on the three key domains of quality:

- Patient Safety
- Clinical Effectiveness
- Patient Experience.

The Quality Report is in three main parts:

Part 1

- Provides a statement summarising the Trust's view of the quality of health services provided or subcontracted during 2017/18.

Part 2

- Provides a review of performance against the priorities for improvement as identified in our 2016/17 Quality Report
- Sets out our quality priorities for 2018/19 and how progress to achieve these priorities will be monitored, measured and reported
- Includes statements of assurance from the Trust Board
- Provides a report on performance against a set of core indicators using data made available by NHS Digital.

Part 3

- This section provides an overview of the quality of care delivered by the Trust against a number of local indicators as well as performance against relevant indicators set out in Monitor's Risk Assessment Framework (2015)/NHS Improvement Single Oversight Framework (updated November 2017).

Part 1

1. Statement on quality from the Chief Executive

Welcome to the 2017/18 edition of the Quality Report for Rotherham Doncaster and South Humber NHS Foundation Trust (RDaSH) (the Trust).

The report summarises our progress and improvements for 2017/18 along with the learning across the Trust and our plans as we move in to 2018/19 as we continually strive to deliver our strategic vision of 'Leading the Way with Care'. As part of our continuing journey, we have reviewed our strategic goals:

- To provide safe, effective, compassionate care
- To attract, retain, support and develop the finest workforce
- To maintain financial stability
- To work with partners to offer and deliver market-leading services
- To be an outstanding, well-led organisation.

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

- Rotherham Care Group - provides Adult Mental Health Services, Older People's Mental Health Services, Drug and Alcohol Services and Community Learning Disabilities Services
- Doncaster Care Group – provides Adult Mental Health Services, Older People's Mental Health Services, Drug and Alcohol Services, Community Learning Disabilities Services, Forensic Services and Community Physical Health Services
- North Lincolnshire Care Group – provides Adult Mental Health Services, Older People's Mental Health Services, Community Learning Disabilities Services
- Children's Care Group – provides a range of Children, Young People and Families Services including Children's Mental Health across the three localities, Rotherham, Doncaster and North Lincolnshire.

During 2017/18 a review of Nursing and Quality corporate services has led to the establishment of teams, that aim to drive and embed quality assurance and improvement (through development of quality objectives and underpinning measures), as a key priority across the Trust and will continue in the forthcoming year.

2017/18 has been a year of significant progress for the organisation in the delivery of our priorities for quality. Our key achievements included:

- We have progressed the place based model of care within four Care Groups (as above) with integrated services that are designed to provide seamless care for our patients and communities
- In February 2018, Care Quality Commission (CQC) conducted a 'Well-Led' inspection of our core services. We are awaiting publication of the final report from this inspection
- The Trust has been a member of the 'Triangle of Care' national initiative (Carer's Trust 2013) since 2014. In September 2017, the Trust received a three star award from the Carer's Trust, one of only two Trusts in the country to have received this award. The award is recognition of how we work collaboratively with friends and relatives and patients to ensure they are all involved in the health care of those accessing our services
- In March 2016, we signed up to engage and empower our staff through Listening into Action (LiA). LiA enables staff to influence, shape and provide the best possible services for patients. In the first two years of undertaking LiA, we have made 164 changes, impacting on the working lives of staff, the care provided to patients, and the patient experience.

As Chief Executive of the Trust, I am proud of this year's quality improvement achievements and confirm that to the best of my knowledge the information provided within this 2017/18 Quality Report is accurate.

Our Annual Report 2017/18 contains further information on our performance over the past year, as well as a summary of our financial accounts. For more details please contact the Communications Team on telephone 01302 796204 or email RDaSHCommunications@nhs.net



Kathryn Singh
Chief Executive
May 2018

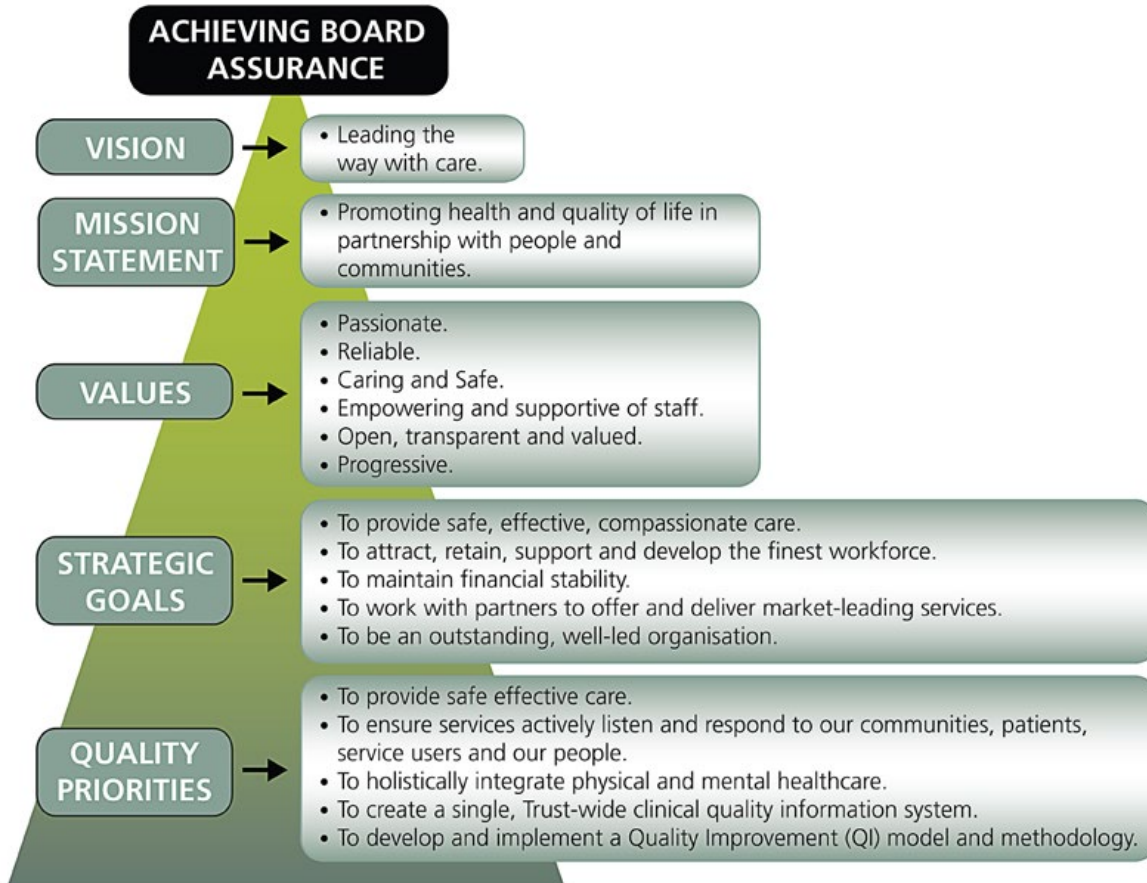


Part 2

2.1 Our priorities for improvement

The Strategic Triangle

Rotherham Doncaster and South Humber NHS Foundation Trust's quality priorities underpin our overall strategic vision of 'leading the way with care' and are illustrated in the strategic triangle:



Quality strategy

The Quality Improvement Strategy 2014-16 has been reviewed during 2017/18 and is currently a draft document. Since this review, a further evaluation is required as a key priority during 2018/19, to determine the strategy direction and approach for quality across Rotherham Doncaster and South Humber NHS Foundation Trust. This will be undertaken in 2018/19.

Quality priorities

Quality Priorities have been identified for 2017- 2019, these are aligned to the achievement of Rotherham Doncaster and South Humber NHS Foundation Trust's overall strategic goals for quality (see above strategic triangle). During 2017/18, progress and achievement of Rotherham Doncaster and South Humber NHS Foundation Trust's quality priorities has been demonstrated via measurement of Rotherham Doncaster and South Humber NHS Foundation Trust's quality metrics (see Table 1).

Quality objectives

During 2017/18, work has been undertaken within Rotherham Doncaster and South Humber NHS Foundation Trust on a significant number of areas relating to quality which are detailed in Part 3 of this report. Our intentions for the forthcoming year are to develop quality objectives which underpin the quality priorities and provide Rotherham Doncaster and South Humber NHS Foundation Trust with assurance of progress throughout the year and be able to measure success/achievement of these objectives.

2.1.1 Progress and performance of the priorities for improvement 2017/18

Assessment of Rotherham Doncaster and South Humber NHS Foundation Trust's position for quality at 2017/18 year end is demonstrated by the progress and performance against national and local quality metrics (see Table 1 below). Rotherham Doncaster and South Humber NHS Foundation Trust uses these to provide an overall measure of improvement against the three quality domains and our additional local domain as follows:

- Patient safety
- Clinical effectiveness
- Patient experience and
- Our people/staff.

Table 1: Rotherham Doncaster and South Humber NHS Foundation Trust quality metrics 2017/18.

Patient safety							
Quality Metric	Year end 2016/17	AIM	Q1 2017/18	Q2 2017/18	Q3 2017/18	Q4 2017/18	Year end 2017/18 position
Sign Up to Safety							
Number of serious incidents* (SIs)	103	To reduce avoidable SIs to zero (0) by end of March 2018	25	15	19	19	78 ↓
Number of Trust confirmed suicides/suspected suicides* ☉	26	To reduce avoidable suicides to zero (0) by end of March 2018	11	11	4	8	34 ↑
Number of grade 3 pressure ulcers*	6	To reduce avoidable pressure ulcers to zero (0) by end of March 2018	2	1	1	2	6 ↔
Number of grade 4 pressure ulcers*	0	To reduce avoidable pressure ulcers to zero (0) by end of March 2018	0	0	0	0	0 ↔
Number of restrictive interventions	889	To reduce avoidable restrictive interventions to zero (0) by end of March 2018	152	141	177	100	570 ↓
Number of falls (serious incidents)	7	To reduce avoidable falls to zero (0) by end of March 2018	3	0	0	2	5 ↓
Number of medication errors (of moderate severity or above) for which RDaSH staff are responsible and which resulted in harm to patients ∞ ^A	4	To reduce major/moderate medication errors to zero (0) by end of March 2018	0	1	1	0	2 ↓
<p>* Figure subject to change following consideration by panel/coroner conclusion.</p> <p>☉ During 2017/18, there has been an increase in suicides of patients to the Rotherham and Doncaster Drug and Alcohol services. Rotherham Doncaster and South Humber NHS Foundation Trust has conducted a detailed review of each of the deaths in the Rotherham service, including identifying any shared/organisational learning. The same methodology is being used for the current investigation into the deaths within the Doncaster service. Rotherham Doncaster and South Humber NHS Foundation Trust will action any identified learning via the appropriate quality governance structures.</p> <p>∞ This indicator was changed in 2017/18 from "Number of medication errors (of moderate severity or above) for which Rotherham Doncaster and South Humber NHS Foundation Trust staff are responsible", of which there were 37, to include only those incidents which resulted in harm to patients of which there were four.</p> <p>^A Marker of specific indicators which have been audited by Rotherham Doncaster and South Humber NHS Foundation Trust's External Auditors.</p>							

Clinical effectiveness							
Quality Metric	Year end 2016/17	AIM	Q1 2017/18	Q2 2017/18	Q3 2017/18	Q4 2017/18	Year end 2017/18 position
CQUIN							
Percentage of CQUIN achieved in Doncaster Care Group	100%	To achieve 100% of CQUIN	100%	100%	100%	TBC Estimated 6.8% loss	TBC
Percentage of CQUIN achieved in Rotherham Care Group	100%	To achieve 100% of CQUIN	100%	100%	100%	TBC Estimated 7% loss	TBC
Percentage of CQUIN achieved in North Lincolnshire Care Group	100%	To achieve 100% of CQUIN	100%	99%	100%	TBC Estimated 8.8% loss	TBC
Percentage of CQUIN achieved in NHS England - Forensic services	100%	To achieve 100% of CQUIN	100%	100%	100%	100%	100%
Percentage of CQUIN achieved in NHS England - Public Health	100%	To achieve 100% of CQUIN	100%	100%	100%	100%	100%
Trust (Local) clinical audits							
Percentage of clinical audits rated as 'Outstanding'	N/A	N/A	0%	28.6% (2/7)	0%	0% (0/7)	7.2%
Percentage of clinical audits rated as 'Good'	N/A	N/A	69.2% (9/13)	42.9% (3/7)	45% (4/9)	100% (7/7)	64.2%
Percentage of clinical audits rated as 'Requires Improvement'	N/A	N/A	31% (4/13)	29% (2/7)	33% (3/9)	0% (0/7)	23.2%
Percentage of clinical audits rated as 'Inadequate'	N/A	N/A	0% (0/13)	0% (0/7)	22% (2/9)	0% (0/7)	5.4%



Patient experience							
Quality Metric	Year end 2016/17	AIM	Q1 2017/18	Q2 2017/18	Q3 2017/18	Q4 2017/18	Year end 2017/18 position
Annual community mental health survey							
Score for 'Overall care received in the last 12 months' (CQC annual community mental health survey)	7.1	To be 'better than other Trusts'	7.2 This is the same as the national average				7.2 ↔ (against the national average)
Score for 'were you involved as much as you wanted to be in agreeing what care you will receive?' (CQC annual community mental health survey)	8.0	To be 'better than other Trusts'	8.0 Better than the national average				8.0 ↑ (against the national average)
Score for 'were you involved as much as you wanted to be in discussing how your care is working' (CQC annual community mental health survey)	7.9	To be 'better than other Trusts'	7.2 This is the same as the national average				7.2 ↔ (against the national average)
Percentage of service users who responded to annual community mental health survey (CQC annual community mental health survey)s	27%	To increase our response rate to above the national average	27% This is higher than the national response rate of 26%				27% ↑ (against the national response rate)
Patient Friends and Family Test							
Percentage of service users/ patients who would 'be extremely likely/likely to recommend our service to friends and family if they needed similar care or treatment'	95.3%	To achieve above the national average of 74% (2016/17)	88.1%	92.9%	94.0%	93.9%	93.9% ↑ (against the national average of 74%)
Complaints							
Number of complaints received	137	To achieve above the national average	32	48	47	38	165 ↑
Percentage of complaints 'upheld'	8.2%	To achieve above the national average	10%	14%	15%	0%	12% ↑

Our people/staff							
Quality Metric	Year end 2016/17	AIM	Q1 2017/18	Q2 2017/18	Q3 2017/18	Q4 2017/18	Year end 2017/18 position
Annual staff survey							
Percentage of staff who said 'If a friend or relative needed treatment, I would be happy with the standard of care provided by this Trust'	65%	To achieve above the national average of 67%			62% ↓		62% ↓
Percentage of staff who said 'I feel that my role makes a difference to patients/service users'	89%	To achieve above the national average of 89%			87% ↓		87% ↓
Staff Friends and Family Test (Source: FFT staff data)							
Percentage of staff who would 'be likely to recommend our service to friends and family if they needed similar care or treatment'	78%	To achieve above the national average			77.2%		77.2% ↓
Percentage of staff who would 'be likely to recommend our organisation to friends and family as a place to work'	66%	To achieve above the national average			59.6%		59.6% ↓
Whistleblowing							
Number of Freedom To Speak Up (FTSU) Concern incidents within the Trust	Trust FTSU process, Policy and podcast video developed	To encourage staff to raise concerns either to their manager or FTSU Guardian in order to develop our 'learning not blaming' culture.	2	8	12	2	24
Number of whistleblowing incidents reported to CQC	Algorithm developed to enable whistleblowing concerns raised with CQC to be managed by Trust FTSU Guardian from Q3 2017/18	Continue to raise awareness of 'Speak Up' and whistleblowing processes for reporting incidents	0	2	1	0	3
Training							
Mandatory/Statutory Training Compliance	89.8%	90%	89.3%	87.2%	88.4%	89.6%	89.6% ↔

2.1.2 Reporting of the priorities for improvement 2017/18

2017/18 priorities for improvement have been reported (including monitoring and measuring) to the Quality Committee through Rotherham Doncaster and South Humber NHS Foundation Trust's quality governance structures via various methods including:

- Quality Dashboard Reports
- Quality Reviews
- Board Assurance Framework (BAF)
- Quality Committee Summary Report to Board
- CQC inspection reports.

Quality dashboard reports

Established in August 2016, the quality dashboards provide assurance internally and externally via the following routes (see Table 2 below):

Table 2: Quality dashboards.

Quality dashboard	Frequency	Internal assurance	External assurance
Patient safety <ul style="list-style-type: none"> • Incident reporting • Duty of Candour • Serious incidents • Complaints and PALS • Restraint and Restrictive Intervention (RRI)* • Falls* • Medicines Management • Pressure Ulcers and Suicides* • Safeguarding Adults • Safeguarding Children • Infection Prevention and Control (IPC). <p>*These areas are not included in the Children's Care Group dashboard and include NICE guidance.</p>	Monthly	Care Group Governance meeting (Quality)	Doncaster Clinical Commissioning Group (CCG) Rotherham CCG and North Lincolnshire CCG Quality and Contract meetings (as appropriate).
	Quarterly	Care Group Governance meeting (Quality) Quality Committee	Doncaster Clinical Commissioning Group (CCG) Rotherham CCG and North Lincolnshire CCG Quality and Contract meetings (as appropriate).
Clinical effectiveness and professional leadership <ul style="list-style-type: none"> • NICE guidance • Clinical Audit • Nursing and Midwifery Council (NMC) • Healthcare Professionals Council (HPC) • Non-Medical Prescribing (NMP) • CQC. 	Monthly	Care Group Governance meeting (Quality)	Feedback at CCG Quality meetings.
	Quarterly	Care Group Governance meeting (Quality) Quality Committee	Feedback at CCG Quality meetings.
Patient engagement <ul style="list-style-type: none"> • Patient and Public Engagement and Experience (PPEE) • Volunteers • Carer Champions (including network) • Listen to Learn • Triangle of Care • Family and Friend Test. 	Quarterly	Quality Committee	From Q4 2017/18 the Patient Engagement dashboard report has been shared with Rotherham CCG and North Lincolnshire CCG within Quality and Contract meetings (as appropriate). From 2018/19 this will also include Doncaster Clinical Commissioning Group (CCG).

Quality reviews

Rotherham Doncaster and South Humber NHS Foundation Trust has an annual rolling programme of quality reviews (approximately 15 services per year). The programme is facilitated by the Quality Review Co-ordinator, who with an independent internal review team (comprising of lead facilitator, clinical and non-clinical personnel), work in partnership with the service staff to review service delivery.

During 2017/18, 16 Quality Reviews were undertaken.

Quality review process

- A Quality Circle - is a pre-quality review site visit meeting of staff and managers to discuss any issues/areas of concerns for focus on the site visit
- Reviewer triangulation meeting - is held to review service information received e.g. audit results, patient feedback and operational policies which inform the visit to the service
- One day site visit - undertaken by the review team of the service. This includes discussions with staff focus groups, review of meeting minutes and patient records, environmental walkthrough and talking to patients and carers (as appropriate). Initial feedback of the review findings is given to the service on the day
- Post site visit, a report of the findings is circulated to the relevant Care Group Triumvirate, Service Manager, Team Leader, Chief Operating Officer and Deputy Director or Quality Improvement
- Follow up 'quality circle' review visits are undertaken according to scheduled timeframes dependent on the quality review overall outcome
- The service staff have ownership for driving local quality improvements e.g. via an action plan.

Board assurance framework (BAF)

Rotherham Doncaster and South Humber NHS Foundation Trust's Board Assurance Framework (BAF) identifies strategic risks that may impact on the achievement of its strategic goals (see The Strategic Triangle above).

For 2017/18, there were four key quality risks identified which all related to the first strategic goal 'To provide safe, effective compassionate care':

- If we do not deliver care to our patients and service users in line with quality and safety standards then this may lead to avoidable harm
- If we do not provide safe, sustainable and productive staffing in line with the National Quality Board standards then this could lead to avoidable harm
- If we do not deliver effective and innovative care then this may lead to an inability to provide high quality care experiences
- If we do not engage with and actively listen to patients, service users, their families and carers then this may lead to services not being responsive and not meet the needs of patients.

The quality priorities are linked to three of the above risks and acts as a control to prevent the risk occurring. The progress and achievement of the quality priorities provide assurance on the mitigation of the risks.

The identified risks were regularly reviewed and monitored throughout 2017/18 by the Risk Lead, Executive Director of Nursing and Quality and the Quality Committee, including gaps in the risk controls/assurance. Any ongoing gaps (and their associated actions) will be carried forward and continue to be monitored within the 2018/19 BAF.

Underpinning the strategic risks on the BAF are individual Directorate/Care Groups risk registers of relevant operational risks. Quality related risks are captured on the Nursing and Quality or Care Group Risk Registers and are regularly reviewed and monitored by the Quality Committee, with all 'extreme' rated risks are also monitored by the Board of Directors on a monthly basis. The Executive Management Team reviews all risks regularly throughout the year to provide a 'confirm and challenge' function and to moderate the risks, in particular the 'extreme' risks. This review process was expanded during 2017/18 to include an additional thematic review.

Summary report from Quality Committee to Board

The Chair (Non-Executive Director) presents a Quality Committee summary report (including highlights and escalation of any issues/matters relating to quality) to the Public Board of Directors' monthly meeting.

CQC inspection report

During 2017/18, CQC has conducted a 'Well Led' inspection at Rotherham Doncaster and South Humber NHS Foundation Trust; with unannounced visits taking place from January 2018 and the inspection week 13-15 February 2018. We are awaiting the final report from this inspection.

2.1.3 Priorities for improvement 2018/19

The Quality Priorities for 2018/19 are a continuation of those identified in 2017 and set for a two year period (2017-2019). The details of our five quality priorities for improvement for 2018/19 are shown in Table 3 below.

Table 3: Quality priorities for improvement 2018/19.

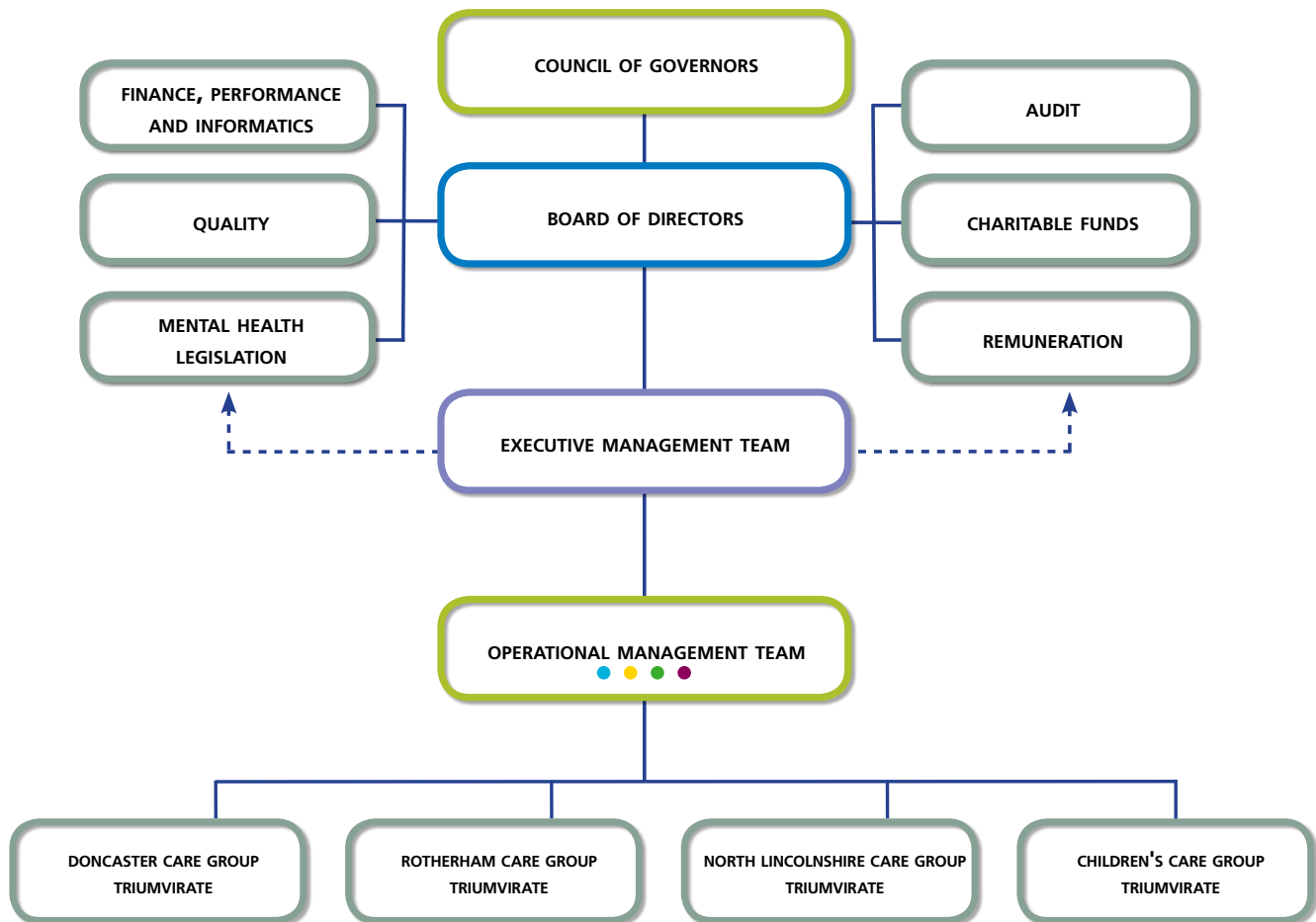
Quality priorities 2018/19				
Trust quality priorities	Priority area	Why is this important?	What has been achieved?	What do we want to achieve?
To provide safe effective care.	<ul style="list-style-type: none"> A trust wide integrated organisational learning methodology Mandatory/statutory training compliance Risk assessment – clinical Mental Capacity Act (MCA) compliance. 	To continuously drive quality and patient safety improvements in standards of care.	<ul style="list-style-type: none"> A Trust wide multi-disciplinary team (MDT) steering group has been established to lead on the review of clinical risk assessment and management across the Trust. This will also include staff training As of year-end 2017/18, the Trust achieved a compliance rate of 89.6% for mandatory and statutory training As of year-end 2017/18, each ward is able to provide evidence through audits that best practice around MCA and risk assessment is embedded. 	<ul style="list-style-type: none"> The Trust is aiming for a position where there is evidence of consistent patient/carer engagement in the management of risk A robust approach to risk assessment and management of clinical risk across the Trust's clinical services, while providing consistency, it will take into account any specific/individual clinical service needs Assess how the Mental Capacity Act policy has been embedded within the Trust By 2018/19 year-end, compliance with mandatory and statutory training the Trust target of 90% for each ward and clinical service will be achieved.

Trust quality priorities	Priority area	Why is this important?	What has been achieved?	What do we want to achieve?
To ensure services actively listen and respond to our communities, patients, service users and our people.	<ul style="list-style-type: none"> To implement the Trust's three year strategy on patient and public engagement and experience Act on feedback from patients, family and carers and the public to improve patients experience when accessing the services the Trust provides. 	<p>To achieve the aims and objectives of:</p> <ul style="list-style-type: none"> Triangle of Care The Trust 'Patient and Public Engagement and Experience Strategy' Sustainability and Transformation Plans for each locality CQC requirements on patient experience. 	<ul style="list-style-type: none"> As of year-end 2017/18, there is a Carer Champion in every inpatient setting across the Trust and some community settings The Trust has received a Triangle of Care three star award from the Carer's Trust (one of only two Trusts in the country). 	<ul style="list-style-type: none"> Implementation of the Trust wide Carer's Charter By 2018/19 year-end, there will be a Carer Champion in all appropriate community settings across the Trust Continue to utilise different methodologies of receiving feedback to inform improved patient experiences.
To holistically integrate physical and mental health care.	<ul style="list-style-type: none"> Achieve parity of esteem in care delivery through 'valuing mental health equally with physical health' The Trust will be Smoke Free As part of the 'Future in Mind' agenda for children and young peoples' well-being, work with School Nursing and Community Nursing to ensure that the emotional well-being of these patients is assessed Clinical pathway development. 	<ul style="list-style-type: none"> To be in line with clinical policy on physical health assessments To meet the requirements of national 'Physical Health of People with Serious Mental illness' CQUIN Implementation of the 'Future in Mind' agenda for children and young peoples' health and well-being Be compliant with national policy regarding Smoke Free environments. 	<ul style="list-style-type: none"> The Trust has been Smoke Free since January 2017 See CQUIN results within Table 1 – Trust Quality Metrics 2017/18. 	<ul style="list-style-type: none"> To maintain Trust-wide smoke free, implementation of smoking cessation strategies will continue e.g. support to stop, nicotine replacement therapies 95% of all patients/service users have a physical health and well-being assessment recorded within 7 days of admission 95% of all patients/service users have an emotional well-being assessment recorded at initial contact assessment with School Nursing and Community Nursing services Assess the level of embedding of assessment of emotional health and well-being within Children and Young People's Mental Health Services (CAMHS).

Trust quality priorities	Priority area	Why is this important?	What has been achieved?	What do we want to achieve?
<p>To create a single Trust-wide clinical quality information system.</p>	<ul style="list-style-type: none"> • Unity, Health Assure, Health Roster, Consequence UK, and Ulysses will work in collaboration to produce reporting and health record keeping systems • Streamline to an integrated approach to information sharing with patients, staff and stakeholders via dashboards and data collection. 	<ul style="list-style-type: none"> • To implement an integrated information dashboard system that improves the quality of service delivery, patient safety and standardises the operational processes and governance. 	<ul style="list-style-type: none"> • The Unity project has started to be rolled out across the Trust. As of 2017/18 year-end, SystemOne electronic record system has been implemented in the CAMHS service and across all North Lincolnshire sites. 	<ul style="list-style-type: none"> • By the end of 2018/19, SystemOne will be implemented in 100% of services within the Trust.
<p>To develop and implement a Quality Improvement (QI) model and methodology.</p>	<ul style="list-style-type: none"> • To develop a Quality Improvement model, co-designed with staff, utilising their knowledge and experience of frontline services and the patient experience • Utilise the Listening into Action (LiA) approach as the vehicle for improving quality. 	<p>Establishing an LiA led Quality Improvement culture which is led collaboratively by front line employees and patients will ensure that sound improvements are identified and made where they are needed, when they are needed and by those who can own and influence the change.</p>	<p>The Trust signed up to engage and empower staff through LiA in March 2016. As of year-end 2017/18, 164 changes have been made, impacting on the working lives of staff, and the care and experience of our patients.</p>	<p>By April 2019, our aim is to spread the LiA way of working throughout all of our clinical services and to have a specific focus upon safety and caring.</p>

2.1.4. Measuring and reporting of the priorities for improvement 2018/19

During 2017/18 the governance structures have been reviewed and the following structure is in place as of 1 April 2018:



Key: ● Quality ● Transformation ● Finance and Performance ● People

The reporting (including reviewing and monitoring) of quality to Rotherham Doncaster and South Humber NHS Foundation Trust Board will be via the Quality Committee and the Mental Health Legislation Committee through their subcommittees/groups and by various reporting methodology e.g. dashboards (see section 2.1.2). The dashboards focus on:

- Patient Safety
- Clinical Effectiveness
- Patient Engagement
- Professional Leadership.

These dashboards will be further developed through the year to support the development of a Rotherham Doncaster and South Humber NHS Foundation Trust integrated dashboard where quality, finance, workforce, performance and national indicators will be seen in a single report.

These dashboards will record progress on a monthly and quarterly basis and be shared through Rotherham Doncaster and South Humber NHS Foundation Trust governance structures initially at each care group governance group.

2.2 Statements of assurance from the Board

2.2.1 Review of services

Rotherham Doncaster and South Humber NHS Foundation Trust has reviewed all the data available to them on the quality of care in these relevant health services.

The income generated by the relevant health services reviewed in 2017/18 represents 100% of the total income generated from the provision of relevant health services by Rotherham Doncaster and South Humber NHS Foundation Trust for 2017/18.

Further details of the services provided/sub-contracted by Rotherham Doncaster and South Humber NHS Foundation Trust are provided on Rotherham Doncaster and South Humber NHS Foundation Trust's website at: <http://www.rdash.nhs.uk/services/our-services/>

2.2.2 Clinical audit

National clinical audits/CQUINs

Rotherham Doncaster and South Humber NHS Foundation Trust participate in national clinical audits identified on the national directory which have key national priorities applicable to Rotherham Doncaster and South Humber NHS Foundation Trust.

During 2017/18, seven national clinical audits covered relevant health services that Rotherham Doncaster and South Humber NHS Foundation Trust provides.

During this period, Rotherham Doncaster and South Humber NHS Foundation Trust participated in 88% (six out of seven) national clinical audits which it was eligible to participate in. Due to on-going system issues, Rotherham Doncaster and South Humber NHS Foundation Trust did not participate in the Sentinel Stroke National Audit Programme (SSNAP). Therefore, no data was collected for this audit during 2017/18.

Each national clinical audit has a designated audit lead (e.g. a specialist/clinician) according to the audit subject, for example, the Chief Pharmacist for Prescribing Observatory for Mental Health (POMH) UK audits and the CQUIN Programme Manager for national CQUINs.

The national clinical audits that the Rotherham Doncaster and South Humber NHS Foundation Trust participated in and for which data collection was completed during 2017/18 are identified in Table 4 below alongside the number of cases submitted to each audit and as a percentage of the number of registered cases required by the terms of that audit.

Table 4: Trust participation in national audits/CQUIN.

Audit title	Audit lead	Number of cases submitted	% cases submitted
Prescribing observatory for mental health (POMH-UK) audits			
POMH UK - Topic 17 Use of depot/LA antipsychotic injections for relapse prevention	Chief Pharmacist	329	100%
POMH UK - Topic 15b Prescribing valproate for bipolar disorder.	Chief Pharmacist	135	100%
POMH UK - Topic 6d - Assessment of the side effects of the depot antipsychotics.	This audit did not take place nationally in quarter four 2017/18 as scheduled. It has been re-scheduled (by the national team) to take place in quarter three of 2018/19.		
National audits			
National Parkinson's Audit	Service Manager, Doncaster Care Group	20 (2017 UK Parkinson's Audit)	100%
		34 (Patient Reported Experience Measure survey)	100%

Audit title	Audit lead	Number of cases submitted	% cases submitted
National audits			
Sentinel Stroke National Audit Programme (SSNAP)	Clinical Team Leader –Stroke Rehabilitation	No data collected during 2017/18 (due to on-going system issues).	0%
Diabetic Foot care	Community Specialist Podiatrist	6*	100%
National Clinical Audit of Psychosis (NCAP)	Chief Pharmacist	146 [∞] out of 150 by the submission deadline.	97.3%
National CQUIN			
National CQUIN – Mental Health: Improving Physical Health for Patients with Severe Mental Illness (SMI) Cardio Metabolic Assessment – Part A	CQUIN Programme Manager	72	100%
* The low number of submissions is due to the service joining the audit towards the end of the programme.			
[∞] Rotherham Doncaster and South Humber NHS Foundation Trust notified the national team, who confirmed that the number submitted was 146 and not the required 150 patient sample. The national team informed Rotherham Doncaster and South Humber NHS Foundation Trust that this would not affect the data analysis.			

POMH audits are conducted through the Royal College of Psychiatrists and are seen as national benchmarking audits in prescribing for mental health.

The reports of two out of the seven national clinical audits were reviewed by the provider in 2017/18 and Rotherham Doncaster and South Humber NHS Foundation Trust intends to take the following actions to improve the quality of healthcare provided (via the Medicines Management Committee (MMC), who received and discussed relevant actions for the following POMH audits):

- POMH UK 17A (Baseline POMH audit) – The use of depot and long acting antipsychotic injections (LAI) for relapse prevention. Rotherham Doncaster and South Humber NHS Foundation Trust submitted data for 309 patients from across the three relevant care groups, involving 11 wards and seven community Mental Health Teams. This is a baseline audit and so there are no comparisons to previous results. From the report we considered the following audit criteria and aspects of care:
 - Care planning for patients on depots and LAIs
 - Prescribing and review of LAIs for patients
 - Overall the result was GOOD using Rotherham Doncaster and South Humber NHS Foundation Trust evaluation criteria and against the national results
 - Including the patient in the decision making, recording rationale for treatment and review of therapeutic response
 - Crisis plans being included in the patient record
 - Areas for improvement though are ensuring here is a clinical plan should a patient fail to attend for their injection
 - Embedding the recording of the annual review.
- POMH UK - Topic 15b Prescribing valproate for bipolar disorder
 - POMH have not released the results for this audit or published a report to date.
- POMH UK - Topic 6d - Assessment of the side effects of the depot antipsychotics
 - This audit did not take place nationally in quarter 4 2017/18 as scheduled.
- National Parkinson's Audit, Rotherham Doncaster and South Humber NHS Foundation Trust
 - Is developing a health and wellbeing education course for people who are newly diagnosed to get all of the information that they need about their condition

- Is employing a Physiotherapist specifically for Parkinson's
 - Is employing an Occupational Therapist specifically for Parkinson's
 - Is increasing the number of nursing staff in the team
 - Has increased the number of people able to prescribe Parkinson's drugs in the team
 - Is having closer links with the local support group and presenting regularly at their meetings.
- Diabetic Foot Care
 - The results for this audit or a report have not been published to date.
- National Clinical Audit of Psychosis (NCAP)
 - The results for this audit or a report have not been published to date.

Trust (local) clinical audits

A total of 36 local clinical audits have been completed during 2017/18 as follows:

Quarter 1	13	Quarter 2	7	Quarter 3	9	Quarter 4	7
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The reports of all 36 out of the 36 local clinical audits were reviewed by Rotherham Doncaster and South Humber NHS Foundation Trust, as provider, in 2017/18 and Rotherham Doncaster and South Humber NHS Foundation Trust intends to take the following actions to improve the quality of healthcare provided:

- Action plans are developed by the audit lead(s) with relevant support from within their care group and submitted to their locality care group governance meetings for scrutiny and agreement
- From the locality care group governance meeting, the findings, including highlights/exceptions, are reported through the Governance structures to Quality Committee and on to Trust Board via the clinical audit dashboards, summary reports and annual work programme
- Ownership of the audit actions plans are held at a local level (e.g. within the service) and are monitored by the Clinical Audit Department to ensure completion and evidence collated for assurance.

2.2.3 Confidential enquiries

During 2017/18, one national confidential enquiry covered relevant health services that Rotherham Doncaster and South Humber NHS Foundation Trust provides.

During that period, Rotherham Doncaster and South Humber NHS Foundation Trust participated in 100% national confidential enquiries which it was eligible to participate in.

The national confidential enquiries that Rotherham Doncaster and South Humber NHS Foundation Trust was eligible to participate in, participated in and for which data was collected during 2017/18 are listed below in Table 5 below.

Table 5: National confidential enquiry into post-operative deaths study.

Young People's Mental Health								
	Cases included	Cases excluded	Clinical Questionnaires returned	Excluded Clinical Questionnaires returned	Case notes returned	Excluded case notes returned	Organisation Questionnaire requested	Organisation Questionnaire returned
Admission questionnaire	1	0	0	0	0	0	2	1

2.2.4 Clinical research

The number of patients receiving relevant health services provided or sub-contracted by Rotherham Doncaster and South Humber NHS Foundation Trust in 2017/18 that were recruited during that period to participate in research approved by a research ethics committee and on the National Institute of Health Research portfolio was 628 against a target of 252 (249%) (as of 31 March 2018).

2.2.5 Commissioning for Quality and Innovation (CQUIN)

A proportion of the Rotherham Doncaster and South Humber NHS Foundation Trust's income in 2017/18 was conditional on achieving quality improvement and innovation goals agreed between Rotherham Doncaster and South Humber NHS Foundation Trust and any person or body they entered into a contract, agreement or arrangement with for the provision of relevant health services, through the Commissioning for Quality and Innovation payment framework.

This equates to 2.5% of Rotherham Doncaster and South Humber NHS Foundation Trust's income in 2017/18, equivalent to £2,790,450 compared to 2016/17 income which was £2,814,837.

The actual CQUIN received in 2017/18 was £2,699,569 (96.74% of potential CQUIN) as a result of a penalty on the 'Health and wellbeing' CQUIN target, relating to staff survey results and £650 held back in quarter two in North Lincolnshire.

Further details of the agreed goals for 2017/18 and for the following 12 month period are available electronically at: <https://www.england.nhs.uk/?s=cquin>

2.2.6 Care Quality Commission (CQC) registration

Rotherham Doncaster and South Humber NHS Foundation Trust is required to register with the CQC and its current registration status is registered in respect of the following regulated activities:

- Accommodation for persons who require nursing or personal care
- Assessment or medical treatment for persons detained under the 1983 Act
- Diagnostic and screening procedures
- Family planning services
- Personal care
- Transport services, triage and medical advice provided remotely
- Treatment of disease, disorder or injury.

With regards to Rotherham Doncaster and South Humber NHS Foundation Trust's CQC registration, during 2017/18 reporting period:

- There are no conditions in place
- No enforcement action taken by CQC against Rotherham Doncaster and South Humber NHS Foundation Trust
- Rotherham Doncaster and South Humber NHS Foundation Trust has not participated in any special reviews or investigations by the CQC during the reporting period.

During 2017/18, the CQC has conducted a 'Well Led' inspection at Rotherham Doncaster and South Humber NHS Foundation Trust with unannounced visits taking place from January 2018 and the inspection week February 13-15 2018. We are awaiting the final report from this inspection.

Previous reports from the CQC can be found at <http://www.cqc.org.uk/provider/RXE>

2.2.7 Data quality

Rotherham Doncaster and South Humber NHS Foundation Trust submitted records during 2017/18 to the Secondary Uses Service for inclusion in the Hospital Episode Statistics which are included in the latest published data.

The percentage of records in the published data:

- Which included the patient's valid NHS number was 99.7% for admitted patient care (not applicable for outpatient care and for accident and emergency care)
- Which included the patient's valid General Medical Practice Code was 99.7% for admitted patient care (not applicable for outpatient care and for accident and emergency care).

Rotherham Doncaster and South Humber NHS Foundation Trust's Information Governance Assessment Report overall score for 2017/18 was scored at 66% on all requirements. This provided Rotherham Doncaster and South Humber NHS Foundation Trust with an overall rating of satisfactory.

Rotherham Doncaster and South Humber NHS Foundation Trust was not subject to the Payment by Results clinical coding audit during the reporting period by the Audit Commission.

Rotherham Doncaster and South Humber NHS Foundation Trust will be taking the following action to improve data quality:

- UNITY. The creation of an integrated Electronic Patient Record which will provide the opportunity for more timely, consistent and accurate data capture in patient records. This will improve the quality of information to support the delivery of care and the accuracy of activity reporting for Commissioners and other external regulators as well as Rotherham Doncaster and South Humber NHS Foundation Trust's Management and Rotherham Doncaster and South Humber NHS Foundation Trust's Board of Directors.

During 2017/18, the implementation of a single electronic patient record commenced 'go-live'. The first service to go-live was the Doncaster Single Point of Access in April 2017. The Community Hospital module was implemented on the community in-patient wards in July 2017 and the CAMHS services across Rotherham Doncaster and South Humber NHS Foundation Trust migrated onto the new system in November 2017. North Lincolnshire Mental Health Service became the first Rotherham Doncaster and South Humber NHS Foundation Trust service to move onto the SystmOne mental health module in February 2018.

Rotherham Doncaster and South Humber NHS Foundation Trust has taken the opportunity presented in harmonising onto a single patient record to ensure that all activity reports are subject to a clinical assurance sign-off process to reduce the risk of errors creeping in at systems cut-over. Reports associated with these services are now produced based on the significantly improved modelling possible in Rotherham Doncaster and South Humber NHS Foundation Trust's new data warehouse. This progress will continue through 2018/19 as all remaining services migrate onto SystmOne.

2.2.8 Learning from deaths

During 2017/18, 131 of Rotherham Doncaster and South Humber NHS Foundation Trust's patients died where Rotherham Doncaster and South Humber NHS Foundation Trust was identified as the main care provider (definition available in Rotherham Doncaster and South Humber NHS Foundation Trust's Learning from Deaths policy available on the public website). Table 6 below details these by quarter and the reviews undertaken.

Table 6: Number of patients who have died during the reporting period.

	Q1 2017/18	Q2 2017/18	Q3 2017/18	Q4 2017/18	Total 2017/18
Number of deaths	44	26	28	33	131
Number of case record reviews	30	13	17	23	83
Number of investigations (By Serious Investigation process)	14	13	11	10	48

By 31 March 2018, 83 case record reviews and 48 serious incident investigations have been carried out in relation to the 131 deaths included in Table 6 above. Of the 48 serious incident investigation reviews, 15 are still ongoing.

Rotherham Doncaster and South Humber NHS Foundation Trust is working with the Northern Alliance Group (a group of mental health Trusts in the North of England) to develop and implement a methodology to determine the percentage of patient deaths that are judged to be more likely than not to have been due to problems in the care provided to the patient. The Rotherham Doncaster and South Humber NHS Foundation Trust anticipates the implementation of the methodology by the end of quarter two in 2018/19.

A summary of what Rotherham Doncaster and South Humber NHS Foundation Trust has learned from case record reviews and investigations conducted in relation to the deaths identified in Table 6 above include:

- Improved communication with service users and their families, including the use of interpreters
- Improved communication and referrals between services
- Improved documentation and record keeping required, particularly around risk assessments
- Suicide rates in one substance misuse service appeared linked to childhood trauma and bereavements.

A description of the actions taken by Rotherham Doncaster and South Humber NHS Foundation Trust in 2017/18, and proposes to take forward into 2018/19, in consequence of what Rotherham Doncaster and South Humber NHS Foundation Trust has learned during 2017/18 includes:

- The interpreters process to be reviewed
- A detailed discharge planning proforma is to be developed and implemented on the Older People's Mental Health Inpatient Unit, to ensure staff are recording discharge planning discussions with families and evidencing plans which can then be shared e.g. with community colleagues
- To review the referral system between specific services
- To continue with the rollout of TPP SystemOne as an integrated electronic record system, this will significantly improve communication between services
- To continue to promote the completion of triage forms with staff and to undertake an audit of completion to provide assurance regarding compliance
- To review risk assessment and risk management plans to ensure that the electronic records system supports staff and service delivery, including access to risk management plans by staff in out of hours services
- Working with specific teams to ensure all clinicians enter clinical notes in a timely manner and adhering to Rotherham Doncaster and South Humber NHS Foundation Trust's record keeping and professional standards
- A 'Suicide Prevention' group has been established and reports directly to Rotherham Doncaster and South Humber NHS Foundation Trust's Mortality Surveillance Group.

Our assessment of the impact of the actions taken in 2017/18 as described above which were taken by Rotherham Doncaster and South Humber NHS Foundation Trust during 2017/18:

- North Lincolnshire and the Children's Care Groups have implemented the new TPP SystemOne integrated electronic patient record system (with Rotherham and Doncaster Care Group implementation expected by end of June 2018). This has had significant positive benefits e.g. it has enabled an unprecedented sharing of important clinical information across Rotherham Doncaster and South Humber NHS Foundation Trust teams and Primary Care/GP services
- An audit of risk assessment has revealed a significant improvement in compliance with risk assessment document completion.

Please note: the above elements relating to 'learning from deaths' have been newly added for reporting during 2017/18. As such, Rotherham Doncaster and South Humber NHS Foundation Trust is not able to provide a revised estimate of the number of deaths during the previous reporting period.

2.3 Reporting against core indicators

In accordance with the NHS (Quality Accounts) Amendment Regulation 2017 core set of quality indicators Rotherham Doncaster and South Humber NHS Foundation Trust is required to report against these within the Quality Report. The inclusion of these mandated indicators enables Rotherham Doncaster and South Humber NHS Foundation Trust to provide data that is benchmarked against the national average performance of other mental health trusts. We have reviewed these indicators and our position against all relevant indicators for 2017/18 is as follows.

Where available, data is taken from national data sources and whether it is governed by standard national definitions. Data sources are referenced in Tables 7- 9 below.

Table 7: Percentage of patients under adult mental illness specialty on CPA who were followed up within seven days after discharge from psychiatric in-patient care during the reporting period.

Percentage of patients under adult mental illness specialty on CPA who were followed up within seven days after discharge from psychiatric in-patient care during the reporting period				
Indicator	Q1 2017/18	Q2 2017/18	Q3 2017/18	Q4 2017/18
2017/18 All England Average <i>Source: NHS England</i>	96.7%	96.7%	95.4%	95.5%
2017/18 All England highest/lowest <i>Source: NHS England</i>	100%/71.4%	100%/87.5%	100%/69.2%	100%/68.8%
2017/18 RDaSH <i>Source: NHS England</i>	93.9%	98.5%	96.4%	96.9%
2016/17 RDaSH <i>Source: NHS England</i>	100%	87.7%	99.2%	96.1%
2016/17 RDaSH refreshed *	100%	97.1%	98.3%	96.0%
*The reported data for this indicator continues to be validated following submission to NHS England and therefore varies from that published.				
<i>Source: NHS England https://www.england.nhs.uk/statistics/statistical-work-areas/mental-health-community-teams-activity/</i>				

Table 8: Percentage of admissions to acute wards for which the Access Team acted as a gatekeeper during the reporting period.

Percentage of admissions to acute wards for which the Access Team acted as a gatekeeper during the reporting period				
Indicator	Q1 2017/18	Q2 2017/18	Q3 2017/18	Q4 2017/18
2017/18 All England Average <i>Source: NHS England</i>	98.7%	98.6%	98.5%	98.7%
2017/18 All England highest/lowest <i>Source: NHS England</i>	100%/88.9%	100%/94.0%	100%/84.3%	100%/88.7%
2017/18 RDaSH <i>Source: NHS England</i>	98.0%	97.0%	98.5%	97.3%
2016/17 RDaSH <i>Source: NHS England</i>	97.7%	97.7%	100%	99.5%
2016/17 RDaSH refreshed *	99.1%	99.5%	100%	99.5%
*The reported data for this indicator continues to be validated following submission to NHS England and therefore varies from that published.				
<i>Source: NHS England https://www.england.nhs.uk/statistics/statistical-work-areas/mental-health-community-teams-activity/</i>				

Table 9: Number of patients re-admitted to hospital within 28 days of being discharged.

Indicator	RDaSH 2016/17	RDaSH 2017/18
Number of patients readmitted to hospital within 28 days of being discharged aged 0-15	1	0
Number of patients readmitted to hospital within 28 days of being discharged aged 16 and over	120	122

Rotherham Doncaster and South Humber NHS Foundation Trust considers that this data is as described (in Tables 7-9) for the following reasons:

- It has been collated using Rotherham Doncaster and South Humber NHS Foundation Trust's 'Reportal' clinical data system
- Regular checks of the raw data for accuracy (prior to submission) are carried out by Rotherham Doncaster and South Humber NHS Foundation Trust's Performance Team
- Rotherham Doncaster and South Humber NHS Foundation Trust's Information Quality Officer undertakes a programme of data quality audits.

Rotherham Doncaster and South Humber NHS Foundation Trust has taken the following actions to improve the quality of the data against these indicators, and so the quality of its services, in the forthcoming year (2018/19):

- Finalisation of the Unity Project, introducing an integrated Electronic Patient Record across Rotherham Doncaster and South Humber NHS Foundation Trust, including associated training for staff on data entry.
- Completion of the 2018/19 Information Quality Work Programme

Table 10: Patient experience of community mental health services – patient experience of contact with a health or social care worker.

	Trust 2017 Score	Comparison to overall 2017 national score
Did the person or people you saw listen carefully to you?	8.1/10	'about the same'
Were you given enough time to discuss your needs and treatment?	7.3/10	'about the same'
Did the person or people you saw understand how your mental health needs affect other areas of your life?	6.9/10	'about the same'
<i>Source: CQC Mental Health Community Services Survey 2017</i>		

Rotherham Doncaster and South Humber NHS Foundation Trust considers that this data is as described (in Table 10) for the following reasons:

- Rotherham Doncaster and South Humber NHS Foundation Trust has included the results for the three questions above which relate to contact with a health or social care worker. • has performed 'about the same' as other trusts in these areas.

Rotherham Doncaster and South Humber NHS Foundation Trust will take the following actions to improve this score:

- The themes/trends and recommendations of the report are reviewed and agreed at the locality Care Group Governance meetings
- Each Care Group are to develop a quality improvement plan from the outcomes of the survey
- The Mental Health Community Services Survey 2017 report is submitted to Rotherham Doncaster and South Humber NHS Foundation Trust's Operational Management Meeting (OMM)
- Specific actions relating to Patient and Public Engagement and Experience (PPEE) are to be included within Rotherham Doncaster and South Humber NHS Foundation Trust's 3 year PPEE Strategy.

Table 11: Number and rate of Patient Safety Incidents (PSI) against the National Reporting and Learning System (NRLS) categories of 'Severe' and 'Death'.

Patient safety incidents (PSI)	01/04/17 to 30/09/17 RDaSH NRLS data)	01/04/17 to 30/09/17 All Mental health trusts NRLS data	01/04/17 to 30/09/17 All NHS trusts NRLS highest/lowest	01/10/16 to 31/03/17 RDaSH NRLS data	01/10/16 to 31/03/17 All mental health trusts NRLS data
Total number of patient safety incidents	2001	167,477	12/7384	2261	135,995
Rate per 1000 bed days	39.79%	Not available	16%/126.47%	61.04%	Not available
Total number of deaths	33	1212	0/83	50	941
Total number of severe patient safety incidents	1	532	0/89	3	500
% of PSI resulting in death	1.6%	0.7%	0%/3.4%	2.2%	0.7%
% of PSI resulting in severe harm	0.0%	0.3%	0%/2%	0.1%	0.4%
<i>Source: National Reporting and Learning System (NRLS) https://improvement.nhs.uk/resources/organisation-patient-safety-incident-reports-21-march-2018/</i>					

Rotherham Doncaster and South Humber NHS Foundation Trust considers that this data is as described (in Table 11) for the following reason:

- Rotherham Doncaster and South Humber NHS Foundation Trust has continued to promote a culture which encourages the reporting of incidents
- Rotherham Doncaster and South Humber NHS Foundation Trust's number of incidents resulting in death has decreased in 2017/18 and is below the national average. However, the percentage of incidents resulting in death is above the national figure
- The number of incidents resulting in severe harm has decreased and is below the national average.

Rotherham Doncaster and South Humber NHS Foundation Trust has taken the following actions, and so the quality of its services, by reviewing all deaths and the learning from death:

- All deaths are reviewed by the Mortality Surveillance Group and findings reported to Rotherham Doncaster and South Humber NHS Foundation Trust Board through the Governance structures in order to gain assurance
- Action plans are agreed (as appropriate) and are reviewed by our commissioners in line with the national Serious Incident Framework.

Part 3

3. Other information

This section provides an overview of the quality of care delivered by Rotherham Doncaster and South Humber NHS Foundation Trust based on the performance in 2017/18 against indicators selected by Trust Board in consultation with stakeholders.

The following is a summary of the key indicators for each of the three quality domains and 'our people/staff' domain.

3.1 Patient safety

3.1.1 Reported incidents

The total number of incidents reported by Rotherham Doncaster and South Humber NHS Foundation Trust is 8941. Learning from incidents is reported through Rotherham Doncaster and South Humber NHS Foundation Trust's quality governance structures to drive quality standards and service improvements.

A key priority for 2018/19 is to implement robust systems and processes to enable shared/organisational learning from reported incidents across Rotherham Doncaster and South Humber NHS Foundation Trust. Table 12 below details the number of incidents by level of harm.

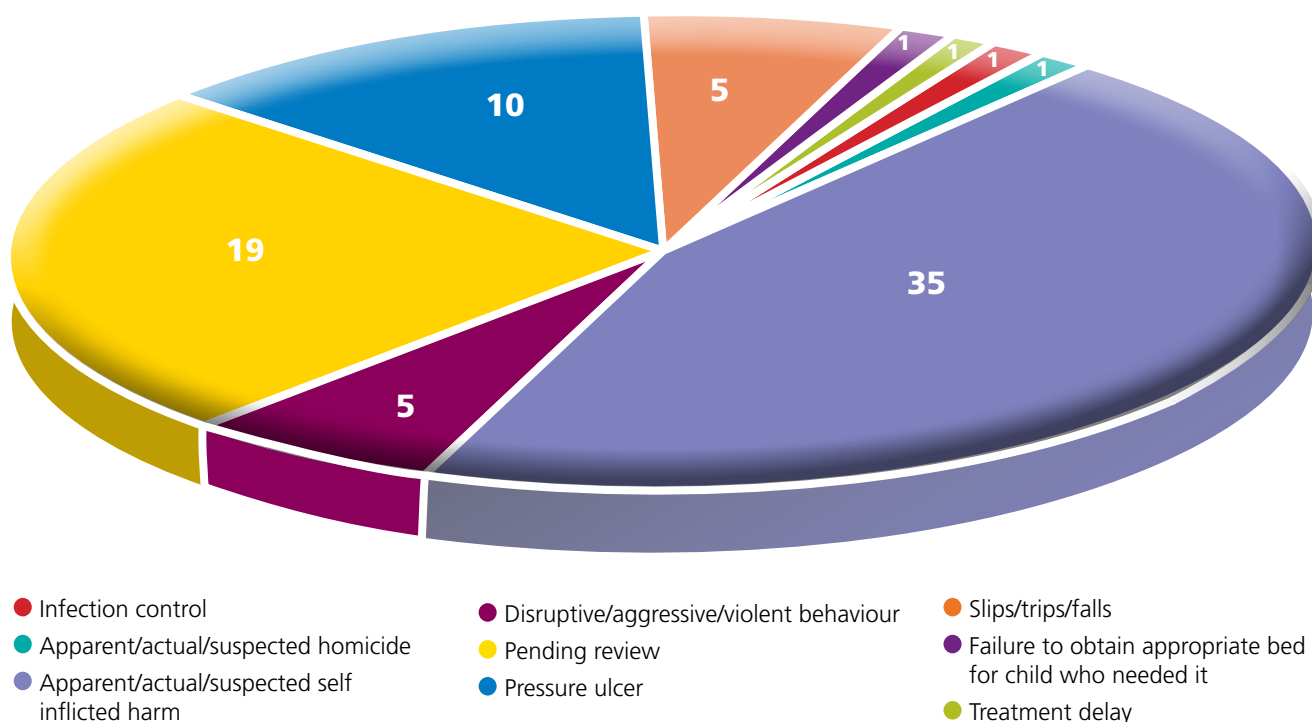
Table 12: Total number of reported incidents by level of harm.

Reported incident - level of harm	Q1 2017/18	Q2 2017/18	Q3 2017/18	Q4 2017/18
0 – Near miss	293	220	199	187
1 – No harm	1142	1161	1108	1085
2 – Minor (minimal harm)	825	771	824	696
3 - Moderate (not permanent harm)	65	58	70	78
4 - Major (not permanent harm)	4	7	8	4
5 - Catastrophic (permanent harm)	1	2	0	2
6 - Death	44	26	28	33
Total	2374	2245	2237	2085

3.1.2 Serious incidents

In 2017/18 Rotherham Doncaster and South Humber NHS Foundation Trust reported a total of 78 serious incidents on Strategic Executive Reporting System (STEIS). This compares to 103 serious incidents during 2016/17 and 59 during 2015/16. This figure includes four cases awaiting moderation from April's pressure ulcer panel.

The serious incidents reported in 2017/18 were categorised as follows:



3.1.3 Never events

'Never Events are serious incidents that are entirely preventable because guidance or safety recommendations providing strong systemic protective barriers are available at a national level, and should have been implemented by all healthcare providers' (NHS Improvement, 2018). During 2017/18, Rotherham Doncaster and South Humber NHS Foundation Trust has had zero (0) never events.

3.1.4 Patient safety incidents

Rotherham Doncaster and South Humber NHS Foundation Trust reports patient safety incidents fortnightly to the NHS Commissioning Board National Reporting and Learning Service (NRLS). The NRLS provides six monthly reports to Rotherham Doncaster and South Humber NHS Foundation Trust, which contains comparative information on our reporting rate per 1,000 bed days, types of incidents reported and incidents reported by degree of harm, compared with 56 similar organisations.

The majority of patient safety incidents reported by Rotherham Doncaster and South Humber NHS Foundation Trust fall into the following categories:

- Patient accident/incident
- Adverse health event (An injury related to medical management. Medical management includes all aspects of care, including diagnosis and treatment, failure to diagnose or treat, and the systems and equipment used to deliver care. Adverse events may be preventable or non-preventable).

3.1.5 Duty of Candour

The Duty of Candour applies to ALL Patient Safety Incidents (PSIs) which have an actual impact of 'moderate' or higher. If the Duty of Candour (DOC) is applicable, the following actions required and completed to comply with DOC:

- A manager contacts the patient or relevant person
- The manager provides an apology and a full explanation of what has happened and what will happen next
- A letter is sent to confirm this conversation
- The manager investigates the incident and writes a report
- A copy of the report and explanation of the report (if required) is provided to the patient or relevant person
- These actions are recorded on Rotherham Doncaster and South Humber NHS Foundation Trust's 'Ulysses' incident reporting system and copies of all written correspondence are attached to the incident report.

During 2017/18, Rotherham Doncaster and South Humber NHS Foundation Trust's Corporate Patient Safety Team has provided training for managers and is also responsible for monitoring the Duty of Candour incidents and creating a prompting process to ensure that managers are aware of the requirements.

3.1.6 Organisational learning

Rotherham Doncaster and South Humber NHS Foundation Trust learn from a range of sources including patient and staff feedback, outcomes of reported incidents and innovations.

Organisational learning takes place at a locality level within each of the Care Groups and at a Trust-wide level:

- **Care group**

Learning takes place via locality manager/team meetings, where themes/trends are reviewed and reported through the relevant governance structures for quality, safety, financial regulation and staff management.

- **Trust-wide**

- Rotherham Doncaster and South Humber NHS Foundation Trust's 'Leadership Development Forum' is responsible for providing a structured approach to organisational learning and improvement discussions. Incidents and developments are discussed, reflected on and shared in order to learn from these and embed this learning in Rotherham Doncaster and South Humber NHS Foundation Trust's culture and practice
- There are plans to introduce a 'Learning Matters' forum alongside of the Leadership Development Forum in 2018/19. It is anticipated that this will further foster a culture of 'learning and not blaming', in which a 'safe space' is provided to explore concerns, incidents, failures and successes from each of the care groups. It will also ensure best practice can be shared and lead to reduced variation in service provision. This is currently under development by the Nursing and Quality Team and trial forums have been conducted.

3.1.7 Safeguarding

NHS Trusts are required to make a self-declaration identifying compliance against their arrangements with regard to Safeguarding Children and Safeguarding Vulnerable Adults. Rotherham Doncaster and South Humber NHS Foundation Trust has been, and continues to be, compliant against all of the standards relating to provider trusts. Details of the full declaration submitted by Rotherham Doncaster and South Humber NHS Foundation Trust is available on the Rotherham Doncaster and South Humber NHS Foundation Trust website: (<http://www.rdash.nhs.uk/about-us/public-declarations/safeguarding/>).

Rotherham Doncaster and South Humber NHS Foundation Trust has published 'Safeguarding Children' and 'Safeguarding Vulnerable Adults' annual reports, which are available on the Rotherham Doncaster and South Humber NHS Foundation Trust website. Rotherham Doncaster and South Humber NHS Foundation Trust is currently producing the Safeguarding Vulnerable Adults, Safeguarding Children and Looked After Children Annual Reports which will provide detail on the progress made in these areas over 2017/18.

3.1.8 Child Sexual Exploitation

Following the 'Independent Inquiry into Child Sexual Exploitation (CSE) in Rotherham (1997 – 2013)' (The Jay Report), Rotherham Doncaster and South Humber NHS Foundation Trust identified the key actions it needed to take to implement the recommendations of the report. Rotherham Doncaster and South Humber NHS Foundation Trust has continued to progress work streams to implement these actions internally within Rotherham Doncaster and South Humber NHS Foundation Trust and externally with partners across all localities in relation to CSE. This includes:

- **North Lincolnshire** – Rotherham Doncaster and South Humber NHS Foundation Trust representation in attendance at the Multi-Agency CSE Implementation and Strategy Group
- **Doncaster** – Continue the work undertaken by Rotherham Doncaster and South Humber NHS Foundation Trust CSE nurse based within the multi-agency CSE team. Multi-agency and single agency training programmes delivered. RDASH representation on safeguarding children board Sexual Exploitation and Missing Children Sub-Group
- **Rotherham** – Continue to be part of the CSE subgroups, Silver and Gold; and work with partners to develop the CSE strategy.

In recognition of the excellent work that was undertaken with witnesses of CSE trials, our Trust has been commissioned to provide a witnesses' resilience service, to support witnesses up to and during a CSE trial.

3.1.9 Safeguarding children, vulnerable adults and adults

Rotherham Doncaster and South Humber NHS Foundation Trust is committed to ensuring that all staff across all the four care groups remain vigilant and are aware of any issues relating to safeguarding children and adults.

Rotherham Doncaster and South Humber NHS Foundation Trust works very closely with the three Local Safeguarding Children and Adults Boards (LSCBs/LSAPBs) across the geographical areas it covers, and has representatives on each of the Boards.

- **Section 11 Audit**

Throughout 2016/17 Rotherham Doncaster and South Humber NHS Foundation Trust's Safeguarding Children Team has reviewed and updated the LSCB Section 11 audits across Rotherham Doncaster and South Humber NHS Foundation Trust and monitored the identified development areas within the work plans.

- **Training**

Rotherham Doncaster and South Humber NHS Foundation Trust had (and has) an up-to-date Safeguarding Children and Safeguarding Vulnerable Adults Training Strategy and Training Programme available to all staff. To support staff identify which staff require what level of safeguarding training a guide for managers has been developed. Multi-disciplinary training continues to be delivered across Rotherham Doncaster and South Humber NHS Foundation Trust at all levels. Training compliance is shown in Table 13.

Table 13: Safeguarding Training Compliance.

	2017/18	2016/17	2015/16	2014/15
Safeguarding children	94.61%	92.9%	81%	80%
Safeguarding adults	90.61%	88.71%	78%	57%

Source: Oracle Learning Management System

Rotherham Doncaster and South Humber NHS Foundation Trust is committed to delivering the statutory requirements of The Children Act 2006 and the Care Act 2014. Central to this is the competence and confidence of the staff that deliver clinical care and provide supporting services to enable the best possible outcomes of the people who use Rotherham Doncaster and South Humber NHS Foundation Trust services and their families. To achieve this, all Rotherham Doncaster and South Humber NHS Foundation Trust staff are trained in the principles of safeguarding children and adults (as mandatory) as follows:

- Level 1 – All Rotherham Doncaster and South Humber NHS Foundation Trust staff on induction to Rotherham Doncaster and South Humber NHS Foundation Trust
- Level 2 – All clinical staff and additional identified (role specific)
- Level 3 – Identified staff as role specific requirement
- Rotherham Doncaster and South Humber NHS Foundation Trust provides a comprehensive programme of safeguarding training and works with partners to deliver multiagency training.

3.1.10 Looked After Children (LAC) Doncaster

During 2017/18, the Looked After Children's (LAC) Team have continued to develop the quality of services delivered to Looked After Children and their carers including:

- **Development of a dedicated 0-19 LAC team, focusing on the quality improvement for looked after children and their carers.**

Each Looked After Child is allocated a named nurse, providing consistency and continuity throughout the care period. This enables therapeutic relationships to be established and ensures that Looked After Children do not have to keep repeating their stories which are often traumatic. This model is viewed as best practice within the South Yorkshire and Bassetlaw regional network and is in the process of being rolled out in other authorities

- **The commissioning of Joint Initial Health Assessment for Looked After Children following a successful business case being put forward by the LAC team.**

The nurse led contribution to the initial health assessments ensure that all health needs are identified as part of a holistic, child/young person centred (and no longer a medical model) approach to care. The named nurse oversees the health care plan to ensure health outcomes are improving

- **Professionals learning through young people's experiences in care.**

The Named Nurse for looked after children arranged the delivery of 'Total Respect' training to practitioners within RDaSH who work directly with Looked After Children, Young People and Care Leavers. 'Total Respect' training is delivered by young people who have been in care with the philosophy that young people are both the experts and the leaders; it aims to challenge and change attitudes and stereotypes about care. It allows participants to understand the experiences of young people who use their service, to get participants to 'walk in their shoes'

- **South Yorkshire and Bassetlaw Looked After Children's unwarranted variation steering group.**

The above group was formulated in response to the guidance produced by NHS England 'A guide to meeting the statutory health needs of Looked After Children through a standard approach to commissioning and service delivery'. A Safeguarding bid was completed to support the work of the group in reducing unwarranted variation that exists for Looked After Children across South Yorkshire and Bassetlaw. The group consists of designated and named professionals across health and social care with the aim of working together to consider the health needs of children in care across the South Yorkshire and Bassetlaw, sharing best practice and working towards all children in care receiving an equitable service based on need. RDaSH Named Nurse for Looked After Children is part of the steering group and of two regional task and finish groups to look at streamlining Key Performance Indicators across South Yorkshire and Bassetlaw for Looked After Children. The groups are also reviewing and updating the Health Assessments tools for Looked After Children, which will save time, reduce duplication and potentially save money

- **The Looked After Children's team underwent an internal quality review in November 2017.**

The review evidenced excellent service delivery provided by well skilled, passionate and supportive staff. The team regularly receives positive feedback from children, young people and foster carers as well as from other staff and external agencies. The team is very focussed and it is apparent that the child is at the centre of everything the service delivers.

3.1.11 Infection Prevention and Control

Infection Prevention and Control (IPC) remains one of Rotherham Doncaster and South Humber NHS Foundation Trust's key priorities. Reducing health care associated infections (HCAIs) is high on the Government's safety agenda and a priority for the general public in their expectations of the quality of care they received.

Table 14 (below) shows Rotherham Doncaster and South Humber NHS Foundation Trust's number of HCAI notifications in 2017/18 and comparison to previous years and shows that infection rates within Rotherham Doncaster and South Humber NHS Foundation Trust remain low.

Table 14: Notifications of mandatory healthcare associated infections.

Indicator	2017/18	2017/18	2017/18	2017/18	2017/18
Escherichia coli (E. coli) bacteraemia	5	1	0	0	1
Meticillin Resistant Staphylococcus aureus (MRSA) bacteraemia	0	0	0	0	1
Meticillin Sensitive Staphylococcus aureus (MSSA) bacteraemia	0	1	n/a	n/a	n/a
Clostridium difficile infection (CDI)	5	10	7	10	1

Source: Local Reporting System, cases as defined by Health Protection Agency Guidelines

E.coli bacteraemia

Each case of E.coli has been reviewed and the investigations have identified that there were no lapses in care by Trust staff.

CDI

Each case of CDI was reviewed and the root cause analysis investigations found:

- In one case there were no lapses in care
- In three cases there were gaps in catheter care, knowledge and clinical skills. Staff did not access available training. Action plans have been developed and implemented for these wards
- The remaining case is still currently under investigation as part of a serious incident investigation.

3.2 Clinical effectiveness

Rotherham Doncaster and South Humber NHS Foundation Trust has reviewed its performance on clinical effectiveness using a number of key measures and indicators, which are detailed in Table 1 – Quality metrics 2017/18 (page 9). Staff training and clinical supervision are key to deliver high standards of effective clinical practice. Table 15 illustrates staff opinions that the training they have received has assisted them in keeping up to date with professional and registration requirements.

Table 15: Staff survey – 'My training, learning and development has helped me to stay up to date with professional requirements'.

Indicator	2017 (%)	2016 (%)	2015 (%)	2014 (%)	2013 (%)	2017 All mental health / learning disability community trusts (%)
Strongly disagree	1	1	1	4	7	1
Disagree	2	1	2	4	3	2
Neither agree or disagree	9	8	9	17	17	9
Agree	63	59	59	52	53	61
Strongly agree	26	30	25	23	21	28

Source: Staff Survey, National Survey – Quality Health

Other indicators of clinical effectiveness are reported through the 'Quality of Care' theme in Single Oversight Framework and Rotherham Doncaster and South Humber NHS Foundation Trust's broader quality assurance framework and include:

- Care programme approach: Follow-up contact within seven days of discharge
- Care programme approach: Having formal review within 12 months
- Minimising delayed transfers of care
- Admission to inpatients services where the Crisis Resolution/Home Treatment teams have been gatekeeper
- Ensuring timely access to early intervention services for people experience a first episode of psychosis.

3.2.1 National Institute for Health and Clinical Excellence (NICE)

The role of NICE is to improve outcomes for people using the NHS and other public health and social care services by:

- Producing evidence-based guidance and advice for health, public health and social care practitioners
- Developing quality standards and performance metrics for those providing and commissioning health, public health and social care services
- Providing a range of information services for commissioners, practitioners and managers across the spectrum of health and social care.

Rotherham Doncaster and South Humber NHS Foundation Trust utilises a NICE 'Health Assure' database which uploads NICE guidance throughout the month. Currently there are nine identified NICE leads across the Trust who can access this database and provide assurance of compliance where NICE guides are relevant, and to upload evidence to support this.

Rotherham Doncaster and South Humber NHS Foundation Trust now accesses all NICE guidance (including Quality Standards) on one view page. NICE quality standards set out what a quality service should look like and the Trust aims to achieve this 'best practice' level, to support its assurance to deliver the best care possible.

In 2017/18 NICE published 170 guidance documents (including Quality Standards); of which 69 were determined to be relevant to Rotherham Doncaster and South Humber NHS Foundation Trust, varying from awareness to fully compliant. NICE Guidelines may be re-reviewed and updated at any point following their initial release.

Examples include:

- April 2017- QS149 Osteoporosis: 'Mostly implemented' for Older People's Mental Health Service (OPMHS) pending further consideration. January 2018 update - this was discussed at the December Strategic Falls Group but the outcome was not conclusive and for further consideration in March 2018. Pharmacy service record as Awareness related to prescribed medications
- May 2017 - CG124 (updated May) Hip fracture: management – 'Fully implemented' within OPMHS and for awareness for other identified services
- June 2017- DG029 multiple frequency bioimpedance devices to guide fluid management in people with chronic kidney disease having dialysis: 'Not applicable'
- September 2017- CG032 (updated August) nutrition support for adults: oral nutrition support, enteral tube feeding and parenteral nutrition: 'Fully implemented' by OPMHS and Adult Community Service and for awareness for other identified services.

3.2.2 NICE quality standards

NICE quality standards set out what a quality service should achieve and while not mandatory may be considered best practice. Rotherham Doncaster and South Humber NHS Foundation Trust uses NICE quality standards to support service development/improvements for patients and to assure they deliver the best care possible.

Rotherham Doncaster and South Humber NHS Foundation Trust reviews NICE quality standards alongside all other NICE guides with a view to implementing as required where applicable. Guidance may be sought from Rotherham Doncaster and South Humber NHS Foundation Trust's commissioners where it is deemed current arrangements do not support the quality standard.

3.2.3 NICE consultations

Rotherham Doncaster and South Humber NHS Foundation Trust considers all notified NICE consultations and where appropriate will register as a stakeholder. Involvement in identified consultations supports the development of guidance and quality standards.

During 2017/18, Rotherham Doncaster and South Humber NHS Foundation Trust contributed as a stakeholder, to the following NICE consultations:

- Intermediate care including re-enablement
- Depression in adults: recognition and management
- ADHD (Attention Deficit Hyperactivity Disorder).

3.3 Patient experience

In order to maximise the engagement and contribution of our patients and carers a series of "Big Conversation" events took place in June and July 2016 across all our localities. During these sessions we worked with patients, carers, volunteers, Peer Support Workers, Governors, Foundation Trust Members and partners to genuinely co-produce our Patient and Public Engagement and Experience (PPEE) Strategy 2016-2019 which was developed in partnership with Doncaster Inclusive Centre for Excellence (DICE), a social enterprise organisation.

The PPEE strategy was approved by the Board of Directors on the September 29, 2016 and contains nine themes as outlined below. The nine themes are each supported by an Executive Director Lead and a nominated Listen to Learn Champion who are responsible for developing and co-ordinating the implementation plans.

- Involving patients and carers to recruit staff
- Working with patients and carers to train staff
- Developing peer support
- Involving Members and Governors
- Promoting volunteering opportunities
- Supporting experts by experience
- Encouraging co-design
- Making feedback meaningful
- Promoting recovery-focused delivery of service.

Monitoring and reporting of the strategy implementation plans is via the quarterly Listen to Learn Co-Production Network. Throughout 2017/18, 350 delegates have attended the sessions including patients, carers, Governors, volunteers, Peer Support Mentors, staff and partner agencies.

In total there are 41 actions attached to the implementation plans to be delivered throughout the three year strategy plan. The primary focus within the first 12 months has been to benchmark ourselves against the actions and develop outcome measures which will allow us to plot our progress and obtain meaningful feedback from our patients, carers and their families. As of March 31, 2018, 17 actions were "amber" (progressing within time scales) and 24 were "green" (completed and being embedded into practice).

Since the launch of the PPEE Strategy in November 2016, there has been significant progress in terms of the delivery of the nine individual themes. Listen to Learn Champions have been identified to lead on and manage the implementation of the action plans

As an organisation there is heightened awareness through training and network events regarding the roles and responsibilities of all staff in relation to PPEE. Monitoring and reporting of the implementation action plans is robust and firmly embedded within the quality governance process.

3.3.1 Capturing feedback

In order to improve the quality of services that RDaSH provides, it is important that we understand what people think about the care and treatment they receive. One way of doing this is to ask people who have recently used our services to tell us about their experiences. Capturing patient/carer feedback is one of the priorities of the PPEE strategy and we currently use a variety of methods both formal and informal including the following:

- Your Opinion Counts
- Compliments
- Complaints
- Patient Advice and Liaison Service (PALS)
- Friends and Family Test
- Patient opinion/NHS Choices
- Patient stories
- Listening into Action Big Conversation events
- Listen to Learn co-production Network
- Triangle of Care Steering Group
- Trust public meetings
- Trust Members and Governor meetings
- Local Healthwatch feedback centres
- Local partner public meetings
- Representation on partnership engagement meetings/forums.

3.3.2 Community Mental Health Survey

The Trust participated in the Community Mental Health Survey 2017 which is part of a series of annual surveys required by the Care Quality Commission for all NHS Trusts who provide mental health care in England. The survey is based on a randomised sample of all service users aged 18 and over and who were on the Care Programme Approach (CPA) and non CPA register between 1 September and 30 November 2016. 217 patients returned a completed questionnaire from a sample of 813, which is a response rate of 27%, slightly higher than the national response rate of 26%.

In total, the RDaSH results rate either average or above average compared to the overall national rating. Each NHS Trust was given a score out of 10 for every question within the nine categories and received a rating of:

- Better: The Trust is better for that particular question compared to most other trusts
- About the same: The Trust is performing about the same for that particular question as most other trusts.
- Worse: The Trust did not perform as well for that particular question as most other trusts.

For the majority of the categories RDaSH scored about the same as other trusts. However on occasion we did better and these areas have been highlighted in Table 16 below.

In the category of support and wellbeing RDaSH scores are low but they are comparable to the national score.

Table 16: Community mental health survey comparative scores.

Category	Overall RDaSH score	Overall national score
Health and Social Care Workers	7.4/10	About the same
Organising care	8.7/10	About the same
Being able to contact the person in charge of your care	10/10	Better
Planning care	7.3/10	About the same
Being involved as much as they would like in planning their care	8/10	Better
Reviewing care	7.5/10	About the same
Changes in who people see	6.7/10	About the same
Where there was a change of staff in the previous 12 months, care stayed the same or got better	8/10	Better
Crisis care	6.3/10	About the same
Treatments	7.9/10	About the same
Involvement as much as they wanted in deciding what treatments or therapies to use	8/10	Better
Support and wellbeing	5.2/10	About the same
Overall views of care and services	7.4/10	About the same

3.3.3 Complaints and compliments

Most care and treatment goes well, but things occasionally do go wrong. Our Trust has a complaints policy which provides a framework to:

- Provide fair and equitable access for patients and service users to make complaints and to provide an honest and open response to these complaints
- Provide patients and service users and those acting on their behalf with support to bring a complaint or to make a comment, where such assistance is necessary
- Have mechanisms in place to learn from complaints and to share this learning across the Trust where appropriate.

The main categories of complaints received within the Trust in 2017/18 relate to:

- Patient care
- Clinical treatment
- Communications
- Values and behaviours of staff.

Table 17 shows the number of complaints across the Trust in comparison to the previous four years and an increase in the number reported year on year since 2015/16. This is viewed by the Trust as a positive reinforcement of an open and transparent culture, that encourages reporting of complaints to inform and influence improvements in quality and service delivery.

Table 17: Complaints and compliments across the Trust.

Indicator	2017/18	2016/17	2015/16	2014/15	2013/14
Complaints	165	137	119	121	155
Compliments	1222	1166	1675	1612	3794

Source: Safeguard Incident Reporting System

Patients and service users may also want to contribute positive comments on the care and services that they have received. These comments are just as important because they tell us which factors are contributing to a good experience for patients. Table 17 also shows the number of compliments that have been received in 2017/18.

Feedback received through Rotherham Doncaster and South Humber NHS Foundation Trust's Patient Safety and Investigations Team is shared with the relevant care groups, to both disseminate the positive comments that have been received and to develop action plans to address areas of concern.

3.3.4 Your Opinion Counts / Patient Advice Liaison Service

'Your Opinion Counts' (YOCs) and the Patient Advice Liaison Service (PALS) provide patients, service users and carers with alternative methods of providing feedback to the Trust. Table 18 shows the number of PALS and YOC received in 2017/18.

Table 18: Patient feedback received via PALS and local Your Opinion Counts.

Indicator	2017/18	2016/17	2015/16	2014/15	2013/14
Patient Advice Liaison Service	337	425	413	277	389
Your Opinion Counts	2730	3128	3783	3201	3726

Source: Safeguard, Trust reporting system and local reporting system

The feedback received through YOCs continues to be predominantly positive. The types of enquiries received through PALS are:

- General concern
- Information request
- Signposting
- Request for advice.

3.3.5 Eliminating mixed sex accommodation (EMSA)

Providers of NHS funded care are asked to confirm whether they are compliant with the national definition "to eliminate mixed sex accommodation except where it is the overall best interests of the patient, or reflects their patient choice". Rotherham Doncaster and South Humber NHS Foundation Trusts EMSA declaration April 2018 can be found on (<http://www.rdash.nhs.uk/about-us/public-declarations/delivering-same-sex-accommodation/?hide=1#>). The Trust has an excellent record in eliminating mixed sex accommodation, with the majority of inpatient care being provided on wards that have single ensuite bedrooms. For those wards that do not have ensuite facilities clear guidance is provided for the care of patients to ensure that no breach occurs and also to maintain all patients privacy and dignity. All mental health and learning disability wards also have ladies only lounges.

Eliminating mixed sex accommodation is only part of the patients experience with regard to maintaining their privacy and dignity and therefore there is an on-going work programme in place with all inpatient modern matrons. This work continually updates approaches and ensures the Trust maintains the high profile that dignity within care should have.

Breaches in providing same sex accommodation

There have been 0 reported breaches in EMSA during 2017/18.

3.3.6 Patient-Led Assessments of the Care Environment (PLACE)

The 2017 Patient Led Assessments of the Care Environment (PLACE) were undertaken between March and April 2017.

The PLACE assessments were led by trained 'Patient Assessors' and included Governors, Health Watch (Doncaster and Scunthorpe), volunteers, and in-patients, and were facilitated by trained staff assessors from Facilities, Human Resources, Corporate Services, and the Infection Prevention and Control Team.

The 2017 assessments focussed on six key themes:

- Cleanliness
- Food
- Privacy and dignity
- Condition and appearance
- Dementia
- Disability.

The Trust results from the 2017 survey show that the Trust is above the national average for all areas with the exception of 'food and hydration' which is slightly below the national average. This is detailed in Table 19 below.

Table 19: RDaSH average comparison with national average results 2017.

	Cleanliness	Food and hydration	Privacy and dignity	Condition / appearance	Dementia	Disability
RDaSH average 2017	98.5%	88.6%	93.3%	97.3%	79.9%	88.4%
National average 2017	98.4%	89.7%	83.7%	94.0%	76.7%	82.6%
Variation	0.1%	-1.1%	9.6%	3.3%	3.2%	5.8%

There has been an overall improvement in the 2017 results for the Trust when compared to 2016 in all areas with the exception of cleanliness, which has maintained its score, see Table 20 below.

Table 20: RDaSH comparison of average results 2016 and 2017.

	Cleanliness	Food and hydration	Privacy and dignity	Condition / appearance	Dementia	Disability
RDaSH average 2016	98.5%	86.7%	90.7%	96.2%	76.8%	79.9%
RDaSH average 2017	98.5%	88.6%	93.3%	97.3%	79.9%	88.4%
Variation	0%	+1.9%	+2.6%	+1.1%	+3.1%	+8.5%

A comparison of Trust results on a site by site basis of the 2016 and 2017 results is shown in Table 21 below.

Table 21: RDaSH comparison of site results 2016 and 2017.

Note: New Beginnings was not included in the 2016 assessments

	Cleanliness		Food and hydration		Privacy and dignity		Condition / appearance		Dementia		Disability	
	2016	2017	2016	2017	2016	2017	2016	2017	2016	2017	2016	2017
Tickhill Road Site	98.43%	97.78%	87.63%	88.65%	90.31%	90.50%	95.54%	97.00%	75.32%	74.49%	79.67%	78.49%
Woodlands	98.63%	98.86%	78.22%	88.22%	91.46%	92.65%	97.21%	96.92%	84.70%	87.37%	84.10%	92.18%
Emerald	97.42%	97.62%	n/a	n/a	87.50%	96.43%	94.38%	95.93%	n/a	n/a	87.50%	100%
Great Oaks	99.76%	97.32%	89.47%	84.10%	95.12%	84.88%	96.19%	96.01%	77.81%	76.29%	82.79%	86.90%
Swallownest	98.16%	98.73%	87.03%	87.75%	89.29%	95.91%	97.60%	98.99%	71.39%	79.38%	74.17%	85.34%
St John's Hospice	98.71%	99.67%	94.91%	94.27%	92.31%	100%	95.65%	96.15%	72.40%	81.83%	77.58%	87.33%
New Beginnings	n/a	99.65%	n/a	0.00%	n/a	93.33%	n/a	100%	n/a	n/a	n/a	88.89%

An action plan has been developed as a result of the PLACE survey and covers the period 2017/18. This is detailed in Table 22 below.

Table 22: PLACE action plan 2017/18.

Action	Responsibility	Target date	Comments
Respond to patient feedback in relation to menu choices and the meal delivery service	Head of Estates and Facilities Head of Facilities	On-going	Continually review the patient menu taking into account patient feedback Continue to undertake PLACE Lite Food Audits with in-patients

At Great Oaks, the Privacy and Dignity domain showed a reduced score in 2017. This relates to two indicators in this domain which relate to 'Are there rooms/areas designed for physical activities' and 'Is there on site outdoor facilities dedicated for physical activities i.e. football or basketball?' It has not been possible to immediately resolve either of these indicators within the current environment due to the layout of the buildings. However since the PLACE assessments, a 'cardio wall' has been installed within Great Oaks and exercise bikes have been ordered, in addition, the external garden spaces within Great Oaks are currently being refurbished and will include opportunities for physical activities.

3.4 Our people/staff

3.4.1 Staff views of quality

Staff are vital to the delivery of high quality, safe and clinically effective care. The views of our staff on their ability to deliver high quality care are important in helping us shape our plans for quality improvement. Tables 23 and 24 show our performance against key measures and indicators over previous years.

The Trust uses different methods to engage with staff and to secure their views, including:

- Surveys
- “Big Conversation” workshops
- Chief executive blog
- Professional networks
- Trust Matters.

3.4.2 Staff survey

Table 23: Staff survey results relating to quality.

Staff survey questions	2017 average for other mental health trusts % strongly agree or agree	2017 RDaSH % strongly agree or agree	2016 RDaSH % strongly agree or agree
If a friend or relative needed treatment, I would be happy with the standard of care provided by this Trust	65%	62%	65%
I am satisfied with the quality of care I give to patients/service users	81%	81%	84%
I feel that my role makes a difference to patients/service users	89%	86%	88%
I am able to deliver the patient care I aspire to	65%	68%	70%
I am able to make improvements happen in my area of work	58%	54%	58%
<i>Source: CQC</i>			

Table 24: Staff survey results for KF21 and KF26.

Staff survey questions	2017 average for other mental health trusts % strongly agree or agree	2017 RDaSH % strongly agree or agree	2016 RDaSH % strongly agree or agree
Percentage of staff believing that the organisation provides equal opportunities for career progression or promotion (KF21)	86%	88%	90%
Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months (KF26)	20%	16%	18%
<i>Source: CQC</i>			

3.5 Performance against mandated national indicators

Monitor set targets for foundation trusts as part of its Risk Assessment Framework, and Single Oversight Framework. Table 25 shows our progress against the mental health and learning disability governance indicators for 2017/18 and where applicable includes comparative information for the two previous years.

Table 25: Performance against Monitor's mental health governance indicators.

Targets	Threshold	2017/18 (to date – March 2018 not yet available)	2016/17
Early Intervention in Psychosis (EIP): People experiencing a first episode of psychosis treated with a NICE approved care package within two weeks of referral. ^A	50%	88.1% [∞]	81.1%
Ensure that cardio-metabolic assessment and treatment for people with psychosis is delivered routinely in the following service areas:			
a. Inpatient wards	90%	100%	n/a
b. Early Intervention in Psychosis Services	90%	94.77%	n/a
c. Community Mental Health Services (people of care programme approach)	65%	82.1%	n/a
Proportion of people completing treatment who move from recovery (IAPT dataset)	50%	53.1%	53.6%
Waiting to begin treatment (from IAPT minimum dataset) within six weeks of referral	75%	89.0%	81.5%
Waiting to begin treatment (from IAPT minimum dataset) within 18 weeks of referral	95%	99.8%	99.4%
Care programme approach follow up : proportion of discharges from hospital followed up within seven days	See Table 7 (section 2.3)		
Admissions to adult facilities of patients under 16 years old	n/a	1	2
Inappropriate out-of-area placements for Adult Mental Health Services* ^A	Targeted reduction	Quarter 4 = average 110 days per month	n/a
<i>Source: RDaSH performance reports</i>			
^A Marker of specific indicators which have been audited by the Rotherham Doncaster and South Humber NHS FoundationTrust's external auditors. [∞] This figure may be subject to change due to a refresh of 2017/18 data. *As this indicator has only been in the Single Oversight Framework from November 2017, mental health NHS foundation trusts are only required to report performance for quarter 4, or from January 2018. If only quarter 4 is presented, this means it is an average of the 3 figures for the total number of bed days spent inappropriately out-of-area in each month.			

Annexes

Annex 1: Statements clinical commissioning boards, local Healthwatch organisation, overview and scrutiny committees and RDASH Governors

NHS Rotherham Clinical Commissioning Group



This statement has been prepared by Rotherham Clinical Commissioning Group (CCG) in response to the request received from the Rotherham Doncaster and South Humber NHS Foundation Trust, Head of Quality, Compliance and Assurance.

The Commissioner welcomes this opportunity to provide feedback to the Rotherham Doncaster and South Humber NHS Foundation Trust's document 'Quality report 2017/18 and Forward Strategy 2018/19'. Rotherham CCG is particularly keen to highlight the achievements of RDASH in relation to a number of areas which are detailed below.

The CCG is pleased to note that RDASH continues to show generally good performance against patient safety metrics and that patient experience is also positive.

The increasing trend in suicides nationally is reflected in the local picture and RCGG will continue to work with RDASH and other Rotherham based partners to reduce the incidence in Rotherham.

The CCG also notes that RDASH has made good progress with the move to an integrated trust wide clinical quality information system (SystemOne). This also alongside a move to a 'place based model of care'.

RDASH should also be congratulated on being awarded a three star award from the Carer's Trust, one of only two Trusts in the country to have received this award. This is recognition of how the Trust has worked collaboratively with friends and relatives and patients to ensure they are all involved in the health care of those accessing services.

Looking forward, the CCG welcomes the continued focus in 2018/19 on the Quality Priorities that were highlighted in 2017/18. This will allow for a continuation of the good work that has so far taken place.

Over the coming year Rotherham CCG will continue to work with the Trust and its regulators to continue to improve the quality of services available and to ensure that people in Rotherham have access to a high quality mental health and learning disability service.

Dr Russell Brynes
Rotherham CCG, Mental Health GP Lead
23 May 2018

Doncaster Clinical Commissioning Group (CCG) is pleased to comment on the Rotherham Doncaster and South Humber NHS Foundation Trust (RDaSH) annual Quality Report 2017/18 and Forward Strategy 2018/2019. Partnership working with our local Trusts ensures a robust joint approach to the commissioning and delivery of care to mental health, learning disabilities and community patients in Doncaster. We continue to work together to ensure the best quality and evidence based care is available to all.

The report gives a balanced view of the Trust's successes and challenges during the last year and highlights key quality improvement in relation to patient safety, clinical effectiveness and patient experience. They have also undertaken a re-organisational transformation programme which is nearing completion. As such the Trust continued to focus on the quality priorities for the organisation and continue to move these forward.

The Trust continues to demonstrate an open and honest culture. This approach has enabled a shared understanding of some of the key quality metrics the trust achieved in 2017/18. These include a reduction in the following:

- Serious incident reporting
- Number of restrictive interventions
- Number of falls resulting in severe harm
- Number of medication errors.

As services have transformed, the quality of the care continued to be monitored and reviewed within the CCG ensuring service provision is holistic considering both physical healthcare alongside mental health care.

Through 2017/18, the Trust made significant progress and achieved many of the outcomes identified through the CQUIN scheme for both mental health services and community based nursing services. The Trust have agreed ambitious National CQUIN schemes for the coming year that sit alongside and complement national priorities The Trust are also engaging in a local CQUIN to ensure work with the Integrated Care System continues to be driven forward.

The Trust has really embraced the Sign up to Safety campaign and has also fully engaged to deliver against the Learning from Deaths reviews where they were identified as the main care provider. From the reviews they have undertaken they have identified good care and also identified how communication can improve with patients and carers and other services.

During 2017/18 the Trust were visited by the CQC for a 'Well Led' inspection with unannounced visits taking place in January 2018. They are waiting the final report from this inspection.

The CCG look forward to working with the Trust as they continue with their priorities for improvement in 2017/19 which cover 5 priority areas:

- To provide safe effective care
- To ensure services actively listen and respond to their communities including staff, patients and service users
- Holistically integrate physical and mental health care
- Creation of a single trust wide clinical quality information system (nearing completion now)
- Develop and implement a quality improvement model and methodology.

The Trust have undertaken an ambitious engagement programme called 'Big Conversation' which has shown their commitment to ensuring they listen to the views of the patients, service users, partners and staff.

We would like to take this opportunity to thank the Trust and all their staff for their continued focus and hard work and we look forward to working with them collaboratively both in the transformation and redesign of key services and the further delivery of improvements in relation to accessing appropriate services and the quality of care and experience.

Andrew Russell
Chief Nurse, NHS Doncaster Clinical Commissioning Group
22 May 2018

Statement on Rotherham, Doncaster and South Humber NHS Foundation Trust

Quality Account for 2017/18

North Lincolnshire Clinical Commissioning Group (CCG) welcomes the opportunity to make a statement on the Quality Account for Rotherham, Doncaster and South Humber NHS Foundation Trust (RDaSH).

The RDaSH Quality Account provides a comprehensive overview of action taken and improvements made by the Trust in 2017/18 and clearly illustrates the Trust's performance against the quality metrics and core performance indicators during the year. Overall, performance across the North Lincolnshire Care Group continued to improve during the year with evidence of some good progress made in the delivery of place based care.

The report demonstrates that the Trust's quality priorities are aligned to their overall strategic goals and reflects that these priorities were achieved in 2017/18. The report also reflects the Trust's on-going commitment to ensuring that these quality priorities continue to be achieved during 2018/19.

The CCG looks forward to receiving further details on the Trust's quality strategy and quality objectives for 2018/19 and welcomes the opportunity to support RDaSH to achieve these quality improvements.

The CCG is pleased to acknowledge that RDaSH has demonstrated evidence of sustained improvement in several areas of work, during 2017/18. These improvements include the successful delivery of the national Commissioning for Quality and Innovation (CQUIN) scheme, implementation of a new quality dashboard and patient experience report for North Lincolnshire and improvements in the identification, investigation and timeliness of response to serious incidents, across the North Lincolnshire Care Group.

The CCG would also like to acknowledge the hard work undertaken by the Trust during the year to maintain the areas identified by the Care Quality Commission (CQC) during their inspection undertaken in 2016/17.

During the year, the CCG has worked closely with RDaSH to review the emergency mental health service pathway, to ensure that the needs of the local population continue to be met. The outcome of this review will be used to identify areas for further improvement in this service.

During 2018/19, North Lincolnshire CCG will continue to work with the Trust and partners to further improve the quality and the seamless delivery of mental health and learning disability services provided to the population of North Lincolnshire.

Response to RDaSH 2017-18 Quality Accounts

Healthwatch Doncaster is pleased to provide comments and a response to Rotherham, Doncaster and South Humber NHS Foundation Trust's (RDaSH) 2017-18 Quality Accounts.

Healthwatch Doncaster recognise the value that RDaSH places on capturing the experience of feedback of people who use its services.

Healthwatch Doncaster have attended and been involved in the Listen to Learn Network and we receive regular information updates that are shared across our groups, networks and membership. It is clear that RDaSH listens to the voices of local people and then incorporates these views in to its plans to make service change and improvement.

Volunteers from Healthwatch Doncaster have been involved in PLACE visits and have provided independent feedback on the quality of local services for local people.

Andrew D. Goodall
Chief Operating Officer
Healthwatch Doncaster
17 May 2018

Response to RDaSH Quality Report 2017-18

The RDaSH sub-group from the Health Select Commission held a detailed discussion on the Rotherham quality dashboard in November 2017, followed by a similar session in April 2018. The second meeting also included a presentation on the content of the draft Quality Report and headline achievements from 2017-18. Members appreciate being presented with this information and asked questions in both sessions regarding performance, challenges and delivering further quality improvements.

The Commission welcomed the progress made on the quality priorities during the year and expects this to continue in 2018-19. Good performance on reducing avoidable pressure ulcers and use of restrictive interventions was acknowledged and the implementation of the new Electronic Patient Record is a positive step forward in improving data quality and streamlining processes.

Informal carers are invaluable in our community and RDaSH are commended for achieving Level Three in the Triangle of Care initiative and for having clearly identifiable Carers Champions across the Trust.

Members received regular updates on service transformation during the year, with a useful and informative visit to Child and Adolescent Mental Health Services (CAMHS) at Kimberworth Place providing them with a good insight into the new model and pathways. CAMHS has been a key focus for scrutiny in recent years and it is pleasing to see the improvements made, especially on waiting times for assessment and treatment.

The Health Select Commission is supportive of holistic care covering both mental and physical health and is keen to see the further development of the mental health liaison service with the Urgent and Emergency Care Centre at Rotherham Hospital.

As Chair I recognise the contribution of RDaSH as a key partner in delivering the Integrated Health and Social Care Plan; scrutiny of which is another important part of the Commission's work programme. Notable aspects during 2017-18 have been the successful move of RDaSH staff into the Care Co-ordination Centre and involvement in the Health Village pilot.

The Health Select Commission appreciates the willingness of the Trust to engage regularly with Members, by attending meetings and providing information, and anticipates that this will continue in 2018-19.

Cllr Simon Evans
Chair, Health Select Commission
30 April 2018

North Lincolnshire Council – Health Scrutiny Panel’s Quality Accounts comments for Rotherham, Doncaster and South Humber NHS Foundation Trust

North Lincolnshire Council’s Health Scrutiny Panel welcomes the opportunity to comment as part of Rotherham, Doncaster and South Humber NHS Foundation Trust’s (RDaSH) Quality Report and Forward Strategy. RDaSH are a key partner and provider of local services, and members have built a valuable working relationship with Trust personnel over recent years.

The panel notes the Trust’s mixed performance metrics against its 2017/18 priorities. In particular, the panel is pleased to see a marked reduction in both serious incidents and restrictive interventions. However, we are very concerned by the increase in confirmed/suspected suicides. Whilst, naturally, RDaSH cannot be held wholly responsible for this increase, we intend to raise this issue with all key agencies in North Lincolnshire.

The panel welcomes the future priorities outlined and agreed by the Trust, in particular efforts to holistically integrate physical and mental health care. For many years, the panel has advocated such an approach so we are encouraged that the Trust intends to achieve parity of esteem, particularly for children and young people.

The panel also notes the very encouraging results of the Trust’s Patient-Led Assessments of the Care Environment (PLACE), with several indicators amongst the best in the country. However, we do have some concerns about the recent reduction in the ‘privacy and dignity’ indicator at Great Oaks and will be seeking assurances from RDaSH on addressing this.

On work-related issues, Trust representatives have been very open to work with the panel throughout the year, most notably on ongoing work to improve services for those with co-existing mental health and substance misuse issues. We believe that this is clear evidence that the Trust has a genuine desire to improve services through working more co-operatively with partners. In addition, the Trust has been willing to work with our colleagues on the People Scrutiny Panel on ensuring that children and young people can access appropriate services at the right place, at the right time. Finally, any day-to-day queries have always resulted in a swift and comprehensive response, and we thank the Trust for this.

18 May 2018

Rotherham Doncaster and South Humber NHS Foundation Trust Council of Governors

The Council of Governors is pleased to have the opportunity to comment on the Quality Report for 2017/2018.

Throughout the year Governors have taken opportunities to be closely involved with initiatives to promote and assure quality services within the Trust:

- There are Governor representatives on the team that completes the Patient Led Assessment of the Care Environment (PLACE) visits
- Governors have attended training to participate in the Trust's Quality Review process
- Governors have contributed to the review of the incident reporting and complaints management policies and the greater role for patients and carers in these processes
- Governors have attended a number of groups and events which are focused on ways to involve service users, carers and stakeholders in how the Trust delivers its services – these have included the following:
 - Governor constituency meetings and the quarterly Governor information and discussion group
 - Election information events
 - Annual Members' Meeting
 - Community events
 - Regular attendance at the Listen to Learn Network and Carer Champion Network events
 - Representation on the Trust's Triangle of Care Steering Group
 - Visits to service user/patient and carer user groups
 - Visits to services
 - Public Board of Directors' meetings
 - NED interview and (re)appointment – predominantly undertaken by the Governors on the Nominations Committee
 - Corporate events at the Trust - Trust Graduation Ceremony, Trust official openings, Volunteers' festive lunch and the annual awards ceremony
 - Charitable Funds Committee
 - Audit Committee
 - Food and Hydration Forum
 - Equality Diversity and Human Rights Steering Group (and to continue this attendance in care group meetings)
 - Medicines Management Committee
 - Annual awards ceremony judging panel
 - Training from other providers, e.g. NHS Providers – Governwell programme of Governor training
 - Active engagement as "Patient Research Ambassadors" for RDaSH
- Governors have held 'members' drop-in' events in Rotherham and Doncaster to engage with their members and to look for opportunities to recruit new members
- Governors have attended and made useful contribution to the Listening into Action workshops where they engage with staff members to listen to their experiences and opinions
- Governors frequently attend the Board of Directors' meetings and have engaged by asking questions and providing appropriate challenge
- The Council of Governors receives a comprehensive performance report at each meeting which includes a section relating to quality and that has a range of data about the quality of the services provided. This section

is presented to the Council of Governors by the Chair of the Quality Committee (Alison Pearson, Non-Executive Director) and the Director of Nursing and Quality (Dr Deborah Wildgoose)

- Governors have discussed the Annual Plan and the Forward Strategy and received updates from the Chief Executive relating to the external environment and the changes relating to Accountable Care Systems / Integrated Care Systems. Two RDaSH Governors take an active part in "The Citizens Panel" element of the shadow South Yorkshire and Bassetlaw Integrated Care System.
- The Council of Governors selected the local indicator for external audit testing this year as medication errors.

The Governors support the content of the report as an open and honest reflection of the Trust's position. The Council of Governors will work closely with the Board of Directors, staff, service users, carers and public over the coming year to achieve the quality priorities contained within the Quality Forward Strategy 2018/19. The Council welcomes current developments among Governors to more effectively hold the Non-Executive Directors to account for the performance of the Board of Directors. This includes active discussions between Governors who work with, and through, Non-Executive Directors and learn from the good practice of other NHS Trusts.

Council of Governors
22 May 2018



Annex 2: Statement of Directors' responsibilities for the Quality Report

The Directors are required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations to prepare Quality Accounts for each financial year.

NHS Improvement has issued guidance to NHS foundation trust boards on the form and content of annual quality reports (which incorporate the above legal requirements) and on the arrangements that NHS foundation trust boards should put in place to support the data quality for the preparation of the Quality Report.

In preparing the Quality Report, Directors are required to take steps to satisfy themselves that:

- The content of the Quality Report meets the requirements set out in the NHS foundation trust annual reporting manual 2017/18 and supporting guidance
- The content of the Quality Report is not inconsistent with internal and external sources of information including:
 - Board minutes and papers for the period April 2017 to May 25, 2018
 - Papers relating to quality reported to the board over the period April 2017 to May 25, 2018
 - Feedback from commissioners:
 - Rotherham Clinical Commissioning Group 23 May 2018
 - Doncaster Clinical Commissioning Group 22 May 2018
 - Feedback from Governors dated May 22, 2018
 - Feedback from Doncaster Healthwatch organisation 17 May 2018
 - Feedback from Overview and Scrutiny Committee:
 - Rotherham Health Select Commission 30 April 2018
 - North Lincolnshire Health Scrutiny Panel 18 May 2018
 - The Trust's complaints report 2016/17 published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009 and the quarterly reports for Q1, Q2, Q3 and Q4 of 2017/18
 - The latest national patient survey November 15, 2017
 - The latest national staff survey 2017
 - Care Quality Commission inspection report, dated January 12, 2017
 - the Head of Internal Audit's annual opinion of the Trust's control environment dated May 25, 2018
- The Quality Report presents a balanced picture of the NHS foundation trust's performance over the period covered
- The performance information reported in the Quality Report is reliable and accurate
- There are proper internal controls over the collection and reporting of the measures of performance included in the Quality Report, and these controls are subject to review to confirm that they are working effectively in practice
- The data underpinning the measures of performance reported in the Quality Report is robust and reliable, conforms to specified data quality standards and prescribed definitions, is subject to appropriate scrutiny and review
- The Quality Report has been prepared in accordance with NHS Improvement's Annual Reporting Manual and Supporting Guidance (which incorporates the Quality Accounts regulations) as well as the standards to support data quality for the preparation of the Quality Report.

The Directors confirm to the best of their knowledge and belief they have complied with the above requirements in preparing the Quality Report.

By order of the Board



Lawson Pater, Chairman

25 May 2018



Kathryn Singh, Chief Executive

25 May 2018

Annex 3: Glossary of Terms

This section aims to explain some of the terms used in the Quality Report. It is not an exhaustive list but hopefully will help to clarify the meaning of the NHS jargon used in these pages.

A	Marker of specific indicators which have been audited by the Trust's external auditors.
Annual Plan:	This document sets out the Trust's annual financial forecasts, strategic plans, key risks and priorities
CAMHS:	Child and Adolescent Mental Health Service
CCG:	Clinical Commissioning Group
CPA:	Care Programme Approach – the framework for good practice in delivering mental health services. CPA aims to ensure that services work closely together to meet service users' identified needs and support them in their recovery.
CQC:	Care Quality Commission
CQUIN:	Commissioning for Quality and Innovation
Dashboard:	Summary overview of key areas of performance
IAPT:	Improving Access to Psychological Therapies
LD:	Learning disability
Monitor:	Independent regulator for foundation trusts
NHS:	National Health Service
NHS England:	Formally established as the NHS Commissioning Board on 1 October 2012, NHS England is an independent body at arm's length to the Government.
NICE:	National Institute for Health and Clinical Excellence
NRLS:	National Reporting and Learning Service
OPMHS:	Older People's Mental Health Service
PLACE:	Patient-Led Assessments of the Care Environment, which is the new system for assessing the quality of the patient environment
POMH:	Prescribing Observatory for Mental Health UK
Quarter 1:	April 1–June 30
Quarter 2:	July 1– September 30
Quarter 3:	October 1– December 31
Quarter 4:	January 1 – March 31
RDaSH:	Rotherham Doncaster and South Humber NHS Foundation Trust

Annex 4: Independent auditor's report to the Council of Governors

Independent auditor's report to the Council of Governors of Rotherham Doncaster and South Humber NHS Foundation Trust on the Quality Report

We have been engaged by the Council of Governors of Rotherham Doncaster and South Humber NHS Foundation Trust to perform an independent assurance engagement in respect of Rotherham Doncaster and South Humber NHS Foundation Trust's Quality Report for the year ended 31 March 2018 (the 'Quality Report') and certain performance indicators contained therein.

This report, including the conclusion, has been prepared solely for the Council of Governors of Rotherham Doncaster and South Humber NHS Foundation Trust as a body, to assist the Council of Governors in reporting Rotherham Doncaster and South Humber NHS Foundation Trust's quality agenda, performance and activities. We permit the disclosure of this report within the Annual Report for the year ended March 31, 2018, to enable the Council of Governors to demonstrate they have discharged their governance responsibilities by commissioning an independent assurance report in connection with the indicators. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Council of Governors as a body and Rotherham Doncaster and South Humber NHS Foundation Trust for our work or this report, except where terms are expressly agreed and with our prior consent in writing.

Scope and subject matter

The indicators for the year ended March 31, 2018 subject to limited assurance consist of the national priority indicators as mandated by NHS Improvement:

- Early Intervention in Psychosis: people experiencing a first episode of psychosis treated with a National Institute for Health and Care Excellence (NICE) – approved care package within two weeks of referral
- Inappropriate out of area placements for adult mental health services.

We refer to these national priority indicators collectively as the 'indicators'.

Respective responsibilities of the Directors and auditors

The Directors are responsible for the content and the preparation of the Quality Report in accordance with the criteria set out in the 'NHS Foundation Trust Annual Reporting Manual' issued by NHS Improvement.

Our responsibility is to form a conclusion, based on limited assurance procedures, on whether anything has come to our attention that causes us to believe that:

- The Quality Report is not prepared in all material respects in line with the criteria set out in the 'NHS Foundation Trust Annual Reporting Manual' and supporting guidance
- The Quality Report is not consistent in all material respects with the sources specified in here
- The indicators in the Quality Report identified as having been the subject of limited assurance in the Quality Report are not reasonably stated in all material respects in accordance with the 'NHS Foundation Trust Annual Reporting Manual' and the six dimensions of data quality set out in the 'Detailed guidance for external assurance on Quality Reports'.

We read the Quality Report and consider whether it addresses the content requirements of the 'NHS Foundation Trust Annual Reporting Manual' and supporting guidance, and consider the implications for our report if we become aware of any material omissions.

We read the other information contained in the Quality Report and consider whether it is materially inconsistent with:

- Board minutes for the period April 2017 to May 25, 2018
- Papers relating to quality reported to the board over the period April 2017 to May 25, 2018
- Feedback from Commissioners dated May 22, 2018 and May 23, 2018
- Feedback from Governors dated May 22, 2018
- Feedback from local Healthwatch organisations dated May 17, 2018
- Feedback from Overview and Scrutiny Committee dated 30 April 30, 2018 and May 18, 2018
- The Trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS

Complaints Regulations 2009, dated 2017, and the quarterly reports for Q1, Q2, Q3 and Q4 of 2017/18

- The latest national patient survey dated November 15, 2017
- The latest national staff survey 2017
- Care Quality Commission inspection report dated January 12, 2017
- The Head of Internal Audit's annual opinion over the Trust's control environment dated May 25, 2018.

We consider the implications for our report if we become aware of any apparent misstatements or material inconsistencies with those documents (collectively the 'documents'). Our responsibilities do not extend to any other information.

We are in compliance with the applicable independence and competency requirements of the Institute of Chartered Accountants in England and Wales (ICAEW) Code of Ethics. Our team comprised assurance practitioners and relevant subject matter experts.

Assurance work performed

We conducted this limited assurance engagement in accordance with International Standard on Assurance Engagements 3000 (Revised) – 'Assurance Engagements other than Audits or Reviews of Historical Financial Information' issued by the International Auditing and Assurance Standards Board ('ISAE 3000'). Our limited assurance procedures included:

- Evaluating the design and implementation of the key processes and controls for managing and reporting the indicators
- Making enquiries of management
- Testing key management controls
- Limited testing, on a selective basis, of the data used to calculate the indicator back to supporting documentation
- Comparing the content requirements of the 'NHS Foundation Trust Annual Reporting Manual' to the categories reported in the quality report
- Reading the documents.

A limited assurance engagement is smaller in scope than a reasonable assurance engagement. The nature, timing and extent of procedures for gathering sufficient appropriate evidence are deliberately limited relative to a reasonable assurance engagement.

Limitations

Non-financial performance information is subject to more inherent limitations than financial information, given the characteristics of the subject matter and the methods used for determining such information.

The absence of a significant body of established practice on which to draw allows for the selection of different, but acceptable measurement techniques which can result in materially different measurements and can affect comparability. The precision of different measurement techniques may also vary. Furthermore, the nature and methods used to determine such information, as well as the measurement criteria and the precision of these criteria, may change over time. It is important to read the quality report in the context of the criteria set out in the 'NHS Foundation Trust Annual Reporting Manual'.

The scope of our assurance work has not included testing of indicators other than the selected mandated indicators, or consideration of quality governance.

Conclusion

Based on the results of our procedures, nothing has come to our attention that causes us to believe that, for the year ended March 31, 2018:

- The Quality Report is not prepared in all material respects in line with the criteria set out in the 'NHS Foundation Trust Annual Reporting Manual'
- The Quality Report is not consistent in all material respects with the sources specified in here
- The indicators in the Quality Report subject to limited assurance have not been reasonably stated in all material respects in accordance with the 'NHS Foundation Trust Annual Reporting Manual' and supporting guidance.

Deloitte LLP
Newcastle Upon Tyne

25 May 2018

Independent auditor's report to the Council of Governors and board of directors of Rotherham Doncaster and South Humber NHS Foundation Trust

Report on the audit of the financial statements

Opinion

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

- give a true and fair view of the state of the Group's and Foundation Trust's affairs as at March 31, 2018 and of the Group's and Foundation Trust's income and expenditure for the year then ended;
- have been properly prepared in accordance with the accounting policies directed by NHS Improvement – Independent Regulator of NHS Foundation Trusts; and
- have been prepared in accordance with the requirements of the National Health Service Act 2006.

We have audited the financial statements which comprise:

- the Consolidated Statement of Comprehensive Income;
- the Group and Foundation Trust Statement of Financial Position;
- the Group and Foundation Trust Statement of Cash Flow;
- the Group and Foundation Trust Statements of Changes in Taxpayers' Equity; and
- the related notes 1 to 39.

The financial reporting framework that has been applied in their preparation is applicable law and the accounting policies directed by NHS Improvement – Independent Regulator of NHS Foundation Trusts.

Basis for opinion

We conducted our audit in accordance with International Standards on Auditing (UK) (ISAs (UK)) and applicable law. Our responsibilities under those standards are further described in the auditor's responsibilities for the audit of the financial statements section of our report.

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

Summary of our audit approach

Key audit matters	The key audit matters that we identified in the current year were: Revenue recognition in respect of CQUIN Income and Rotherham MBC (RMBC) Learning Disability service and Doncaster MBC (DMBC) Learning Disability Homes service and property valuations.
Materiality	The materiality that we used for the group financial statements was £3.28m which was determined on the basis of 2% of total operating income
Scoping	The scope of the audit is in line with the Code of Audit Practice issued by the National Audit Office. We focused our group audit scope primarily on the Trust. Audit work was performed at the Group's head offices at Tickhill Road Hospital directly by the audit engagement team, led by the audit director.
Significant changes in our approach	This is the first year of our appointment as auditor.

Conclusions relating to going concern

We are required by ISAs (UK) to report in respect of the following matters where:


- the Accounting Officer's use of the going concern basis of accounting in preparation of the financial statements is not appropriate; or
- the Accounting Officer has not disclosed in the financial statements any identified material uncertainties that may cast significant doubt about the group's or the Foundation Trust's ability to continue to adopt the going concern basis of accounting for a period of at least twelve months from the date when the financial statements are authorised for issue.




We have nothing to report in respect of these matters.

Key audit matters

Key audit matters are those matters that, in our professional judgement, were of most significance in our audit of the financial statements of the current period and include the most significant assessed risks of material misstatement (whether or not due to fraud) that we identified. These matters included those which had the greatest effect on the overall audit strategy, the allocation of resources in the audit; and directing the efforts of the engagement team.

These matters were addressed in the context of our audit of the financial statements as a whole, and in forming our opinion thereon, and we do not provide a separate opinion on these matters.

Revenue recognition in respect of CQUIN, the RMBC Learning Disability service and DMBC LD Homes service	
Key audit matter	As described in note 1, Accounting Policies and note 1.22, Key sources of estimation uncertainty and key judgements, there are significant judgements in recognition of revenue from care of NHS service users and in provisioning for disputes with commissioners due to:
 description	<p>The judgements taken in evaluating volume-related and Commissioning for Quality and Innovation ("CQUIN") income;</p> <p>The judgmental nature of provisions for disputes, including in respect of outstanding over performance income for quarters 3 and 4.</p> <p>The judgements taken in evaluating contractual services in relation to Rotherham MBC ('RMBC') Learning Disability service and Doncaster MBC ('DMBC') Learning Disability Service.</p>

	<p>Details of the Group's income, including £148m of Commissioner Requested Services, are shown in note 2.1 to the financial statements. NHS debtors are shown in note 23 to the financial statements.</p> <p>The Group earns revenue from a wide range of commissioners, increasing the complexity of agreeing a final year-end position. This was discussed by the Audit Committee - see page 49 and 50 of the Annual Report.</p>
<p>How the scope of our audit responded to the key audit matter</p> 	<p>In order to address this key audit matter, we have performed the following procedures:</p> <ul style="list-style-type: none"> • We performed a retrospective review of management's estimation techniques used in application and allocation of CQUIN income, to assess accuracy. • We have assessed the design and implementation of controls over management's estimation of CQUIN target measures; • We have obtained evidence that CQUIN income for Q1-3 was agreed between the Trust and the commissioners and assessed whether the income recognised by the Trust was in line with that which had been agreed; • We have reviewed the Q4 estimate of CQUIN income and have agreed this to supporting information from the Trust on activity performance; • We have reviewed the design and implementation of the controls covering the recognition of income owed by DMBC and RMBC. • We reviewed correspondence with DMBC and RMBC and verified income recognised through to invoice.
<p>Key observations</p> 	<p>We consider the income recognised from CQUIN to be appropriate based on the Trust's patient activity and reported performance against the operational targets agreed with the Commissioner.</p> <p>We also consider the income recognised under the RMBC Learning Disability service and DMBC Learning Disability Homes service contracts to be appropriate.</p>
<p>Accounting for Property Valuations</p>	
<p>Key audit matter description</p>	<p>The Group holds property assets (land and buildings) within Property, Plant and Equipment at a modern equivalent use valuation of £98.8m. The valuations are by nature significant estimates which are based on specialist and management assumptions (including the floor areas for a Modern Equivalent Asset, the basis for calculating build costs, the level of allowances for professional fees and contingency, and the remaining life of the assets) and which can be subject to material changes in value. In 2017/18 the Trust recognised a £14.3m increase in the valuation of property assets following a valuation by an external expert (the District Valuer). This was discussed by the Audit Committee - see page 49 and 50 of the Annual Report.</p>
<p>How the scope of our audit responded to the key audit matter</p> 	<p>The key judgements are contained within the mechanics of the valuation assessment performed by the District Valuer (DV).</p> <p>We used our valuation specialists, Deloitte Real Estate to review and challenge the appropriateness of the assumptions used by the DV under instruction from management in the year end valuation of the Trust's properties;</p> <p>We have examined the terms of engagement of the valuer, the instructions issued and the management controls within the Trust concerning the receipt, review and acceptance of the DV's report;</p> <p>We assessed the appropriateness of these assumptions by considering the justifications and how these compared to the layout of the Group's estate compared to a modern building;</p> <p>We have examined the accuracy of the posting of the valuations to the general ledger and financial statements.</p>

Key observations



We have noted areas where controls could be improved principally around the initial engagement with the District Valuer.

The valuation used by management was dated December 31 2017. We estimated that, had the valuation been updated to March 31 2018, the valuation of assets in the financial statements would have been stated £1.299m higher.

Our application of materiality

We define materiality as the magnitude of misstatement in the financial statements that makes it probable that the economic decisions of a reasonably knowledgeable person would be changed or influenced. We use materiality both in planning the scope of our audit work and in evaluating the results of our work.

Based on our professional judgement, we determined materiality for the financial statements as a whole as follows:

	Group financial statements	Foundation Trust financial statements
Materiality	£3.28m	£3.26m
Basis for determining materiality	2% of Total Incoming resources	2% of Total Incoming resources
Rationale for the benchmark applied	Income was chosen as a benchmark as the Trust is a non-profit organisation, and income is a key measure of financial performance for users of the financial statements.	



An overview of the scope of our audit

Our group audit was scoped by obtaining an understanding of the Group and its environment, including group-wide controls, and assessing the risks of material misstatement at the Group level.

The focus of our audit work was on the Trust, with work performed at the Trust’s offices at Tickhill Road Hospital directly by the audit engagement team, led by the audit director.

We performed specified audit procedures on the Trust’s Charity, where the extent of our testing was based on our assessment of the risks of material misstatement and the materiality of the charity to the group.

At the group level we also tested the consolidation process of the Charitable Funds and Flourish Enterprises Community Interest Company.

The audit team included integrated Deloitte specialists bringing specific skills and experience in property valuations and Information Technology.

Other information

The Accounting Officer is responsible for the other information. The other information comprises the information included in the annual report, other than the financial statements and our auditor's report thereon.

Our opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in our report, we do not express any form of assurance conclusion thereon.

In connection with our audit of the financial statements, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the audit or otherwise appears to be materially misstated.

We have nothing to report in respect of these matters.

If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether there is a material misstatement in the financial statements or a material misstatement of the other information. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact.

Responsibilities of Accounting Officer

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

In preparing the financial statements, the Accounting Officer is responsible for assessing the Group's and the Foundation Trust's ability to continue as a going concern, disclosing as applicable, matters related to going concern and using the going concern basis of accounting unless the accounting officer either intends to liquidate the Group or the Foundation Trust or to cease operations, or has no realistic alternative but to do so.

Auditor's responsibilities for the audit of the financial statements

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

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

Report on other legal and regulatory requirements

Opinion on other matters prescribed by the National Health Service Act 2006

In our opinion:

- the parts of the Directors' Remuneration Report and Staff Report to be audited have been properly prepared in accordance with the National Health Service Act 2006; and
- the information given in the Performance Report and the Accountability Report for the financial year for which the financial statements are prepared is consistent with the financial statements.

Matters on which we are required to report by exception

Annual Governance Statement, use of resources, and compilation of financial statements

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

- the Annual Governance Statement does not meet the disclosure requirements set out in the NHS Foundation Trust Annual Reporting Manual, is misleading, or is inconsistent with information of which we are aware from our audit;
- the NHS Foundation Trust has not made proper arrangements for securing economy, efficiency and effectiveness in its use of resources; or
- proper practices have not been observed in the compilation of the financial statements.

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

We have nothing to report in respect of these matters.

Reports in the public interest or to the regulator

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

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

We have nothing to report in respect of these matters.

Certificate

We certify that we have completed the audit of the accounts in accordance with the requirements of Chapter 5 of Part 2 of the National Health Service Act 2006 and the Code of Audit Practice.

Use of our report

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

Paul Hewitson [FCA]
For and on behalf of Deloitte LLP
Statutory Auditor
Newcastle upon Tyne, United Kingdom
May 25 2018



Rotherham Doncaster
and South Humber
NHS Foundation Trust

Financial Accounts

2017/2018



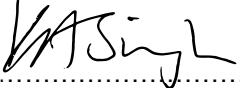
ROTHERHAM DONCASTER AND SOUTH HUMBER NHS FOUNDATION TRUST

ANNUAL ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2018

Rotherham Doncaster and South Humber NHS Foundation Trust Annual Accounts 2017/18

Foreword to the accounts

These accounts, for the year ended 31 March 2018, have been prepared by Rotherham Doncaster and South Humber NHS Foundation Trust in accordance with paragraphs 24 & 25 of Schedule 7 within the National Health Service Act 2006.

Signed 

Name Kathryn Singh
Job title Chief Executive
Date 25 May 2018

Consolidated Statement of Comprehensive Income for the year ended 31 March 2018

	Note	Group	
		2017/18	Restated 2016/17
		£000	£000
Operating income from patient care activities	3	151,577	153,072
Other operating income	4	12,370	10,965
Total operating income from continuing operations		163,947	164,037
Operating expenses	5, 7	(155,619)	(158,264)
Operating surplus from continuing operations		8,328	5,773
Finance income	10	141	124
Finance expenses	11	(1,561)	(2,883)
PDC dividends payable		(2,102)	(1,820)
Net finance costs		(3,522)	(4,579)
Gain on disposal of non-current assets	12	181	1
Movement in the fair value of investment property and other investments	12, 18	(16)	-
Corporation tax expense		(9)	-
Surplus for the year from continuing operations		4,962	1,195
Surplus for the year		4,962	1,195
Other comprehensive income/expense			
Will not be reclassified to income and expenditure:			
Revaluations		15,500	-
Remeasurements of the net defined benefit pension scheme liability/asset	33	438	(298)
May be reclassified to income and expenditure when certain conditions are met:			
Fair value(losses)/gains on available-for-sale financial investments	19	(48)	230
Total comprehensive income/(expense) for the period		20,852	1,127

The corporation tax expense is in relation to Flourish CIC, a wholly owned subsidiary.

Statements of Financial Position

as at 31 March 2018	Notes	Group		Trust	
		Restated			
		31 March 2018	31 March 2017	31 March 2018	31 March 2017
		£000	£000	£000	£000
Non-current assets					
Intangible assets	14, 15	3,858	2,287	3,858	2,287
Property, plant and equipment	16, 17	103,785	89,082	103,785	89,082
Investment property	18	2,847	2,133	2,847	2,133
Other investments	19	2,778	2,573	222	222
Total non-current assets		113,077	96,095	110,523	93,744
Current assets					
Inventories	22	182	180	172	188
Trade and other receivables	23	8,732	5,834	8,807	5,838
Non-current assets for sale	24	-	1,820	-	1,820
Cash and cash equivalents	25	28,802	28,537	28,214	28,583
Total current assets		37,826	37,381	37,193	36,419
Current liabilities					
Trade and other payables	26	(17,350)	(18,782)	(17,318)	(18,835)
Other liabilities	27	(1,521)	(2,772)	(1,482)	(2,527)
Borrowings	28	(743)	(781)	(743)	(781)
Provisions	30	(7,185)	(5,288)	(7,185)	(5,288)
Total current liabilities		(26,799)	(28,581)	(26,688)	(28,152)
Total assets less current liabilities		124,124	104,895	121,828	101,971
Non-current liabilities					
Trade and other payables	26	(2)	(2)	-	-
Other liabilities	27	(847)	(984)	(847)	(984)
Borrowings	28	(15,370)	(16,748)	(15,370)	(16,748)
Provisions	30	(538)	(848)	(538)	(848)
Total non-current liabilities		(16,557)	(18,390)	(16,555)	(18,388)
Total assets employed		107,567	86,505	104,473	83,583
Financed by					
Public dividend capital		38,801	38,581	38,801	38,581
Revaluation reserve		44,341	38,860	44,341	38,860
Income and expenditure reserve		23,362	16,120	23,331	16,132
Charitable fund reserves	20	3,063	2,834	-	-
Total taxpayers' and others' equity		107,567	86,505	104,473	83,583

The notes on pages 121 to 163 form part of these accounts.



Name: Kathryn Singh
Position: Chief Executive
Date: 25 May 2018

Statement of Changes in Taxpayers' Equity for the year ended 31 March 2018

Group	Public dividend capital £000	Revaluation reserve £000	Income and expenditure reserve £000	NHS charitable funds reserves £000	Total taxpayers' and others' equity £000
Taxpayers' and others' equity at 1 April 2017 - brought forward	36,591	30,860	16,120	2,934	86,505
Surplus for the year	-	-	4,785	177	4,962
Transfer from revaluation reserve to income and expenditure reserve for impairments arising from consumption of economic benefits	-	(424)	424	-	-
Other transfers between reserves	-	(1,140)	1,140	-	-
Revaluations	-	15,500	-	-	15,500
Transfer to retained earnings on disposal of assets	-	(455)	455	-	-
Fair value losses on available-for-sale financial investments	-	-	-	(48)	(48)
Remeasurements of the defined net benefit pension scheme liability/asset	-	-	438	-	438
Public dividend capital received	210	-	-	-	210
Taxpayers' and others' equity at 31 March 2018	36,801	44,341	23,362	3,063	107,567

Statement of Changes in Taxpayers' Equity for the year ended 31 March 2017

Group	Public dividend capital £000	Revaluation reserve £000	Income and expenditure reserve £000	NHS charitable funds reserves £000	Total taxpayers' and others' equity £000
Taxpayers' and others' equity at 1 April 2016 - brought forward	36,511	33,062	13,017	2,726	85,316
Prior period adjustment re consolidation of Flourish	-	-	(18)	-	(18)
Taxpayers' and others' equity at 1 April 2016 - restated	36,511	33,062	12,999	2,726	85,298
Surplus for the year	-	-	1,217	(22)	1,195
Transfer from revaluation reserve to income and expenditure reserve for impairments arising from consumption of economic benefits	-	(1,909)	1,909	-	-
Other transfers between reserves	-	(226)	226	-	-
Transfer to retained earnings on disposal of assets	-	(67)	67	-	-
Fair value gains on available-for-sale financial investments	-	-	-	230	230
Remeasurements of the defined net benefit pension scheme liability/asset	-	-	(298)	-	(298)
Public dividend capital received	80	-	-	-	80
Taxpayers' and others' equity at 31 March 2017	36,591	30,860	16,120	2,934	86,505

Statement of Changes in Taxpayers' Equity for the year ended 31 March 2018

Trust	Public dividend capital £000	Revaluation reserve £000	Income and expenditure reserve £000	Total taxpayers' and others' equity £000
Taxpayers' and others' equity at 1 April 2017 - brought forward	36,591	30,860	16,132	83,583
Surplus for the year	-	-	4,742	4,742
Transfer from revaluation reserve to income and expenditure reserve for impairments arising from consumption of economic benefits	-	(424)	424	-
Other transfers between reserves	-	(1,140)	1,140	-
Revaluations	-	15,500	-	15,500
Transfer to retained earnings on disposal of assets	-	(455)	455	-
Remeasurements of the defined net benefit pension scheme liability/asset	-	-	438	438
Public dividend capital received	210	-	-	210
Taxpayers' and others' equity at 31 March 2018	36,801	44,341	23,331	104,473

Statement of Changes in Taxpayers' Equity for the year ended 31 March 2017

Trust	Public dividend capital £000	Revaluation reserve £000	Income and expenditure reserve £000	Total taxpayers' and others' equity £000
Taxpayers' and others' equity at 1 April 2016 - brought forward	36,511	33,062	13,017	82,590
Surplus for the year	-	-	1,211	1,211
Transfer from revaluation reserve to income and expenditure reserve for impairments arising from consumption of economic benefits	-	(1,909)	1,909	-
Other transfers between reserves	-	(226)	226	-
Transfer to retained earnings on disposal of assets	-	(67)	67	-
Remeasurements of the defined net benefit pension scheme liability/asset	-	-	(298)	(298)
Public dividend capital received	80	-	-	80
Taxpayers' and others' equity at 31 March 2017	36,591	30,860	16,132	83,583

Information on reserves

NHS charitable funds reserves

This balance represents the ring-fenced funds held by the NHS charitable funds consolidated within these accounts. These reserves are classified as restricted or unrestricted.

Public dividend capital

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

Revaluation reserve

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

Income and expenditure reserve

The balance of this reserve is the accumulated surpluses and deficits of Rotherham Doncaster and South Humber NHS Foundation Trust.

Statement of Cash Flows for the year ended 31 March 2018

	Note	Group Restated		Trust	
		2017/18 £000	2016/17 £000	2017/18 £000	2016/17 £000
Cash flows from operating activities					
Operating surplus		8,328	5,773	8196	5,856
Non-cash income and expense:					
Depreciation and amortisation	5.1	3,887	3,604	3,887	3,604
Net impairments and reversals of impairments	6	1,333	2,090	1,333	2,090
Non-cash movements in on-SoFP pension liability		91	37	91	37
(Increase) in receivables and other assets		(3,080)	(1,235)	(3,151)	(1,198)
(Increase)/decrease in inventories		(2)	35	(4)	35
(Decrease)/increase in payables		(2,348)	2,829	(2,232)	2,829
(Decrease)/increase in other liabilities		(1,251)	202	(1,065)	202
Increase in provisions		1,788	258	1,788	258
Movement in charitable fund working capital		(5)	(49)	-	-
NHS charitable funds other movements in operating cash flows		(220)	(261)	-	-
Net cash generated from operating activities		8,521	13,283	8,843	13,713
Cash flows from investing activities					
Interest received		75	74	75	74
Purchase of intangible assets		(2,035)	(1,127)	(2,035)	(1,127)
Purchase of property, plant, equipment and investment property		(2,747)	(2,185)	(2,747)	(2,185)
Sales of property, plant, equipment and investment property		-	134	-	134
Investing cash flows of NHS charitable funds		66	50	-	-
Net cash used in investing activities		(4,641)	(3,054)	(4,707)	(3,104)
Cash flows from financing activities					
Public dividend capital received		210	80	210	80
Movement on loans from the Department of Health		(363)	(363)	(363)	(363)
Capital element of finance lease rental payments		(533)	(41)	(533)	(41)
Capital element of PFI, LIFT and other service concession payments		(349)	(320)	(349)	(320)
Interest paid on finance lease liabilities		(10)	(142)	(10)	(142)
Interest paid on PFI, LIFT and other service concession obligations		(1,299)	(930)	(1,299)	(930)
Other interest paid		(251)	(266)	(251)	(266)
PDC dividend paid		(1,920)	(1,979)	(1,920)	(1,979)
Cash flows from other financing activities		-	(1,544)	-	(1,544)
Net cash used in financing activities		(4,515)	(5,505)	(4,515)	(5,505)
Increase/(decrease) in cash and cash equivalents		(635)	4,724	(379)	5,104
Cash and cash equivalents at 1 April		29,537	24,294	28,593	23,489
Prior period adjustment*		-	519	-	-
Cash and cash equivalents at 31 March	25	28,902	29,537	28,214	28,593

* The prior period adjustment relates to a change of accounting policy in 2017/18, to consolidate the accounts of Flourish CIC, a wholly owned subsidiary, into the Rotherham Doncaster and South Humber NHS Foundation group accounts.

Notes to the Accounts

Note 1 Accounting policies and other information

Basis of preparation

NHS Improvement, in exercising the statutory functions conferred on Monitor, has directed that the financial accounts of trusts shall meet the accounting requirements of the Department of Health and Social Care Group Accounting Manual (GAM) which shall be agreed with the Secretary of State. Consequently, the following financial accounts have been prepared in accordance with the DH GAM 2017/18 issued by the Department of Health. The accounting policies contained in that manual follow IFRS and HM Treasury's FReM to the extent that they are meaningful and appropriate to NHS foundation trusts. The accounting policies have been applied consistently in dealing with items considered material in relation to the accounts.

Accounting convention

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

Going concern

These accounts have been prepared on a going concern basis, approved by the Board. There is a reasonable assumption that the Group and Trust have the ability to continue in existence for the foreseeable future.

Note 1.1 Consolidation

NHS Charitable Fund

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

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

- recognise and measure them in accordance with the Rotherham Doncaster and South Humber NHS Foundation Trust's accounting policies and
- eliminate intra-group transactions, balances, gains and losses.

Charitable fund key accounting policies

These accounts are prepared under the historical cost convention, with the exception of investments which are included at market value.

The fund comprises:

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

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

Other subsidiaries

Flourish Enterprises (Flourish) Community Interest Company is a wholly owned subsidiary of the Rotherham Doncaster and South Humber NHS Foundation Trust and as such the Rotherham Doncaster and South Humber NHS Foundation Trust is exposed to or has rights to, variable returns from its involvement with the entity and has the ability to affect those returns through its power over the entity.

Flourish provides services to the community via three business units - the Walled Garden, Victorian tea-room and St Catherine's House conference and events centre. These units provide volunteering and vocational training for individuals who require support to gain the necessary skills for more permanent employment.

Flourish's year end is 31 March. In 2017/18 the income, expenses, assets, liabilities, equity and reserves of Flourish are consolidated in the Rotherham Doncaster and South Humber NHS Foundation Trust accounts. Prior to 2017/18 the results of Flourish were not considered material and as such were not consolidated in the Rotherham Doncaster and South Humber NHS Foundation Trust's accounts. The 2016/17 comparatives are restated.

Note 1.2 Income

Income in respect of services provided is recognised when, and to the extent that, performance occurs and is measured at the fair value of the consideration receivable. The main source of income for the Rotherham Doncaster and South Humber NHS Foundation Trust is contracts with commissioners in respect of health care services. Where income is received for a specific activity which is to be delivered in a subsequent financial year, that income is deferred.

Income from the sale of non-current assets is recognised only when all material conditions of sale have been met, and is measured as the sums due under the sale contract.

Note 1.3 Expenditure on employee benefits

Shot-term employee benefits

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

Pension costs

NHS Pension Scheme - RDaSH employees

Past and present employees are covered by the provisions of the NHS Pension Scheme.

Employer's pension cost contributions are charged to operating expenses as and when they become due.

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

Local Government Pension Scheme

Some employees who have transferred from Local Government are members of the South Yorkshire Pension Scheme.

Employer contributions are charged to operating expenses as and when they become due.

NEST Pension Scheme

NEST is available for present employees who do not wish to be part of the NHS Pension Scheme and for employees who are on a phased retirement plan.

Employer contributions are charged to operating expenses in the year in which they are due.

Further details of pension schemes are given in note 8.

Note 1.4 Expenditure on other goods and services

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

Note 1.5 Property, plant and equipment

Recognition

Property, plant and equipment is capitalised where:

- it is held for use in delivering services or for administrative purposes
- it is probable that future economic benefits will flow to, or service potential be provided to, the Trust
- it is expected to be used for more than one financial year and
- the cost of the item can be measured reliably and
- the item has a cost of at least £5,000 or
- collectively a number of items have a cost of at least £5,000 and individually have a cost of more than £250, the assets are functionally interdependent, have broadly simultaneous purchase and disposal dates and are under single managerial control; or
- the items form part of the initial equipping and setting up cost of a new building, ward or unit, irrespective of their individual or collective cost.

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

Measurement

Valuation

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

All assets are measured subsequently at valuation. Valuation is determined as follows:

Property assets

- Specialised assets held for their service potential: in use - Current value in existing use which is, depreciated replacement cost on a modern equivalent asset basis.
- Non-specialised assets held for their service potential: in use - Current value in existing use, which is market value.
- Assets held for their service potential: surplus but restrictions on sale - current value in existing use.
- Assets held for their service potential: surplus but no restrictions on sale - Fair value.
- Investment property - Fair value.
- Assets held for sale which are surplus, with no plan to bring back into use, are valued at fair value in accordance with IFRS 13, if they do not meet the requirements of IAS40 or IFRS5..

Asset values are reviewed regularly. Where assets are subject to significant volatility, annual valuations are carried out. Where changes in asset values are insignificant revaluations are carried out at least every three years. Valuations are carried out by professionally qualified valuers in accordance with the Royal Institution of Chartered surveyors' 'Red Book' (RICS) *Appraisal and Valuation Manual*.

Properties in the course of construction are carried at cost. The assets are revalued and assessed for impairment and depreciation commences when the asset is brought into use.

Non-property assets

Non-property assets are valued at depreciated historical cost as a proxy for current value in existing use.

Subsequent expenditure

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

Depreciation

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

Property, plant and equipment which has been reclassified as 'held for sale' ceases to be depreciated upon the reclassification. Assets in the course of construction and residual interests in off-Statement of Financial Position PFI contract assets are not depreciated until the asset is brought into use or reverts to the Trust, respectively.

Revaluation gains and losses

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

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

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

Impairments

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

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

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

De-recognition

Assets intended for disposal are reclassified as 'held for sale' once all of the following criteria are met:

- the asset is available for immediate sale in its present condition subject only to terms which are usual and customary for such sales;
- the sale must be highly probable ie:
 - management are committed to a plan to sell the asset
 - an active programme has begun to find a buyer and complete the sale
 - the asset is being actively marketed at a reasonable price
 - the sale is expected to be completed within 12 months of the date of classification as 'held for sale' and
 - the actions needed to complete the plan indicate it is unlikely that the plan will be dropped or significant changes made to it.

Following reclassification, the assets are no longer depreciated and are measured at the lower of their existing carrying amount and their 'fair value less costs to sell'. Assets are de-recognised when all material sale contract conditions have been met.

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

Rotherham Doncaster and South Humber NHS Foundation Trust does not have any donated or grant funded assets.

Private Finance Initiative (PFI) transactions

PFI transactions which meet the IFRIC 12 definition of a service concession, as interpreted in HM Treasury's *FReM*, are accounted for as 'on-Statement of Financial Position' by the Trust. In accordance with IAS 17, the underlying assets are recognised as property, plant and equipment, together with an equivalent finance lease liability. Subsequently, the assets are accounted for as property, plant and equipment and/or intangible assets as appropriate.

The annual contract payments are apportioned between the repayment of the liability, a finance cost and a charge for services.

The service charge is recognised in operating expenses and the finance cost is charged to finance costs in the Statement of Comprehensive Income.

Useful Economic lives of property, plant and equipment

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

	Min life	Max life
	Years	Years
Land	Infinite	Infinite
Buildings, excluding dwellings	5	68
Dwellings	1	23
Plant & machinery	1	25
Transport equipment	1	10
Information technology	4	8
Furniture & fittings	1	10

Finance-leased assets (including land) are depreciated over the shorter of the useful economic life or the lease term, unless the Rotherham Doncaster and South Humber NHS Foundation Trust expects to acquire the asset at the end of the lease term in which case the assets are depreciated in the same manner as owned assets above.

Note 1.6 Intangible assets

Recognition

Intangible assets are non-monetary assets without physical substance which are capable of being sold separately from the rest of the Rotherham Doncaster and South Humber NHS Foundation Trust's business or which arise from contractual or other legal rights. They are recognised only where it is probable that future economic benefits will flow to, or service potential be provided to, the Rotherham Doncaster and South Humber NHS Foundation Trust and where they are capable of being used in the Rotherham Doncaster and South Humber NHS Foundation Trust's activities for more than one year, where the cost of the asset can be measured reliably and they have a cost of at least £5,000.

Internally generated intangible assets

Internally generated goodwill, brands, mastheads, publishing titles, customer lists and similar items are not capitalised as intangible assets.

Expenditure on research is not capitalised.

Expenditure on development is capitalised only where all of the following can be demonstrated:

- the project is technically feasible to the point of completion and will result in an intangible asset for sale or use;
- the trust intends to complete the asset and sell or use it;
- the trust has the ability to sell or use the asset;
- how the intangible asset will generate probable future economic or service delivery benefits, eg, the presence of a market for it or its output, or where it is to be used for internal use, the usefulness of the asset;
- adequate financial, technical and other resources are available to the trust to complete the development and sell or use the asset and
- the trust can measure reliably the expenses attributable to the asset during development.

Software

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

Measurement

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

Subsequently intangible assets are measured at current value in existing use. Where no active market exists, intangible assets are valued at the lower of depreciated replacement cost and the value in use where the asset is income generating. Revaluations gains and losses and impairments are treated in the same manner as for property, plant and equipment. An intangible asset which is surplus with no plan to bring it back into use is valued at fair value under IFRS 13, if it does not meet the requirements of IAS 40 of IFRS 5.

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

Amortisation

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

Useful economic life of intangible assets

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

	Min life Years	Max life Years
Intangible assets - purchased		
Software	2	10

Note 1.7 Revenue government and other grants

Government grants are grants from government bodies other than income from commissioners or NHS trusts for the provision of services. Where a grant is used to fund revenue expenditure it is taken to the Statement of Comprehensive Income to match that expenditure.

Note 1.8 Inventories

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

Note 1.9 Cash and cash equivalents

Cash is cash in hand and deposits with any financial institution payable without penalty on notice of not more than 24 hours. Cash equivalents are investments that mature in 3 months or less from the date of acquisition and are readily convertible to known amounts of cash with insignificant risk of change in value.

In the Statement of Cash Flows, cash and cash equivalents are shown net of bank overdrafts that are repayable on demand and that form an integral part of Rotherham Doncaster and south Humber NHS foundation Trust's cash management. Cash, bank and overdraft balances are recorded at current values.

Note 1.10 Financial instruments and financial liabilities

Recognition

Financial assets and financial liabilities which arise from contracts for the purchase or sale of non-financial items (such as goods or services), which are entered into in accordance with Rotherham Doncaster and South Humber NHS Foundation Trust's normal purchase, sale or usage requirements, are recognised when, and to the extent which, performance occurs, ie, when receipt or delivery of the goods or services is made.

Financial assets or financial liabilities in respect of assets acquired or disposed of through finance leases are recognised and measured in accordance with the accounting policy for leases described below.

All other financial assets and financial liabilities are recognised when the trust becomes a party to the contractual provisions of the instrument.

De-recognition

All financial assets are de-recognised when the rights to receive cash flows from the assets have expired or Rotherham Doncaster and South Humber NHS Foundation Trust has transferred substantially all of the risks and rewards of ownership.

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

Classification and measurement

Financial assets are categorised as loans and receivables.

Financial liabilities are classified as "other financial liabilities".

Loans and receivables

Loans and receivables are non-derivative financial assets with fixed or determinable payments which are not quoted in an active market. They are included in current assets.

The Rotherham Doncaster and South Humber NHS Foundation Trust's loans and receivables comprise: cash at bank and in hand, NHS receivables, accrued income and "other receivables".

Loans and receivables are recognised initially at fair value, net of transactions costs, and are measured subsequently at amortised cost, using the effective interest method. The effective interest rate is the rate that discounts exactly estimated future cash receipts through the expected life of the financial asset or, when appropriate, a shorter period, to the net carrying amount of the financial asset.

Interest on loans and receivables is calculated using the effective interest method and credited to the Statement of Comprehensive Income.

Other financial liabilities

All other financial liabilities are recognised initially at fair value, net of transaction costs incurred, and measured subsequently at amortised cost using the effective interest method. The effective interest rate is the rate that discounts exactly estimated future cash payments through the expected life of the financial liability or, when appropriate, a shorter period, to the net carrying amount of the financial liability.

They are included in current liabilities except for amounts payable more than 12 months after the Statement of Financial Position date, which are classified as long-term liabilities.

Interest on financial liabilities carried at amortised cost is calculated using the effective interest method and charged to finance costs. Interest on financial liabilities taken out to finance property, plant and equipment or intangible assets is not capitalised as part of the cost of those assets.

Impairment of financial assets

At the Statement of Financial Position date, the Rotherham Doncaster and South Humber NHS Foundation Trust assesses whether any financial assets are impaired. Financial assets are impaired and impairment losses are recognised if, and only if, there is objective evidence of impairment as a result of one or more events which occurred after the initial recognition of the asset and which has an impact on the estimated future cash flows of the asset.

For financial assets carried at amortised cost, the amount of the impairment loss is measured as the difference between the asset's carrying amount and the present value of the revised future cash flows discounted at the asset's original effective interest rate. The loss is recognised in the Statement of Comprehensive Income and the carrying amount of the asset is reduced through the use of a bad debt provision.

All financial assets are reviewed regularly and where there is a probability of impairment loss a provision for bad debt is made.

Note 1.11 Leases

Finance leases - The Trust as lessor

Where substantially all risks and rewards of ownership of a leased asset are borne by the Rotherham Doncaster and South Humber NHS Foundation Trust, the asset is recorded as property, plant and equipment and a corresponding liability is recorded. The value at which both are recognised is the lower of the fair value of the asset or the present value of the minimum lease payments, discounted using the interest rate implicit in the lease.

The asset and liability are recognised at the commencement of the lease. Thereafter the asset is accounted for an item of property plant and equipment.

The annual rental is split between the repayment of the liability and a finance cost so as to achieve a constant rate of finance over the life of the lease. The annual finance cost is charged to Finance Costs in the Statement of Comprehensive Income. The lease liability is de-recognised when the liability is discharged, cancelled or expires.

Operating leases

Rentals from operating leases are charged to operating expenses on a straight-line basis over the term of the lease. Operating lease incentives received are added to the lease rentals and charged to operating expenses over the life of the lease.

Leases of land and buildings

Where a lease is for land and buildings, the land component is separated from the building component and the classification for each is assessed separately.

Note 1.12 Provisions

The Rotherham Doncaster and South Humber NHS Foundation Trust recognises a provision where it has a present legal or constructive obligation of uncertain timing or amount; for which it is probable that there will be a future outflow of cash or other resources; and a reliable estimate can be made of the amount. The amount recognised in the Statement of Financial Position is the best estimate of the resources required to settle the obligation. Where the effect of the time value of money is significant, the estimated risk-adjusted cash flows are discounted using the discount rates published and mandated by HM Treasury.

Clinical negligence costs

The NHS Resolution (NHSR) operates a risk pooling scheme under which the Rotherham Doncaster and South Humber NHS Foundation Trust pays an annual contribution to the NHSR, which, in return, settles all clinical negligence claims. Although the NHSR is administratively responsible for all clinical negligence cases, the legal liability remains with the Rotherham Doncaster and South Humber NHS Foundation Trust. The total value of clinical negligence provisions carried by the NHSR on behalf of the Rotherham Doncaster and South Humber NHS Foundation Trust is disclosed at note 30.1 but is not recognised in the Rotherham Doncaster and South Humber NHS Foundation Trust's accounts.

Non-clinical risk pooling

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

Note 1.13 Contingencies

Contingent liabilities are not recognised, but are disclosed in note 31, unless the probability of a transfer of economic benefits is remote.

Contingent liabilities are defined as:

- possible obligations arising from past events whose existence will be confirmed only by the occurrence of one or more uncertain future events not wholly within the entity's control; or
- present obligations arising from past events but for which it is not probable that a transfer of economic benefits will arise or for which the amount of the obligation cannot be measured with sufficient reliability.

Note 1.14 Public dividend capital

Public dividend capital (PDC) is a type of public sector equity finance based on the excess of assets over liabilities at the time of establishment of the predecessor NHS trust. HM Treasury has determined that PDC is not a financial instrument within the meaning of IAS 32. At any time the Treasury can issue new PDC to, and require repayments of PDC from the Trust. PDC is recorded at the 'value received'.

A charge, reflecting the cost of capital utilised by the Rotherham Doncaster and South Humber NHS Foundation Trust, is payable as public dividend capital dividend. The charge is calculated at the rate set by HM Treasury (currently 3.5%) on the average relevant net assets of the Rotherham Doncaster and South Humber NHS Foundation Trust during the financial year. Relevant net assets are calculated as the value of all assets less the value of all liabilities, except for (i) donated assets (including lottery funded assets), (ii) average daily cash balances held with the Government Banking Services (GBS) and National Loans Fund (NLF) deposits, excluding cash balances held in GBS accounts that relate to a short-term working capital facility, and (iii) any PDC dividend balance receivable or payable. In accordance with the requirements laid down by the Department of Health (as the issuer of PDC), the dividend for the year is calculated on the actual average relevant net assets as set out in the "pre-audit" version of the annual accounts. The dividend thus calculated is not revised should any adjustment to net assets occur as a result the audit of the annual accounts.

Note 1.15 Value added tax

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

Note 1.16 Corporation tax

The Rotherham Doncaster and South Humber NHS Foundation Trust is not liable to corporation tax as HMRC has advised that legislation to bring NHS foundation trusts' profits on commercial activities, into the charge to corporation tax has been deferred. Flourish CIC, a subsidiary of Rotherham Doncaster and South Humber NHS Foundation Trust, is subject to corporation tax at the rate of 19% (2016/17: 20%).

Note 1.17 Foreign exchange

The functional and presentational currencies of the Trust are sterling.

A transaction which is denominated in a foreign currency is translated into the functional currency at the spot exchange rate on the date of the transaction.

Where the Trust has assets or liabilities denominated in a foreign currency at the Statement of Financial Position date:

- monetary items (other than financial instruments measured at “fair value through income and expenditure”) are translated at the spot exchange rate on 31 March
- non-monetary assets and liabilities measured at historical cost are translated using the spot exchange rate at the date of the transaction and
- non-monetary assets and liabilities measured at fair value are translated using the spot exchange rate at the date the fair value was determined.

Exchange gains or losses on monetary items (arising on settlement of the transaction or on re-translation at the Statement of Financial Position date) are recognised in income or expense in the period in which they arise.

Exchange gains or losses on non-monetary assets and liabilities are recognised in the same manner as other gains and losses on these items.

Note 1.18 Third party assets

Assets belonging to third parties (such as money held on behalf of patients) are not recognised in the accounts since the Rotherham Doncaster and South Humber NHS Foundation Trust has no beneficial interest in them. However, they are disclosed in a separate note to the accounts in accordance with the requirements of HM Treasury’s *FReM*.

Note 1.19 Losses and special payments

Losses and special payments are items that Parliament would not have contemplated when it agreed funds for the health service or passed legislation. By their nature they are items that ideally should not arise. They are therefore subject to special control procedures compared with the generality of payments. They are divided into different categories, which govern the way that individual cases are handled. Losses and special payments are charged to the relevant functional headings in expenditure on an accruals basis, including losses which would have been made good through insurance cover had NHS foundation trusts not been bearing their own risks (with insurance premiums then being included as normal revenue expenditure).

However the losses and special payments note is compiled directly from the losses and compensations register which reports on an accrual basis with the exception of provisions for future losses.

Note 1.20 Early adoption of accounting standards, amendments and interpretations

No new accounting standards or revisions to existing standards have been early adopted in 2017/18.

Note 1.21 Accounting standards, amendments and interpretations in issue but not yet effective or adopted

The following list of recently issued accounting standards and amendments have not yet been adopted by the FReM, and are therefore not applicable to DH group accounts in 2017-18.

IFRS 9 Financial Instruments - Application required for accounting periods beginning on or after 1 January 2018, but not yet adopted by the *FREM*: early adoption is therefore not permitted.

IFRS 14 Regulatory Deferral Accounts - Not yet EU-endorsed. Applies to first time adopters of IFRS after 1 January 2016, therefore not applicable to DH group bodies.

IFRS 15 Revenue from Contracts with Customers - Application required for accounting periods beginning on or after 1 January 2018, but not yet adopted by the *FREM*: early adoption is not therefore permitted.

IFRS 16 Leases - Application required for accounting periods beginning on or after 1 January 2019, but not yet adopted by the *FREM*: early adoption is therefore not permitted.

IFRS 17 Insurance Contracts - Application required for accounting periods beginning on or after 1 January 2021, but not yet adopted by the FReM: early adoption is therefore not permitted.

IFRIC 22 Foreign Currency Transactions and Advance Consideration - Application required for accounting periods beginning on or after 1 January 2018.

IFRIC 23 Uncertainty over Income Tax Treatments - Application required for accounting periods beginning on or after 1 January 2019.

The subsequent application of these standards is currently being assessed by the Trust.

Note 1.22 Key sources of estimation uncertainty and key judgements

The following are assumptions about the future and other major sources of estimation uncertainty that have a significant risk of resulting in a material adjustment to the carrying amounts of assets and liabilities within the next financial year. The assumptions and associated estimates are based on historical experience and other factors, that are considered to be relevant. Actual results may differ from the estimates. The estimates and underlying assumptions are continually reviewed.

The following are the key assumptions and key sources of estimation at the Statement of Financial Position date that have a significant risk of causing a material adjustment to the carrying amount of assets and liabilities.

Property valuations and asset lives:

Valuations are undertaken by an independent external valuer. These values will therefore be subject to market conditions and market values. Asset lives are also estimated by the external valuer and are the subject of professional judgement.

Accruals:

Accruals are based on the best available information. This is applied in conjunction with historical experience and based on individual circumstances.

Provisions:

Estimates of outcome and financial effect of provisions are determined by the judgement of the management of the Rotherham Doncaster and South Humber NHS Foundation Trust, supplemented by experience of similar transactions and in some cases, reports of independent experts. Uncertainties surrounding the amount to be recognised as a provision are dealt with by various means according to the circumstances. Where the provision being measured involves more than one outcome, the obligation is estimated by weighing all possible outcomes by their associated probabilities; the expected value of the outcome. Where there is a range of possible outcomes and each point in the range is as likely as the other, the mid-point of the range is used. Where a single outcome is being measured, the individual most likely outcome may be the best estimate of the liability. However, even in such a case, the Rotherham Doncaster and South Humber NHS Foundation Trust considers other possible outcomes.

Local government superannuation Scheme:

Estimation of the net liability for the local government pensions depends on a number of complex judgements relating to the discount rate used, the rate at which salaries are projected to increase, changes in retirement ages, mortality rates and expected return on pension fund assets. A firm of consulting actuaries is engaged to provide the Rotherham Doncaster and South Humber NHS Foundation Trust with expert advice about the assumptions to be applied.

Other than those mentioned above there are no other key judgements.

Note 2 Operating Segments

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

Note 3 Operating income from patient care activities

Note 3.1 Income from patient care activities (by nature)

	Group	
	2017/18	2016/17
	£000	£000
Mental health services		
Cost and volume contract income	1,790	1,097
Block contract income	99,254	110,888
Clinical partnerships providing mandatory services (including S75 agreements)		2,120
Community services		
Community services income from CCGs and NHS England	27,273	28,915
Community services income from other commissioners	23,260	10,052
Total income from activities	151,577	153,072

Note 3.2 Income from patient care activities (by source)

	Group	
	2017/18	2016/17
	£000	£000
Income from patient care activities received from:		
NHS England	4,429	4,368
Clinical Commissioning groups	117,809	120,830
Local authorities	23,318	22,208
Department of Health and Social Care	-	2
Other NHS foundation trusts	2,690	2,858
NHS other	-	42
Non NHS: other	3,331	2,764
Total income from activities	151,577	153,072
Of which:		
Related to continuing operations	151,577	153,072

Note 3.3 Non NHS: other income includes:

	Group	
	2017/18	2016/17
	£000	£000
South Yorkshire Housing	2,596	2,121
Care Plus Group	510	380
Other	225	263
Total Non NHS	3,331	2,764

Note 4 Other operating income

	Group	
	2017/18	Restated 2016/17
	£000	£000
Research and development	23	-
Education and training	3,535	2,873
Education and training - notional income from apprenticeship fund	11	-
Charitable and other contributions to expenditure	265	292
Non-patient care services to other bodies	1,627	2,471
Sustainability and Transformation Fund income	3,873	2,195
Rental revenue from operating leases	344	208
Income in respect of staff costs where accounted on gross basis	716	1,551
Incoming resources received by NHS charitable funds	587	427
Other income	1,389	948
Total other operating income	12,370	10,965
Of which:		
Related to continuing operations	12,370	10,965

Other income' includes:

	Group	
	2017/18	Restated 2016/17
	£000	£000
Staff accommodation rentals	0	2
Creche service	574	537
Catering	710	192
Car parking	8	-
Other	97	217
	1,389	948

Note 4.1 Income from activities arising from commissioner requested services

Under the terms of its provider license, the Rotherham Doncaster and South Humber NHS Foundation Trust is required to analyse the level of income from activities that has arisen from commissioner requested and non-commissioner requested services. Commissioner requested services are defined in the provider license and are services that commissioners believe would need to be protected in the event of provider failure.

	Restated	
	2017/18	2016/17
	£000	£000
Income from services designated as commissioner requested services	148,246	150,308
Income from services not designated as commissioner requested services	15,701	13,729
Total	163,947	164,037

Note 4.2 Profits and losses on disposal of property, plant and equipment

There were no sales of property, plant and equipment in 2017/18.

Note 5 Operating expenses

	Group	
	2017/18	Restated 2016/17
	£000	£000
Purchase of healthcare from non NHS bodies	2,708	2,833
Staff and executive directors costs	120,756	122,335
Remuneration of non-executive directors	132	126
Supplies and services - clinical (excluding drugs costs)	3,243	3,132
Supplies and services - general	1,960	1,938
Establishment	1,606	1,820
Transport - business travel	1,771	1,857
Transport (including patients travel)	666	628
Premises - business rates paid to local authorities	605	590
Premises	4,720	5,004
Change in provisions discount rate(s)	19	129
Drug costs	2,741	2,835
Rentals under operating leases	1,686	1,704
Depreciation on property, plant and equipment	3,559	3,392
Amortisation on intangible assets	328	212
Net impairments	1,333	2,090
Increase in impairment of receivables	1	-
Audit fees payable to the external auditors		
audit services- statutory audit	57	58
other auditors' remuneration (external auditors only) - quality accounts	8	10
other auditors' remuneration (external auditors only)*	10	-
charitable funds audit	7	7
Clinical negligence	217	155
Legal fees	104	340
Consultancy costs	158	115
Internal audit costs	100	158
Education and training	677	523
Education and training - notional expenditure funded from apprenticeship fund	11	-
Charges to operating expenditure for on-SoRP IFRIC 12 schemes (PFI) on an IFRS basis	219	742
Car parking & security	63	169
Redundancy	4,928	1,853
Insurance	176	155
Losses, ex gratia & special payments	48	252
External staff	593	718
Other resources expended by NHS charitable funds	500	509
Other	(91)	1,875
Total	155,619	158,264
Of which:		
Related to continuing operations	155,619	158,264

* Fees in relation to previous payable in the current year.

Note 5.1 Other auditors' remuneration

	Group	
	2017/18 £000	2016/17 £000
Other auditors' remuneration paid to the external auditors:		
other auditors' remuneration (external auditors only) - quality accounts	8	10
other auditors' remuneration (external auditors only)*	10	-
Total	8	10

* Fees in relation to previous payable in the current year.

Note 5.2 Limitation on auditors' liability

The auditors' liability for 2017/18 and 2016/17 is limited to £1m per their engagement letter.

Note 6 Impairment of assets

	Group	
	2017/18 £000	2016/17 £000
Net impairments charged to operating surplus / deficit resulting from:		
Over specification of assets	-	431
Abandonment of assets in course of construction	25	-
Unforeseen obsolescence	146	631
Changes in market price	(332)	-
Other	1,494	1,028
Total net impairments charged to operating surplus / deficit	1,333	2,090
Impairments charged to the revaluation reserve	-	-
Total net impairments	1,333	2,090

Abandonment in the course of construction: Fees on abandonment of capital scheme.

Unforeseen obsolescence: Reclassification of intangible asset from capital to revenue.

Changes in market price: Reversal of previous impairment following a revaluation exercise in the year.

Other: £766k is in respect of the reclassification of buildings into an 'alternative' office block; £601k is in respect of assets surplus to requirements.

Note 7 Employee benefits

	Group	
	2017/18	2016/17
	Total	Total
	£000	£000
Salaries and wages	96,862	97,113
Social security costs	8,050	8,093
Apprenticeship levy	454	-
Employer's contributions to NHS pensions	11,694	11,836
Pension cost - other	153	63
Other post employment benefits	3	20
Termination benefits	4,928	1,853
Temporary staff (including agency)	3,587	5,210
Total gross staff costs	125,731	124,188
Of which:		
Costs capitalised as part of assets	47	-

Note 7.1 Retirements due to ill-health

During 2017/18 there were 3 early retirements from the Rotherham Doncaster and South Humber NHS Foundation Trust agreed on the grounds of ill-health (4 in 2016/17). The estimated additional pension liabilities of these ill-health retirements is £175k (£356k in 2016/17).

The cost of these ill-health retirements will be borne by the NHS Business Services Authority - Pensions Division.

Note 8 Pension costs

NHS Pension Scheme

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

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

a) Accounting valuation

A valuation of the scheme liability is carried out annually by the scheme actuary (currently the Government Actuary's Department) as at the end of the reporting period. This utilises an actuarial assessment for the previous accounting period in conjunction with updated membership and financial data for the current reporting period, and are accepted as providing suitably robust figures for financial reporting purposes. The valuation of the scheme liability as at 31 March 2018, is based on valuation data as at 31 March 2017, updated to 31 March 2018 with summary global member and accounting data. In undertaking this actuarial assessment, the methodology prescribed in IAS 19, relevant FReM interpretations, and the discount rate prescribed by HM Treasury have also been used.

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

Note 8 Pension costs (continued)

b) Full actuarial (funding) valuation

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

The last published actuarial valuation undertaken for the NHS Pension Scheme was completed for the year ending 31 March 2012. The Scheme Regulations allow for the level of contribution rates to be changed by the Secretary of State for Health, with the consent of HM Treasury, and consideration of the advice of the Scheme Actuary and employee and employer representatives as deemed appropriate.

The next actuarial valuation is to be carried out as at 31 March 2016 and is currently being prepared. The direction assumptions are published by HM Treasury which are used to complete the valuation calculations, from which the final valuation report can be signed off by the scheme actuary. This will set the employer contribution rate payable from April 2019 and will consider the cost of the Scheme relative to the employer cost gap. There are provisions in the Public Service Pension Act 2013 to adjust member benefits or contribution rates if the cost of the Scheme changes by more than 2% of pay. Subject to this 'employer cost gap' assessment, any required revisions to member benefits or contribution rates will be determined by the Secretary of State for Health after consultation with the relevant stakeholders.

Local Government Pension Scheme

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

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

Employer contributions to the Scheme in 2017/18 were £39k.

Further details of the Local Government Scheme are given in note 33.

NEST Pension Scheme

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

Employer contributions to the Scheme in 2017/18 were £23k.

Note 9 Operating leases

Note 9.1 Rotherham Doncaster and South Humber NHS Foundation Trust as a lessor

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

All of the operating lease income is from buildings leased to private tenants and local authorities.

	Group	
	2017/18	Restated 2016/17
	£000	£000
Operating lease revenue		
Minimum lease receipts	344	208
Total	344	208
	31 March 2018	31 March 2017
	£000	£000
Future minimum lease receipts due:		
- not later than one year;	339	251
- later than one year and not later than five years;	363	342
- later than five years.	193	264
Total	895	857

Note 9.2 Rotherham Doncaster and South Humber NHS Foundation Trust as a lessee

This note discloses costs and commitments incurred in operating lease arrangements where Rotherham Doncaster and South Humber NHS Foundation Trust is the lessee.

Rotherham Doncaster and South Humber NHS Foundation Trust has a lease for the land with The Rotherham Foundation Trust for the provision of the older people's unit. The cost of the lease is £65k per year. It commenced in October 2009 and is for 99 years with a minimum lease term of 60 years.

All other leases are short term and are reviewed in accordance with service provision. These include: expenditure on leased buildings of £1,126k; expenditure on leased vehicles of £463k and expenditure on leased equipment of £32k.

	Group	
	2017/18	2016/17
	£000	£000
Operating lease expense		
Minimum lease payments	1,686	1,704
Total	1,686	1,704
	31 March 2018	31 March 2017
	£000	£000
Future minimum lease payments due:		
- not later than one year;	1,466	1,298
- later than one year and not later than five years;	1,707	807
- later than five years.	3,022	3,088
Total	6,195	5,193

Note 10 Finance income

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

	Group	
	2017/18	2016/17
	£000	£000
Interest on bank accounts	75	74
Investment income on NHS charitable funds financial assets	66	50
Total	141	124

Note 11 Finance expenses

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

	Group	
	2017/18	2016/17
	£000	£000
Interest expense:		
Loans from the Department of Health	251	266
Finance leases	10	142
Other	-	1,195
Main finance costs on PFI and LIFT schemes obligations	901	930
Contingent finance costs on PFI and LIFT scheme obligations	398	349
Total interest expense	1,560	2,882
Other finance costs	1	1
Total	1,561	2,883

Note 11.1 The late payment of commercial debts (interest) Act 1998

No payments were made in 2017/18 under The late payment of commercial debts (interest) Act 1998. (2016/17: nil)

Note 12 Gains/losses on disposal of non-current assets

	Group	
	2017/18	2016/17
	£000	£000
Gain on disposal of property, plant and equipment	150	-
Loss on disposal of property, plant and equipment		(16)
Fair value loss on investment property	(16)	-
Gain on disposal of non-current assets by NHS charitable funds		17
Fair value gain on charitable fund investment assets	31	-
Net profit (loss) on disposal of non-current assets	165	1

Note 13 Rotherham Doncaster and South Humber NHS Foundation Trust income statement and statement of comprehensive income

In accordance with Section 408 of the Companies Act 2006, the Rotherham Doncaster and South Humber NHS Foundation Trust is exempt from the requirement to present its own income statement and statement of comprehensive income. The Rotherham Doncaster and South Humber NHS Foundation Trust's surplus for 2017/18 was £4,742k (2016/17: £1,211k). The Rotherham Doncaster and South Humber NHS Foundation Trust's comprehensive income for 2017/18 was £20,680k (2016/17: £981k).

Note 14 Intangible assets - Group

Note 14.1 Intangible assets - 2017/18

Group	Software licences £000	Intangible assets under construction £000	Total £000
Gross cost at 1 April 2017 - brought forward	1,511	1,252	2,763
Additions	584	1,451	2,035
Impairments charged to operating expenses	(145)	-	(145)
Reclassification	250	(250)	
Gross cost at 31 March 2018	2,200	2,453	4,653
Amortisation at 1 April 2017 - brought forward	466	-	466
Provided during the year	328	-	328
Amortisation at 31 March 2018	794	-	794
Net book value at 31 March 2018	1,406	2,453	3,859
Net book value at 31 March 2017	1,045	1,252	2,297

Note 14.2 Intangible assets - 2016/17

Group	Software licences £000	Intangible assets under construction £000	Total £000
Gross cost at 1 April 2016 - brought forward	1,479	196	1,675
Additions	71	1,056	1,127
Disposals	(39)	-	(39)
Valuation/gross cost at 31 March 2017	1,511	1,252	2,763
Amortisation at 1 April 2016 - brought forward	293	-	293
Provided during the year	212	-	212
Disposals	(39)	-	(39)
Amortisation at 31 March 2017	466	-	466
Net book value at 31 March 2017	1,045	1,252	2,297
Net book value at 31 March 2016	1,186	196	1,382

Note 15 Intangible assets - Trust

Note 15.1 Intangible assets - 2017/18

Trust	Software licences £000	Intangible assets under construction £000	Total £000
Gross cost at 1 April 2017 - brought forward	1,511	1,252	2,763
Additions	584	1,451	2,035
Impairments charged to operating expenses	(145)	-	(145)
Reclassifications	250	(250)	-
Gross cost at 31 March 2018	2,200	2,453	4,653
Amortisation at 1 April 2017 - brought forward	466	-	466
Provided during the year	328	-	328
Amortisation at 31 March 2018	794	-	794
Net book value at 31 March 2018	1,406	2,453	3,859
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Gross cost at 1 April 2016 - brought forward	1,479	196	1,675
Additions	71	1,056	1,127
Disposals	(39)	-	(39)
Valuation/gross cost at 31 March 2017	1,511	1,252	2,763
Amortisation at 1 April 2016 - brought forward	293	-	293
Provided during the year	212	-	212
Disposals	(39)	-	(39)
Amortisation at 31 March 2017	466	-	466
Net book value at 31 March 2017	1,045	1,252	2,297
Net book value at 31 March 2016	1,186	196	1,382

Note 16 Property, plant and equipment - Group

Note 16.1 Property, plant and equipment - 2017/18

Group	Land £000	Buildings excluding dwellings £000	Dwellings £000	Assets under construction £000	Plant & machinery £000	Transport equipment £000	Information technology £000	Furniture & fittings £000	Total £000
Valuation/gross cost at 1 April 2017 - brought forward	15,815	72,372	120	497	1,370	103	5,273	960	96,510
Additions	-	828	-	530	95	-	1,146	26	2,625
Impairments charged to operating expenses	-	(1,635)	-	(25)	(1)	-	-	-	(1,661)
Reversals of impairments credited to operating expenses	-	3	-	-	-	-	-	-	3
Revaluations	105	10,345	-	-	-	-	-	-	10,450
Reclassifications	(175)	78	-	(398)	-	-	-	-	(495)
Transfer from assets held for sale	1,740	80	-	-	-	-	-	-	1,820
Disposals / derecognition	-	-	-	-	(102)	-	(738)	(77)	(917)
Valuation/gross cost at 31 March 2018	17,485	82,071	120	604	1,362	103	5,681	909	108,335

Accumulated depreciation at 1 April 2017 - brought forward

Provided during the year	-	3,641	7	-	798	59	2,350	563	7,418
Reversal of impairments credited to operating expenses	-	2,597	5	-	100	15	749	93	3,559
Revaluations	-	(470)	-	-	-	-	-	-	(470)
Reclassifications	-	(5,039)	(11)	-	-	-	-	-	(5,050)
Disposals/ derecognition	-	-	-	-	(102)	-	(738)	(77)	(917)
Accumulated depreciation at 31 March 2018	-	729	1	-	796	74	2,361	579	4,540

Net book value at 31 March 2018

Net book value at 31 March 2018	17,485	81,342	119	604	566	29	3,320	330	103,795
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Net book value at 31 March 2017

Net book value at 31 March 2017	15,815	68,731	113	497	572	44	2,923	397	89,092
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Land and buildings were revalued as at 31 December 2017. Included in 'land' is land with a value of £1,740k which is surplus to requirements.

Note 16.2 Property, plant and equipment - 2016/17

Group	Land £000	Buildings excluding dwellings £000	Dwellings £000	Assets under construction £000	Plant & machinery £000	Transport equipment £000	Information technology £000	Furniture & fittings £000	Total £000
Valuation/gross cost at 1 April 2016 - brought forward	15,815	72,526	120	149	1,382	103	4,379	971	95,445
Additions - purchased	-	1,180	-	422	50	-	1,101	-	2,753
Impairments	-	(1,636)	-	-	-	-	(60)	-	(1,696)
Reversals of impairments	-	606	-	-	-	-	-	-	606
Reclassifications	-	(304)	-	(74)	-	-	-	-	(378)
Disposals	-	-	-	-	(62)	-	(147)	(11)	(220)
Valuation/gross cost at 31 March 2017	15,815	72,372	120	497	1,370	103	5,273	960	96,510
Accumulated depreciation at 1 April 2016 - brought forward	-	1,160	2	-	756	44	1,804	480	4,246
Provided during the year	-	2,481	5	-	104	15	693	94	3,392
Impairments	-	-	-	-	-	-	-	-	-
Reversals of impairments	-	-	-	-	-	-	-	-	-
Reclassifications	-	-	-	-	-	-	-	-	-
Revaluations	-	-	-	-	-	-	-	-	-
Disposals / derecognition	-	-	-	-	(62)	-	(147)	(11)	(220)
Accumulated depreciation at 31 March 2017	-	3,641	7	-	798	59	2,350	563	7,418
Net book value at 31 March 2017	15,815	68,731	113	497	572	44	2,923	397	89,092
Net book value at 31 March 2016	15,815	71,366	118	149	626	59	2,575	491	91,199

Note 16.3 Property, plant and equipment financing - 2017/18

Group	Land £000	Buildings excluding dwellings £000	Dwellings £000	Assets under construction £000	Plant & machinery £000	Transport equipment £000	Information technology £000	Furniture & fittings £000	Total £000
Net book value at 31 March 2018									
Owned	17,485	60,808	119	604	566	29	3,320	330	83,261
On-SoFP PFI contracts and other service concession arrangements	-	20,534	-	-	-	-	-	-	20,534
NBV total at 31 March 2018	17,485	81,342	119	604	566	29	3,320	330	103,795

Note 16.4 Property, plant and equipment financing - 2016/17

Group	Land £000	Buildings excluding dwellings £000	Dwellings £000	Assets under construction £000	Plant & machinery £000	Transport equipment £000	Information technology £000	Furniture & fittings £000	Total £000
Net book value at 31 March 2017									
Owned	15,815	50,097	113	497	572	44	2,923	397	70,458
Finance leased	-	1,915	-	-	-	-	-	-	1,915
On-SoFP PFI contracts	-	16,719	-	-	-	-	-	-	16,719
NBV total at 31 March 2017	15,815	68,731	113	497	572	44	2,923	397	89,092

Included within land and buildings is the PFI asset which is valued gross, that is inclusive of VAT. This valuation methodology is consistent with all other assets in this category, however it is not consistent with that set out in the GAM which states that PFI assets should be valued net, that is exclusive of VAT. The Trust's accounting policy is consistent with that adopted by the Trust when the PFI asset was first recognised on the balance sheet in the financial year 2008/09 (to treat the PFI asset as any other asset in that class) and complies with International Financial Reporting Standards.

Note 17 Property, plant and equipment - Trust

Note 17.1 Property, plant and equipment - 2017/18

Trust	Land £000	Buildings excluding dwellings £000	Dwellings £000	Assets under construction £000	Plant & machinery £000	Transport equipment £000	Information technology £000	Furniture & fittings £000	Total £000
Gross cost at 1 April 2017 - brought forward	15,815	72,372	120	497	1,370	103	5,273	960	96,510
Additions	-	828	-	530	95	-	1,146	26	2,625
Impairments charged to operating expenses	-	(1,635)	-	(25)	(1)	-	-	-	(1,661)
Reversals of impairments credited to operating expenses	-	3	-	-	-	-	-	-	3
Revaluations	105	10,345	-	-	-	-	-	-	10,450
Reclassifications	(175)	78	-	(398)	-	-	-	-	(495)
Transfer from assets held for sale	1,740	80	-	-	-	-	-	-	1,820
Disposals / derecognition	-	-	-	-	(102)	-	(738)	(77)	(917)
Valuation/gross cost at 31 March 2018	17,485	82,071	120	604	1,362	103	5,681	909	108,335
Accumulated depreciation at 1 April 2017 - brought forward	-	3,641	7	-	798	59	2,350	563	7,418
Provided during the year	-	2,597	5	-	100	15	749	93	3,559
Reversals of impairments credited to operating expenses	-	(470)	-	-	-	-	-	-	(470)
Reclassifications	-	-	-	-	-	-	-	-	-
Revaluations	-	(5,039)	(11)	-	-	-	-	-	(5,050)
Disposals/ derecognition	-	-	-	-	(102)	-	(738)	(77)	(917)
Accumulated depreciation at 31 March 2018	-	729	1	-	796	74	2,361	579	4,540
Net book value at 31 March 2018	17,485	81,342	119	604	566	29	3,320	330	103,795
Net book value at 31 March 2017	15,815	68,731	113	497	572	44	2,923	397	89,092

Land and buildings were revalued as at 31 December 2017. Included in 'land' is land with a value of £1,740k which is surplus to requirements.

Note 17.2 Property, plant and equipment - 2016/17

Trust	Land £000	Buildings excluding dwellings £000	Dwellings £000	Assets under construction £000	Plant & machinery £000	Transport equipment £000	Information technology £000	Furniture & fittings £000	Total £000
Gross cost at 1 April 2016 - brought forward	15,815	72,526	120	149	1,382	103	4,379	971	95,445
Additions - purchased	-	1,180	-	422	50	-	1,101	-	2,753
Impairments	-	(1,636)	-	-	-	-	(60)	-	(1,696)
Reversals of impairments	-	606	-	-	-	-	-	-	606
Reclassifications	-	(304)	-	(74)	-	-	-	-	(378)
Disposals	-	-	-	-	(62)	-	(147)	(11)	(220)
Valuation/gross cost at 31 March 2017	15,815	72,372	120	497	1,370	103	5,273	960	96,510
Accumulated depreciation at 1 April 2016 - brought forward	-	1,160	2	-	756	44	1,804	480	4,246
Provided during the year	-	2,481	5	-	104	15	693	94	3,392
Impairments	-	-	-	-	-	-	-	-	-
Reversals of impairments	-	-	-	-	-	-	-	-	-
Reclassifications	-	-	-	-	-	-	-	-	-
Revaluations	-	-	-	-	-	-	-	-	-
Disposals	-	-	-	-	(62)	-	(147)	(11)	(220)
Accumulated depreciation at 31 March 2017	-	3,641	7	-	798	59	2,350	563	7,418
Net book value at 31 March 2017	15,815	68,731	113	497	572	44	2,923	397	89,092
Net book value at 31 March 2016	15,815	71,366	118	149	626	59	2,575	491	91,199

Note 17.3 Property, plant and equipment financing - 2017/18

Trust	Land £000	Buildings excluding dwellings £000	Dwellings £000	Assets under construction £000	Plant & machinery £000	Transport equipment £000	Information technology £000	Furniture & fittings £000	Total £000
Owned	17,485	60,808	119	604	566	29	3,320	330	83,261
On-SoFP PFI contracts and other service concession arrangements		20,534							20,534
NBV total at 31 March 2018	17,485	81,342	119	604	566	29	3,320	330	103,795

Note 17.4 Property, plant and equipment financing - 2016/17

Trust	Land £000	Buildings excluding dwellings £000	Dwellings £000	Assets under construction £000	Plant & machinery £000	Transport equipment £000	Information technology £000	Furniture & fittings £000	Total £000
Owned	15,815	50,097	113	497	572	44	2,923	397	70,458
Finance leased	-	1,915	-	-	-	-	-	-	1,915
On-SoFP PFI contracts	-	16,719	-	-	-	-	-	-	16,719
NBV total at 31 March 2017	15,815	68,731	113	497	572	44	2,923	397	89,092

Included within land and buildings is the PFI asset which is valued gross, that is inclusive of VAT. This valuation methodology is consistent with all other assets in this category, however it is not consistent with that set out in the GAM which states that PFI assets should be valued net, that is exclusive of VAT. The Trust's accounting policy is consistent with that adopted by the Trust when the PFI asset was first recognised on the balance sheet in the financial year 2008/09 (to treat the PFI asset as any other asset in that class) and complies with International Financial Reporting Standards.

Note 18 Investment property

	Group		Trust	
	2017/18	2016/17	2017/18	2016/17
	£000	£000	£000	£000
Carrying value at 1 April	2,133	1,755	2,133	1,755
Acquisitions in year	35	-	35	-
Fair value gains (taken to I&E)	64	-	64	-
Fair value losses (taken to I&E)	(80)	-	(80)	-
Reclassifications from PPE	495	378	495	378
Carrying value at 31 March	2,647	2,133	2,647	2,133

The investment property was revalued at 31 December 2017 by the district valuer. The property is rented out and the valuation basis is to look at the rent passing and to capitalise it at an appropriate investment yield to arrive at a capital value. If the property is vacant rents on the other properties are reviewed to assess a potential rental value and to capitalise to produce a capital value. Capital value is considered to equate to market value.

Note 18.1 Investment property income and expenses

	Group	
	2017/18	2016/17
	£000	£000
Investment property income	147	73
Direct operating expense arising from investment property which generated rental income in the period	(34)	(35)
Total	113	38

Note 19 Other investments

	Group		Trust	
	2017/18	2016/17	2017/18	2016/17
	£000	£000	£000	£000
Carrying value at 1 April	2,573	2,287	222	222
Prior period adjustment		(222)	-	-
Carrying value at 1 april - restated	2,573	2,065	-	-
Acquisitions in year	331	338	-	-
Fair value gains (taken to I&E)	31	-	-	-
Movement in fair value of available for sale financial assets recognised in Other Comprehensive Income	(48)	230	-	-
Disposals	(111)	(60)	-	-
Carrying value at 31 March	2,776	2,573	222	222

Note 20 Analysis of charitable fund reserves

The Rotherham Doncaster and South Humber NHS Charitable Fund is a subsidiary of the Rotherham Doncaster and South Humber NHS Foundation Trust. The accounting date of the Charitable Fund is 31 March 2018.

	31 March 2018 £000	31 March 2017 £000
Unrestricted funds:		
Unrestricted income funds	1,753	1,888
Restricted funds:		
Restricted income funds	<u>1,310</u>	<u>1,046</u>
Total	<u>3,063</u>	<u>2,934</u>

Unrestricted income funds are accumulated income funds that are expendable at the discretion of the Trustees in furtherance of the charity's objects. Unrestricted funds may be earmarked or designated for specific future purposes which reduces the amount that is readily available to the charity.

Restricted funds may be accumulated income funds which are expendable at the trustee's discretion only in furtherance of the specified conditions of the donor and the objects of the charity. They may also be capital funds (e.g. endowments) where the assets are required to be invested, or retained for use rather than expended.

Note 21 Disclosure of interests in other entities

Flourish Community Interest Company is a wholly owned subsidiary of Rotherham Doncaster and South Humber NHS Foundation Trust. The accounting date of Flourish is 31 March 2018. In 2017/18 the Company's income was £1,542k (2016/17: £1,235k) and the expenditure was £1,490k (2016/17: £1,229k). At 31 March 2018 the net assets are £55k. Flourish trading results are consolidated in the Rotherham Doncaster and South Humber NHS Foundation Trust accounts.

Note 22 Inventories

	Group		Trust	
	Restated			
	31 March 2018 £000	31 March 2017 £000	31 March 2018 £000	31 March 2017 £000
Consumables	<u>192</u>	<u>190</u>	<u>172</u>	<u>168</u>
Total inventories	<u>192</u>	<u>190</u>	<u>172</u>	<u>168</u>

Inventories recognised in expenses for the year were £1,455k (2016/17: £1,633k). Write-down of inventories recognised as expenses for the year were £0k (2016/17: £0k).

Note 23 Trade and other receivables

	Group		Trust	
	Restated			
	31 March 2018 £000	31 March 2017 £000	31 March 2018 £000	31 March 2017 £000
Current				
Trade receivables due from NHS bodies	1,338	1,635	1,338	1,635
Other receivables due from related parties	313	394	313	394
Provision for impairment of receivables	(1)	-	(1)	-
Prepayments (non-PFI)	250	375	250	375
Accrued income	6,433	2,619	6,433	2,619
PDC dividend receivable	98	280	98	280
VAT receivable	157	184	157	184
Other receivables	130	333	219	351
Trade and other receivables held by NHS charitable funds	14	14		
Total current trade and other receivables	8,732	5,834	8,807	5,838
Of which receivables from NHS and DHSC group bodies:	5,652	4,191	5652	4191

Note 23.1 Provision for impairment of receivables

	Group		Trust	
	2017/18 £000	2016/17 £000	2017/18 £000	2016/17 £000
	At 1 April	-	-	-
Increase in provision	1	-	1	-
At 31 March	1	-	1	-

Note 23.2 Analysis of financial assets

	Group		Trust	
	2017/18 £000	2016/17 £000	2017/18 £000	2016/17 £000
	Trade and other receivables	Trade and other receivables	Trade and other receivables	Trade and other receivables
Ageing of impaired financial assets	£000	£000	£000	£000
Over 180 days	1	-	1	-
Total	1	-	1	-

Ageing of non-impaired financial assets past their due date

0 - 30 days	791	118	652	118
30 - 60 days	181	60	180	60
60 - 90 days	42	59	41	59
90 - 180 days	72	87	70	87
Over 180 days	60	18	60	18
Total	1,146	342	1,003	342

Note 24 Non-current assets for sale

Group	2017/18	2016/17
	Most recently held as:	
	Property, plant & equipment	Total
	£000	£000
NBV of non-current assets for sale and assets in disposal groups at 1 April	1,820	2,970
Plus assets classified as available for sale in the year	-	-
Less assets sold in year	-	(150)
Less impairment of assets held for sale	-	(1,000)
Less assets no longer classified as held for sale, for reasons other than disposal by sale	(1,820)	-
NBV of non-current assets for sale and assets in disposal groups at 31 March	-	1,820

Trust	2017/18	2016/17
	Most recently held as:	
	Property, plant & equipment	Total
	£000	£000
NBV of non-current assets for sale and assets in disposal groups at 1 April	1,820	2,970
Plus assets classified as available for sale in the year	-	-
Less assets sold in year	-	(150)
Less impairment of assets held for sale	-	(1,000)
Less assets no longer classified as held for sale, for reasons other than disposal by sale	(1,820)	-
NBV of non-current assets for sale and assets in disposal groups at 31 March	-	1,820

The assets held for sale are Loversall land £1740k and Trafford Street, Scunthorpe £80k. Both assets have been transferred back to property, plant and equipment. Loversall land has transferred back because, although it is surplus to requirements, due to a slump in the market, the Trust is no longer actively marketing it. Trafford Street has returned to operational use.

Note 25 Cash and cash equivalents movements

Cash and cash equivalents comprise cash at bank, in hand and cash equivalents. Cash equivalents are readily convertible

	Group		Trust	
	2017/18 £000	Restated 2016/17 £000	2017/18 £000	2016/17 £000
At 1 April				
Prior period adjustments				
At 1 April	29,537	24,294	28,593	23,489
At start of period for new FTs				
Transfers by absorption				
Net change in year	(635)	5,243	(379)	5,104
At 31 March	28,902	29,537	28,214	28,593
Broken down into:				
Cash at commercial banks and in hand	759	992	71	48
Cash with the Government Banking Service	28,143	7,545	28,143	7,545
Deposits with the National Loan Fund	-	21,000	-	21,000
Other current investments				
Total cash and cash equivalents as in SoFP	28,902	29,537	28,214	28,593
Bank overdrafts (GBS and commercial banks)				
Drawdown in committed facility				
Total cash and cash equivalents as in SoCF	28,902	29,537	28,214	28,593

Note 25.1 Third party assets held by Rotherham Doncaster and South Humber NHS Foundation Trust

Rotherham Doncaster and South Humber NHS Foundation Trust held cash and cash equivalents which relate to monies held by the the Foundation Trust on behalf of patients or other parties. This has been excluded from the cash and cash equivalents figure reported in the accounts.

	Group and Trust	
	31 March 2018 £000	31 March 2017 £000
Bank balances	118	152
Monies on deposit	509	463
Total third party assets	627	615

Note 26 Trade and other payables

	Group		Trust	
	31 March 2018 £000	Restated 31 March 2017 £000	31 March 2018 £000	31 March 2017 £000
Current				
Receipts in advance				
NHS trade payables	1,253	1,376	1,253	1,376
Amounts due to other related parties	106	152	106	152
Other trade payables	1,744	2,252	1,744	2,252
Capital payables	763	850	763	850
Social security costs	1,287	1,293	1,287	1,293
Other taxes payable	852	821	843	821
Accrued interest on DHSC loans	10	11	10	11
Other payables	1,066	1,914	1,187	1,814
Accruals	10,230	11,069	10,125	11,069
PDC dividend payable		-	-	-
Trade and other payables held by NHS charitable funds	39	44	-	-
Total current trade and other payables	17,350	19,782	17,318	19,638
Non-current				
Other payables	2	2	-	-
Total non-current trade and other payables	2	2	-	0
Total trade and other payables	17,352	19,784	17,318	19,638
Of which payables from NHS and DHSC group bodies:				
Current	1919	1970	1919	1970
Non-current	-	-	-	-

Note 27 Other liabilities

	Group		Trust	
	Restated			
	31 March 2018 £000	31 March 2017 £000	31 March 2018 £000	31 March 2017 £000
Current				
Deferred income	1,521	2,772	1,462	2,527
Total other current liabilities	1,521	2,772	1,462	2,527
Non-current				
Net pension scheme liability	647	994	647	994
Total other non-current liabilities	647	994	647	994

Note 28 Borrowings

	Group		Trust	
	31 March 2018 £000	31 March 2017 £000	31 March 2018 £000	31 March 2017 £000
	Current			
Loans from the Department of Health	363	363	363	363
Obligations under finance leases	-	49	-	49
Obligations under PFI, LIFT or other service concession contracts (excl. lifecycle)	380	349	380	349
Total current borrowings	743	761	743	761
Non-current				
Loans from the Department of Health	5,658	6,022	5,658	6,022
Obligations under finance leases	-	632	-	632
Obligations under PFI, LIFT or other service concession contracts	9,712	10,092	9,712	10,092
Total non-current borrowings	15,370	16,746	15,370	16,746

Note 29 Finance leases

Rotherham Doncaster and South Humber NHS Foundation Trust as a lessee

Obligations under finance leases where Rotherham Doncaster and South Humber NHS Foundation Trust is the lessee.

The finance lease was in respect of a property at Swallownest, Sheffield. Swallownest provides long term residential accommodation for Adult Mental Health services. Swallownest transferred to Rotherham Doncaster and South Humber NHS Foundation Trust from Rotherham Priority Health Services NHS Trust on 1 April 2002. The lease agreement was with G H Rotherham Ltd and Grosvenor House PLC acted as the guarantor.

The lease term was 25 years, commencing in 1999 and ending in 2024. In 2017/18 the Trust exercised the option to buy out of the agreement at a cost of £1,616,407.

The service element of the lease was bought out in 2009/10.

	Group		Trust	
	31 March 2018 £000	31 March 2017 £000	31 March 2018 £000	31 March 2017 £000
Gross lease liabilities	-	1,277	-	1,277
of which liabilities are due:				
- not later than one year;	-	182	-	182
- later than one year and not later than five years;	-	728	-	728
- later than five years.	-	367	-	367
Finance charges allocated to future periods	-	(596)	-	(596)
Net lease liabilities	-	681	-	681
of which payable:				
- not later than one year;	-	49	-	49
- later than one year and not later than five years;	-	334	-	334
- later than five years.	-	298	-	298
Contingent rent recognised as an expense in the period	-	96	-	96

Note 30 Provision for liabilities

Group	Pensions - early departure costs					Other	Total
	Other legal claims	Re-structurings	Redundancy	Other	Total		
	£000	£000	£000	£000	£000	£000	£000
At 1 April 2017	206	106	162	4,183	1,257	5,914	
Change in the discount rate	3	-	-	-	16	19	
Arising during the year	63	38	172	4,928	649	5,850	
Reclassified	-	-	-	783	(783)	-	
Utilised during the year	(26)	(44)	(131)	(1,260)	(8)	(1,469)	
Reversed unused	-	(34)	(31)	(2,425)	(122)	(2,612)	
Unwinding of discount	-	-	-	-	1	1	
At 31 March 2018	246	66	172	6,209	1,010	7,703	
Expected timing of cash flows:							
- not later than one year;	26	66	172	6,209	692	7,165	
- later than one year and not later than five years;	104	-	-	-	32	136	
- later than five years.	116	-	-	-	286	402	
Total	246	66	172	6,209	1,010	7,703	

Trust	Pensions - early departure costs					Other	Total
	Other legal claims	Re-structurings	Redundancy	Other	Total		
	£000	£000	£000	£000	£000	£000	£000
At 1 April 2017	206	106	162	4,183	1,257	5,914	
Change in the discount rate	3	-	-	-	16	19	
Arising during the year	63	38	172	4,928	649	5,850	
Reclassified	-	-	-	783	(783)	-	
Utilised during the year	(26)	(44)	(131)	(1,260)	(8)	(1,469)	
Reversed unused	-	(34)	(31)	(2,425)	(122)	(2,612)	
Unwinding of discount	-	-	-	-	1	1	
At 31 March 2018	246	66	172	6,209	1,010	7,703	
Expected timing of cash flows:							
- not later than one year;	26	66	172	6,209	692	7,165	
- later than one year and not later than five years;	104	-	-	-	32	136	
- later than five years.	116	-	-	-	286	402	
Total	246	66	172	6,209	1,010	7,703	

Pension provisions are calculated using the criteria provided by the Government Actuary Department. Payments are made over the lifetime of the member and on his/her death a reduced sum is paid to the spouse.

The legal claim provision is in respect of personal injury claims. The provision is calculated using information provided by the NHS Resolution; that is probability of outcome and cost.

The restructuring and redundancy provisions relate to the Trust transformation programme and to significant contract changes.

'Other' Provisions include:

£534k in respect of potential VAT liability due to a national dispute regarding HMRC VAT recovery guidance.

£326k in respect of injury allowance payable to two ex employees. The provision is calculated using information as to life expectancy and amount of allowance payable (2016/17: £317k).

£116k in respect of potential backdated 'sleep in' payments.

The exact timing of cash flows arising from provisions is uncertain; the expected timing is shown above.

Note 30.1 Clinical negligence liabilities

At 31 March 2018, £5,990k was included in provisions of the NHS Resolution in respect of clinical negligence liabilities of Rotherham Doncaster and South Humber NHS Foundation Trust (31 March 2017: £2,785k).

Note 31 Contingent assets and liabilities

	Group		Trust	
	31 March 2018 £000	31 March 2017 £000	31 March 2018 £000	31 March 2017 £000
Value of contingent liabilities				
NHS Litigation Authority legal claims	51	94	51	94
Gross value of contingent liabilities	51	94	51	94
Amounts recoverable against liabilities	-	-	-	-
Net value of contingent liabilities	51	94	51	94

The contingent liabilities are employer and public liability claims all of which are expected to be settled in 2018/19.

Note 32 Contractual capital commitments

	Group		Trust	
	31 March 2018 £000	31 March 2017 £000	31 March 2018 £000	31 March 2017 £000
Property, plant and equipment	27	247	27	247
Intangible assets	370	-	370	-
Total	397	247	397	247

Note 33 Defined benefit pension schemes

The main actuarial assumptions used at the date of the Statement of Financial Position in measuring the present value of the defined benefit scheme liabilities are:

	End of year (p.a)	Beginning of year (p.a)
Rate of inflation - CPI	2.10%	2.30%
Rate of increase in salaries	3.35%	3.55%
Rate of increase in pensions	2.20%	2.30%
Discount rate	2.60%	2.60%

Duration information at the end of the accounting year

Estimated Macaulay duration of liabilities (at later of 31 March 2016 & admission date).

18 years

Duration profile used to determine assumptions.

Very mature

Detailed asset breakdown as at 31 March 2018

	31 March 2018 £000	31 March 2017 £000
Equities	2,971	3,183
Government bonds	740	744
Other bonds	392	324
Property	486	489
Cash/liquidity	257	82
Other	470	397
Total	5,316	5,219

Note 33.1 Amounts recognised in the SCI

	Group		Trust	
	2017/18 £000	2016/17 £000	2017/18 £000	2016/17 £000
Current service cost	104	76	104	76
Interest expense / income	25	23	25	23
Administration expenses	1	1	1	1
Total net (charge)/gain recognised in SCI	130	100	130	100

Note 33.2 Changes in the defined benefit obligation and fair value of plan assets during the year

	Group		Trust	
	2017/18 £000	2016/17 £000	2017/18 £000	2016/17 £000
Present value of the defined benefit obligation at 1 April	(6,213)	(5,313)	(6,213)	(5,313)
Current service cost	(104)	(76)	(104)	(76)
Interest cost	(154)	(190)	(154)	(190)
Contribution by plan participants	(20)	(21)	(20)	(21)
Remeasurement of the net defined benefit (liability) / asset:				
- Actuarial (gains)/losses	352	(711)	352	(711)
Benefits paid	176	98	176	98
Present value of the defined benefit obligation at 31 March	<u>(5,963)</u>	<u>(6,213)</u>	<u>(5,963)</u>	<u>(6,213)</u>
Plan assets at fair value at 1 April	5,219	4,654	5,219	4,654
Interest income	129	167	129	167
Remeasurement of the net defined benefit assets	86	413	86	413
Contributions by the employer	39	63	39	63
Contributions by the plan participants	20	21	20	21
Benefits paid	(176)	(98)	(176)	(98)
Administration expenses	(1)	(1)	(1)	(1)
Plan assets at fair value at 31 March	<u>5,316</u>	<u>5,219</u>	<u>5,316</u>	<u>5,219</u>
Plan deficit at 31 March	<u>(647)</u>	<u>(994)</u>	<u>(647)</u>	<u>(994)</u>

Note 33.3 Reconciliation of the present value of the defined benefit obligation and the present value of the plan assets to the assets and liabilities recognised in the balance sheet

	Group		Trust	
	2017/18 £000	2016/17 £000	2017/18 £000	2016/17 £000
Present value of the defined benefit obligation at 31 March	(5,963)	(6,213)	(5,963)	(6,213)
Plan assets at fair value at 31 March	<u>5,316</u>	<u>5,219</u>	<u>5,316</u>	<u>5,219</u>
Net liability recognised in the SoFP at 31 March	<u>(647)</u>	<u>(994)</u>	<u>(647)</u>	<u>(994)</u>

Note 34 On-SoFP PFI

The PFI provides services accommodation for Mental Health services for Older People and for Mental Health Rehabilitation services. The PFI buildings are on the St Catherine's site and Bentley in Doncaster.

The PFI agreement is with Albion Healthcare Ltd who have a contract with HBG (Facilities Management) Ltd to provide the hard facilities management services to the buildings.

The PFI arrangement is for 27 years commencing in 2005 and ending in 2032. There are no renewal or termination options in the agreement.

The service element of the lease was bought out in 2017/18 at a cost of £150,000 and payments now relate solely to the lease of the property. The annual payment in 2017/18 was £2,008,668. The re-pricing of the annual charge is yearly on 1 April in line with the movement in the Retail Price Index.

The scheme has not resulted in any guarantees, commitments or other rights or obligations.

Note 34.1 Imputed finance lease obligations

Rotherham Doncaster and South Humber NHS Foundation Trust has the following obligations in respect of the finance lease element of the on-Statement of Financial Position PFI:

	Group		Trust	
	31 March 2018 £000	31 March 2017 £000	31 March 2018 £000	31 March 2017 £000
Gross PFI liabilities	17,604	20,104	17,604	18,854
Of which liabilities are due				
- not later than one year;	1,250	1,250	1,250	1,250
- later than one year and not later than five years;	5,000	5,000	5,000	5,000
- later than five years.	11,354	12,604	11,354	12,604
Finance charges allocated to future periods	(7,512)	(8,413)	(7,512)	(8,413)
Net PFI, LIFT or other service concession arrangement obligation	10,092	10,441	10,092	10,441
- not later than one year;	380	349	380	349
- later than one year and not later than five years;	1,902	1,742	1,902	1,742
- later than five years.	7,810	8,350	7,810	8,350

Note 34.2 Total on-SoFP PFI, LIFT and other service concession arrangement commitments

Rotherham Doncaster and South Humber NHS Foundation Trust's total future obligations under these on-SoFP schemes are as follows:

	Group		Trust	
	31 March 2018 £000	31 March 2017 £000	31 March 2018 £000	31 March 2017 £000
Total future payments committed in respect of the PFI, LIFT or other service concession arrangements	23,520	35,100	23,520	35,100
Of which liabilities are due				
- not later than one year;	1,680	2,340	1,680	2,340
- later than one year and not later than five years;	6,720	9,360	6,720	9,360
- later than five years.	15,120	23,400	15,120	23,400

Note 34.3 Analysis of amounts payable to service concession operator

This note provides an analysis of Rotherham Doncaster and South Humber NHS Foundation Trust payments in 2017/18:

	Group		Trust	
	31 March 2018 £000	31 March 2017 £000	31 March 2018 £000	31 March 2017 £000
Unitary payment payable to service concession operator	1,867	2,340	1,867	2,340
Consisting of:				
- Interest charge	901	930	901	930
- Repayment of finance lease liability	349	319	349	319
- Service element and other charges to operating expenditure	219	742	219	742
- Contingent rent	398	349	398	349
Total amount paid to service concession operator	1,867	2,340	1,867	2,340

Note 35 Financial instruments**Note 35.1 Financial risk management**

Financial reporting standard IFRS 7 requires disclosure of the role that financial instruments have had during the year in creating or changing the risks a body faces in undertaking its activities. Because of the continuing service provider relationship that Rotherham Doncaster and South Humber NHS Foundation Trust has with CCGs and local authorities and the way in which these bodies are financed, Rotherham Doncaster and South Humber NHS Foundation Trust is not exposed to the degree of financial risk faced by business entities. Also financial instruments play a much more limited role in creating or changing risk than would be typical of listed companies, to which the financial reporting standard mainly applies. Rotherham Doncaster and South Humber NHS Foundation Trust has limited powers to borrow or invest surplus funds and financial assets and liabilities are generated by day-to-day operational activities rather than being held to change the risks facing Rotherham Doncaster and South Humber NHS Foundation Trust in undertaking its activities.

Rotherham Doncaster and South Humber NHS Foundation Trust's treasury management operations are carried out by the finance department, within parameters defined formally within Rotherham Doncaster and South Humber NHS Foundation Trust's standing financial instructions and policies agreed by the Board of Directors. Rotherham Doncaster and South Humber NHS Foundation Trust treasury activity is subject to review by internal audit.

Currency risk

Rotherham Doncaster and South Humber NHS Foundation Trust is principally a domestic organisation with the great majority of transactions, assets and liabilities being in the UK and sterling based. Rotherham Doncaster and South Humber NHS Foundation Trust has no overseas operations. Rotherham Doncaster and South Humber NHS Foundation Trust therefore has low exposure to currency rate fluctuations.

Credit risk

Because the majority of Rotherham Doncaster and South Humber NHS Foundation Trust's income comes from contracts with other public sector bodies, Rotherham Doncaster and South Humber NHS Foundation Trust has little exposure to credit risk. The maximum exposures at 31 March 2018 are in receivables from other customers, as disclosed in Trade and other receivables note 23.1.

Liquidity risk

Rotherham Doncaster and South Humber NHS Foundation Trust's operating costs are incurred under annual service agreements with CCGs and local authorities, which are financed from resources voted annually by Parliament. Rotherham Doncaster and South Humber NHS Foundation Trust is not, therefore exposed to significant liquidity risks.

Note 35.2 Financial assets

Group	Loans and receivables £000	Available-for- sale £000	Total £000
Assets as per SoFP as at 31 March 2018			
Trade and other receivables excluding non financial assets - with NHS and DH bodies	5,652	-	5,652
Trade and other receivables excluding non financial assets - with other bodies	2,732	-	2,732
Other investments	-	2,776	2,776
Cash and cash equivalents at bank and in hand	28,902	-	28,902
Total at 31 March 2018	37,286	2,776	40,062

Group	Loans and receivables £000	Available-for- sale £000	Total £000
Assets as per SoFP as at 31 March 2017			
Trade and other receivables excluding non financial assets - with NHS and DH bodies	4,191	-	4,191
Trade and other receivables excluding non financial assets - with other bodies	988	-	988
Other investments	-	2,573	2,573
Cash and cash equivalents at bank and in hand	29,537	-	29,537
Total at 31 March 2017	34,716	2,573	37,289

Trust	Loans and receivables £000	Available-for- sale £000	Total £000
Assets as per SoFP as at 31 March 2018			
Trade and other receivables excluding non financial assets - with NHS and DH bodies	5,652	-	5,652
Trade and other receivables excluding non financial assets - with other bodies	2,807	-	2,807
Other investments	-	-	-
Cash and cash equivalents at bank and in hand	28,214	-	28,214
Total at 31 March 2018	36,673	-	36,673

Trust	Loans and receivables £000	Available-for- sale £000	Total £000
Assets as per SoFP as at 31 March 2017			
Trade and other receivables excluding non financial assets - with NHS and DH bodies	4,191	-	4,191
Trade and other receivables excluding non financial assets - with other bodies	992	-	992
Other investments	222	-	222
Cash and cash equivalents at bank and in hand	28,593	-	28,593
Total at 31 March 2017	33,998	-	33,998

Note 35.3 Financial liabilities

Group	Other financial liabilities £000	Total £000
Liabilities as per SoFP as at 31 March 2018		
Borrowings excluding finance lease and PFI liabilities	6,021	6,021
Obligations under finance leases	-	
Obligations under PFI, LIFT and other service concession contracts	10,092	10,092
Trade and other payables excluding non financial liabilities - with NHS and DH bodies	1,919	1,919
Trade and other payables excluding non financial liabilities - with other bodies	13,294	13,294
Total at 31 March 2018	31,326	31,326

Group	Other financial liabilities £000	Total £000
Liabilities as per SoFP as at 31 March 2017		
Borrowings excluding finance lease and PFI liabilities	6,385	6,385
Obligations under finance leases	681	681
Obligations under PFI, LIFT and other service concession contracts	10,441	10,441
Trade and other payables excluding non financial liabilities - with NHS and DH bodies	1,970	1,970
Trade and other payables excluding non financial liabilities - with other bodies	15,700	15,700
Total at 31 March 2017	35,177	35,177

Trust	Other financial liabilities £000	Total £000
Liabilities as per SoFP as at 31 March 2018		
Borrowings excluding finance lease and PFI liabilities	6,021	6,021
Obligations under finance leases	-	
Obligations under PFI, LIFT and other service concession contracts	10,092	10,092
Trade and other payables excluding non financial liabilities - with NHS and DH bodies	1,919	1,919
Trade and other payables excluding non financial liabilities - with other bodies	13,269	13,269
Total at 31 March 2018	31,301	31,301

Trust	Other financial liabilities £000	Total £000
Liabilities as per SoFP as at 31 March 2017		
Borrowings excluding finance lease and PFI liabilities	6,385	6,385
Obligations under finance leases	681	681
Obligations under PFI, LIFT and other service concession contracts	10,441	10,441
Trade and other payables excluding non financial liabilities - with NHS and DH bodies	1,970	1,970
Trade and other payables excluding non financial liabilities - with other bodies	15,554	15,554
Total at 31 March 2017	35,031	35,031

Note 35.4 Maturity of financial liabilities

Group	Total	With DH group bodies	With other bodies	Total
	31 March 2018	31 March 2018	31 March 2018	31 March 2017
	£000	£000	£000	£000
In one year or less	15,954	2,282	13,672	18,429
In more than one year but not more than two years	780	363	417	805
In more than two years but not more than five years	2,576	1089	1,487	2,725
In more than five years	12,016	4,206	7,810	13,218
Total	31,326	7,940	23,386	35,177

Trust	Total	With DH group bodies	With other bodies	Total
	31 March 2018	31 March 2018	31 March 2018	31 March 2017
	£000	£000	£000	£000
In one year or less	15,931	2,282	13,649	18,285
In more than one year but not more than two years	778	363	415	803
In more than two years but not more than five years	2,576	1089	1,487	2,725
In more than five years	12,016	4,206	7,810	13,218
Total	31,301	7,940	23,361	35,031

The fair value of Rotherham Doncaster and South Humber NHS Foundation Trust's financial assets and financial liabilities at 31 March 2018 equates to book value.

Note 36 Losses and special payments

Group and Trust	2017/18		2016/17	
	Total number of cases	Total value of cases	Total number of cases	Total value of cases
	Number	£000	Number	£000
Cash losses				
Bad debts and claims abandoned	9	4	5	17
Total losses	9	4	5	17
Special payments				
Ex gratia payments in respect of:				
a. loss of personal effects	19	4	15	4
b. personal injury with advice	12	66	11	29
c. other negligence and injury	3	4	5	3
d. other employment payments	-	-	1	146
e. other	-	-	1	15
Special severance payments	1	8	-	-
Total special payments	35	82	33	197
Total losses and special payments	44	86	38	214

None of the individual losses or special payments are over £300k.

Note 37 Events after the reporting date

There are no events after the reporting period to report.

Note 38 Related parties

Rotherham Doncaster and South Humber NHS Foundation Trust is a body corporate established by order of the Secretary of State.

The Department of Health is regarded as Rotherham Doncaster and South Humber NHS Foundation Trust's parent. During the year Rotherham Doncaster and South Humber NHS Foundation Trust had a significant number of material transactions with the Department and with other entities for which the Department is regarded the parent. Rotherham Doncaster and South Humber NHS Foundation Trust also had a number of material transactions with other Government departments and other central and local government bodies. These entities and details of the transactions are listed below.

	Receivables		Payables	
	31 March	31 March	31 March	31 March
	2018	2017	2018	2017
	£000	£000	£000	£000
Doncaster Rape Crisis and Sexual Abuse Counselling service	-	5	-	-
Doncaster and Bassetlaw Hospitals NHS FT	402	263	314	309
Sheffield Health and Social Care NHS FT	92	77	271	287
The Rotherham FT	41	9	245	241
NHS Doncaster CCG	829	1,068	145	56
NHS North Lincolnshire CCG	241	134	-	20
NHS Rotherham CCG	321	601	-	10
NHS England	3,265	1,495	8	67
Health Education England	8	27	-	1
Doncaster Metropolitan Council	959	333	1,496	1,555
Rotherham Borough Council	85	109	828	1,366
North Lincolnshire Council	44	59	118	207
National Health Service Pension Scheme	5	-	1,520	1,555
National Insurance Fund	-	-	2,139	1,293
HMRC	157	184	-	821
Total	6,449	4,364	7,084	7,788
	Income		Expenditure	
	2017/18	2016/17	2017/18	2016/17
	£000	£000	£000	£000
Doncaster Rape Crisis and Sexual Abuse Counselling service	-	-	-	63
Doncaster and Bassetlaw Hospitals NHS FT	2090	2072	1279	1132
Sheffield Health and Social Care NHS FT	613	754	1144	1114
The Rotherham FT	152	160	919	747
NHS Doncaster CCG	70005	70474	112	109
NHS North Lincolnshire CCG	14118	14303	19	20
NHS Rotherham CCG	30990	31457	-	10
NHS England	8361	6568	-	-
Health Education England	3015	3076	-	3
Doncaster Metropolitan Council	17222	17693	675	423
Rotherham Borough Council	4940	5081	466	363
North Lincolnshire Council	1,844	576	-	148
National Health Service Pension Scheme	-	-	11,694	11,836
National Insurance Fund	-	-	8,523	8,086
HMRC	-	-	10,541	10,655
Total	153,350	152,214	35,372	34,709

Note 39 Change in accounting policy

In 2017/18 there was a change of accounting policy such that the income, expenditure, assets, liabilities, equity and reserves of Flourish Enterprises Community Interest Company (Flourish) are consolidated into the Trust's group accounts. The prior year accounts for 2016/17 are restated to reflect this change.

The following table summarises the impact of the change in policy on the financial statements of the group for the prior year 2016/17.

Consolidated income statement

	2016/17	Increase/ (Decrease)	2016/17
	£000	£000	Restated £000
Operating income from patient care activities	153,072		153,072
Other operating income	10,947	18	10,965
Operating expenses	(158,252)	(12)	(158,264)
Increase in surplus for the year		6	

Consolidated statement of financial position

	31 March	Increase/ (Decrease)	31 March
	2017	£000	2017
	£000	£000	Restated £000
Non-current assets			
Other investments	2795	(222)	2573
Current assets			
Stock	168	22	190
Trade and othe receivables	5824	10	5834
Cash	29012	525	29537
Current liabilities			
Trade and other payables	(19,682)	(100)	(19,782)
Other liabilities	(2,527)	(245)	(2,772)
Non-current liabilities			
Trade and other payables	-	(2)	(2)
		(12)	
Financed by			
Income and expenditure reserve	16132	(12)	16120
Decrease in reserves for the year		(12)	



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NHS Foundation Trust



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