

Annual Report and Accounts

**for the period 1 April 2019 to
31 March 2020**

**SOUTH WEST YORKSHIRE PARTNERSHIP NHS FOUNDATION
TRUST**

**ANNUAL REPORT AND ACCOUNTS FOR THE PERIOD 1 APRIL
2019 TO 31 MARCH 2020**

Presented to Parliament pursuant to Schedule 7, paragraph 25(4) (a) of
the National Health Service Act 2006

Message from the Chair and Lead Governor 2019/20

Welcome to the Trust's annual report for the year 1 April 2019 to 31 March 2020.

In March 2020, the NHS faced one of the biggest challenges in its history. The Covid-19 pandemic spread across the world impacting on the health and social care sector, the economy, and on everyone's daily lives.

Faced with an unprecedented situation, our Trust responded with kindness, compassion, and in line with our values. Throughout 2019/20, we have seen many examples of our staff demonstrating just what the NHS is about.

This was recognised by our external regulators. Following a fresh inspection in May and June of this year, the Care Quality Commission (CQC) recognised improvements made and the strength and quality of the services we provide, and rated us as 'Good'.

Over 87% of areas assessed by the CQC when deciding a rating have now been highlighted as 'Good' or 'Outstanding' and this is thanks to the hard work and dedication of our staff.

We made sure to recognise our staff as a Trust too. On Tuesday 19 November, we held a special event to recognise over 500 members of our staff at Cedar Court Hotel in Wakefield. In the afternoon, we celebrated over 260 members of staff who have successfully achieved a learning qualification to further their knowledge and skills. We also honoured over 90 staff who have between them contributed 1935 years of service to the NHS.

Our Excellence 2019 awards followed in the evening, celebrating the difference that our staff make to the lives of local people every day. Awards were handed out in our five team categories and four individual categories to winners chosen by our panel of judges which included a range of staff, members' council governors, and partners.

Our commitment to keeping our communities safe was demonstrated when we achieved our highest ever flu vaccine uptake in 2019. 82% of our staff had their jab, helping to keep themselves, their family, friends and service users protected from the virus.

Thanks to our staff, we were able to donate 2,250 life-saving vaccines to help more children around the world grow up healthy through UNICEF's 'have a vaccine, give a vaccine' scheme. We are proud that the benefits of our workforce's kind and caring nature will be seen beyond our wards and communities.

Our Trust is accountable to our local communities, who are represented by our Members' Council. We once again held another successful round of Members' Council elections this year, welcoming new and returning governors to our council to help shape our future plans and priorities. Our Annual Members' Meeting was held on 16 September 2019 at Fieldhead, where we showcased our services and invited members of the public to attend to hear about our work in the last year and take a look forward.

Our staff are also members, so it's important that we are clear on what matters to them. It's why we have staff representatives on our Members' Council. Each year we also hold a round of events across Barnsley, Calderdale, Kirklees and Wakefield to discuss progress we've made, check what's working well and what needs to change.

Common themes discussed in 2019 included:

- Seeing the bigger picture and knowing our place in the system
- Recruitment and retention
- Resources needed to support co-production

- Availability of technology to support agile working
- Building on creativity and alternative therapies

We know that there is always room for us to improve. We will use these themes as we plan our development priorities for the year ahead.

As a Trust we are taking action on environmental sustainability and our 2018/19 sustainability report showed some positive results. For example, we have reduced our carbon emissions by over 36% since 2010/11, resulting in 4,380 fewer tonnes of carbon dioxide being released into the atmosphere annually, and none of our waste goes to landfill. We are also continuing to reduce our use of single-use plastics across the Trust, which we started with getting rid of plastic cups and stirrers, and replacing polystyrene with compostable and reusable food containers in our canteens.

Our Trust charity, EyUp!, also launched a new eco-friendly travel mug. The non-plastic reusable mug, made from rice husk, helps support the Trust in our mission to be as sustainable as possible – all whilst supporting EyUp! charity.

We want this commitment to change to be embedded in policy and practice across all aspects of what we do, so we're developing a Trust-wide environmental sustainability strategy which staff and service users have already been fully involved in. We know there is much more we can do.

We are committed to continuous change and improvement in our Trust and want to provide people with the skills, knowledge and platforms to be able to take forward their ideas. This year hundreds of staff were presented with certificates to acknowledge their completion of the Institute of Healthcare Improvement (IHI) course. The online course is focused on improvement in healthcare, patient safety and leadership, and by completing it, our staff have shown their dedication and passion for improvement.

We want our staff to know that no matter what role they're in, if they see something that could be improved, there is support available to help them act. One of the ways is through i-hub, an online network for staff to share improvement ideas and good practice, and help them to work with other colleagues to solve challenges.

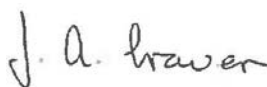
The Trust, along with the NHS and the wider health and care sector, continues to face many challenges as it enters 2020/21. We remain committed to facing these challenges together, guided as always by our mission and values.

Thank you to all our staff and volunteers for the work they do every day so that we can support people to meet their potential and live well in their community.



Angela Monaghan
Chair

Date: 3 June 2020



Jackie Craven
Lead Governor

Date: 3 June 2020

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Section 1 – Performance Report

Section 1.1 Overview of performance

Overview

The purpose of this section is to provide a short summary that provides sufficient information to understand South West Yorkshire Partnership NHS Foundation Trust, its purpose, the key risks to the achievement of its objectives and how it has performed during the year.

Review of 2019/20 – Chief Executive Reflections

This year was one that ended very differently from where it started. The coronavirus pandemic was officially declared by the World Health Organisation on 11 March 2020. Earlier in 2020 work had been in place to track and monitor the spread of the virus and to isolate and support anyone who came into contact. Prior to the coronavirus pandemic, the Trust had seen many successes, achievements and overcoming of challenges. We have continued to work towards and achieve our objectives, putting our values at the heart of everything we do. Highlights include:

We adapted our services in the face of the coronavirus pandemic

We rose to the challenge across all our areas to continue to provide invaluable support to service users, carers, their families and the wider public. Examples include:

- Whole services have been reconfigured, like our improving access to psychological therapies (IAPT) services in Calderdale, Kirklees and Barnsley, which are now delivering services either digitally or on the phone.
- A rapid expansion of remote and home working, and using digital tools to keep things going in clinical and operational services. Virtual Private Network (VPN) usage has gone from a peak of a few hundred a day to over 4,000 connections a day.
- New arrangements in our inpatient areas, such as restrictions on visiting and supported discharges are in place and patient flow improvements have seen fewer go out of area
- Supporting social distancing by making sure we use our estate effectively and safely.
- We were at the forefront of the coronavirus response in Barnsley, carrying out community testing and setting up a drive through testing facility in Kendray.
- Our infection prevention and control team have led the way in carrying out testing and developing resources and guidance to help us all. This has included guidance on visiting inpatient units, personal protection equipment (PPE) and how to manage and respond to potential cases.
- We have kept staff and the public informed with a dedicated Coronavirus section on the intranet and website where you can find information, resources and guidance.
- Occupational health have been helping and supporting people who have felt unwell or have family members showing symptoms.
- Dedicated support lines for HR, psychological wellbeing and pastoral support have been available to all staff
- Training has been provided on a wide range of issues so staff can function in the pandemic
- A staff redeployment “talent bank” has been created for those displaced by changes to working practices and service delivery
- Daily communications from myself to all staff have been delivered, backed by alerts as the situation developed.

We continue to work hard in challenging times to maintain performance and ensure we continue to deliver care. Our approach is based on the business continuity plans we have in place for all parts of our organisation, including operational delivery and in support services. This helps drive our coronavirus response and ensure we still meet our statutory requirements and continue to deliver safe, effective and services. Our plans have our values at the centre and help us to continue to work with care and compassion.

We put safety first, always

We continue to have a high reporting rate with high proportion of no/low harm incidents. This is recognised to be indicative of a positive safety culture.

- **13,206** incidents reported
- **4%** increase in reported incidents compared with 2018/19 (indicative of a positive reporting culture)
- **87%** of incidents resulted in **no/low harm**
- **47** serious incidents reported (0.35% of all incidents)

We have continued to develop and embed a number of patient safety initiatives including the #allofusimprove Learning Library. A wide variety of examples of learning are now being gathered and shared across the Trust through our weekly staff update, The Headlines.

We have taken learning from a pilot in 2018/19 on our significant event analysis tool and implemented this further. The tool can be used to systematically review an incident by bringing the team together quickly after an event to identify learning and any areas for improvement. Staff feel involved and connected to learning identified.

During 2019/20 we have been developing our patient safety strategy and action plans for the coming 3 years. These were developed collaboratively following our Trust wide “kitchen table” conversations with staff and volunteers.

The patient safety strategy aligns closely with the NHS Patient Safety Strategy launched in July 2019, which describes how the NHS will continuously improve patient safety, building on the foundations of a safer culture and safer systems. Our action plans for 2019/20 were aligned to the national strands of Insight, Involvement and Improvement.

During 2020/21 we anticipate significant changes to the national processes for patient safety, including the introduction of a new patient safety reporting system and new framework for serious incidents.

We performed well and delivered most of our targets

The majority of our targets have been delivered across our wellbeing, learning disability, physical and mental health programmes. This means:

- New pressure ulcers that are attributable to our care and avoidable reduced by 74%. Our target was a 50% reduction.
- Inpatient falls reduced by 36%. Our target was 15%. Inpatient falls resulting in moderate/severe harm or death reduced by 21%. Our target was 10%.
- Moderate harm and above to patients in incidents that resulted in restraint reduced by 71%. Our target was 30%.
- Unintended missed doses of medication reduced by 8%.

We achieved targets set by our regulators and commissioners.

In mental health services

- 85% of people experiencing a first episode of psychosis were treated within two weeks of referral
- 97% of patients on care programme approach who were followed up within seven days

We met key targets around improving access to psychological therapies (IAPT):

- 82% of referrals had a waiting time for treatment of less than 6 weeks
- 98% of referrals had a waiting time for treatment of less than 18 weeks
- 54% of services users moved to recovery

In community services:

- 99% of people were seen within 6 weeks for diagnostic procedures
- 96% of patients waiting for treatment at the end of March 20 from a 'referral to treatment applicable' general community service had been waiting less than 18 weeks.

There has been ongoing work to improve in areas where there has been under-performance. Focused work on IAPT in Kirklees and CAMHS in Barnsley and Wakefield has seen improvements that will need to continue in the coming year.

We played our part in the wider system

We are working to join up care through our partnerships in West Yorkshire and in South Yorkshire. We are also working on a local level in each of our places, such as the Wakefield New Models of Care Board, Wakefield Mental Health Alliance, Calderdale Cares, Kirklees Strategy and the Barnsley Integrated Care Partnership. We deliver care and joined up services throughout this footprint as well as in Doncaster, Rotherham, Sheffield and Wetherby.

We operate in the context of a wider health and social care system and have a big role to play in both the West Yorkshire & Harrogate and South Yorkshire & Bassetlaw integrated care systems. This year has seen some encouraging developments in both areas.

Developments in West Yorkshire and Harrogate:

- Funding for men at risk of **suicide** and for suicide bereavement support services
- We are Lead Provider for the Adult Secure Lead Provider Collaborative, to support co-ordinated and improved **forensic services**, and partner in **CAMHS** and **eating disorders** provider collaboratives.
- **Learning disabilities** transforming care partnerships (TCP) have now merged into one and focus on delivering improvement, including work to improve learning disabilities assessment and treatment provision across West Yorkshire. The aim of this work is to reduce the number of assessment and treatment unit (ATU) beds within West Yorkshire & Harrogate in line with national TCP trajectories. We began consultation on a new regional centre of excellence, taking the best practice from each of the current sites and embedding this in a new standardised model.
- We implemented enhanced support for carers and engaged in the award winning Our Neighbours campaign

Developments in South Yorkshire and Bassetlaw:

- Liaison and diversion services across South Yorkshire are now in place

- QUIT smoking cessation service is successfully seeing new prevention services delivered when families are most receptive to advice
- Changes to implement new model for **stroke** services, with early supported discharge and a “single team” approach with Barnsley Hospital NHS Foundation Trust.
- Marketing of beds in **neuro-disability** services – resulting in further referrals into the service, and increased utilisation of the unit

Developments in Yorkshire and the Humber

- We chaired and led the operational delivery network for learning disabled people. This provides impartial clinical advice and expertise to both providers and commissioners to develop equitable, high standard services for service users and improve access. We have been focussing on providing recommendations on a range of projects such as;
 - Improving community services
 - How specialist NHS services are provided to people placed in ‘out of area’ placements.
 - A clear, consistent approach to risk assessment which supports positive risk-taking and promotes people’s freedom and liberty.
 - A standardised approach to identifying people who need extra support to prevent hospital admission, placement breakdown or contact with criminal justice services.
- We are a full member of the Yorkshire and Humber Academic Health Science Network, an organisation with a remit to find and spread innovation across the NHS. We linked with them to share how we successfully use our innovation platform i-hub across the Trust, and they have provided training and support on aspects of health innovation such as our physical health monitoring project.
- We contributed to the Local Health and Care Record Exemplar. This delivers ways in which information can be shared across the system and held by patients. It has successfully developed the approach in cancer and urgent care services and has a new service supporting population health management.

We received investment in our services

In 2019/20, the Trust has been successful in a number of bids to retain or expand service provision. These included:

- The Trust successfully retained the contract to deliver stop smoking services in Barnsley following re-procurement, worth £343k per annum.
- The Trust were successful in a bid to NHSE to pilot a Specialist Forensic Community Team (SCFT) for 2 years, worth £900k in 2019/20 and £1.1m in 2020/21
- The Trust was successful in gaining funding to enhance crisis services across Wakefield, Calderdale and Kirklees (£502k) and to expand mental health liaison services in Barnsley to Core 24 compliance (£505k)

In addition, investment was secured to support:

- Development of an early discharge support team for stroke services in Barnsley (£39k start up value)
- Development of an older people’s crisis mental health team in Calderdale (£39k start up value)
- £226k to expand children’s therapies services in Barnsley

Further service developments have included:

- The Trust has continued to implement the Community Forensic Learning Disability (LDFOLS) Service across Leeds, Bradford, Calderdale, Huddersfield, Wakefield and Barnsley.
- The QUIT smoking cessation pathway has been expanded in Barnsley.
- We have worked in partnership with South Yorkshire Housing Association and other NHS Trusts to start to implement Individual Placement Support (IPS) services in South Yorkshire.

We developed our estates

On 18 October 2019, author and broadcaster Horatio Clare, who has experience of our services at Fieldhead Hospital, officially opened our new £18m mental health inpatient unit, Unity Centre.

The Unity Centre has been a three year project to completely transform facilities and involved rebuilding on the site of existing wards. It included a complete redevelopment of non-secure units as well as the refurbishment of an older people's mental health inpatient unit.

The Trust continues to invest a significant amount of capital in ensuring the estate is safe, sustainable and fit for purpose. In 2019/20 the Oakwell unit in Barnsley received specialist bedroom doors for service user bedrooms incorporating the latest safety and security features at a cost of £180k, along with new windows and the final part of the sprinkler system adding another £230k of spending on safety.

The Trust has invested in new specialist windows at other key sites and will continue to do so.

We pride ourselves on the condition of our estate and continue to spend money on backlog maintenance. We have invested significant sums of the minor works programme in 2019/20 to continue this with £270k spent throughout Barnsley upgrading community infrastructure

We have invested over £41m in our Barnsley, Calderdale, Kirklees and Wakefield estate since 2014. This includes:

- 2014 - £11.3m in Newton Lodge
- 2015 - £5.5m for the Laura Mitchell Health and Wellbeing Centre in Calderdale; and £1.2m for New Street in Barnsley
- 2016 - £0.9m for the Drury Lane Health and Wellbeing Centre in Wakefield; and £3m for Baghill House Health and wellbeing Centre in Pontefract
- 2017 - £0.7m for support service offices in Fieldhead
- 2018 - £0.5m for the Horizon Centre in Wakefield
- 2019 - £18m for the Unity Centre

Our developments got us ready for tomorrow

We launched new ways of working to prepare us for an ever-changing world:

- We embedded our new clinical records system, SystmOne. This has provided us with an opportunity to look at how we use our systems to best effect, ensure it is easier for staff to use and become more efficient, and successfully rolled out of new mental

health care plans and medic care plans. In 2020, we celebrated one year of using the system.

- We piloted an e-appraisal system which will make the process easier and support better conversations. The new e-appraisal system is employee-led, reduces paper usage and allows teams to be better connected.
- We upgraded thousands of computers and laptops to Windows 10, providing our staff with an up to date, reliable and supported platform to carry out their work. This was invaluable when Covid-19 hit.
- We launched MySWYPFT, our mobile app for staff. Designed for staff on the go, it provides important Trust information and news at the touch of a button. The app was developed with zero cost to the Trust and is maintained and updated regularly.
- We put 193 staff through the IHI programme to support our change model

We got back into financial surplus

The financial position of the Trust has improved in 2019/20. We are still in a challenging environment, particularly given continuous increases in demand for our services. There has been good cost improvement alongside welcome investment in mental health service provision in particular. This has been in a range of services including improving access to psychological therapies (IAPT), early intervention in psychosis (EIP), child & adolescent mental health services (CAMHS), intensive home based treatment (IHBT) and crisis liaison

The positive action on our financial performance continued into 2019/20 which has meant that we've been able to deliver a result that was better than our original target. Prior to Provider Sustainability Funding (PSF) we generated a surplus of £1.0m compared to a target position of £0.2m deficit. This performance was boosted by an allocation of national funds into providers of mental health services at the end of the year. Our allocation was £0.9m. By delivering our financial plan, we received access to £1.8m of PSF. This will be used to support continued capital investment into our estate and technology.

This was possible because of cost improvement delivery of £10.7m and income support from our commissioners. This has helped to ensure that the Trust had a healthy cash position throughout the year and been able to pay suppliers in a timely fashion; with 99% paid to better payment standards within 30 days.

We supported our staff through our staff networks We are fully committed to supporting and promoting diversity and equality both in the way we provide services and as an employer. We aim to ensure that all our services are designed and managed to respect and value difference.

Our workforce is a celebration of diversity and all the different skills that we bring. Our staff networks, which help people to connect and chat with others, meet people with similar experiences, and to contribute to the Trust's commitment to being a diverse and inclusive employer, have gone from strength to strength this year.

- The BAME Staff Network held their annual celebration event on Tuesday 15 October 2019 at Fieldhead. The event, open to all from the Trust, focused on celebrating the achievements from the past year and recognising the work the network are doing to make the Trust a great place to work.
- Our LGBT+ staff network held their first members' meeting in 2020 and launched our rainbow badge campaign at the event. The campaign gives staff the opportunity to make a pledge and receive a badge to show that our Trust offers open, non-judgemental and inclusive care for everyone who identifies as LGBT+.
- Our disability network and carers' network also continued to provide essential support to staff, holding regular meetings throughout the year across our Trust geography.

- On Wednesday 8 May 2019 representatives from LGBT+, BAME, working carers and disability staff networks, alongside wellbeing champions, came together in the wellbeing and learning centre at Fieldhead to celebrate National Staff Networks Day. The event gave people a chance to find out more about the work of the staff networks and how to get involved.

We showcased our work and won awards

- Our **Wakefield health integration team were shortlisted** for the Community and General Practice Nursing Award of the prestigious RCNi Nurse Awards. The team were one of just five finalists in their category.
- Our #allofus wellbeing campaign, which helps keep a focus on the wellbeing of staff so that we can provide the best possible care, was **chosen as the winner** in the 'Communications initiative' category of the HSJ Value Awards on Thursday 23 May.
- **Our Barnsley staff were recognised** at the first ever South Yorkshire and Bassetlaw Integrated Care System Allied Health Professional (AHP) awards held on Wednesday 3 July.
- **Staff and service users at Newton Lodge** won the Yorkshire and Humber Involvement Network competition at this year's annual involvement conference, with the Bretton Centre following closely behind and scooping third prize.
- Five members of Trust staff were recognised at an awards ceremony celebrating the **best in local dementia care**. Dan Slater, Natalie McCarthy, Andrew Stones, Allie Singer and Maggie Brookes were nominated for the Best of Barnsley Dementia Care Awards which took place on Thursday 30 January at Barnsley Metrodome.
- Barnsley tissue viability service was shortlisted in the **HSJ Partnership Awards** and the **Journal of Wound Care World Union of Wound Healing Societies Awards** for their wound care pathway which was designed to improve the quality of care and save money within the NHS by reducing variations in treatment.
- Our volunteering service was **accredited by the UK quality standard for good practice in volunteer management**, Investing in Volunteers. Achieving the standard demonstrates our commitment to supporting and investing in all our volunteers.
- We received outstanding feedback from our Health and Safety Executive inspection with positive comments about our culture and approach to health and safety
- Our five early intervention in psychosis (EIP) teams were named as some of the best performing in the country. All of the Trust's teams achieved the National Clinical Audit of Psychosis (NCAP) standard, with four of the five teams rated as 'Top performing'. Only 11 teams (7%) in the whole country were rated as 'Top performing'.
- **In a recent survey**, 95% of patients said they were likely to recommend Barnsley's intermediate care service to their family and friends.
- On Wednesday 8 May representatives from LGBT+, BAME, working carers and disability staff networks, alongside wellbeing champions celebrated National Staff Networks Day. The event was an opportunity to share, discuss and learn more about the ongoing work and how to get involved.

We committed to make the Trust a great place to work

We adopted a fourth strategic objective this year – to make the Trust a great place to work. Following staff engagement we identified 6 key areas of development for 2019 and 2020 which will help us drive our ambition to improve in order to make the Trust a great place to work. These are:

- To focus on our campaign on preventing bullying and harassment
- Tackling violence and aggression
- The next phase of #allofus – improving workplace wellbeing, focusing on positive mental health

- A systematic approach to help people feel they can contribute to change - #allofusimprove
- A staff engagement plan is to be launched
- An e-appraisal system has been piloted from June

Key work areas have included:

- Launch of a revised framework for preventing bullying, with updated guidance for staff. We have also provided 'crucial conversations' training to support colleagues to have difficult conversations in a respectful and collaborative manner.
- Workplace wellbeing plans, focused on improving mental health in the workplace, promoting good mental health at work and de-stigmatising mental health problems through our ongoing communications plan.
- Tackling stress at work by encouraging regular wellbeing conversations during supervision and appraisal.
- Offering fast track occupational health appointments for work related stress and further promoting our stress pathway which offers advice to staff.
- Launch of A Great Place to Work senior leaders' forum in 2019 which aims to increase staff engagement and involvement in teams to ensure everyone's voice counts.
- Ensuring a fully supported Staff Side partnership model within the Trust supporting all recognised trade unions.
- Further development of our recruitment and retention strategy including improved retention opportunities, staff transfer scheme and greater emphasis on work-life balance and flexibility
- Continuing to hold weekly listening events across the Trust – allowing members of our Executive Management Team to meet with Trust employees and respond to feedback
- Further development of our staff networks.

Our 2019 national NHS staff survey results showed progress against our ambitions for the Trust. Even more of our staff had their say, with 1,838 people (45% of staff) taking part, up from 40% in 2018. We improved our ratings in three of the eleven key themes and maintained our rating in the other eight. The three areas we have shown significant improvement in are quality of appraisal, staff engagement and quality of care.

We are pleased to have seen an increase in the number of staff who would recommend the Trust as both a place to work and as a place to receive care and treatment. Our health and wellbeing scores have improved, and our overall staff engagement levels have gone up.

While we have achieved a lot during 2019, as a learning Trust we know there is still more we need to do. The feedback from staff on what makes a great place to work was simple: feeling safe, being part of a supportive team, helping me to keep fit and well, good professional and personal development, and feeling my voice counts and is heard.

To further improve we know there is more we still need to do:

- The **Great Place to Work Leadership Forum** will be used to develop local action plans, these will be informed by the NHS Staff Survey results.
- We will review the feedback in all leadership teams and BDUs to develop **local action plans** for improvement.
- We will continue a focus on preventing **bullying and harassment** using the framework we agreed in 2019.

- We will **learn from the experiences** of other organisations and share good practise
- We will **support teams** through a Great Place to Work

This whole report is a testament to the staff who work here and what they do each and every day.

Brief history of the Trust

We are a specialist NHS foundation trust providing community, mental health and learning disability services to the people of Barnsley, Calderdale, Kirklees and Wakefield. We also provide medium and low secure services across Yorkshire and the Humber, forensic CAMHS services in Leeds and Wetherby within the children's secure estate, and health and wellbeing services (smoking cessation) and liaison and diversion services in districts in South Yorkshire.

The Trust was established in April 2002. The period since has seen great change, growth and achievement. In May 2009, we became a foundation trust. Foundation trusts are still part of the NHS and operate according to NHS principles (free care, based on need, not ability to pay) but they are run locally and are accountable to their members.

In April 2011, we moved from being a specialist mental health and learning disability provider to an integrated and partnership-based provider of community and mental health services. This followed the transfer of a range of services to the Trust in Barnsley, Calderdale and Wakefield.

Purpose and activities

Over 1 million people live in Barnsley, Calderdale, Kirklees and Wakefield across urban and rural communities from a range of diverse backgrounds. We aim to match our communities' needs with locally sensitive and efficient services. Where our service provision extends beyond these four main geographies we adopt the same approach to ensure we meet the needs of the population with the aim of providing outstanding care. Working in partnership is very important to us and is vital if we are to continue to deliver high-quality services for local people. To illustrate this we work across the wider geographies of both West and South Yorkshire as a fully engaged partner in these integrated care systems. We work with other local NHS and independent sector organisations to provide comprehensive health care to people in our area. We also work closely with local authorities, other government departments and voluntary organisations. Working in partnership also means working with our members, who have a say in how we run the Trust and how they wish our services to be developed. Over 13,000 local people (including our staff) are currently members.

The Trust now employs around 4,300 staff and, to provide the flexible, individually tailored care that local people have told us they want, we provide services from 56 main sites. The majority of the care we provide is in the local community, working with people in their own homes or in community-based locations. Our community-based services are supported by in-patient services for people who need care or assessment in a hospital setting. In a typical month we make approximately 45,000 mental health and learning disability contacts and 40,000 community health service contacts.

Our vision, mission, values and strategic goals



There are four clearly identified strategic ambitions which the Board has agreed and are summarised as:

- **Regional centre of excellence** for Specialist and Forensic Mental Health and Learning Disability services.
- **A strong partner in Mental Health service provision** across West Yorkshire (West Yorkshire & Harrogate Health and Care Partnership) and South Yorkshire (South Yorkshire & Bassetlaw Shadow Integrated Care System).
- **A host or partner in four local integrated care partnerships** in Barnsley, Calderdale, Kirklees and Wakefield.
- **An innovative organisation with coproduction at its heart**, building on Creative Minds, Recovery Colleges, Mental Health Museum and Altogether Better.

Our values underpin our mission and support us to create the common sense of purpose, uniting our services and our staff. They guide us each day to ensure we provide the best possible care for local people and underpin the approach of our staff in providing this care. Our values reflect the openness and transparency of the organisation, clearly and succinctly.

- We put the person first and in the centre
- We know that families and carers matter
- We are respectful, honest, open and transparent
- We improve and aim to be outstanding
- We are relevant today and ready for tomorrow

Our strategic approach is built on our values and on the partnerships we foster and develop with the people who use our services, our staff, our stakeholders and our wider partners. It is founded on the principles of developing and delivering person-centred approaches to our services tailored to individual need, providing greater control for individuals with an emphasis on recovery and positive outcomes for service users. This includes developing and delivering improved quality at reduced cost, providing care closer to home based on innovative models of service provision, which use research-based best practice as their basis leading to safe, effective and efficient services.

Our four strategic objectives for 2019/20 were:

1. Improving health
2. Improving care
3. Improving resources
4. Making SWYPFT a great place to work

Partnership is essential to our mission and vision. We operate across five local clinical commissioning groups and four local authority areas, as well as regionally across Yorkshire and the Humber for our low and medium secure (forensic) services, and both smoking cessation and liaison and diversion services in South Yorkshire. Our main service areas reflect the NHS single definition of quality, that care should be effective and safe, and provide as positive an experience as possible. Nationally, parity of esteem (where mental health and physical health care are seen as equal) for people with mental health needs is recognised as a priority. This and the need to work with people in a holistic recovery-focused way are central to the way we deliver and develop services.

Key issues, opportunities and risks

The key risks that impact on the Trust in the delivery of its objectives are set out in detail in the Annual Governance Statement. In summary these relate to:

- Data and information: cyber-crime and information governance (IG)
- Workforce pressures
- Quality of care
- Financial sustainability in a changing environment
- Out of area bed placements
- Fire safety
- Covid-19 – Risk of harm to staff, service users and carers whilst in our care
- Covid-19 – Impact on our core service provision
- Covid-19 – Impact on staffing and workforce
- Covid-19 – Ability of staff to work from home

The Board Assurance Framework and Organisational Risk Register with mitigating actions are reported to Trust Board on a quarterly basis set in the context of the Board's risk appetite statement. Other key issues are identified through the biennial Board investment appraisal reports along with PESTLE (Political, Economic, Sociological, Technological, Legal, Environmental) and SWOT (Strengths, Weaknesses, Opportunities, and Threats) analysis and are set out below. In addition to the key risks identified above we identified and acted upon a number of other issues as set out below.

We identified: Opportunities for partnership in local places building on the work of Creative Minds and our Recovery Colleges to improve health and wellbeing

We acted: We are supporting our partners to enhance health and wellbeing, for example in Calderdale supporting the Arts and Health programme, and development of emotional and wellbeing hub. We have worked with partners across West Yorkshire and Harrogate Integrated Care System to implement suicide prevention plans, for example expanding postvention services through partnership with Leeds Mind

We identified: the need to be well placed in each of our localities to meet changing population and workforce requirements

We acted: In Barnsley we have been actively involved in the integrated care delivery group which has governed local service integration. This has included the integrated offer in relation to stroke services as well as significant work on integrated neighbourhood teams We

continue to pursue collaborative partnership working in all places with third sector organisations such as within the Live Well Wakefield service, and in primary and secondary health and care through the active development and leadership of the Wakefield Mental Health Alliance, the establishment of a Kirklees Health and Wellbeing Alliance, and active involvement in Calderdale Cares and Barnsley Integration including stroke services as well as significant work on integrated neighbourhood teams

We identified: the need to really understand the key challenges faced by the services regarding workforce and the changes in workforce required

We acted: A series of Great Place to Work Engage and Listen events were held and a staff engagement plan agreed. A Great Place to Work leadership forum has been established. The Trust has continued our focus on development of staff networks and has three established equality networks for BAME staff, staff with a disability and LGBTQ+ staff. A fourth network is being supported for staff who are carers.

We identified: Clinical record system resilience and suitability for current clinical practice was a risk.

We acted: We implemented a new clinical record system and continue to work on optimising the system e.g. implementation of new mental health care plans.

We identified: The need to embed a trust-wide quality improvement culture

We acted: We have successfully implemented a quality improvement training programme at all levels of the organisation and have trained 193 improvement facilitators with a #allofusimprove network being established. Some good practice examples have emerged e.g. safety huddles, reducing restricted practice and flu vaccination programme.

Going concern disclosure

After making enquiries, the directors have a reasonable expectation that the NHS Foundation Trust has adequate resources to continue in operational existence for the foreseeable future. For this reason, they continue to adopt the going concern basis in preparing the accounts.

In making this assertion the Trust Board has taken a number of factors into account. Whilst the NHS planning process has been suspended to enable focus on the response to Covid-19 the Trust has updated its financial plan for 2020/21 and this was largely finalised and agreed by the Trust Board prior to the suspension of the planning process.

The draft submission was approved by the Trust Board and reviewed by the regulator. As part of the plan preparation and approval process the Trust Board has considered in detail the Trust's position, reviewing the financial viability of the organisation in the current economic climate. The Trust Board has also taken into consideration the temporary financial arrangements in operation between April and July 2020 during the Covid-19 pandemic outbreak and expect to see Trust costs during this time period covered by income.

Section 1.2 Performance analysis

Our performance

In addition to measuring performance against our quality priorities we monitor our performance against a range of other key performance indicators (KPIs). A number of these are reported to our Trust Board and others are reported and acted upon internally. A range of performance data is also shared with our commissioners. For 2019/20, the Trust identified those metrics that would best demonstrate performance against achievement of its

agreed objectives. These are reported to the Trust Board as part of the Integrated Performance Report (IPR) every month. The KPIs represent a mix of nationally and locally set targets.

Improving health	Target	19/20 Actuals	Notes
% service users followed up within 7 days of discharge	95%	98.1%	March 2020
% Learning Disability referrals that have had a completed assessment, care package and commenced service delivery within 18 weeks	90%	93%	to end Q3.
Inappropriate out of area beds	1,810	1,609	Full year
Physical Health - Cardio metabolic Assessment (CMA) - Proportion of clients with a CMA Community	Community 75%	87.0%	end Feb 20
Inpatient	Inpatient 90%	92.5%	
IAPT - proportion of people completing treatment who move to recovery	50%	53.9%	
Number of suicides (per 100,000) population	Reducing trend	0.77	Q3 only.
Delayed Transfers of Care	3.50%	1.9%	

At the end of the year we achieved all the KPIs set by our regulator, NHS Improvement, with the exception of the number of out of area bed placements in the fourth quarter. This is encouraging given increases in demand for our services and the level of pressure across the system. Achievement of these NHS Improvement metrics reflects very positively on our staff and the focus we place on ensuring we meet the high standards expected from our services.

The issue of adult acute mental health out of area bed placements is explained more fully in other sections of this report on pages 26 and 31, but the Trust strives to keep the use of such placements to an absolute minimum, and aims to support people in their district of residence as far as possible. Demand for beds continued to be higher than availability in 2019/20. However, through improvements in our processes and continued focus and efforts by our staff, the actual use of out of area bed placements was much reduced compared to the prior year. This remains a key priority for us as we ultimately aim to eliminate the requirement for out of area bed placements.

Improving care	Target	19/20	
Friends and Family Test - Mental Health	85%	87%	
Friends and Family Test – Community	98%	97%	
Patient safety incidents involving moderate or severe harm or death	trend monitor*	324	
Information Governance confidentiality breaches	<=8 Green, 9 -10 Amber, 11+ Red	115 (full year)	Average of 9 per month
Proportion of people detained under the Mental Health Act who are Black, Asian & Minority Ethnic	trend monitor*	12.3%	
Total number of Children and Younger People under 18 in adult inpatient wards	0	17	Average of 1.4/month
CAMHS Referral to Treatment - Percentage of clients waiting less than 18 weeks	trend monitor*	41.8%	As at end March 20

* trend monitoring is utilised to identify themes that may require action or move outside of anticipated range

Further details of the number and type of incidents reported can be found in our Quality Account once it is published later in the year. We place great focus on the reporting of and learning from incidents. Trends are reviewed and all incidents highlighted in the table above are comprehensively investigated. Very encouragingly we are performing well in respect of our safer staffing fill rates.

Friends and Family Test results for Mental Health and Community services show a large number of respondents and very positive feedback. Waiting times for CAMHS services has seen a general improvement in performance since the start of the year and remains an area of focus for the Trust. The Trust has had a number of admissions for service users under the age of 18 during the year. Admissions are due to the national unavailability of a bed for young people to meet their specific needs.

The Trust routinely notify the Care Quality Commission (CQC) of these admissions and discuss the detail in our liaison meetings, actioning any points that the CQC request. The Trust has robust governance arrangements in place to safeguard young people; this includes guidance for staff on legal, safeguarding and care and treatment reviews.

Improving resources	Target	Year end
Surplus/(Deficit)	(£0.2m)	£1.0m
Agency spend	£5.3m	£7.4m
CIP delivery	£10.6m	£10.7m
Completion of milestones assumed in the optimisation of SystemOne for mental health 11	on plan	on plan

Although there were significant reductions in agency staff expenditure in 2017/18 this has increased over the last two years. Spend in 2019/20 was £7.4m; an increase of 14% from the previous year. We continue to focus on recruitment and retention of substantive staff, supplemented by bank and agency temporary staffing solutions, to deliver required staffing levels. There continues to be a number of staff shortages for a range of professions both locally and nationally.

Our delivery of cost improvement projects was in line with plan at £10.7m although a larger proportion was non-recurrent / one-off in nature.

Making SWYPFT a great place to work	Target	19/20	
Sickness absence	4.5%	4.9%	
Staff Turnover	10%	11.9%	at end March 20
Staff FFT survey - % staff recommending the Trust as a place to receive care and treatment	80%	88%	Q2 latest figures
Staff FFT survey - % staff recommending the Trust as a place to work	65%	72%	
Actual level of vacancies	-	12.0%	Feb-20
% leavers providing feedback	-	20.0%	End Q3

We compare favourably with other trusts of our type when it comes to sickness absence and reduced the level of sickness from 5.2% to 4.9% over the course of the past year. We want

to improve further and we are working closely with our staff and staff-side representatives to improve the health and wellbeing of our staff.

We perform well against the two questions in the staff survey relating to staff recommending the Trust as a place to receive care and treatment and staff recommending the Trust as a place to work.

The Trust monitors the number of leavers providing feedback and the latest figures to the end of quarter 3 identified 20% leavers providing feedback, this information is valuable in assisting the Trust with ensuring it is a great place to work.

As previously stated, in order to ensure there is a balanced approach to monitoring organisational performance a range of other metrics are reviewed regularly at both Trust Board and other forums. These include the Executive Management Team meeting on a monthly basis, as well as our Operational Management Group and within each of our Business Delivery Units (BDUs). Examples of what these metrics cover include quality, customer focus and workforce.

Our strategy objectives

In 2017/18, the Trust Board reviewed our strategic direction and produced and agreed a refreshed organisational strategy. This refresh confirmed our mission to 'help people reach their potential and live well in their community'. During 2019/20, we have continued to review our strategy and strategic direction regularly to ensure that it is aligned and responsive to internal and external factors. We pride ourselves on being a values driven organisation, something that has been recognised by our regulators. The Trust values which underpin our approach as an organisation are:

- We put the person first and in the centre
- We know that families and carers matter
- We are respectful, honest, open and transparent
- We improve and aim to be outstanding
- We are relevant today and ready for tomorrow

Our refreshed strategy contains four strategic objectives which are aligned to the same broad 'triple aim' as our partners in the health and care system, these are to:

- Improve health
- Improve care
- Improve resources
- Make SWYPFT a great place to work

In the strategy we also identified four strategic ambitions:

- Regional centre of excellence for Specialist and Forensic Mental Health and Learning Disability services.
- A strong partner in Mental Health service provision across West Yorkshire (West Yorkshire & Harrogate Health and Care Partnership) and South Yorkshire (South Yorkshire & Bassetlaw Integrated Care System).
- A host or partner in four local integrated care partnerships - Barnsley, Calderdale, Kirklees and Wakefield.
- An innovative organisation with coproduction at its heart, building on Creative Minds, Recovery Colleges, Mental Health Museum and Altogether Better.

In 2019/20 we made the following progress against the achievement of our four strategic objectives:

Working in Partnership

During 2019/20 we have undertaken a significant amount of work in integrated care partnerships in each of our four local areas.

In Barnsley we continue to be a key partner within the Barnsley Health and Care Together Integrated Care Partnership which brings partners together from across the system to develop new models of care and integrated clinical pathways.

Over the year we have worked in partnership to establish a Primary Care Network, underpinned by six neighbourhood networks. We have worked to mobilise a new integrated service specification with our partners to ensure joined-up care throughout the Borough's six neighbourhoods.

We have worked with partners to implement an integrated stroke pathway and early discharge team to support the changes to the stroke pathway through the development of the Hyper Acute Stroke Unit.

7-day CAMHS provision (crisis and IHBT support) has gone live, with all age liaison services being implemented in 2020/21.

We have continued to work with the system leadership **in Calderdale** to implement the single plan for Calderdale, Calderdale Cares, that sets out the vision to improve, health, social and economic outcomes for local residents. This has included working with partners to accelerate the arts, health and wellbeing agenda. We have secured funding for a post to lead on this agenda, building on the work of Creative Minds and our Recovery Colleges. We have worked with the North Primary Care Network to develop a prototype for an emotional and wellbeing hub. We are a supporter of the Active Calderdale Programme, which through its strategy aims to ensure Calderdale is the most active borough in the north by 2024.

In Kirklees a major focus of our partnership working has been around the development of an alliance of partners to deliver mental health and wellbeing service improvements for the people of Kirklees. Our role has been to help shape this alliance using learning from our work in Wakefield, and we have held carer and service user stakeholder events to include them in shaping the alliance.

The **Wakefield** Integrated Care Partnership (ICP) has continued to progress the integration agenda through the Integrated Care Partnership Board, underpinned by a *System partnership principles of ways of working together*. The purpose of this is to provide a framework for collaboration between all partners, in order to achieve the best possible outcomes for communities in the Wakefield District, facilitated by co-ordinated services provided as close to home as possible. The Wakefield Mental Health Alliance, accountable to the Wakefield ICP Board, has systems and governance established in 2018/19 that are now embedded to ensure that all partners are involved in service transformation, improvement and investment prioritisation. This work is led by the Trust through our Director of Provider Development.

In 2019/20 specific work has been undertaken to redesign how children in care access emotional wellbeing services and to develop a new Enhanced Outreach Team to support children in care and young people at risk of offending. There has been a focus on how all partners working with children and young people and their emotional health and wellbeing can better co-ordinate support and working with between all agencies. This has included a major focus on reducing waiting times for CAMHS support.

The Trust is an active participant of two Integrated Care Systems and we have continued to work with partners. In **South Yorkshire and Bassetlaw Integrated Care System** we have worked with partners to implement the QUIT programme, ensuring individuals within hospital settings have access to support to stop smoking. We have worked with partners to implement Individual Placement Support (IPS) across the region, creating additional IPS posts within our mental health services in Barnsley.

In the **West Yorkshire and Harrogate Health and Care Partnership** we have been involved in a range of work under the auspices of the WY&H Mental Health, Learning Disabilities & Autism Programme Board, and have led work streams on suicide prevention and forensic mental health. The Trust is the Lead Provider for the Adult Secure Lead Provider Collaborative, working with NHS and independent sector providers and work has continued to establish governance arrangements for the collaborative, due to go live in 2021. Provider Collaboratives are a partnership of mental health, learning disability and autism service providers led by an NHS Lead provider working to provide co-ordinated and improved specialised services across a relatively large population. They work in partnership to improve and standardise services, and have the flexibility to use financial savings and reinvest in community services to improve the whole service user pathway and reduce reliance on the most specialised in-patient services.

We are an active partner in work to improve Learning Disabilities Assessment and Treatment provision across West Yorkshire, and the establishment of a new Suicide Bereavement Support service for the region, in partnership with Leeds Mind.

In 2019/20 the Trust has continued to host the Learning Disability Operational Delivery Network (ODN) for Yorkshire and the Humber.

In addition to our strong partnership working at a wider system level, we continue to work effectively and collaboratively to join up care with partner organisations and communities at local and service level.

Improving care

Patient safety

The Trust has in place a comprehensive patient safety strategy which includes key actions to ensure and enable the highest possible patient safety in our services. The strategy aligns closely with the NHS Patient Safety Strategy launched in July 2019. The NHS Patient Safety Strategy describes how the NHS will continuously improve patient safety, building on the foundations of a safer culture and safer systems. We have developed extensive action plans during 2019/20 to support our work focused around key strands of insight, involvement and improvement.

There are number of patient safety initiatives being developed nationally to support the NHS Patient Safety Strategy. This has included a number of consultations which have been responded to on behalf of the Trust by the Patient Safety Support Team.

During 2020/21 we anticipate significant changes to the national processes for patient safety, including the introduction of a new patient safety reporting system and new framework for serious incidents.

Suicide prevention is now an integral part of the patient safety strategy and a robust suicide prevention action plan is in place. Our work closely aligns with the West Yorkshire and Harrogate Suicide prevention strategy.

The Learning from Healthcare Deaths policy lays out the Trust's process for reporting deaths and which deaths will be in scope for review. It describes the processes we must follow and responsibilities, including those of the Trust Board who are accountable for ensuring compliance with national guidance on Learning from Deaths. It also includes our work on developing support for bereaved families in line with the National Quality Board guidance on 'Learning from deaths: Guidance for NHS trusts on working with bereaved families and carers'.

The Trust has continued its work to support achieving the highest standards in mortality governance. During 2019/20, our Clinical Mortality Review group has been established which focusses on learning.

Our mortality data is included in quarterly incident management reports, which when approved by Trust Board, are published on the Trust website.

In relation to mortality, our plans for the forthcoming year includes further development of the Clinical Mortality Review group, further developing our bereavement support network and developing a communication plan for highlighting the materials we have developed to support bereaved families. This also aligns with the Being Open policy which was refreshed during 2019/20. We will continue to work with colleagues in the Northern Alliance of mental health trusts and the Improvement Academy Regional Mortality group to strengthen our learning from mortality processes and outputs.

Quality Improvement Training

We continue to embed our #allofusimprove campaign to enhance quality, to build improvement capability and capacity in the Trust and continue to use improvement tools in key projects to capture impact. We continue to work with the Institute of Healthcare Improvement and have purchased 350 licenses to date to support people to undertake the Certificate of Quality and Safety and become recognised Improvement Facilitators and support Quality Improvement work across the Trust. 193 people had completed the training at year-end.

Leadership and Management Development

We have continued to deliver the leadership and management development actions identified within the workforce strategy. This has included:

- Integrating succession planning into our workforce planning approach
- Increasing the number of trained coaches in the Trust (in 19/20 we trained 5 medical mentors, 3 Myers-Briggs Type Indicator licensed practitioners, 5 Crucial Conversations coaches and 4 staff to Institute of Leadership and Management level 5 in coaching and mentoring, in addition to training 35 managers/leaders in peer coaching.
- Offering two further learning cohorts of our Chartered Management Institute level 3 and level 5 leadership and management apprenticeship diploma programmes with Wakefield College.
- Updating our Leader and Manager Development Pathway to include new offerings to current and aspiring leaders and managers.
- Offering further Mary Seacole local programmes via the NHS Leadership Academy, delivered in partnership within our West Yorkshire Mental Health Alliance.
- Offering further Moving Forward programme for staff from BAME communities in partnership with our West Yorkshire Mental Health Alliance and Wakefield Connecting Care partners.

- Launch and delivery of an Introduction to Leading and Managing programme

Improving resources

In 2019/20, the Trust has undertaken significant work to improve our use of resources. This includes:

Use of agency staff

During 2019/20, we continued to focus on agency spend. In total it increased from £6.5m to £7.4m year on year which was due to the ongoing requirement for additional medical locums in a number of specialised services, the requirement for temporary staffing to meet waiting list and other shorter term initiatives and a higher use of unregistered nursing staff to support high demand in our inpatient wards. Reducing the proportion of workforce expenditure on agency staff, as opposed to Trust employees, enables us to increase our input into direct clinical care. Full year expenditure of £7.4m is 40% higher than the cap set by NHS England & Improvement. We continue to focus on recruitment and retention of permanent staff and we have controls and processes in place to ensure we only use agency staff when it is needed.

Use of out of area placements

It is pleasing to report that the use of out of area bed placements reduced significantly in 2019/20. In the previous year we used a total of 4,904 out of area bed days which reduced by 51% to 2,408 days in 2019/20. The reduction was particularly evident in the use of adult acute service beds with demand for psychiatric intensive care unit (PICU) beds remaining higher, particularly in the second half of the year. This meant the Trust incurred costs for out of area beds of £1.9m in 2019/20 compared to £3.9m in the previous year. We worked closely with our independent advisors on this issue, and Trust staff have worked tirelessly to improve the position for our service users, their families and carers, as well improving our financial performance. This remains a particularly challenging issue and one we need to retain focus and attention on.

Achievement of Financial Control Total

During 2019/20, we over-achieved against our financial control total deficit target of £0.2m set by NHS England & Improvement, delivering a £1m surplus. This achievement was made possible by a whole range of measures, actions and circumstances. These include investment by commissioners in services we provide, a significant reduction in out of area bed costs as well as some non-recurrent measures including the level of vacancies in a challenging labour market and some one-off income. This one-off income includes £0.9m as our allocation of national funding given to providers of mental health services at the end of the year. Our underlying financial position was closer to a deficit of over £3m, which is an improvement compared to last year, but highlights the need to continue to focus on improving our financial position. Achievement of our target entitled us to access additional funding by means of the Provider Sustainability Fund (PSF) of £1.8m.

Clinical Record System

Towards the end of 2018/19 the Trust introduced a new clinical record system for mental health services. This involved significant change management and complex programme management in order to transfer services from RiO to SystmOne. The Trust went live in our inpatient services on the 25th February 2019 and our community services on the 4th March 2019.

Following a period of stabilisation after completion of Phase 1 (implementation and transition from RiO to SystmOne), Phase 2 (SystmOne Optimisation) commenced in August 2019 and the project team continues to work with the system supplier TPP, work stream leads, support services, and system users/service representatives (via service improvement groups) to co-create and co-deliver SystmOne changes.

Key achievements in 19/20 include:

- Local and service improvement activities to reduce variation and improve data quality
- Successful roll out of new mental health care plans and medicare plans
- Workshops and training sessions supporting clinicians on the principles of Formulation-Informed Risk Management (FIRM) including use of the new SystmOne Risk Assessment (go live had now been postponed until September 2020 due to impact of Covid-19)
- Co-design of a new risk assessment tool with clinical staff from across all BDUs by the SystmOne Optimisation project team

Digital health

We have continued to work with ORCHA, to develop the use of apps platforms to help people make more informed decisions when it comes to health and wellbeing apps, and have developed two digital platforms. One platform is specifically for children and young people and the other for general community use. All apps within them have been independently evaluated and rated by ORCHA. Work continues to support services and practitioners in IAPT, CAMHS and Stop Smoking Services to digitally prescribe apps to their service users to support their health and wellbeing.

Our newly established Digital Strategy Group has been scoping out the feasibility of pilots for e-consultation and digital dictation.

Making SWYPFT a great place to work

During 2019/20 we have undertaken a significant amount of work to make our Trust a great place to work. This has included:

- Establishing 'Making the Trust a Great Place to Work' as one of our key organisational objectives for 19/20.
- Speaking directly with over 800 colleagues to gather their views on making the Trust a great place to work.
- Use of feedback to develop and implement a 5 point plan to make 'SWYPFT a Great Place to Work'.

Key work areas have included:

- Launch of a revised framework for preventing bullying, with updated guidance for staff. We have also provided 'Crucial Conversations' training to support colleagues to have difficult conversations in a respectful and collaborative manner.
- Workplace well-being plans, focused on improving mental health in the workplace, promoting good mental health at work and de-stigmatising mental health problems through our on-going communications plan.
- Tackling stress at work by encouraging regular well-being conversations during supervision and appraisal.
- Offering fast track occupational health appointments for work related stress and further promoting our stress pathway which offers advice to staff.

- Piloting an e –appraisal system with a number of clinical and non-clinical services. E-appraisal is designed to support better appraisal conversations between appraisers and appraisees.
- Commencement of A Great Place to Work senior leader's forum in 2019 which aims to increase staff engagement and involvement in teams to ensure everyone's voice counts.
- Ensuring a fully supported staff side partnership model within the Trust supporting all recognised trade unions.
- Further development of our Recruitment and Retention Strategy including improved retention opportunities, staff transfer scheme and greater emphasis on work-life balance and flexibility
- Continuing to hold weekly Listening Events across the Trust – allowing members of our Executive Management Team to meet with Trust employees and respond to feedback
- Further development of our staff networks. The Trust has established three equality networks for BAME staff, staff with a disability and LGBTQ+ staff. A fourth network is being supported for staff who are carers.

Our 2019 national NHS staff survey results showed progress against our ambitions for the Trust. Even more of our staff had their say, with 1,838 people (45% of staff) taking part, up from 40% in 2018. We improved our ratings in three of the eleven key themes and maintained our rating in the other eight. The three areas we have shown significant improvement in are quality of appraisal, staff engagement and quality of care.

We are pleased to have seen an increase in the number of staff who would recommend the Trust as both a place to work and as a place to receive care and treatment. Our health and wellbeing scores have improved, and our overall staff engagement levels have gone up.

While we have achieved a lot during 2019, as a learning Trust we know there is still more we need to do. The feedback from staff on what makes a great place to work was simple: feeling safe, being part of a supportive team, helping me to keep fit and well, good professional and personal development, and feeling my voice counts and is heard.

We have already begun a wide variety of projects aimed at addressing these needs including a refreshed leadership training offer, a new bullying and harassment framework and with a planned increase in advisors, a new internal job market and an extensive recruitment and retention campaign.

Quality and quality governance

Improvement and innovation for quality is about making healthcare safe, effective, service user centred, timely and efficient. Our key driver is to ensure that we should systematically improve quality throughout our services, strive to support our service users to achieve positive outcomes and live life to the full whilst reducing unnecessary clinical variation.

We believe strong clinical leadership, supported by opportunities for innovation, continuous improvement and robust governance arrangements will help us deliver a culture where high quality services will flourish.

Quality improvement is a priority at Board level and throughout the Trust. The Clinical Governance and Clinical Safety Committee reports directly to the Trust Board (see page 60) and the lead is the Executive Director of Nursing & Quality in partnership with the Deputy Chair. A number of standing sub-groups which cover quality and safety areas are chaired by the Medical Director, Director of Nursing and Quality or their deputies and report directly into

the Clinical Governance and Clinical Safety Committee. Quality improvement is routinely reported to our Trust board through our Integrated Performance Report.

We have aligned our strategic objectives, priorities and programmes and quality initiatives and we will use these as a framework to focus on continuous improvement, innovation and monitor assurance. In addition, we will ensure all our improvement efforts will make the best use of expertise and resources.

Throughout 2019/20, we measured activity against each of our quality priorities and reported them to our Clinical Governance and Clinical Safety Committee. Our progress against these priorities will be found in our Quality Account report 2019/20 when it is published later in the year. Due to the current response to Covid-19 we are providing a shortened version for this year.

Our financial performance 2019/20

This section and the accounts have been prepared in line with appropriate guidance including the Group Accounting Manual for NHS Foundation Trusts 2019/20 and under direction issued by NHS England & NHS Improvement under the National Health Service Act 2006. The Trust has also complied with the cost allocation and charging guidance issued by HM Treasury. The Trust continues to prepare Group accounts. This means that the Trust's charitable funds are included as part of the Group accounts. The Trust accounts can still be viewed in isolation.

There are various levels of surplus or deficit referred to in this report. The following table provides a reconciliation between the total comprehensive income for the year of £11.9m as noted above and the £1.0m surplus reported in our management accounts. It should be noted the Trust had a control total target for the year of £0.2m deficit set by its regulator and the £1.0m surplus represents an over achievement of £1.2m in the year.

	£m
Total Comprehensive Income/(Expense)	11.9
Impairments and Revaluations	(3.4)
Net Impairments	(5.7)
Provider Sustainability Funding (PSF)	(1.8)
Pre PSF Surplus in our management accounts	1.0

Income

The Trust generated an annual income of £243.1m in 2019/20, which was £18.3m (8.1%) higher than the annual income in 2018/19. £226.1m (93%) of this income is provided from clinical commissioning groups (CCGs), NHS England, Local Authorities and other NHS bodies for the provision of healthcare services. Other income relates to such items as Education and Training, Research and Development, and the Provider Sustainability Fund. The majority of contract income is commissioned as a fixed payment; however 1.25% (£2.3 million for 2019/20) is based on the achievement of key quality indicators. The Trust has provisionally achieved 98% of these quality indicators. £7.2m of income related to direct funding of additional pension contributions in the year.

	Year Ended 31 March 2020 £000s	Year Ended 31 March 2019 £000s
Income from patient care activities	226,091	207,321
Other operating income	17,004	17,460
Operating Income from continuing operations	243,095	224,781
Operating Expenses	(231,706)	(230,959)
Operating surplus/(deficit)	11,389	(6,178)
Finance income	240	162
PDC Dividends payable	(2,673)	(3,156)
Net Finance costs	(2,433)	(2,994)
Gains/(losses) on disposals of assets	(404)	500
Surplus/(Deficit) for the Year	8,552	(8,672)
Impairments	3,363	(14,707)
Revaluations	0	0
Total Comprehensive Income (Expense) for the year	11,915	(23,379)

In total the Trust delivered comprehensive income of £11.9m in the year. It must be emphasised that £9.1m of this was driven by an upwards revaluation of the properties we own. This was because the cost of rebuilding some of our facilities, on which their value is based, has increased by applying the latest clinical and organisational approaches. In addition it should be noted that the Trust received non-recurrent Provider Sustainability Funding (PSF) from the Department of Health of £1.8m given the fact that we achieved our financial targets for the year and a further £0.9m as our allocation of some funding distributed to providers of mental health services at the end of the year.

In light of the continued financial pressure in the NHS and wider public sector coupled with the deficit incurred last year this is a pleasing result and is reflective of an improved position in terms of investment in mental health services, our focus on key elements of our financial sustainability plan such as out of area beds usage and the approach taken by all our staff in managing financial resources as effectively as possible. We now need to ensure we can continue with this improvement and have appropriate measures in place to ensure our services remain financially sustainable.

Operating Expenses

Our operating expenses were £231.7m, which compares to £231.0m in the previous year. It should be noted that in 2018/19 there was an £11.9m cost associated with net impairments of property, plant and equipment whilst in 2019/20 there was a £5.7m credit for this item. As such there was a favourable movement of £17.6m year on year. £184.2m of the total cost is attributable to employee costs, which is £16.3m higher than the value of spend in the previous year. This is explained by a range of movements including £7.2m of cost associated with pension cost increases, which are fully funded. The remaining pay cost increases are largely due to the impact of annual cost of living pay increases, agenda for change pay increments, additional staffing following investment in services and an increase in the use of agency staffing.

A reduction in the use of out of area bed placement costs has already been highlighted. It should be emphasised that there was no requirement for any out of area bed placement for an adult using our acute services in either Wakefield or Barnsley during the year. There were also reductions in use in both Kirklees and Calderdale. An area of increased cost is that of depreciation, which was over £1m higher than the previous year. This was a result of the completion of a number of our higher cost capital investments including the non-secure estate at our Fieldhead site and our new SystmOne clinical record system. Another area of cost increase was in the establishment category, which increased from £6.5m to £7.7m, with much of the increase a consequence of investment in IT, particularly in readiness for the implementation of Windows 10.

£0.3m of cost was incurred towards the end of the year as part of the Trust's response to the Covid-19 pandemic. These costs have subsequently been reimbursed to the Trust.

Cost Savings

In order to achieve our financial targets in-year financial improvement of £10.6m was planned for. Improvements of £10.7m were delivered. Of the £10.7m achieved £5.6m (52%) was delivered recurrently, with a further £5.1m achieved non-recurrently through specific mitigations such as one-off income and the level of vacancies given the challenging labour market. In total, benefits from additional income and reductions in out of area bed usage accounted for more than £4m of our financial improvement in 2019/20.

Capital

Our capital budget for the year was £6.4m and the forecast was reduced to £6.0m part way through the year. Ultimately £5.6m of capital expenditure was invested. There was a reduction in activity during March due to the impact of Covid-19 meaning access to some Trust sites could not be provided. Spend in the year included the completion of work on the Fieldhead Non Secure re-development (£0.5m), IT infrastructure (£2.3m) and a range of minor capital works across our estate (£2.3m).

Cash

The closing cash position was higher than plan at £36.4m. This was largely due to an improved year-end surplus position, the timing and value of capital expenditure, receipt of additional provider sustainability funding from 2018/19 and continued focus on working capital management. Cash is expected to reduce a little next year given the value of the capital expenditure programme and timing of invoice payments from the latter part of 2019/20. The cash balances throughout the year enabled interest of £0.2m to be earned.

Outlook

The situation for finance in 2020/21 is very unusual in that the normal contracting and financial arrangements have been suspended from April to July at least as a result of the Covid-19 pandemic. It is expected that for this period of time that reasonable actual costs incurred will be met by interim financial arrangements. Once the temporary arrangements are over it is not fully clear what the new arrangements will be although it is currently expected the commitments for investment in mental health and community health services as outlined in the NHS long term plan will be met. Prior to the outbreak of Covid-19 the Trust was in the final stages of completing its financial plan for 2020/21. The target was to achieve a surplus of £0.7m. It is important that any investment in the services we provide is considered and makes a positive difference to the communities we serve and is done so in a way that demonstrates value for money. It is expected that following the Covid-19 pandemic

demand for our services will increase even further and we will need to work with commissioners and other stakeholders to determine how that demand is best met.

Whilst we have been boosted by notable income growth recently for the first time in a number of years the underlying deficit still needs to be addressed. At the same time demand and cost inflationary pressures continue. In addition to securing income growth to achieve our financial targets we need to focus on how we can continually be more productive, efficient, eliminate waste and work closely with our partners to re-design service models and pathways.

Evidence of good practice in financial management

Treasury Management

As a Foundation Trust we are able to generate income by investing cash. In total £238k interest income was earned during the year compared to £161k in the previous year due to increased cash.

The Trust makes payments in line with the NHS Better Payment Practice Code (payment within 30 days of a valid invoice)

	NHS		Non NHS	
Total trade invoices paid in the year	682	15,834	33,680	87,288
Total trade invoices paid within target	665	15,531	33,251	85,581
Percentage of trade invoices paid within target	98%	98%	99%	98%

The Trust was not required to make any payments to suppliers under the Late Payment of Commercial Debts (interest) Act 1988.

The Trust's cash balance was sufficient to meet its operational and capital outgoings.

International Financial Reporting Standards

As part of its annual work programme the Audit Committee has reviewed the accounting policies applied in 2019/20. These were updated for any changes in national guidance. This included incorporation of changes in the following standards:

- IRFS 16 Leases – work was undertaken for the implementation of this standard. Adoption has subsequently been postponed until April 2021, in line with national agreement

Valuation of assets

The value of property plant and equipment is reviewed each year by an appropriately qualified independent valuer. Based upon this review, the Trust considered whether or not there is evidence that a material change in valuation has occurred and, in which case, the movement is recognised within the Trust accounts. The Trust estate was re-valued by the District Valuer as at 31st December 2019, and as a result the revaluation was recognised in the accounts. As the valuation was made at the specific valuation date of 31st December 2019 it is the District Valuers conclusion that Covid-19 would have had no material impact on values at the specified valuation date of 31st December 2019

Recording of investment property

Recording of investment property estate which the Trust Board has declared surplus to requirements is recorded as investment property under International Financial Reporting Standards (IFRS) and its value is updated annually to the current market value. As at March 2020 this is related to one Trust asset (Southmoor Land – next to Poplars in Wakefield).

Pension Liabilities

The accounting policy for pensions and other retirement benefits is set out in Note 8 to the accounts. Details of senior employees' remuneration can be found in the Remuneration Report section of the annual report.

Auditor's Remuneration

Audit fees (inclusive of VAT) were £62k. This covers both the annual report and accounts, and Quality Accounts. The fee for the independent examination of the charitable funds was £1k.

Plans for 2020/21

The Trust's draft plan for 2020/21 sets out an in-year planned surplus of £0.7m which has been agreed with NHS England & Improvement. Since this was agreed the outbreak of the Covid-19 pandemic has resulted in the suspension of the planning process, with temporary financial arrangements in place from April until at least the end of July. Once we revert to more typical financial planning arrangements our approach to achievement of financial targets remains consistent in that we will endeavour to work towards it subject to our Board being satisfied it can be delivered without compromising patient safety.

During the first four months of the new year the Trust will operate in line with guidance issued and continue to function with proportionate financial governance, whilst ensuring appropriate resource is applied in its response to Covid-19.

Whilst we do not yet know what the financial arrangements will be beyond this period of time we were clear from the work completed during the planning process where we would need to focus in order to achieve our financial targets and at some stage we expect work on these to resume.. This is based on the work conducted on our financial sustainability plan; progress against which is regularly reviewed at our Finance, Investment and Performance Committee.

- **Income growth:** the level of investment in mental health and community health services is planned increase in 2020/21, and working with our commissioners we initially agreed priorities for where this investment can best be applied.
- **Out of area beds:** We made good progress in reducing the use of out of area bed placements in 2019/20 and by focusing on our processes and ensuring our pathways support the aim we will aim to reduce further.
- **Agency spend:** A number of actions are in place to continue to reduce our agency spend, including recruitment and retention, effective rostering and a focus on reducing sickness absence.
- **Workforce:** There continues to be firm focus on workforce, including staff in non-clinical roles and by focusing on productivity. Progress has been made in 2019/20 in developing an internal team dashboard which helps highlight areas for potential improvements. The Trust is also using the national model hospital and other benchmarking information to challenge itself internally. Wherever possible we will utilise vacancies to reduce staffing, to minimise disruption and redundancy costs.
- **Non-pay:** We continue to place emphasis on achieving non-pay efficiencies.
- **Eliminating waste:** we are working to reduce waste in everything we do and to increase productivity by identifying and learning from best practice.

Our Charity – EyUp!

The Trust is a Corporate Trustee for EyUp! and is governed by the law applicable to Trusts, principally the Trustee Act 2000 and the Charities Act 2011. EyUp! has a number of linked charities: Creative Minds, Spirit in Mind and the Mental Health Museum. The Corporate Trustee's objective is to promote the effective administration and management of EyUp!, ensuring that funds are used effectively to meet the objectives of the respective charities. The Trustee's actions are guided by a commitment to ensure:

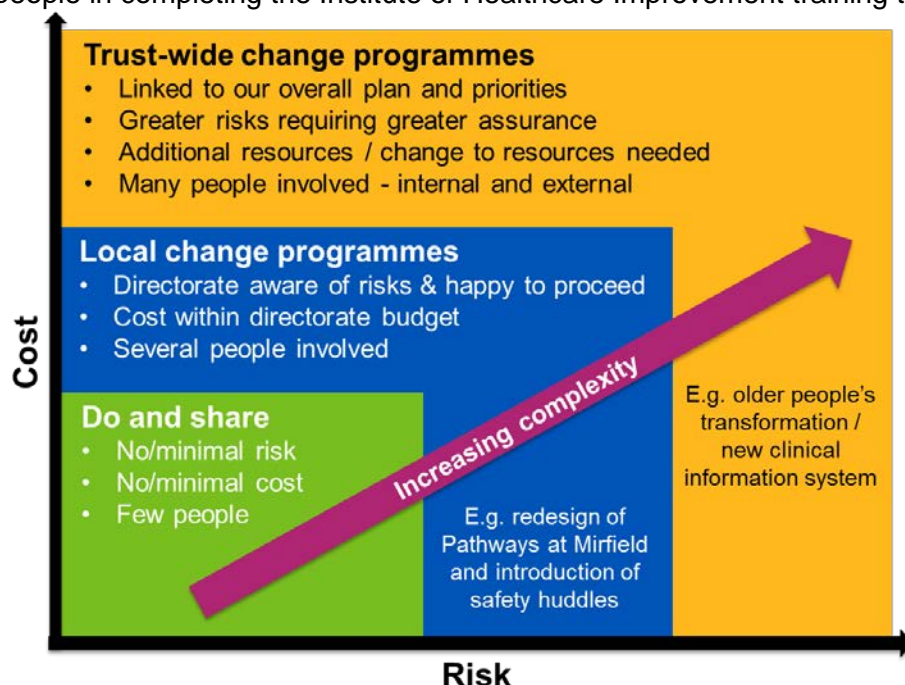
- funds are expended for the purpose for which they were donated;
- accurate documentation of donor wishes
- compliance with statutory duties and Charity Commission guidance; and
- accountability for all monies received or expended.

Further information can be found in the EyUp! Annual Report for the year ended 31 March 2019, the latest year for which information is available, on the Trust's website. The annual report for 2019/20 will be produced later in the year.

The Charitable Funds Committee, formed in 2003, manages the Charity on behalf of the Corporate Trustee, chaired by a Non-Executive Director of the Trust. The day-to-day operations of EyUp! are administered by the Trust.

Service developments

The Trust has continued to improve and develop services during 2019/20. In line with our agreed Integrated Change Framework some of these changes are small scale and local, others cover more than one service and some span the whole Trust. Our framework has three levels to recognise the different levels of support and governance that each requires based on cost, risk and complexity of the change. To support this, we have trained over 180 people in completing the Institute of Healthcare Improvement training this year.



Governance and Support

	Governance	Support
Do and share	<ul style="list-style-type: none"> Within own sphere of decision making Checks/assurance within usual line management structures Use testing of approach (PDSA) Share and spread physically and virtually using i-hub 	<ul style="list-style-type: none"> Resources section in Integrated Change Toolkit Access to skills training and development Coaching if needed Predominantly using virtual hub
Local change programme	<ul style="list-style-type: none"> Accountability and processes within directorate Structures set by that leadership team Risk/cost escalation process available to be used if needed Share and spread physically and virtually using i-hub 	<ul style="list-style-type: none"> Integrated Change Toolkit Resources section on i-hub Access to skills training and development Coaching if needed Direct support as agreed
Trust-wide change programme (Our priority programmes)	<ul style="list-style-type: none"> Programme governance based on recognised best practice Programmes established around strategic priorities 	<ul style="list-style-type: none"> Support allocated from central resource Integrated Change Toolkit Use of challenges on i-hub for crowdsourcing

3

Do and share

Staff are encouraged to carry out small scale improvements which are low risk and low cost. Many of these are shared on i-hub, our crowdsourcing platform. There are many of these developments. Some examples of actions during 2019/20 include:

- A Christmas market raising money for our charity EyUp! that included service user involvement.
- Continued use of quality improvement approaches such as PDSA (Plan Do Study Act), Lean etc. in our pharmacy services to improve processes and respond to significant demand.
- Wakefield Business Delivery Unit identified improvements in administrative processes to increase productivity and reduce waste.
- 3 quality improvement projects underway to support effective use and implementation of NICE guidance.

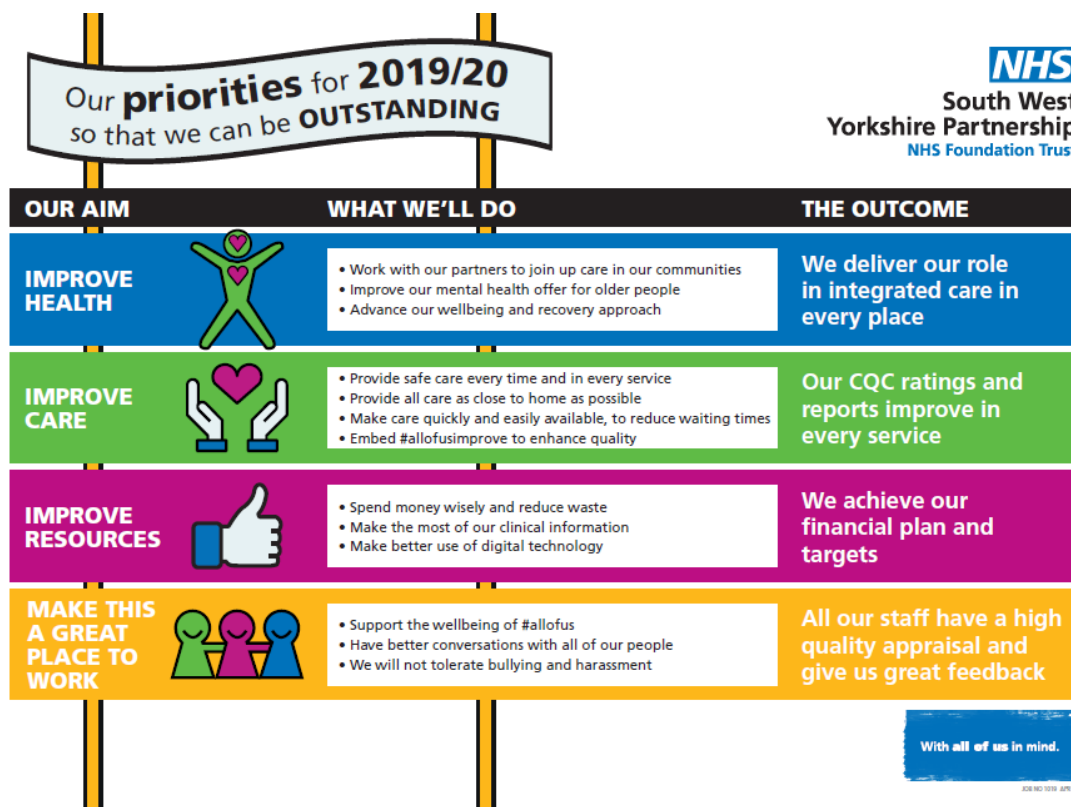
Locally governed change

These are service developments that take place at the level of an individual Business Delivery Unit (BDU) or Directorate but due to the level of risk cost and complexity may require support from the Quality support team. In this case the risks and costs are held within the BDU or directorate. There are many of these happening across the organisations, some examples of actions during 2019/20 include:

- Nostell ward in Wakefield successfully reduced restrictive practice by over 50% using quality Improvement approaches.
- Quality improvement programme for CQC regulatory breaches and must and should do actions in place.
- Patient safety improvement plan to reduce harm
- Sexual safety quality improvement project has seen number of incidents reducing
- Forensics improvement workshops held and improvement plan in place
- Self-harm wound treatment pathway rolled out across mental health inpatient wards

Trust-wide governed change

The areas of change which involve significant risk, cost or complexity are identified within the Trust priorities as Trust wide governance change priority programmes. In line with the Trust strategy the Trust Board agreed 4 strategic objectives for 2019/20 which are improving health, improving care, improving resources and 'making SWYPFT a great place to work'. The Trust Board initially agreed 12 priority areas under these 4 strategic objectives, some of these are strategic and emergent; others are priority programmes of change. In-year CAMHS improvement and Barnsley integrated neighbourhood transformation were added as additional priority areas, so we had 14 priority programmes of change in 2019/2020.



Successful bids

In 2019/20, the Trust has been successful in a number of bids to retain or expand service provision. Since April 2019 these include:

- The Trust successfully retained the contract to deliver stop smoking services in Barnsley following re-procurement. The Trust was successful in a bid to NHS England to pilot a Specialist Community Forensic Team (SCFT) for 2 years on behalf of the West Yorkshire Adult Secure Provider Collaborative.
- The Trust was successful in gaining funding to enhance crisis services across Wakefield, Calderdale, Kirklees and Barnsley and to expand mental health liaison services in Barnsley to Core 24 compliance
- In addition, investment was secured to support:
 - Development of an early discharge support team for stroke services in Barnsley
 - Development of an older people's crisis mental health team in Calderdale
 - Expansion of children's therapies services in Barnsley

Further service developments have included:

- SWYPFT has continued to implement the community forensic learning disability (LDFOLS) service across Leeds, Bradford, Calderdale, Huddersfield, Wakefield and

Barnsley.

- The QUIT smoking cessation pathway has been expanded in Barnsley.
- We have worked in partnership with South Yorkshire Housing Association and other NHS Trusts to start to implement individual placement support (IS) services in South Yorkshire.

Care Quality Commission (CQC) inspection 2019

During May and June 2019 the CQC undertook unannounced visits to four of our core services and our well-led review. The core services visited were as follows:

- Acute wards and PICU for working age adults
- CAMHS
- Older adults inpatient units
- Community mental health services

The outcome of the review was that our rating changed from *Requires Improvement* to *Good*.

As an organisation we welcomed the CQC visit to our core services as an opportunity to show them the progress we have made in improving the quality and safety of our services. We also acknowledge that in some areas further improvements are needed and therefore welcome the role of CQC as an external body and our regulator to provide feedback on our achievements and about what we can do better.

Following the core service visits and well-led review, the CQC issued the Trust with 12 MUST DO and 37 SHOULD DO actions.

12 of our 14 core services are rated as 'good.' Our wards for adults of working age and PICU, and our specialist community services for children and young people (CAMHS) received a rating of 'requires improvement.'

Our aim is to keep on improving and to work towards being outstanding and our response to the CQC is underpinned by the following principles:

- We put safety first, always, and so our first priority is to address the safety issues highlighted and immediate action was taken where necessary.
- We have responded in line with our values, being open, honest and transparent and aiming to improve and be outstanding.

Improvement plan

We have collaboratively developed an improvement plan to address all concerns raised. For the MUST DO actions there are common themes that impact on our overall rating for the safety domain. In line with our principle of Safety First we have adapted our approach of previous years, so there will be more focus on using quality improvement methods to address these concerns. The remainder of the plan, i.e. SHOULD DO actions are being addressed via both quality improvement methods and by taking specific action/s to complete the task.

Quality improvement approach

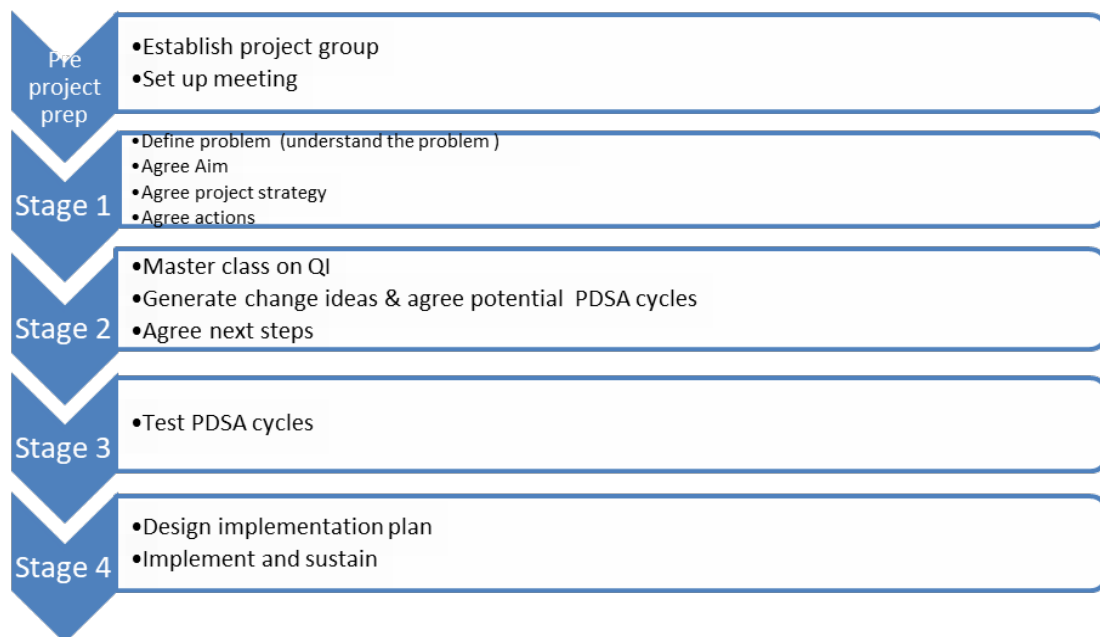
In line with the vision we set out in our Quality Strategy we will use the Model for Improvement to address themes identified in the CQC inspection report (2019) which not

only impacts on our requires improvement rating for safety but in serious incident reports fitness to practice cases and CQC MHA inspections.

These areas are:

- Risk assessment
- Care planning
- Record keeping
- Safe medicines
- Reducing violence against staff
- Always Events® : Dignity and respect

SWYPFT Quality Improvement (QI) project process



The **benefits** of using quality improvement methods also mitigate the risks. Benefits include:

- Staff engagement
- Ownership of problems and solutions at all levels in the Trust
- Sustainable outcomes
- QI approach aligns with the Trust's vision and values
- Approach builds empowerment of the workforce
- Approach builds a culture of continuous quality improvement
- Improved outcomes for service user
- Improved working conditions for staff

The **risks** for the Trust in terms of using the quality improvement approach

- This is a new approach for the Trust. Adopting a quality improvement approach involves significant and sustained cultural change and requires time and resource.
- We need to accept that quality improvement is not a 'quick fix'.
- This will need changes in mindset at all levels including senior leaders so there is a need to commit to a shift from 'problem-solving' to being enablers of change. As this is

the start of our journey not all staff, including senior leaders may understand this concept.

- Quality improvement methods require a fundamental change to how we work, our leaders need to ensure that staff are engaged with and actively involved in developing a shared vision of the quality improvement strategy.
- For the new approach to be successful it is vital that there is board level commitment to the principles of quality improvement and support for the shift in emphasis from assurance to improvement.

In mitigation to these risks, the Trust has endorsed the Quality Improvement approach as detailed in our quality strategy and in the training they are supporting, i.e. NHSi QI Board Development and the IHI modules for Quality Improvement.

Monitoring of actions against our CQC improvement plan

- We have a governance structure around the progress and management of the action plan. This has been reviewed and updated in September 2019 (Appendix 1)
- We provide the operational management group (OMG) and/ or executive management team (EMT) with a regular update of progress against the action plan, including any areas of concern which may delay or impact on timescales being met.
- We submit our monthly action plan progress updates to CQC.
- These are also discussed within our regular engagement meetings when we meet directly with CQC and update them on our progress and improvements and about any areas where improvements are still needed.
- We provide updates when we meet with our CQC relationship manager on a regular basis.

Focus on reducing demand on acute wards:

One of the Trust priorities for 2019/20 (continued from 18/19) was to reduce demand on the acute inpatient areas. A priority programme of work was undertaken which included work on the wards such as criteria-led discharge to reduce length of stay, as well as work with intensive home based treatment and community teams to manage people well at home and reduce the chance that they will need to be admitted. We have compared the systems in the different parts of the Trust and found good practice that we are sharing and areas where we will focus in the next phase.

This work was a very high priority for 2019/20. We have developed an evidence-based plan which aims to provide care closer to home and are now putting this into action. The work streams identified are:

- Appropriate inpatient stays
- Refining the criteria-led discharge
- Looking at what happens to our discharge rates when some senior medics go on leave
- Having a consistent approach that keeps people as close to home as possible
- Effective gatekeeping of inpatient beds in Calderdale & Kirklees
- Reducing the number of people needing acute interventions in Calderdale & Kirklees
- Increasing income to address shortfalls
- Understanding, reporting and responding to data and information
- Enabling a strategic approach to deliver a low admission model – in particular this includes working with commissioners to look at the high numbers of referrals that are coming from some GPs and making sure that they have alternatives in place for people in their communities

Additional work to improve quality on acute wards:

- Trust-wide physical health strategy has been developed
- Carer engagement
- Engaged with NHS Improvement on reducing restrictive practice interventions quality improvement project on Nostell ward. (This programme will be rolled out across all appropriate wards in SWYPFT)
- New approach to documenting and reviewing seclusion.

As these work streams begin to reduce demand on acute inpatient services, the ward sizes will be reviewed and where bed numbers can be reduced to improve quality and safety of care, we will do so.

Environmental matters - Working in partnership with our stakeholders

As an NHS organisation which spends public funds we have an obligation to work in a way that has a positive effect on the communities we serve. Sustainability means spending public money well, the smart and efficient use of natural resources and building healthy, resilient communities. By making the most of social, environmental and economic assets we can improve health both in the immediate and long term even in the context of rising cost of natural resources. Demonstrating that we consider social and environmental impacts ensures that the legal requirements in the Public Services (Social Value) Act (2012) are met

We recognise that sustainable development is a critical factor in being able to deliver outstanding physical, mental and social care in a modern healthcare system, both now and in the future. We are therefore dedicated to ensuring we create and embed sustainability and resource efficiency throughout our operations and to ensuring our operations, and our estate, are as efficient, sustainable and resilient as they possibly can be.

To deliver this vision we need to achieve the threefold sustainability objectives of:

- Reducing our environmental impact
- Reducing costs
- Increasing social value

These are not stand alone objectives but by balancing the three aspects the Trust can have a positive benefit on; the environment, our local communities and Trust finances.

We are continuing to install energy efficient LED lighting across our estate with over 40% of our sites already covered.

Our new state of the art Unity Centre has solar panels installed to provide green energy.

We have signed up to the NHS Single-Use Plastics Reduction Campaign which aims to eliminate avoidable single-use plastics across the Trust. We have already replaced all plastic cups, plates, takeaway trays, straws and stirrers within our canteen with compostable alternatives and no longer purchase plastic water cups.

We have ring-fenced minor capital funds to spend on sustainable projects across the Trust.

Our new Sustainability Strategy 2020 – 2025 will set out the Trust's ambitions for the Trust over the next five years and will also lay the foundation far beyond that as we strive to become a sustainable carbon neutral organisation.

A range of initiatives have been implemented in support of enabling an agile workforce which has benefits on the environment and also enables better use of staff time. As a consequence we now have in excess of 3,000 laptops used by staff to enable them to work in a more agile manner including from home. The Trust's three-year infrastructure modernisation programme, which concluded in March 2020, further supported this capability through improved network resilience, performance, security and application availability.

The Trust has worked with partners to support reciprocal Wi-Fi (e.g. Govroam) sharing arrangements to allow staff to work from partner sites rather than return to base during and after meetings.

In respect of our procurement activities we continue to build on the work of previous plans to procure our services using the whole-life costing model. We monitor the use of local SME (Small, Medium Enterprises) suppliers and work proactively to maintain and increase engagement with these organisations. Any contracts which are tendered for are conducted via the Trust's e-Tendering portal and are advertised on "*Contracts Finder*", the recommended website for advertising public sector contract opportunities to local community suppliers. In addition, all tenders include a section on sustainability which requests the submission of a statement from the bidder on their organisations position linked to the Good Corporate Citizen concept.

The Trust is an active participant in the West Yorkshire and Harrogate Health and Care Partnership and the South Yorkshire and Bassetlaw Integrated Care System. Through these partnerships we work with health and care providers and commissioners to improve outcomes, quality and use of resources across a wider geographical footprint. During 2019/20 these partnerships have strengthened considerably and the work has increased at pace.

In **South Yorkshire and Bassetlaw Integrated Care System** we have worked with partners on:

- the implementation of the QUIT programme. The QUIT programme aims to ensure that every health care professional is aware of the smoking status of every patient they care for and has the competence and confidence to offer help to stop smoking through direct action and referral, that every patient has access to the best available treatments and expert support and that there is recognition that tobacco addiction is a chronic and relapsing disease, not a lifestyle choice.
- the development of neighbourhood care in Barnsley, This will enable a wider range of services to be delivered in the community, so patients don't always have to go to hospital, and cooperation across organisational boundaries to allow greater joining up of services, so that patients experience care delivered by 'one team' rather than having to navigate a range of organisations.

In **West Yorkshire and Harrogate Health and Care Partnership** we have:

Joined with other mental health providers to focus on the following areas of improvements:

- Use of out of area bed placements
- Development of provider collaboratives for specialist mental health services- CAMHS, eating disorder and adult secure

- Suicide prevention – a plan to realise our ambition of zero suicides in inpatient settings
- Learning disability assessment and treatment Units (ATUs) - working to reduce the number of ATU beds within our ICS in line with national Transforming Care Partnerships (TCP) trajectories. Following substantial service user, carer and staff engagement, approval was secured during 2020/21 to move to further public engagement (without the need for formal consultation) on a two site ATU service model – Wakefield and Bradford
- Mental health rehabilitation and out of area high cost placements
- Harnessing the power of communities, including a carers programme and the ‘Look out for your Neighbours’ campaign that aims to reduce loneliness

The Trust is also a key partner within the Integrated Care Partnerships in each of the four districts where we work.

Social, community, anti-bribery and human rights issues

We aim to ensure that everyone who needs to can access Trust services and that we have a workforce which represents the communities we serve, that is free from discrimination and harassment in line with our values.

Delivery against this agenda is regularly monitored by the Trust's Equality and Inclusion Committee. The Committee was first established as a Forum in 2015 to support a values based approach to equality and inclusion, rather than a traditional compliance-based approach. In 2019/20, the Forum became a formal Committee of the Board. It is chaired by Angela Monaghan, Trust Chair. The Committee receives regular updates and reports on our progress on the Trust Equality Strategy, the NHS Equality Delivery System 2 (EDS2), the Workforce Race Equality Scheme (WRES) and the Workforce Disability Equality Scheme (WDES), together with feedback from other sources such as staff surveys to allow the Trust to build on its strengths and to put in place action plans to address any areas for improvement.

Our Annual Equality Report and other policies recognise that equality and diversity is core to the way we work and provide services. We must maximise people's potential through valuing their diversity and treating them equally. We acknowledge that people who come into contact with our services, or who work for us, are individuals and are not defined by one aspect of their lives, whether this is their race, gender, sexual orientation, religion or any of the other protected characteristics.

Over the past twelve months, we have continued to undertake Equality Impact Assessments (EIAs) to ensure our services and policies take account of equality and human rights, especially where services are developing and changing. We launched our current *Equality Strategy* in July 2017 and the Trust is now developing its equality strategy for 2020-2023. This strategy supports us in living our values and maintaining positive practices. It will also help us deliver against our statutory duties set out in the Equality Act 2010, including the Public Sector Equality Duty. We have also progressed work to embed the equality objectives based on the four equality goals from the Equality Act 2010 and the Department of Health's EDS2. These are:

- better health outcomes for all
- improved patient access and experience
- empowered, engaged, well-supported staff
- inclusive leadership at all levels

The Trust has human resources policies in place, which can be found on the Trust's website, which promote equality of opportunity in employment. We continue to work with our commissioners, service users and carers to evaluate our progress in each of these areas.

The Trust has an approved Human Rights Statement and Guidance. Public authorities in the UK have obligations to promote and protect human rights, and all public authorities must act in a way that is compatible with the European Convention on Human Rights. This means treating individuals fairly, with dignity and respect, whilst also safeguarding the rights of the wider community.

South West Yorkshire Partnership NHS Foundation Trust is committed to ensuring all its services respect human rights, treat people fairly and equitably, recognise the needs of the diverse communities we serve and meet local needs. 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. Further information in relation to compliance with the Supplier Code of Conduct can be found under the Modern Slavery Act section (see page 96).

The Trust is reviewing its sustainability strategy for 2020-2025 which will set out the Trust's ambitions for the next five years and will also lay the foundation far beyond that as we strive to become a sustainable carbon neutral organisation. The strategy provides a framework covering national goals as well as energy and carbon management, procurement, transport, travel and access, water, waste, designing the built environment and adaptation, organisational and workforce development and partnerships and networks. The work to integrate sustainability into Trust operations, as defined in the strategy is reported to the Trust Board annually.

Looking ahead – our strategic objectives

Our strategic objectives in 2020/21 will focus on the quadruple aims: improving health, improving care, improving resources and making the Trust a great place to work. We have identified a number of priority programmes that will enable the Trust to continue to drive improvements and deliver the Trust strategy

Proposed programmes for 20/21 are summarised in the table below and are categorised under the quadruple aim. Each of these will have a clear defined and agreed scope of work and will also be linked to Director Objectives for 2020/2021. The Trust Quality Improvement approach #allofusimprove will underpin our delivery approach to all programmes.



Given the need to effectively respond to the Covid-19 pandemic a number of priorities have needed to be paused. These will continue to be reviewed regularly in 2020/21 to ensure we can respond to Covid-19 and meet the needs of the people we serve from our core service provision. Priorities have been reviewed in light of Covid-19 as below:



Details of any overseas operations

The Trust does not have any overseas operations.

A handwritten signature in black ink, appearing to read 'R. Webster', is positioned above the printed name and title.

Rob Webster
Chief Executive

Date: 3 June 2020

Section 2 – Accountability Report

Section 2.1 Directors' report

This section of our annual report supports the performance report setting out our governance arrangements and how these have operated over the last year. The framework for these arrangements is set out in the Trust's Constitution including standing orders, which is supported by the Trust's standing financial instructions and scheme of delegation.

The Directors' report has been prepared in accordance with the relevant sections of the Companies Act 2006 and appropriate regulations, as well as making the additional disclosures required by NHS Improvement in its Annual Reporting Manual and other disclosures as appropriate.

The Directors of the Trust consider the annual report and accounts, taken as a whole, are fair, balanced and understandable, and provide the information necessary for people who use our services, regulators and other stakeholders to assess the Trust's performance, business model and strategy.

Our Board is responsible for setting the strategic direction and associated priorities for the organisation to enable it to deliver appropriate, high quality, safe, effective and efficient services to our service users and their carers whilst remaining effective, sustainable and viable. The Board ensures effective governance for all services and provides a focal point for public accountability. It also has overall responsibility for probity (standards of public behaviour) within the Trust and is accountable for monitoring the performance of the organisation against its strategic direction, and ensuring corrective action is taken where necessary. Trust Board has a variety of individual skills and experience, which Directors bring to bear on the work of the Trust. Each director's experience is described in the tables from page 48.

The composition of the Board is in accordance with the Trust's Constitution, providing a structure to enable it to fulfil its statutory duties and functions, and to ensure the Trust continues to meet the conditions of its Licence.

Declaration of interests

The Trust's Constitution requires Board members to declare any personal or business interests which may influence or be perceived to influence their judgement and in accordance with the Standing Orders those interests that are declarable are any which are relevant and material. The Board receives assurance that there is no conflict of interest in the administration of its business through an annual declaration exercise and the requirement for the Chair and Directors to consider and declare any interests at each meeting. As part of this process, the Board considers any potential risk or conflict of interests. If any should arise, they are recorded in the minutes of the meeting. Information on Directors' interests as at 31 March 2020 can be found on the Trust's website.

Non-Executive Director declaration of independence

Monitor's (now referred to as NHS Improvement) Code of Governance requires the Trust to determine whether it considers all Non-Executive Directors to be independent in character and judgement and whether there are any relationships or circumstances which are likely to affect, or could appear to affect, the Director's judgement. This Trust considers all its Non-Executive Directors to be independent and the Chair and all Non-Executive Directors have signed an annual declaration to this effect.

Fit and proper person requirement

There is a requirement for members of Boards of providers of NHS services to make a declaration against the fit and proper person requirement for directors set out in the new fundamental standard regulations in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, which came into force on 1 April 2015. Within the new regulations, the duty of candour and the fit and proper person requirements for Directors came into force earlier for NHS bodies on 1 October 2014. Although the requirement is in relation to new Director appointments, Trust Board took the decision to ask existing Directors to make a declaration as part of the annual declaration of interests exercise. All Directors have signed the declaration stating they meet the fit and proper person requirements.

The Trust considers that the balance and membership of the Trust Board is appropriate and has the balance of skills, experience and knowledge it needs to act as an effective unitary board of a foundation trust. It regularly reviews the balance, completeness and appropriateness of the Board to meet such requirements. Where appropriate, the Trust will look to recruit and/or retain individuals with certain skills and experience to ensure that this is maintained. The Trust involves its Governors in this process through the Nominations Committee, and the final decision on recruitment of Non-Executive Directors to the Board rests with the Members' Council.

The make-up of Trust Board and other directors at 31 March 2020 was as follows.

	Total	Male	Female	BAME
Non-Executive Directors	7	2 (28%)	5 (72%)	1 (14%)
Executive Directors	5	4 (80%)	1 (20%)	1 (20%)
Other Directors (non-voting)	3	1 (33%)	2 (67%)	1 (33%)
Total	15	7 (47%)	8 (53%)	3 (20%)

No Executive Director serves as a Non-Executive Director in another NHS Trust or NHS Foundation Trust.




No political donations have been made.

Individual performance of members of Trust Board is assessed as follows.



- The Deputy Chair/Senior Independent Director, with support from the Board and the Members' Council, has a process in place to appraise the Chair annually. The outcome of this appraisal is reported to the Members' Council. The outcome of the Chair's appraisal for 2019 was reported to the Members' Council at its meeting in January 2020.
- The Chair of the Trust undertakes annual reviews with Non-Executive Directors.
- The Chair of the Trust undertakes annual reviews with the Chief Executive.
- The Chief Executive undertakes annual reviews of performance against objectives with Executive Directors and his Executive Management Team.



The Chair also holds quarterly meetings with the Non-Executive Directors without the executive Directors present. These are chaired by the Deputy Chair/Senior Independent Director



Trust Board 2019/20

Role/name/appointment	Experience	Public Board attendance 2019/20
<p>Chair <u>Angela Monaghan</u></p>  <p>Appointed Non-Executive Director 1 August 2017 to 31 July 2020 Appointed Chair 1 December 2017 to 30 November 2020</p>	<ul style="list-style-type: none"> Over 20 years' experience of leading charities and social enterprises at both regional and national level (14 of those as a Chief Executive) and NHS bodies. Former Chief Executive of a children's hospice. Former Non-Executive Director and Chair of an NHS Primary Care Trust. Significant experience of non-executive roles in a wide range of voluntary and community sector organisations. 	9/9
<p>Deputy Chair / Senior Independent Director <u>Charlotte Dyson</u></p>  <p>Appointed 1 May 2015 to 30 April 2018 Deputy Chair / Senior Independent Director from 1 August 2017 Re-appointed 1 May 2018 to 30 April 2021</p>	<ul style="list-style-type: none"> Marketing Consultant. Formerly Non-Executive Director for Calypso Soft Drinks. Formerly Non-Executive Director Leeds Teaching Hospital. Particular area of expertise in strategic brand marketing. Lay member for Royal College of Surgeons of Edinburgh and chair for Advisory Appointments Committee for Leeds Teaching Hospitals NHS Trust. Member of the National and Local Advisory Committee for Clinical Excellence awards. 	7/9
<p>Non-Executive Director <u>Laurence Campbell</u></p> 	<ul style="list-style-type: none"> 20 years' experience as Finance Director of large corporate businesses including two Public Limited companies, all with significant international operations. Very interested in the development and implementation of strategy, and the balance between risk and opportunity. Treasurer and Trustee of Kirklees Citizens Advice and Law Centre up until 31 December 2019. 	7/9

Role/name/appointment	Experience	Public Board attendance 2019/20
Appointed 1 June 2014 Re-appointed 28 April 2017 to 31 May 2020		
Non-Executive Director <u>Chris Jones</u>  Appointed 2 August 2019 to 1 August 2022	<ul style="list-style-type: none"> • Qualified accountant with previous experience in public and private sectors including the NHS. • Seven years as Principal and Chief Executive of Calderdale College. • Formerly a member of the Calderdale Safeguarding Children Board. • Trustee of Children's Food Trust. • Interested in leadership and governance and the impact on service standards and organisational performance. 	4/5
Non-Executive Director <u>Erfana Mahmood</u>  Appointed 3 August 2018 to 2 August 2021	<ul style="list-style-type: none"> • Qualified Solicitor • Experience in the housing sector. • Non-Executive Director for Chorley and District Building Society • Non-Executive Director for Plexus/Omega Housing (part of the Mears Group). 	9/9
Non-Executive Director <u>Kate Quail</u>  Appointed 1 August 2017 to 31 July 2020	<ul style="list-style-type: none"> • Experienced, qualified Public Health professional with deep understanding of social determinants of health & wellbeing. • Previously Head of two Department of Health National Support Teams, including one for Children and Young People's Emotional Wellbeing and Mental Health. • Experienced in putting people with learning disability and/ or autism and/ or mental health problems & their families and carers at the centre. For example: <ul style="list-style-type: none"> • Member of Advisory Group to Improving Health and Lives Learning Disability Observatory (Public Health England until March 2019). • Original national Transforming Care steering group member. • Expert for Care & Treatment Reviews and Care Education & Treatment Reviews • Extensive experience of working in partnership across whole systems. • In-depth experience of working in and with large complex organisations, from national & 	9/9


Role/name/appointment	Experience	Public Board attendance 2019/20
	<p>local charities and local community organisations, to Local Authorities, health organisations and Whitehall Departments</p> <ul style="list-style-type: none"> • FT Governor for 5 years, including Lead Governor. 	
<p>Non-Executive Director <u>Sam Young</u></p>  <p>Appointed 3 August 2018 to 2 August 2021</p>	<ul style="list-style-type: none"> • Runs own consultancy business with a focus on technology and transformation. • Previously worked in the housing, local authority and IT sectors in a number of senior roles. Previous head of IT at Kirklees Council, worked for BT on NHS contracts and spent 2 years as a Director of Business Transformation at the New Charter Group. • Non-Executive Director at Great Places Housing Group. 	7/9
<p>Chief Executive <u>Rob Webster</u></p>  <p>Appointed 16 May 2016</p>	<ul style="list-style-type: none"> • Joined Trust from the NHS Confederation, where he was chief executive for over two years. • Worked in healthcare since 1990, including national roles at the Department of Health on policy, transformation and delivery and has been a director for both the Prime Minister's Delivery Unit in the Cabinet Office and a national public/private partnership. • Also spent seven years as a successful chief executive in the NHS in West Yorkshire, running a commissioning organisation (NHS Calderdale) and a provider organisation (Leeds Community Healthcare NHS Trust). Has been a trustee at Leeds Mencap and has chaired formal national networks including cancer, primary care, community services and learning disabilities. • As well as leading the Trust, is also leading the work of the West Yorkshire & Harrogate Health & Care Partnership, bringing together West Yorkshire health and care leaders, organisations and communities to develop local plans for improved health, care and finances over the next five years. • Defined by a values-based approach to leadership with a history of effective partnership working and a strong commitment to system leadership. • Visiting professor at the school of health and care at Leeds Beckett University and an honorary fellow of both the Queen's Nursing Institute and the Royal College of GPs. Also a fellow of the Royal Society for the encouragement of Arts, Manufactures and Commerce. 	8/9

Role/name/appointment	Experience	Public Board attendance 2019/20
<p>Director of Nursing and Quality <u>Tim Breedon</u></p>  <p>Appointed District Director for Wakefield 1 November 2010 Acting Director of Nursing from 16 July 2012 Director of Nursing from 17 December 2012 Deputy Chief Executive from 9 July 2018</p>	<ul style="list-style-type: none"> • Over 30 years' experience in the health and social care market with public, charity and private sector experience. • Registered mental health and learning disability nurse, with experience of nurse leadership roles in a variety of care and support settings. • Director of Mental Health and Learning Disability Nurse Directors Forum • Previously lead professional adviser on learning disability policy, strategy and commissioning for both PCT and local authority. • Significant senior management experience in both local authority and charitable sector at key points in career. • Well documented history of partnership working, including the chairing of multi-agency partnership boards. • Significant experience in person-centred planning and supported living developments. • Executive Director experience in both public and private sector environments, including Managing Director of a Long Term Health Care PLC. • Five years' experience as a self-employed management and training consultant. • Significant experience in contract negotiation and delivery on contracts, including the delivery of capital investment programme to support growth. 	9/9
<p>Director of Finance and Resources <u>Mark Brooks</u></p>  <p>Appointed 1 June 2016</p>	<ul style="list-style-type: none"> • 11 years' experience in the NHS. • Fellow of the Chartered Institute of Management Accountants. • Experience of working in community and mental health organisations. • Experience in corporate governance, procurement, estates and IT. • Experience in UK and international industry senior finance roles and chief financial officer. • Trustee of Emmaus (Hull & East Riding) 	9/9

Role/name/appointment	Experience	Public Board attendance 2019/20
<p>Director of Human Resources, Organisational Development and Estates <u>Alan Davis</u></p>  <p>Appointed 1 April 2002 Interim Deputy Chief Executive 1 April to 31 August 2016 Interim Deputy Chief Executive 1 July 2017</p>	<ul style="list-style-type: none"> • 38 years' experience of HR in the NHS. • 28 years as an Executive Director of this Trust. • Human Resource Management. • Staff Health and Wellbeing • Leadership and Workforce Development. • Staff Side/Staff Engagement/Consultation. • Strategic Estates Management at Board Level • Chair Childcare Information Service Ltd 10 years (charity providing services to local authorities). • Employee Relations. • Investor in People. • Member of the Director team leading FT application for SWYPFT and major acquisition. • 2009 runner up in NHS HR Director of the Year: nominated by Chief Executive and Staff Side Organisations. 	9/9
<p>Medical Director <u>Subha Thiyagesh</u></p>  <p>Appointed 19 April 2018</p>	<ul style="list-style-type: none"> • Doctorate in Medicine in the dementia field from the University of Sheffield. • Previously deputy medical director and a consultant in older people's services in Calderdale and Kirklees for the Trust. • Previous posts include being appointed to the Royal College of Psychiatrists' Board of Examiners and as a national peer reviewer of the Memory Service National Accreditation Programme. • Subha is the clinical lead for our older people's change programme and has been leading the development of our medical workforce strategy. • Awarded the Nye Bevan NHS Leadership Academy Award in Executive Healthcare Leadership and was the winner of the Leader of the Year award in our Trust's Excellence awards in 2016. 	6/9

Other Directors (non-voting)*

Role/name/appointment	Experience	Public Board attendance 2019/20
<p>Director of Operations (non-voting) <u>Carol Harris</u></p>  <p>Appointed District Director – Forensic and Specialist Services from 21 March 2016 District Director – Forensic and Specialist Services, Calderdale and Kirklees from 1 October 2016 Director of Operations from 1 August 2018</p>	<ul style="list-style-type: none"> • Broad clinical experience as a nurse in both inpatient and community settings • Previous experience in professional and operational leadership at Board level. • Worked with service user and carer stakeholder groups in all aspects of service change. • Led a number of transformation programmes both within mental health services and working with acute and third sector providers. • Provided mentorship to candidates on leadership programmes. • Supported the development of the foundation degree programme for assistant practitioner trainees with Manchester Metropolitan University. 	8/9*
<p>Director of Provider Development (non-voting) <u>Sean Rayner</u></p>  <p>Transitional post as District Director, Barnsley from 22 February 2011 Substantive District Director – Barnsley and Wakefield from 1 April 2012 Director of Provider Development from 1 August 2018</p>	<ul style="list-style-type: none"> • Over 30 years' experience in the NHS, with 13 years' experience as an Executive Director. • Barnsley Transition Director in support of SWYPFT acquisition process and subsequently Director of Wakefield & Barnsley services. • Experience in leadership, business planning, and contract management in multi-agency environments. • Partnership working over 25 years, including chairing and leading service user/carers Partnership Boards. • Experience in project management, including capital projects and LIFT as a premises procurement vehicle. • Experience in GP engagement and accountable officer in a Primary Care Group. • Experience of working in a voluntary capacity in not for profit sector, and formerly a member of HMP Wealstun Independent Monitoring Board (IMB). 	9/9*

Role/name/appointment	Experience	Public Board attendance 2019/20
Director of Strategy (non-voting) <u>Salma Yasmeen</u>  Appointed 12 January 2017	<ul style="list-style-type: none"> • Former director of nursing services and transformation in Saudi Arabia • Former deputy director at a NHS Foundation Trust with responsibility for the mental and physical health care of older people. • Former chief executive of Bradford-based third sector organisation. • Mental health nurse. • Experience in developing partnership, transformation and innovation. 	8/9*

* Only voting Directors are required to attend all Trust Board meetings.

All voting directors have a six month notice period whilst non-voting directors have a three month notice period. The Medical Director has a Consultant Contract.

No members left office during 2019/20.

NHS England and NHS Improvement's well-led framework

In 2014, Monitor (now referred to as NHS Improvement) stated its expectation that all foundation trust boards would carry out an external review of their governance arrangements every three years given that:

- good governance is essential in addressing the challenges the sector faces;
- oversight of the Trust's governance arrangements is the responsibility of Trust Board;
- governance issues are increasing across the sector; and
- regular reviews can provide assurance that governance arrangements are fit for purpose.

As a result, guidance was issued to support trusts in ensuring they are 'well-led'. The framework supports the NHS response to the Francis Report and is aligned with the assessment the Care Quality Commission (CQC) makes on whether a foundation trust is well-led as part of its revised inspection regime. The framework has four domains, ten high-level questions and a description of 'good practice' that can be used to assess governance. The four domains cover:

- strategy and planning – how well the Board sets the direction for the organisation;
- capability and culture – whether the Board takes steps to ensure it has the appropriate experience and ability, now and into the future, and whether it positively shapes the organisation's culture to deliver care in a safe and sustainable way;
- process and structures – whether reporting lines and accountabilities support the effective oversight of the organisation; and
- measurement – whether the Board receives appropriate, robust and timely information and that this supports the leadership of the Trust.

The Board last commissioned an independent review of the Trust's governance arrangements in April 2015, when Deloitte found there were no 'material governance concerns'.

Since then the CQC has carried out well-led reviews as part of its inspection process. In April 2018 the CQC carried out a well-led review of the Trust which was followed up by a further review in June 2019 which received a rating of 'GOOD'.

Governance arrangements

Trust Board discharges its responsibilities through a number of Committees. Trust Board has established seven committees. The membership and work of the Audit; Clinical Governance and Clinical Safety; Equality and Inclusion; Finance, Investment and Performance; Mental Health Act; and West Yorkshire Mental Health, Learning Disability and Autism Collaborative Committees are outlined below and the Workforce and Remuneration Committee in the Remuneration Report.

The Audit Committee reviews the effectiveness and integration of Trust Board Committees on an annual basis and presents the outcome of this review in its annual report to Trust Board. This was presented to Trust Board in April 2020. The Audit Committee provided assurance that Committees are effective and integrated and that risk is effectively managed and mitigated through the assurance that Committees are meeting the requirements of their Terms of Reference, that their work plans are aligned to the risks and objectives of the organisation, which are within the scope of their remit, and that they can demonstrate added value to the organisation.

Audit Committee

The Audit Committee's prime purpose is to keep an overview of the systems and processes that provide controls assurance and governance within the organisation, as described in the Annual Governance Statement, on behalf of Trust Board, and to ensure that the systems and processes used to produce information taken to Trust Board are sound, valid and complete. This includes ensuring independent verification of systems for risk management and scrutiny of the management of finance. The Committee met five times in 2019/20 and its membership was as follows:

Name/role	Attendance 2019/20
Laurence Campbell, Non-Executive Director - Committee chair	5/5
Chris Jones, Non-Executive Director* (*member from 2 August 2019)	2/2
Erfana Mahmood, Non-Executive Director* (*member to 1 August 2019)	2/3
Sam Young, Non-Executive Director	5/5

The Director of Finance and Resources is in attendance (as lead Director) at meetings. The Company Secretary also attends meetings. Representatives of internal and external audit are also invited and expected to attend. The Chair of the Trust, the Chief Executive, other Directors, and relevant officers attend the Committee by invitation.

The Audit Committee has a number of responsibilities in relation to financial reporting. These are set out on the following table with information on how these have been addressed during 2019/20. There were no significant issues in relation to the financial statements during the year.

Financial reporting	Progress
The Committee has responsibility for approving accounting policies.	The Committee considered and approved minor changes to accounting policies at its meeting in January 2019. These changes were supported by the Trust's external auditor. Planned adoption of changes in the accounting for leases have been deferred for one year following the Covid-19 outbreak
The Committee has delegated authority from Trust Board to review the annual report and financial statements, both for the Trust and charitable Funds, and the Quality Accounts/Report and to make a recommendation to the Chair, Chief Executive and Director of Finance on the signing of the accounts and associated documents prior to submission.	<p>The Committee recommended to the Trust Board for approval the annual report, accounts and Quality Account for 2018/19 at its meeting in May 2019 prior to submission to NHS Improvement.</p> <p>As part of the consideration of the auditor's report, the Committee received and reviewed the Use of Resources Assessment for 2018/19. The Committee also reviewed the external audit report on the production of the Quality Account for 2018/19. <i>(It should be noted that the scrutiny of the preparation, development and final content of the Quality Accounts is the responsibility of the Clinical Governance and Clinical Safety Committee.)</i></p> <p>The Committee also recommended for approval the stand-alone annual report and accounts for charitable funds in October 2019.</p>
The Committee also ensures that the systems	The internal audit programme includes routine

Financial reporting	Progress
<p>for, and content of, financial reporting to Trust Board are subject to review so as to be assured of the completeness and accuracy of the information provided.</p>	<p>testing of the Trust's financial reporting systems. Financial reporting and scrutiny has transferred from the Trust Board to the newly formed Finance, Investment & Performance Committee, including any review of the adequacy of reporting.</p> <p>The Committee reviewed and approved the Treasury Management Policy and Strategy in October 2019. An update is provided at each Committee meeting.</p> <p>The Committee also receives a detailed report on procurement activity at each meeting, which monitors non-pay spend and progress on tenders, the use of single tender waivers, and progress against the Procurement Strategy and associated cost improvement programme.</p> <p>The Committee is also required, on behalf of Trust Board, to approve the methodology for determining the Trust's reference cost submission.</p> <p>The Committee received and reviewed the Use of Resources Assessment for 2018/19.</p>
<p>The Committee also:</p> <ul style="list-style-type: none"> - reviews proposed changes to the Trust's Standing Orders, Standing Financial Instructions and Scheme of Delegation; - examines circumstances associated with each occasion Standing Orders are waived; - reviews the schedules of losses and compensations on behalf of Trust Board. 	<p>The Committee last reviewed the Standing Financial Instructions in October 2019 and supported their approval by Trust Board in October 2019. Changes to the Trust's Constitution (including the Standing Orders) and Scheme of Delegation were considered by the Committee in April 2019 and approved by the Trust Board in April 2019 and Members' Council in May 2019. They will next be due for review in 2021.</p> <p>There were no occasions when Standing Orders were waived in 2019/20. Temporary governance arrangements have been agreed for any necessary changes to standing orders during the Covid-19 pandemic.</p> <p>The losses and special payments report is received by the Committee at each meeting.</p>

As part of its external audit plan, Deloitte tested risks relating to accounting for property valuations, and management override of controls. All controls around these risks were found to be appropriate and in line with Deloitte's expectations. No specific recommendations have been made.

The Audit Committee has a number of responsibilities in relation to the Trust's external auditor. These are set out in the following table with information on how these have been addressed during 2019/20.

External audit	Progress
Consideration of the appointment and performance of the External Auditor, as far as Monitor's rules permit.	Following a re-procurement exercise during 2015, the Members' Council approved a proposal to re-appoint Deloitte as the Trust's external auditor from 1 October 2015 for a period of three years. The Lead Governor for the Members' Council was involved in the tender process. In April 2018, the Members' Council confirmed that the contract with Deloitte for provision of external audit services continues for a further two years, therefore until 30 September 2020. The tender process for selection and appointment of external auditors beyond this date has commenced and is being overseen by the Audit Committee.
Discussion and agreement with the external auditor, before the audit commences, of the nature and scope of the audit as set out in the annual audit plan, and ensure coordination, as appropriate, with other external auditors in the local health economy.	The Audit Committee has received and approved the annual audit plan in October 2019. Progress against the plan is monitored at each meeting.
Discussion with the External Auditors of its local evaluation of audit risks and assessment of the Trust and associated impact on the audit fee.	The fee for Deloitte was approved as part of the re-appointment process in 2015. A formal audit plan was presented to and approved by the Committee in October 2019. This included an evaluation of risk, which is summarised under section 3.1 above.
Review of external audit reports, including agreement of the annual audit letter before submission to Trust Board and any work carried on outside of the annual audit plan, together with the appropriateness of management responses.	The Audit Committee received and approved: ➤ the statement for those with responsibility for governance in relation to 2018/19 accounts; final reports and recommendations as scheduled in the annual plan.
Review of each individual provision of non-audit services by the external auditor in respect of its effect on the appropriate balance between audit and non-audit services.	Deloitte has not been engaged to provide any non-audit services during 2019/20.

The Audit Committee has a number of responsibilities in relation to the Trust's counter fraud and internal audit functions. These are set out in the following tables with information on how these have been addressed during 2019/20.

Counter Fraud	Progress
Consideration of the appointment of the Trust's Local Counter Fraud Specialist, the fee and any questions of resignation or dismissal.	Through a procurement framework and tender process, Audit Yorkshire was appointed as the Trust's Local Counter Fraud Specialist from 1 July 2017.
Review the proposed work plan of the Local Counter Fraud Specialist ensuring that it promotes a pro-active approach to counter fraud measures.	Audit Yorkshire presented a programme of work to the Committee in April 2019, which was approved. The Committee receives a Counter Fraud update report at each meeting to identify progress and any significant issues for action.
Receive and review the annual report prepared by the Local Counter Fraud Specialist.	The Committee received an annual report for 2019/20 in April 2020
Receive update reports on any investigations that are being undertaken.	These are included in the progress reports to the Committee.
Internal Audit	Progress
Consideration of the provision of the Internal Audit service, the cost of the audit and any questions of resignation and dismissal.	Through a procurement framework and tender process, 360Assurance was appointed as the Trust's internal auditor from 1 July 2017.

Internal Audit	Progress
	<p>Under the Public Sector Internal Audit Standards, all internal audit service providers are required to develop an internal audit charter, which is a formal document that defines the activities, purpose, authority and responsibilities of internal audit at the Trust. It also ensures the internal audit service provided to the Trust meets the requirements of both Professional Internal Auditing Standards and 360Assurance's own internal audit manual.</p>
<p>Review and approval of the Internal Audit strategy and programme of work, ensuring that this is consistent with the audit needs of the organisation as identified in the Assurance Framework.</p>	<p>The Internal Audit annual plan for 2019/20 was presented to and approved by the Committee in April 2019. The plan provides a risk-based analysis of the Trust's operations, utilising the Trust Board assurance framework, reflecting the Trust's corporate objectives, priorities and areas identified for improvement.</p> <p>Progress against the plan is reviewed at every meeting and this includes reports on the Trust's progress against actions identified to address recommendations made by internal audit.</p> <p>Regular meetings are held with the Director of Finance to monitor progress against the work plan.</p>
<p>Consideration of the major findings of internal audit work (and management's response) and ensure co-ordination between the Internal and External Auditors to optimise audit resources.</p>	<p>The Audit Committee reviewed and received the Head of Internal Audit Opinion as part of the final accounts process for 2018/19. This provided significant assurance.</p> <p>The Committee receives audit reports and audit findings in line with the audit plan. The recommendations are followed up to ensure actions are taken in line with the action plans agreed. Relating to 2019/20, 13 internal audit reports were presented to the Committee. Of these, there were:</p> <ul style="list-style-type: none"> - 8 'significant assurance' reports; - 5 advisory or benchmarking reports <p>Management action has been agreed for all recommendations. These are reported to the Committee and, where appropriate, progressed by 360Assurance. In the main, there are no significant outstanding actions.</p>
<p>Ensure the Internal Audit function is adequately resourced and has appropriate standing in the organisation.</p>	<p>The on-going adequacy of resources is assessed as part of the review of the internal audit plan and monitoring progress. No significant issues have been raised in-year.</p>
<p>An annual review of the effectiveness of internal audit.</p>	<p>Performance is reported to the Committee through the internal audit progress report at each meeting and a summary included in the internal audit annual report.</p> <p>The Committee and other relevant staff have also completed an established internal audit questionnaire to obtain feedback on the performance of internal audit.</p>

In line with recommended best practice, the Audit Committee provides the following assurance to Trust Board.

- The Annual Governance Statement is consistent with the view of the Committee.
- Whilst the Committee is not responsible for overall risk management within the Trust, it is satisfied that the system of risk management in the organisation is adequate.
- The Board Assurance Framework (BAF) is reviewed by Trust Board quarterly and is considered to be fit for purpose. The Committee can assure Trust Board that it believes the processes for consideration and approval to be adequate.
- There are no areas of significant duplication or omissions in the systems of governance in the organisation that have come to the Committee's attention, which have not been adequately resolved.

Non-NHS income disclosures

Fees and charges (income generation)

There is no income and full cost to report associated with fees and charges levied by the trust where the full cost exceeds £1 million or the service is otherwise material to the accounts.

Income disclosures required by Section 43(2A) of the NHS Act 2006

The Trust has met the requirement under the NHS Act 2006 (as amended by the Health and Social Care Act 2012) that requires that the income from the provision of goods and services for the purposes of the health service in England are greater than the Trust's income from the provision of goods and services for any other purposes. There has been no impact from 'other' income on the Trust's provision of goods and services for the purposes of the health service in England.

Statement as to disclosure to auditors (s418)

For each individual who was a director at the time that the report is approved:

- so far as the director was aware, there was no relevant audit information of which the NHS foundation trust's auditor is unaware; and
- the director has taken all the steps that they ought to have taken as a director in order to make themselves aware of any relevant audit information and to establish that the NHS foundation trust's auditor is aware of that information.

Clinical Governance and Clinical Safety Committee

The Clinical Governance and Clinical Safety Committee provides assurance to Trust Board on service quality and the application of controls assurance in relation to clinical services. It scrutinises the systems in place for effective care co-ordination and evidence-based practice, and focuses on quality improvement to ensure a co-ordinated holistic approach to clinical risk management and clinical governance is in place, protecting standards of clinical and professional practice. The Committee met six times in 2019/20 and its membership was as follows:

Name/role	Attendance 2019/20
Charlotte Dyson, Deputy Chair of the Trust - Committee chair	6/6
Angela Monaghan, Chair of the Trust	6/6
Kate Quail, Non-Executive Director	6/6
Tim Breedon, Director of Nursing & Quality - lead Director	6/6
Dr Subha Thiyagesh, Medical Director	6/6
Alan Davis, Director of Human Resources, Organisational Development & Estates	6/6

The Director of Operations continues to attend the Committee to ensure strengthened operational input and to enable the Committee to gain assurance more effectively.

Equality and Inclusion Committee

The Equality and Inclusion Forum was set up by Trust Board in May 2015 for a twelve-month period, subject to review. In 2018, it was made a standing Committee. The Committee is a committee of the Board and has no executive powers other than those specifically delegated in the terms of reference and, as appropriate, by the Trust Board.

The Committee's prime purpose is to ensure the Trust improves the diversity of its workforce and embeds diversity and inclusion in everything it does, through promoting the values of inclusivity and treating people with respect and dignity. The Committee was established to develop and oversee a strategy, including an approach to positive action, to improve access, experience and outcomes for people from all backgrounds and communities, including people who work and volunteer for the organisation, those who use Trust services and their families, and those who work in partnership with the Trust to improve the health and well-being of local communities.

The duties of the Committee are:

- To promote the values of inclusivity, mainstreaming equality, diversity and inclusion across the Trust.
- To ensure a co-ordinated approach to promoting the values of inclusivity developed in partnership with other key stakeholders including service users, carers and staff and Members' Council.
- To ensure that the Trust embeds diversity and inclusion in all its activities and functions.
- To agree an annual work plan/schedule of priorities that link to the Trust's strategic direction, workforce plan and the wider transformation of services and to monitor progress.
- To ensure that, as a consequence of promoting the values of inclusivity, the Trust's services comply with legal and national guidance, including the NHS Equality Delivery System (EDS2), the Workforce Race Equality Standard (WRES), and the Workforce Disability Equality Standard (WDES).

The Committee met four times in 2019/20 and its membership was as follows:

Name/role	Attendance 2019/20
Angela Monaghan, Chair of the Trust - Committee chair	4/4
Tim Breedon, Director of Nursing & Quality – lead Director	4/4
Alan Davis, Director of Human Resources, Organisational Development & Estates	3/4
Chris Jones, Non-Executive Director* (*member from 2 August 2019)	1/3
Erfana Mahmood, Non-Executive Director	4/4
Sean Rayner, Director of Provider Development	1/4
Rob Webster, Chief Executive	1/4
Sam Young, Non-Executive Director* (*member to 1 August 2019)	1/1

Finance, Investment & Performance Committee

The Finance, Investment & Performance Committee was established in 2019/20, replacing the Finance Oversight Group. The Committee is responsible for providing oversight and challenge of the Trust's financial performance and financial plans to ensure the Trust and the services it provides remain financially sustainable. It also reviews capital plans with particular focus on the scrutiny of major investments, including post evaluation reviews. The committee also reviews the overall performance metrics of the Trust to identify key trends and issues. The Committee met five times in 2019/20 and its membership was as follows:

Name/role	Attendance 2019/20
Chris Jones, Non-Executive Director - Committee chair	5/5
Tim Breedon, Director of Nursing & Quality / Deputy Chief Executive	5/5
Mark Brooks, Director of Finance & Resources – lead Director	5/5
Kate Quail, Non-Executive Director	5/5
Rob Webster, Chief Executive	4/5
Sam Young, Non-Executive Director	5/5

The Director of Operations attends the Committee to ensure strengthened operational input and to enable the Committee to gain assurance more effectively.

Mental Health Act Committee

The Mental Health Act Committee is responsible for ensuring the organisation is working within the legal requirements of the Mental Health Act (1983), as amended by the 2007 Act and Mental Capacity Act 2005, and with reference to guiding principles as set out in the Code of Practice and associated legislation as it applies to the Mental Health Act, the Mental Capacity Act and Deprivation of Liberty Standards. The Committee met four times in 2019/20 and its membership was as follows:

Name/role	Attendance 2019/20
Kate Quail, Non-Executive Director - Committee chair	4/4
Laurence Campbell, Non-Executive Director	3/4
Erfana Mahmood, Non-Executive Director	3/4
Dr Subha Thiyaresh, Medical Director - lead Director	4/4
Tim Breedon, Director of Nursing and Quality	4/4
Salma Yasmeen, Director of Strategy	1/4

In 2019/20 the Committee maintained senior operational representation, with the Trust's Director of Operations and Deputy Director of Operations attending meetings to enable Committee to gain assurance of the operational action being taken to improve performance. Representatives of the four local authorities (LAs) and three acute trusts covered by the Trust's geographical area are invited to attend. In 2019/20, a new process was developed to ensure every LA provides information to each MHAC meeting, to highlight good practice and provide valuable challenge and scrutiny. The Committee invites the Chair of the Hospital Managers' Forum to attend each meeting. The Assistant Director, Legal Services, and Clinical Legislation Manager also attend each meeting to provide expert advice and support to the Committee.

West Yorkshire Mental Health, Learning Disability and Autism Collaborative Committee in Common

The memorandum of understanding (MOU) between Bradford District Care Foundation Trust (BDCFT), Leeds and York Partnership Foundation Trust (LYPFT), SWYPFT and Leeds Community Healthcare Trust (LCH) to form the West Yorkshire Mental Health, Learning Disability and Autism Services (WYMHLAS) Collaborative was agreed in April 2018, and included terms of reference (TOR) for the Committees in Common (CiC).

The WYMHLAS CiC is responsible for leading the development of the WYMHLAS Collaborative Programme and its work streams, in accordance with the Key Principles, and setting overall strategic direction in order to deliver the Collaborative Programme.

Each member of the Collaborative appoints their Chair and Chief Executive as CiC members and may nominate a deputy to attend on their behalf. The nominated deputy will be a voting board member of the Trust. The Collaborative's Programme Director, Keir Shillaker, is in attendance.

The CiC meets quarterly, or more frequently as required. The members select one of the Chairs to act as the Chair of the CiC meetings on a rotational basis for a period of twelve months. Angela Monaghan, Chair of SWYPFT, has acted as Chair of the CiC during 2019/20.

The Committees in Common has delivered against most of its requirements over the review period. This includes ensuring collective oversight of the work, developing a more robust risk management process, developing a performance dashboard, agreeing a strategy, sharing the outputs of the CiC with member Boards, maintaining appropriate representation at meetings and paying due regard to the best interests of the system in decision making.

The CiC met 4 times and membership and attendance during 2019/20 was as follows:

Name/role	Attendance 2019/20
Angela Monaghan, Chair, SWYPFT – CinC Chair	4/4
Rob Webster, CEO, SWYPFT	4/4
Sue Proctor, Chair, LYPFT	2/4
Sara Munro, CEO, LYPFT	4/4
Cathy Elliott, Chair, BDCFT (from September 2019)	3/4
Mike Smith, Chair, BDCFT (up to June 2019)	1/4
Brent Kilmurray, CEO, BDCFT	4/4
Neil Franklin, Chair, LCH	1/4
Thea Stein, CEO, LCH	3/4

Other Board-level Committees

Charitable Funds Committee

The Trust is a Corporate Trustee for its charitable funds. As a result, it is required to set up a mechanism for the management and use of these funds to ensure it fulfils its obligations as a Corporate Trustee and to manage the Trust's charitable funds in accordance with statutory requirements and Department of Health guidance. The Committee was set up as a body separate from the Audit Committee in November 2003 following a report on the management of charitable funds in the NHS by the Audit Commission.

Due to the unique nature of this Committee, members are invited to join and must undertake training in the administration of charitable funds in order to discharge their duties. The principle remains, however, that the Committee is chaired by a Non-Executive Director and membership includes other Directors and Non-Executive Directors.

Members' Council

For the Members' Council role in governance arrangements, refer to section NHS Foundation Trust Code of Governance (see page 87).

Enhanced quality governance reporting

The Trust has robust quality governance arrangements in place and our approach to quality reinforces the commitment to quality care that is safe, person-centred, efficient and effective. Our approach specifies the responsibilities held by individuals, business delivery units, the Executive Management Team and Trust Board. The Clinical Governance and Clinical Safety Committee is the lead committee for quality governance. Trust Board and the Executive Management Team receive monthly Integrated Performance Reports which include compliance reporting against quality indicators.

We monitor performance against Care Quality Commission regulations through a quarterly self-assessment. External validation, accreditation, assessment and quality schemes support self-assessment (for example, accreditation of areas of Trust services, Care Quality Commission Mental Health Act visits, Care Quality Commission inspections). Measures are implemented and maintained to ensure practice and services are reviewed and improvements identified and delivered, such as the Trust's prioritised clinical audit and practice evaluation programme.

The Trust continues to build on its existing service user insight framework to enhance and increase understanding of the Trust's services, to demonstrate the quality of services and to show the actions taken in response to the feedback. This has resulted in an increase in the

number of issues raised, which is a positive development in the context of the encouragement that the Trust gives to people to offer feedback in all its forms. More information on the Trust's approach to quality governance and its performance against its quality priorities can be found in Section 1 of this report and will be shown in the Trust's Quality Accounts for 2019/20 when published later this year.

The arrangements for internal control can be found in the Chief Executive's Annual Governance Statement later in this report. Both the Statement and the Board Assurance Framework are subject to independent review.

An assessment by internal audit found the Trust's arrangements around the overarching governance and risk management arrangements provided significant assurance and the Head of Internal Audit Opinion is one of significant assurance on the overall adequacy and effectiveness of the organisation's framework of governance, risk management and control.

There are no material inconsistencies between the Annual Governance and corporate governance statements, quality reports, and reports arising from the Care Quality Commission (CQC).

Patient care

To assure and improve the quality of our care in a systematic way we are introducing an accreditation scheme with an emphasis on enhancing the culture of quality improvement at team level.

Our plan is to roll out the Quality Accreditation Scheme (QAS) programme during 2020, which will involve piloting quality standards alongside implementation of the scheme for inpatient services.

There are 12 Quality Scheme standards that teams will have to demonstrate they are meeting.

The scheme is centred on an internal accreditation tool, linked to the CQC fundamental standards, which is aimed at empowering teams to recognise their areas of strength and to identify their own gaps in practice, adopting a continuous improvement model. The Quality Improvement and Assurance Team (QIAT) will support the teams being visited with the collection of data, data analysis in deciding whether further actions are needed to bring about quality improvement e.g. a quality improvement initiative. The implementation of the scheme will require senior leadership from operational services.

This scheme will form the monitoring programme for the inpatient services. The benefits of this scheme are:

- To embed the fundamental care standards into the organisation in a systematic way
- Encourage and support teams in taking a proactive approach and consistent approach to quality improvement.
- To provide a framework to support the delivery of quality improvements, safety and organisational governance.
- Helping to embed quality improvement into the culture of our organisation and to sustain improvements.

- To enable teams to have a central point where they can access information that is specific to the team and will help their understanding in relation to their performance, strengths and areas for improvement.

A handwritten signature in black ink, appearing to read 'R. Webster', is positioned above the printed name.

Rob Webster
Chief Executive

Date: 3 June 2020

Section 2.2 Remuneration report

Annual statement on remuneration

The Trust's remuneration policy remains that the terms and conditions for staff reflecting nationally determined arrangements under Agenda for Change. No provision for compensation for early termination is included in staff contracts and any provision for compensation for termination would be considered on an individual basis by the Workforce and Remuneration Committee for staff above 8b.

The Trust operates a local Clinical Excellence Award Scheme for consultant medical staff based on the previous national employer-based awards scheme. The local scheme is designed to promote and reward medical excellence linked to delivery of the Trust's strategic goals and contribution to leadership and management arrangements remains. The clinical excellence awards were made this year, following the outcome of national discussions for 2018.

The Chair of the Workforce and Remuneration Committee is able to confirm that no major decisions on senior managers' remuneration were taken in 2019/20 and there were no substantial changes made in-year.

For the purposes of the annual report, the definition of "senior managers" is "those persons in senior positions having authority or responsibility for directing or controlling the major activities of the Trust". The Chief Executive has confirmed that this includes the Chair, Non-Executive Directors, Executive (voting) Directors and non-voting Directors.

Senior managers' remuneration policy

The Trust's approach to the remuneration policy for its Executive Directors is that it is fair, justifiable and transparent enabling the Trust to recruit and retain high calibre personnel to achieve its aims and objectives. This approach is entirely consistent with our equal opportunities policy. In addition each year the Trust undertakes a pay audit relating to ethnicity and disability and generates an action plan as a result. The Workforce and Remuneration Committee (previously Remuneration and Terms of Service Committee) is responsible and has delegated authority from Trust Board to set the pay and conditions of senior managers within the Trust and this is subject to regular review and external benchmarking. The Workforce and Remuneration Committee determined the remuneration policy for directors with specialist external advice and/or external benchmarking reports as appropriate. Any significant changes in directors' remuneration is undertaken with the use of external benchmarking data and/or external specialist support again as appropriate. The Trust did not consult the employees on the formulation of the policy.

The terms and conditions for Executive and other Directors are in line with national arrangements under Agenda for Change with the exception of on call payments which are excluded and they are not awarded automatic incremental progression on their salary scale.

Pay and conditions of employees, including senior manager remuneration are based on job evaluation and benchmarking, regularly reviewed through NHS Providers benchmarking data and NHS England/NHS Improvement guidance.

The package for senior managers is made up of salary and the NHS pension. The information contained on pages 72-75 relating to the salary and pension entitlements of senior managers within the Trust is subject to audit and is taken from the Trust's accounts for 2019/20.

The Chief Executive and the Medical Director are the only senior managers paid over £150k. The Workforce and Remuneration Committee considers both to be reasonable as the Chief Executive's salary is consistent with the Trust's remuneration policy and is benchmarked against peers within the NHS. The Medical Director's salary is based on and benchmarked against comparative organisations.

Details of appointment dates for Executive Directors of the Trust are included in the table under the Directors' report in section 2.1 above. There are no Executive Directors appointed on fixed term contracts; therefore, there are no unexpired terms and contracts do not contain provision for early termination of a contract. All Executive Directors (voting directors) are subject to a six-month notice period, which was considered and approved by the Remuneration and Terms of Service Committee (now called the Workforce and Remuneration Committee) in February 2015. The notice period for other Directors remains as three months.

	31 March 2020	31 March 2019
Band of highest paid Director's total remuneration (£000's)	175-180	175 - 180
Median total remuneration* £'s	£28,185	£28,847
Remuneration ratio	6.8	6.1

The remuneration ratio is a comparison of the highest paid director and the median remuneration of all staff. The median total remuneration and the remuneration ratio do not include the value of pension-related benefits in their calculation. The remuneration ratio is considered as part of any changes to CEO remuneration, and Directors' pay award in line with agenda for change.

All voting directors have a six month notice period whilst non-voting directors have a three month notice period. Benchmarking advice was sought and all terms and conditions approved by the Workforce and Remuneration Committee. The Trust does not utilise service contracts.

In 2019/20 no payments of money or other assets were made to any individual who was not a senior manager during the financial year but has previously been a senior manager at any time. In 2019/20 a redundancy payment was made to the Director of Marketing, Communication and Engagement, Kate Henry, in line with the Agenda for Change terms and conditions of service. In accordance with the national terms and conditions this payment was capped at the maximum salary of £80,000pa. The redundancy pay was based on 16 years' NHS service which gave a redundancy compensation payment of £107k.

Non-Executive Director remuneration

Following an independent review of Chair remuneration undertaken by CAPITA, the Members' Council considered a proposal to establish an incremental scale for the position of Chair of £42,925 / £45,450 / £47,975 / £50,500 / £53,555 per annum with movement within the scale based on performance informed by the Chair's annual appraisal. This scale was approved by the Members' Council in July 2015. The expected time commitment for the Chair is 2.5-3.5 days per week.

Annually, the remuneration of the Chair and Non-Executive Directors is reviewed by the Nominations Committee and any recommendation for uplift made to the full Members' Council for approval. In 2019/20 there was no uplift of Non-Executive Director remuneration. Basic remuneration for a Non-Executive Director remains at £13,584 per annum against an

expected time commitment of at least 2.5 to 3 days per month. The roles of Deputy Chair / Senior Independent Director and Chair of the Audit Committee each receive an additional £5,000 per annum. Following the Chair's appraisal process for 2019, the Members' Council approved that the Chair move to the third point in the incremental scale.

Guidance was received from NHSI/E on remuneration arrangements for Chairs and Non-Executive Directors and the Trust has agreed changes to the remuneration arrangements for the Chair, Deputy Chair/Senior Independent Director and the Chair of the Audit Committee on either re-appointment or new appointment in line with the guidance.

Details of appointment dates for Non-Executive Directors of the Trust are included in the table in the Directors' report at section 2.1 above. Non-Executive Directors are usually appointed for a three-year term and can be re-appointed for further terms up to a maximum of nine years; however, it is the view of the Chair that Non-Executive Directors should serve a maximum of six years other than in exceptional circumstances.

Performance related pay scheme

The Trust does not operate any performance related pay schemes.

Annual report on remuneration

Workforce and Remuneration Committee

The Workforce and Remuneration Committee (previously Remuneration and Terms of Service Committee) has delegated authority from our Board to:

- develop and determine appropriate pay and reward packages for the Chief Executive and Executive Directors, and a local pay framework for senior managers that actively contribute to the achievement of the Trust's aims and objectives;
- approve any termination payments for the Chief Executive and Executive Directors; and
- ratify Clinical Excellence Awards for Consultant Medical Staff.

The Committee also supports the strategic development of human resources and workforce development, and considers issues and risks relating to the broader workforce strategy. On behalf of Trust Board, it reviews in detail key workforce performance issues. The Committee met four times in 2019/20 and its membership was as follows:

Name/role	Attendance 2019/20
Sam Young, Non-Executive Director - Committee chair	5/5
Charlotte Dyson, Deputy Chair of the Trust	4/5
Angela Monaghan, Chair of the Trust	5/5
Rob Webster, Chief Executive - Non-voting member	4/5

The Chief Executive and Executive Directors are appointed by the Committee on behalf of Trust Board. The Chief Executive's appointment is ratified by the Members' Council. Trust Board agrees an appropriate appointment process to suit the needs of the appointment and the Trust. Directors' remuneration is also determined by this Committee.

Alan Davis, Director of Human Resources, Organisational Development and Estates, provides advice and guidance to the Committee, and the Committee is provided with administrative support by the Personal Assistant to the Director of Human Resources, Organisational Development and Estates. No other external support of advice, whether from an individual or organisation, was sought by the Committee during the year.

Nominations Committee

The Nominations Committee is a committee of the Members' Council, chaired by the Chair of the Trust, and the majority of members are governors. The Chief Executive Director of Human Resources, Organisational Development and Estates and Company Secretary also attend. The Committee's purpose is two-fold. Firstly, to ensure the right composition and balance of the Board and, secondly, to oversee the process for the identification, nomination and appointment of the Chair and Non-Executive Directors of the Trust, to oversee the process for the identification, nomination and appointment of the Deputy Chair / Senior Independent Director of the Board, and to oversee the process to identify, nominate and appoint the Lead Governor and Deputy Lead Governor of the Members' Council. The Committee met seven times in 2019/20 and its membership was as follows:

Name/role	Attendance 2019/20
Angela Monaghan, Chair of the Trust - Committee chair	7/7
Jackie Craven, Lead Governor (public)	7/7
Nasim Hasnie, Governor (public)	6/7
Marios Adamou, Governor (staff)	3/7
Ruth Mason, Governor (appointed)	3/7

The Nominations Committee works in accordance with the Trust's Constitution and has a process in place for the appointment of the Chair and Non-Executive Directors. For Chair and Non-Executive Director appointments, the Committee will:

- review the balance of skills, experience and knowledge on the Board to ensure it remains fit for purpose, taking into account the needs of the organisation, the skills and experience within the Executive Director function and future developments that would affect the skills and experience required;
- consider whether to work with an external organisation to identify candidates with appropriate skills and experience required for such vacancies; and
- with the support of an external organisation, if appropriate, identify suitable candidates through a process of open competition, which takes account of the above approach and the skills and experience required, which are set out in a clear person specification and in information for potential candidates to support the appointment process.

In 2019, recruitment for one new Non-Executive Directors took place following Rachel Court's retirement from the Board on 31 March 2019, with the appointment of Chris Jones approved by the Members' Council on 2 August 2019 following recommendation by the Nominations Committee.

Disclosures required by Health and Social Care Act

In 2019/20 a redundancy payment was made to the Director of Marketing, Communication and Engagement in line with the Agenda for Change terms and conditions of service. In accordance with the national terms and conditions this payment was capped at the maximum salary of £80,000pa. The redundancy pay was based on 16 years' NHS service which gave a redundancy compensation payment of £107k.

In 2019/20, there were no payments of money or other assets to any individual who was not a senior manager during the financial year but has previously been a senior manager at any time.

A handwritten signature in black ink, appearing to read 'R. Webster', is positioned above the printed name and title.

Rob Webster
Chief Executive

Date: 3 June 2020

	31/03/2020						
	Salary (bands of £5000) £000	Taxable Benefits Rounded to 1 decimal place £000	Annual Performance related bonuses (bands of £5000) £000	Other Remuneration (bands of £5000) £000	Expenses Rounded to 1 decimal place £000	Pension - Related Benefits (bands of £2500) £000	Total (bands of £5000) £000
Angela Monaghan, Chair	45 - 50				2.8		45 - 50
Laurence Campbell, Non-Executive Director	15 - 20				0.5		15 - 20
Charlotte Dyson, Deputy Chair / Senior Independent Director	15 - 20				1.6		20 - 25
Christopher Jones, Non-Executive Director (from 05/08/2020)	5 - 10				0.4		5 - 10
Erfana Mahmood, Non-Executive Director	10 - 15				0.7		10 - 15
Kate Quail, Non-Executive Director	10 - 15				2.7		15 - 20
Samantha Young, Non-Executive Director	10 - 15				0.6		10 - 15
Rob Webster, Chief Executive	175 - 180	2.8			2.0	47.5 - 50.0	230 - 235
Timothy Breedon, Director of Nursing and Quality / Deputy Chief Executive	125 - 130	3.3			0.6	37.5 - 40.0	165 - 170
Mark Brooks, Director of Finance and Resources	130 - 135				0.5	27.5 - 30.0	160 - 165
Alan Davis, Director of Human Resources, Organisational Development and Estates	105 - 110	1.6				35.0 - 37.5	145 - 150
Carol Harris, Director of Operations	105 - 110				0.9	67.5 - 70.0	175 - 180
Kate Henry, Director of Marketing, Engagement and Commercial Development (left 17/09/2020)	20 - 25			105 - 110		157.5 - 160.0	285 - 290
Sean Rayner, Director of Provider Development	105 - 110				0.1	32.5 - 35.0	140 - 145
Subhashini Thiyagesh, Medical Director	35 - 40	17.2		135 - 140	1.4	122.5 - 125.0	315 - 320
Salma Yasmeen, Director of Strategy	100 - 105				0.7	25.0 - 27.5	125 - 130

Name and Title	31/03/2019						
	Salary	Taxable Benefits	Annual Performance related bonuses	Other Remuneration	Expenses	Pension - Related Benefits	Total
	(bands of £5000) £000	Rounded to 1 decimal place £000	(bands of £5000) £000	(bands of £5000) £000	Rounded to 1 decimal place £000	(bands of £2500) £000	(bands of £5000) £000
Angela Monaghan, Chair	40 - 45				3.9		45 - 50
Laurence Campbell, Non-Executive Director	15 - 20				0.9		15 - 20
Charlotte Dyson, Deputy Chair / Senior Independent Director	15 - 20				2.9		20 - 25
Rachel Court, Non-Executive Director (left 31/03/2019)	10 - 15				1.0		10 - 15
Christopher Jones, Non-Executive Director (left 31/07/2018)	0 - 5						0 - 5
Erfana Mahmood, Non Executive Director (from 06/08/18)	5 - 10				0.4		5 - 10
Kate Quail, Non-Executive Director	10 - 15				0.9		10 - 15
Samantha Young, Non Executive Director (from 06/08/18)	5 - 10				0.4		5 - 10
Rob Webster, Chief Executive	175 - 180	2.0				47.5 - 50.0	225 - 230
Adrian Berry, Medical Director / Deputy Chief Executive (left 11/04/2018)	0 - 5	0.7		0 - 5			5 - 10
Timothy Breedon, Director of Nursing and Quality / Deputy Chief Executive	120 - 125	1.6			0.4	72.5 - 75.0	195 - 200
Mark Brooks, Director of Finance and Resources	125 - 130				0.3	27.5 - 30.0	155 - 160
Alan Davis, Director of Human Resources, Organisational Development and Estates	110 - 115	0.9				5 - 7.5	120 - 125
Carol Harris, Director of Operations	100 - 105				0.6	20.0 - 22.5	125 - 130
Kate Henry, Director of Marketing, Engagement and Commercial Development	60 - 65				0.1		60 - 65
Sean Rayner, Director of Provider Development	105 - 110	1.7		0 - 5		32.5 - 35.0	140 - 145
Karen Taylor, Director of Delivery (left 05/08/2018)	50 - 55			160 - 165	0.3		210 - 215
Subhashini Thiyagesh, Medical Director (from 12/04/2018)	35 - 40	4.4		115 - 120	3.1	97.5 - 100.0	260 - 265
Salma Yasmeen, Director of Strategy	100 - 105				0.1	62.5 - 65.0	160 - 165

The salary and pension entitlements of senior managers are set by the Workforce and Remuneration Committee which is a committee of the Trust Board. The Trust follows national guidance on pay and terms and conditions for senior managers and the contracts are substantive with NHS termination arrangements. As Non-Executive members do not receive pensionable remuneration there are no entries in respect of pensions for Non-Executive members.

Name and title	Normal retirement age	Real increase/ (decrease) in pension and related lump sum at retirement age (bands of £2500) £000	Total accrued pension and related lump sum at retirement age at 31 March 2020 (bands of £5000) £000	Cash Equivalent Transfer Value at 31 March 2020 £000	Cash Equivalent Transfer Value at 31 March 2019 £000	Real Increase (Decrease) in Cash Equivalent Transfer Value £000	Employers Contribution to Stakeholder Pension Rounded to 1 decimal place £000
Timothy Breedon, Director of Nursing and Quality / Deputy Chief Executive	67	2.5 - 5.0	110 - 115	910	817	73	0
Mark Brooks, Director of Finance and Resources	67	0 - 2.5	25 - 30	315	309	(1)	0
Alan George Davis, Director of Human Resources, Organisational Development and Estates*	60	20.0 - 22.5	250 - 255	0	0	0	0
Carol Harris, Director of Operations	60	12.5 - 15.0	175 - 180	967	846	100	0
Kate Henry, Director of Marketing, Engagement and Commercial Development (left 17/09/2020)	67	7.5 - 10.0	20 - 25	128	121	4	0
Sean Rayner, Director of Provider Development	60	2.5 - 5.0	175 - 180	1,042	959	60	0
Subhashini Thiyagesh, Medical Director	67	15.0 -17.5	145 - 150	775	641	99	0
Rob Webster, Chief Executive	60	2.5 - 5.0	210 - 215	1,213	1,113	74	0
Salma Yasmeen, Director of Strategy	67	0 - 2.5	60 - 65	318	282	30	0

* Taken their Pension in 2019/20 therefore the CETV is nil

Staff with retirement age of 67 may have membership in both the 1995 section which has a retirement age of 60 and the 2015 section which has a retirement age of 67. The higher of these is shown in the table.

Name and title	Normal retirement age	Real increase/ (decrease) in pension and related lump sum at retirement age	Total accrued pension and related lump sum at retirement age at 31 March 2019	Cash Equivalent Transfer Value at 31 March 2019	Cash Equivalent Transfer Value at 31 March 2018	Real Increase (Decrease) in Cash Equivalent Transfer Value	Employers Contribution to Stakeholder Pension
		(bands of £2500) £000	(bands of £5000) £000	£000	£000	£000	Rounded to 1 decimal place £000
Adrian Berry, Medical Director / Deputy Chief Executive (left 11/04/2018) *	55	(27.5) - (30.0)	285 - 290	0	0	0	0
Timothy Breedon, Director of Nursing and Quality / Deputy Chief Executive	65	7.5 - 10.0	105 - 110	817	654	144	0
Mark Brooks, Director of Finance and Resources	65	0 - 2.5	20 - 25	309	235	66	0
Alan George Davis, Director of Human Resources, Organisational Development and Estates	60	2.5 - 5.0	225 - 230	1,385	1,209	140	0
Carol Harris, Director of Operations	60	5.0 - 7.5	155 - 160	846	709	116	0
Kate Henry, Director of Marketing, Engagement and Commercial Development	60	(2.5) - (5.0)	10 - 15	121	130	(13)	0
Sean Rayner, Director of Provider Development	60	5.0 - 7.5	170 - 175	959	809	125	0
Karen Taylor, Director of Delivery (left 05/08/2018) *	55	7.5 - 10.0	195 - 200	0	0	0	0
Subhashini Thiyagesh, Medical Director (from 12/04/2018)	60	12.5 - 15.0	125 - 130	641	474	153	0
Rob Webster, Chief Executive	60	2.5 - 5.0	200 - 205	1,113	917	169	0
Salma Yasmeen, Director of Strategy	60	7.5 - 10.0	55 - 60	282	221	54	0
* Taken their Pension in 2018/19 therefore the CETV is nil							

A Cash Equivalent Transfer (CETV) is the actuarially assessed capital value of the pension scheme 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 the member leaves the 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 from 2005-05 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 value of pension benefits accrued during the year is calculated as the real increase in pension multiplied by 20, less the contributions made by the individual. The real increase excludes increases due to inflation or any increase or decrease due to a transfer of pension rights. The value derived does not represent an amount that will be received by the individual. It is a calculation that is intended to provide an estimation of the benefit being a member of the pension scheme could provide. The pension benefit table provides further information on the pension benefits accruing to the individual

Section 2.3 Staff report

Our workforce is our most important resource and is by far the largest area of expenditure. Our staff make the biggest difference to the lives of the people who use our services and it is their dedication, commitment and professionalism that means we can deliver services that enable people to reach their potential and live well in their community. Our aim, therefore, is to develop a values-based culture that makes our staff feel able and capable to deliver the best quality services possible within the resources available. This requires investment to ensure we recruit, retain, develop and motivate a representative workforce that has the right skills to continue to provide responsive, effective and safe mental health, learning disability and community services.

The Trust's Workforce Strategy recognises the need to develop and re-design the workforce to ensure it is fit for purpose and sustainable. The strategy has three strategic work streams relating to workforce development and planning, staff engagement and wellbeing, and leadership and management development. The three strategic human resources work streams are underpinned by a values-based approach to the management and development of the workforce and a strong commitment to equality and diversity in the workplace.

The make-up of our Board and staff at 31 March 2020 is outlined below. Information on average staff numbers can be found in the accounts.

	Total	Male	Female	BAME
Non-Executive Directors	7	2 (28%)	5 (72%)	1 (14%)
Executive Directors	5	4 (80%)	1 (20%)	1 (20%)
Other Directors (non-voting)	3	1 (33%)	2 (67%)	1 (33%)
Staff	4,386	959 (22%)	3,427 (78%)	437 (10%)

Staff Group	Mar 2020		Mar 2020 Total
	Full Time	Part Time	
Add Prof Scientific and Technic	208	140	348
Additional Clinical Services	682	318	1,000
Administrative and Clerical	545	352	897
Allied Health Professionals	193	131	324
Estates and Ancillary	111	225	336
Medical and Dental	136	28	164
Nursing and Midwifery			
Registered	961	355	1,316
Students	1		1
Grand Total	2,837	1,549	4,386

During 2019/20, on average, of 4,103 whole time equivalent (wte) staff were engaged, 3,710 were on permanent contracts, and 393 on 'other' contracts. This compares to 4,039 WTE in 2018/19 when there were 3,711 staff on permanent contracts and 328 on 'other' contracts.

Changes to our workforce reflect an on-going drive to improve efficiency, effectiveness and productivity, and arise from, our contract and tendering activity, local and national investment priorities and our cost improvement programme.

The staff turnover rate for the Trust at 31 March 2020 was 12.2%, which is slightly higher than last year. Reducing turnover and increasing retention remains a key objective of the workforce strategy action plan.

The Trust's gender pay gap information can be found via <https://www.southwestyorkshire.nhs.uk/about-us/performance/workforce-equality/>

Trust Board set a stretch target sickness absence rate of a maximum of 4.5% for 2019/20; the Trust achieved a rate of 4.9%. Staff sickness data as required by the Cabinet Office will be published on the Trust's website.

The table below shows the staff in post by the different occupation groups as at 31 March 2020.

Staff in post by occupation group	2019/20 FTE	2019/20 Heads
Add Prof Scientific and Technic	296	348
Additional Clinical Services	871	1000
Administrative and Clerical	758	897
Allied Health Professionals	270	324
Estates and Ancillary	259	336
Medical and Dental	151	164
Nursing and Midwifery	1,164	1,316
Registered		
Students	1	1
Grand Total	3,770	4,386

NB it should be noted that these figures will differ from those reported in the accounts. The above figures are at a point in time (31 March 2020) and those in the accounts represent an average over the financial year.

Age and ethnicity of staff are given in the tables below:

Age Band	Male	Female	Staff as at 31 March 2020
19 and Under	5	22	27
20 - 24	23	160	183
25 - 29	68	321	389
30 - 34	83	401	484
35 - 39	91	373	464
40 - 44	147	354	501
45 - 49	141	479	620
50 - 54	166	536	702
55 - 59	140	428	568
60 - 64	74	270	344
65 - 69	14	65	79
70+	7	18	25
Grand Total	959	3,427	4,386

Census Group	Grand Total
Asian	4.5%
Black	2.9%
Chinese or Other	1.0%
Mixed	1.2%
White	90.0%
Unknown	0.4%
Grand Total	100.0%

During 2019/20 6 redundancies were actioned by the Trust (see below). The exit packages were made in accordance with nationally agreed arrangements. Information for 2018/19 is also included in the following table.

Exit package cost band	Number of compulsory redundancies		Number of other departures agreed		Total number of exit packages by cost band	
	2019/20	2018/19	2019/20	2018/19	2019/20	2018/19
<£10,000	2	0	0	0	2	0
£10,001 - £25,000	2	2	0	0	2	2
£25,001 - £50,000	0	3	0	0	0	3
£50,001 - £100,000	1	0	0	0	1	0
£100,001 - £150,000	1	0	0	0	1	0
£150,001 - £200,000	0	1	0	0	0	1
Total number of exit packages by type	6	6	0	0	6	6
Total resource cost £'000	193	308	0	0	193	308

In 2019/20 there were 0 'other' departures including contractual payments made to individuals in lieu of notice (0 in 2018/19).

Exit packages non-compulsory departure	Agreements/number		Total value of agreements £000	
	2019/20	2018/19	2019/20	2018/19
Voluntary redundancies including early retirement contractual costs	0	0	0	0
Mutually agreed resignations (MARS) contractual costs	0	0	0	0
Early retirement in the efficiency of the service contractual costs	0	0	0	0
Contractual payments in lieu of notice	0	0	0	0
Exit payments following Employment Tribunals or court orders	0	0	0	0
Non-contractual payments requiring HMT approval	0	0	0	0
Total	0	0	0	0
Of which non-contractual payments requiring HMT approval made to individuals where the payment value was more than 12 months of their annual salary	0	0	0	0

In terms of exit packages, the highest paid in 2019/20 was £107k and the lowest was £4k. This is against a high of £160k and low of £14k in 2018/19.

During 2019/20, the Trust has reported £94k of consultancy expenditure in relation to the provision of advice and guidance outside the normal course of business, which compares to expenditure of £105k last year. The majority of the spend related to ongoing support and review of our bed management processes with the aim of reducing out of area bed usage

Staff engagement

In 2016/17, the Trust Board approved a Communications, Engagement and Involvement Strategy which includes the active engagement of staff. The Trust's approach to staff engagement includes the following objectives to:

- create a model for staff engagement that provides a better alignment between what we do now, where we want to be and identifies any gaps;
- provide a clear purpose for staff engagement activity essential to a high performing organisation;
- provide a framework to promote sustainable staff engagement;
- make clear that staff engagement is everybody's business; and
- identify the key processes by which the Trust will promote staff engagement.

The Trust has a Social Partnership Agreement which promotes active engagement and consultation with recognised staff side organisations on employee-related policies. Employee-related policies are developed and consulted through an Employment Policy Sub Group which consists of managers, human resources representatives and staff side organisations. Policies are consulted with a view to agreement through the sub group and then agreed through the Trust-wide Staff Partnership Forum. All employment policies have an Equality Impact Assessment undertaken prior to agreement. This includes the impact on all employees with protected characteristics.

The Trust has an overarching Health and Safety and Emergency Planning Trust Action Group which includes staff side, managers and specialist advisers.

During 2019/20 the Trust conducted a Great Place to Work engage and listen exercise, speaking to over 800 colleagues through team meetings and receiving 400 comments through staff surveys. Discussions focused on how we can improve health and well-being of staff, improve the quality of appraisal, prevent harassment and bullying, and increase staff engagement. The feedback was used to develop our 19/20 workforce strategy action plan. We also commenced the Great Place to Work Leadership Forum which aims to support leaders to develop and implement their Great Place to Work service plan.

Staff networks

We know that the people who work for us are our biggest strength and when they feel supported, we have a more motivated workforce which is better for service user satisfaction, care and safety.

We have a commitment to creating an inclusive Trust, and one of the ways we are doing this is through the development of staff networks. These networks are specifically intended to address distinct issues that underrepresented groups face, facilitate learning and development, and influence the Trust's direction through sharing experiences.

We continue to develop staff networks. Our **Black, Asian and minority ethnic (BAME) staff network** celebrated its third year anniversary in October 2019. The network has driven forward a number of equality and inclusion initiatives. A reciprocal mentoring programme was launched in January 2020 to allow conversations between BAME staff members and Trust leaders to support understanding, development and inclusive leadership. Members of

the network are involved in Race Forward which focuses on reducing and managing the incidents of racially aggravated abuse from service users to staff. The network is also leading on wider work including:

- Gathering experiences of the use of mental health act from service users in the Trust's forensic services
- Increasing BAME representation in Allied Health Professions
- Supporting work to improve BAME representation at leadership level across the West Yorkshire and Harrogate Health and Care Partnership

The Trust re-launched its LGBTQ+ network in July 2019, which continues to develop. A key achievement of the network was the launch of the NHS rainbow badge scheme in February 2020 which aims to promote a message of inclusion within the Trust and support both LGBTQ+ staff and service users in identifying people who they can seek support from about whom they are, how they identify and how they feel.

We continue to support the development of a staff disability network and its members are key stakeholders in the ongoing development of a staff disability policy linked to Workforce Disability Equality Standard (WDES) actions. It remains an ambition to establish a working carers network.

Representatives from all staff networks are invited to the Trust's Equality and Inclusion Committee, a committee of the Board.

Staff survey

The annual national NHS staff survey, which aims to improve the working experience of staff in the NHS, was carried out between October-December 2019. The survey was sent to all staff. The response rate was 45%, which was below average compared with similar NHS organisations.

Theme results	Trust 2019	Average 2019	Trust 2018	Average 2018	Trust 2017	Average 2017
Equality, diversity and inclusion	9.1	9.1	9.2	9.2	9.2	9.2
Health and Well-being	6.2	6.1	6.1	6.1	6.2	6.1
Immediate managers	7.2	7.2	7.1	7.2	7.0	7.1
Morale	6.3	6.3	6.2	6.2	N/A	N/A
Quality of appraisals	5.7	5.7	5.5	5.5	5.4	5.4
Quality of care	7.4	7.4	7.2	7.4	7.3	7.4
Safe environment-Bullying	8.2	8.2	8.2	8.2	8.2	8.3
Safe environment-Violence	9.4	9.5	9.4	9.5	9.4	9.5
Safety Culture	6.7	6.8	6.7	6.8	6.7	6.7
Staff Engagement	7.0	7.1	6.8	7.0	6.8	7.0
Team Working	6.8	6.9	6.7	6.9	6.7	6.9

Actions 2019 NHS Staff Survey

Of the eleven key themes of the Staff Survey, three of these saw a statistically significant positive increases from 2018; Quality of Care, Quality of Appraisals and Staff Engagement. The remaining eight key themes did not see any statistically significant change from 2018 results.

During our Great Place to Work engage and listen exercise colleagues told us what was important to them and what they think would make our Trust a great place to work. Themes to responses were:

- To feel safe: 'having enough staff in my team', 'tackling violence/aggression' and preventing 'bullying and harassment'.
- To work in a supportive team: 'Effective and compassionate team leadership', 'supportive colleagues' and 'access to effective supervision/appraisal'.
- Having positive support to help you keep fit and well: 'Positive mental wellbeing at work', 'flexibility to balance my work and personal life and having a manageable workload'.
- Developing potential: 'Access to career development and to personal and professional development opportunities'. 'I work in an organisation which recognises and support talented colleagues'.
- That your voice counts: 'Managers who listen', 'respects my views and gives feedback on my suggestions'. 'I am engaged in improving my service and doing my job better'. 'I am part of the change/service improvement process'.

Prevention of Bullying and Harassment

Preventing bullying and harassment will remain a key priority. The number of colleagues experiencing bullying, harassment and abuse has increased slightly to 10% from 9% in 2018. However, bullying from other colleagues has decreased slightly from 14.7% in 2018 to 14.3% in 2019. The Trust launched a revised framework to prevent bullying in 2019/20. We are currently increasing our team of bullying and harassment advisors. The Trust is also agreeing a communications plan for 2020 to share key messages that prevention of bullying and harassment is everyone's business.

Increasing staff engagement

The Trust's Staff Engagement score has increased from 6.8 in 2018 to 7.0 in 2019. The 2019 score is 0.1 below average. The 'Great Place to Work Leadership Forum' is being rolled out and will focus on our key workforce priorities. Survey data will also be used to inform our leadership and management development offer.

Improving the quality of appraisal

Appraisal satisfaction has increased in 2019. The appraisal includes discussion around any health and well-being issues. An e-appraisal system was piloted in 2019 and the data from the pilot is being reviewed currently.

Improving workplace health and well-being

The Trust has invested significantly in the health and well-being of its workforce over a number of years.

The Trust's health and well-being score increased from 6.1 in 2018 to 6.2 in 2019, this is 0.1 above average. Improving workplace well-being remains a key priority this year with a focus on improving mental health and encouraging teams to prioritise their own well-being.

The Trust offers a specialist occupational health service, in house staff counselling service and staff retreats. Health and well-being checks are offered to staff.

Future priorities and targets

The Trust agreed a Workforce Strategy 2017-2020 and the NHS Staff Survey feedback will be used to review our progress in implementing our strategy.

The Trust continually reviews its approach to gathering and using staff feedback. Well-being at work surveys may be targeted this year to service areas requiring additional support.

Review of the NHS Staff Survey action plan

The Trust is developing an action plan in response to the NHS Staff Survey 2019, which will be overseen by the Wellbeing at Work Partnership Group. The group will also monitor progress in delivery of the action plan focussing on the key areas outlined above. Progress will be reviewed by monitoring NHS Staff Survey data and other relevant workforce information. We saw progress in the staff survey results this year, for example levels of staff engagement and feedback on the quality of appraisals had improved. The Trust's health and well-being score is above average but we will develop this further. The Great Place to Work Leadership Forum in 2020 will focus on supporting improvements to effective team working and staff engagement and will be a key area for development. Our workforce equality priorities include ensuring representative leadership at all levels, recruitment of a diverse workforce and further work to prevent bullying and harassment.

Workforce Report

Staff policies and actions

The Trust is recognised as a Disability Confident Employer which demonstrates the organisation's commitments in relation to recruitment, retention, employment and career development of people with a disability.

As part of being a Disability Confident Employer, the Trust operates a guaranteed interview scheme as specified in the Recruitment and Selection Policy for candidates who have a disability which falls within the definitions described in the Equality Act 2010 and subsequent amendments.

Candidates who have a disability will be offered an interview if they meet all the essential criteria detailed on the person specification for the post.

Additional information for disabled candidates is provided via a link on NHS jobs which provides a range of options to ensure that no barriers are created in the selection process e.g. specific assistance or adjustments.

The Trust's sickness and attendance policy and procedures are applied consistently and support the continuing employment of, and enable the provision of appropriate training for employees who have become disabled persons during the period.

In some cases it may be appropriate to consider making reasonable permanent adjustments to the employee's duties or work arrangements. Such adjustments may include those outlined previously as temporary adjustment.

It is particularly important to explore this option thoroughly when an employee's sickness is as a result of a disability, as defined under the Equality Act 2010. To conform to the requirements of the Act, careful consideration is given to making whatever reasonable adjustments are necessary to accommodate a disabled employee, if it is possible to do so in line with service need. Managers assess the feasibility of making the required adjustments for the service, colleagues and the employee, taking advice from Occupational Health, the HR Department and other specialist advisers as necessary. Further developments are anticipated following the establishment of a staff disability network.

Regular communication takes place to provide employees systematically with information on matters of concern and interest to them. Examples of this are through the publication of weekly headlines and The View. A monthly brief is cascaded from the Extended Executive Management Team to all staff and available to download from the intranet. Other avenues include local and Trust Partnership forums attended by management, staff representatives/trade unions. Furthermore there are specific ad-hoc staff briefings as appropriate via informal and formal consultation structures (as described in the organisational change policy).

The Trust has an anti-fraud, bribery and corruption policy which is available to all staff on the Trust's intranet and is supplemented by counter fraud awareness sessions and communications.

The Trust takes Health and Safety very seriously and ensures there is regular communication and information on this subject. The Health and Safety Trust Action Group receives regular information on Health & Safety performance. There is also regular reporting to the Clinical Governance and Clinical Safety Committee. In addition there is an annual Health and Safety report presented to the Executive Management Team and Clinical Governance and Clinical Safety Committee as well as the Trust Board.

Key achievements in relation to health and safety in 2019/20 have included:

- For the third year running operational health and safety management across the Trust has improved. This has been shown following analysis of the annual health & safety monitoring tool. A programme of audits has been established to ensure continued improvement is maintained
- Partnership working continues to be well established with third party Trusts, Local Authorities, the Health & Safety Executive (HSE), CCG's, Police forces and Fire and Rescue Services
- The Trust successfully delivered our flu campaign which has seen the Trust obtain full Flu CQUIN delivery for the third year running
- We have achieved substantial compliance against the NHS England Core Standards for Emergency Preparedness, Resilience and Response

In addition, in 2019/20 the Trust hosted a formal inspection from the Health and Safety Executive (HSE) concentrating on a range of issues including management of violence and aggression towards staff, management of musculo-skeletal safety and the occupational health offer to staff. Feedback from the inspection team was outstanding and the HSE confirmed they had not found any material breaches with no sanctions against the Trust required.

Freedom to Speak Up

The Trust has always recognised the importance of creating an organisational culture where staff feel able and safe to raise concerns at work including malpractice, service user and staff safety issues, harassment and bullying and fraud. To support this, the Trust established a network of Freedom to Speak Up Guardians (FTSUGs).

The Freedom to Speak Up Guardians network initially comprised of Staff Governors. The membership was extended to representatives from the Staff Networks and in 2018 one day a week dedicated time was agreed for one of the Guardians. This dedicated time has clearly had a significant impact and enabled the Freedom to Speak Up Guardian (FTSUG) role and function to develop over the past 12 months. Whilst the dedicated time has brought real benefits it was felt to continue to progress this key agenda additional time is required to maximise the role and function. A business case was approved by the EMT for a half-time secondment to a FTSUG lead post and whilst this post was appointed to the member of staff subsequently resigned from it. We are evaluating how we best fill this role in the future.

The FTSUGs presented their report to the Operational Management Group and Clinical Governance, Clinical Safety Committee in February 2020. The report covered the following:

- The nature of cases
- Details of any patient/service related cases
- Network issues

The network reported that the FTSUGs have had a total of 33 cases raised with them in 2019/20. The dedicated time has enabled more proactive work to be undertaken by the FTSUGs.

Trade Union Facility Time

Trade union facility time reporting 2019/20

The trade union (facility time publication requirements) regulations 2017 came in to force in April 2017. In line with the regulations, all employers must publish information on facility time, which is agreed time off from an individual's job to carry out a trade union role, before 31 July.

South West Yorkshire Partnership NHS Foundation Trust's facility time publication for 2019/20 can be found below.

Table 1 - Relevant union officials

This table represents the total number of employees who were relevant union officials during the year.

<i>Number of employees who were relevant union officials during the relevant period</i>	<i>Full-time equivalent employee number</i>
32	29.35

Table 2 - Percentage of time spent on facility time

This table highlights for the employees who were relevant union officials employed during the relevant period what proportion of their working hours was spent on facility time

<i>Percentage of time</i>	<i>Number of employees</i>
0%	7
1-50%	20
51%-99%	2
100%	3

Table 3 - Percentage of pay bill spent on facility time

This table highlights the percentage of the total pay bill spent on paying employees who were relevant union officials for facility time during the relevant period.

	<i>£000s</i>
Provide the total cost of facility time	£161,942
Provide the total pay bill	£132,599,264
Provide the percentage of the total pay bill spent on facility time, calculated as: (total cost of facility time ÷ total pay bill) x 100	0.12%

Paid trade union activities

As a percentage of total paid facility time hours for employees who were relevant union officials during the relevant period 15% was spent on paid trade union activities.

High paid off-payroll arrangements

The Trust is required to disclose the following information in relation to any off-payroll arrangements in place as at 31 March 2020 and any new arrangements entered into in 2019/20. The Trust's policy towards off-payroll arrangements is that it enters into them as an exception and, in instances where it does so, this reflects the need to secure specialists undertaking short-term roles for which internal capacity or expertise is not available or consultancy support and advice required outside of the normal business environment.

TABLE 1: For all off-payroll engagements as of 31 March 2020 for more than £245 per day and that last longer than six months

Number of existing engagements as of 31 March 2020	20
Of which:	
- number that have existed for less than one year at the time of reporting	4
- number that have existed for between one and two years at the time of reporting	5
- number that have existed for between two and three years at the time of reporting	7
- number that have existed for between three and four years at the time of reporting	0
- number that have existed for four or more years at the time of reporting	4
Confirmation that all existing off-payroll engagements, outlined above, have, at some point, been subjected to a risk-based assessment as to whether assurance is required that the individual is paying the right amount of tax and, where necessary, that assurance has been sought.	Yes

TABLE 2: For all new off-payroll engagements or those that reached six months in duration between 1 April 2019 and 31 March 2020 for more than £245 per day and that last for longer than six months

Number of new engagements or those that reached six months in duration between 1 April 2019 and 31 March 2020	6
Of Which:	
- Number assessed as within the scope of IR35	0
- Number assessed as not within the scope of IR35	3
- Number engaged directly (via PSC contracted to trust) and are on the Trust's payroll	3
- Number of engagements reassessed for consistency/assurance purposes during the year	0
- Number of engagements that saw a change to IR35 status following the consistency review	0

TABLE 3: For any off-payroll engagements of board members and/or senior officials with significant financial responsibility between 1 April 2019 and 31 March 2020

Number of off-payroll engagements of board members and/or senior officials with significant financial responsibility during the financial year	0
Number of individuals that have been deemed 'board members and/or senior officials with significant financial responsibility' during the financial year. This figure should include both off-payroll and on-payroll engagements.	16
For the above, details of the exceptional circumstances that led to each of these engagements.	N/A
For the above, details of the length of time each of these exceptional engagements lasted.	N/A



Rob Webster
Chief Executive

Date: 3 June 2020

Section 2.4 NHS Foundation Trust Code of Governance

South West Yorkshire Partnership NHS Foundation Trust has applied the principles of the NHS Foundation Trust Code of Governance on a “comply or explain” basis. The NHS Foundation Trust Code of Governance, most recently revised in July 2014, is based on the principles of the UK Corporate Governance Code issued in 2012. For provisions in the Code that require a supporting explanation, even where we are compliant, are included in our annual report. There is also a further set of provisions that have a “comply or explain” requirement. The Trust can confirm that it complies with these provisions.

Our Members’ Council

Our Members’ Council has a duty to hold the Non-Executive Directors of the Trust individually and collectively to account for the performance of the Board of Directors, and to represent the interests of the members of the Foundation Trust as a whole and the interests of the public. As a Trust, we work to ensure our governors are equipped with the skills and knowledge they need to fulfil their duties.

The Members’ Council also has a number of specific duties, including appointing and removing the Chair and other Non-Executive Directors, agreeing the remuneration of the Chair and other Non-Executive Directors, ratifying the appointment of the Chief Executive, and appointing and removing the Trust’s external auditor.

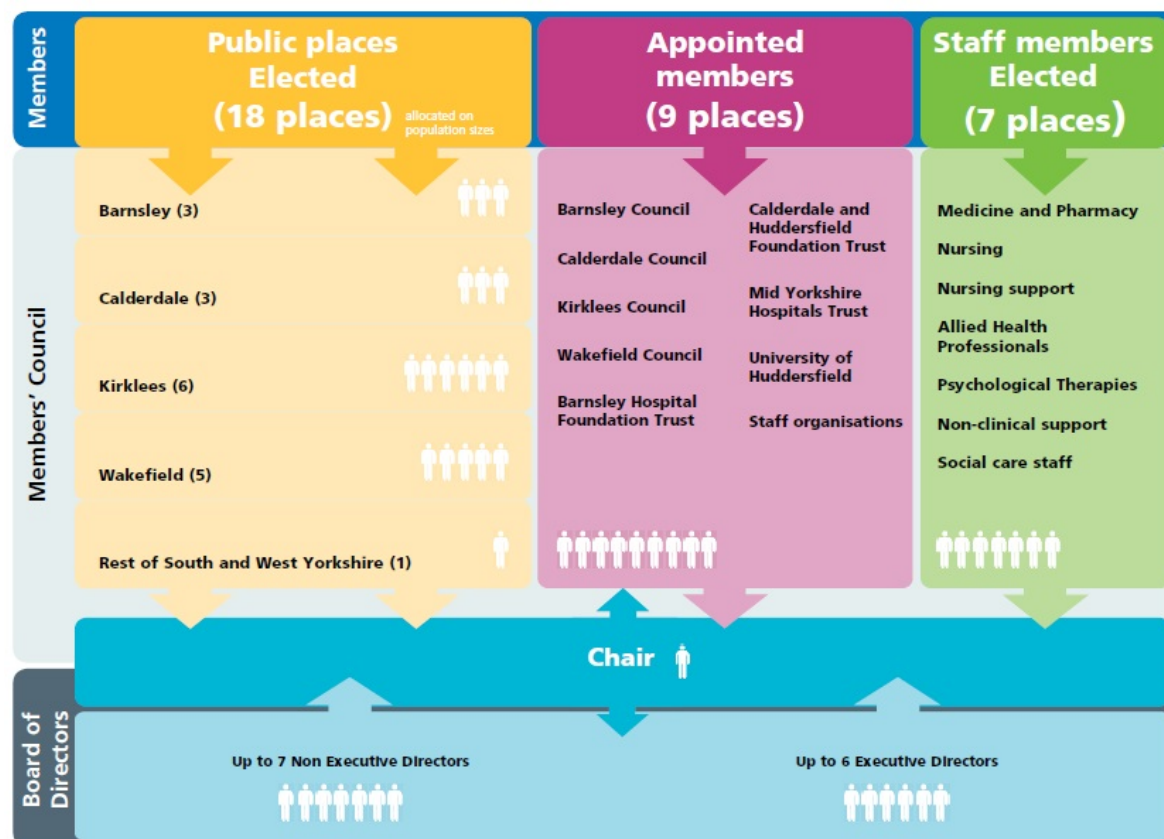
The Members’ Council is also presented with the annual report and accounts and the report from our external auditor, and provides views on our forward plans. It also reviews the Trust’s approach to membership and the policy for the composition of the Members’ Council and of the Non-Executive Directors, and, when appropriate, makes recommendations for the revision of the Constitution. A review began in December 2019 with governor input via a focus session.

At the Members’ Council meeting on 31 January 2020, some minor amendments to the Constitution were agreed along with some areas for further review. The progress on this is currently delayed due to the Covid-19 pandemic, with the aim of reporting back to the Members’ Council in July 2020. The last agreed update of the Constitution was therefore in 2016/17.

In April 2017, the Members’ Council approved a revised Membership Strategy and supporting action plans. The Membership strategy was due for review in 2020, however as part of a wider review of Trust strategies, it has been agreed that the Membership Strategy will now form part of the new Involving People Strategy which is currently under development. Governors had a discussion at their meeting on 31 January 2020 and a further involvement session will be scheduled for governors. Again, progress on this has been delayed due to the Covid-19 pandemic.

The Members’ Council is made up of elected public representatives of members from Barnsley, Calderdale, Kirklees, Wakefield and the rest of Yorkshire and the Humber (formerly rest of South and West Yorkshire), elected staff representatives, and appointed members from key local partner organisations. It provides an important link between the Trust, local communities and key organisations, sharing information and views that can be used to develop and improve services. The Members’ Council is chaired by the Chair of the Trust, who ensures appropriate links between the Members’ Council and the Trust Board. Contact can be made with our governors through the membership office. Details are available on the Trust’s website.

There are places for 34 on the Member's Council, consisting of 18 public members (reflecting our geography in proportion to the population of each area), 7 staff, and 9 appointed members as per the following diagram.



Lead Governor

The role of the Lead Governor is to act as the communication channel for direct contact between NHS Improvement and the Members' Council, should the need arise, chair any parts of Members' Council meetings that cannot be chaired by the person chairing due to a conflict of interest in relation to the business being discussed, be a member of Nominations Committee, be involved in the assessment of the Chair and Non-Executive Directors' performance and be a member of the Co-ordination Group to assist in the planning and setting of the Members' Council agenda.

Jackie Craven was appointed as Lead Governor for a period of two years (to July 2019) by the Members' Council at their meeting on 26 July 2017, and subsequently reappointed until 30 April 2020 (the end of her second term as governor) by the Members' Council at their meeting on 2 August 2019.

The appointment process for Lead Governor (and Deputy Lead Governor (a new role included as part of the Constitution review) has just taken place, and the recommendations have been accepted by Members' Council at their meeting on 1 May 2020.

Our governors

The table below sets out the governors in place as at 31 March 2020:

Name/representing	Term of office	Members' Council attendance 2019/20
Lead Governor		
Jackie Craven Elected – public Wakefield	1 May 2014 for three years Re-elected 26 July 2017 for three years Re-elected 2 August 2019 until 30 April 2020	4/4
Governors		
Marios Adamou Elected – staff medicine and pharmacy	1 May 2012 for three years Re-elected 1 May 2015 for three years Re-elected 1 May 2018 for three years	1/4
Kate Amaral Elected – public Wakefield	1 May 2018 for three years	2/4
Bill Barkworth Elected – public Barnsley	1 May 2017 for three years	4/4
Paul Batty Elected - staff working in integrated teams	1 May 2019 for three years	1/4
Bob Clayden Elected – public Wakefield	1 May 2016 for three years Re-elected 1 May 2019 for three years.	3/4
Andrew Crossley Elected – public Barnsley	1 May 2014 for three years Re-elected 1 May 2017 for three years	3/4
Adrian Deakin Elected – staff nursing	1 May 2012 for three years Re-elected 1 May 2015 for three years Re-elected 1 May 2018 for three years	4/4
Daz Dooler Elected – public Wakefield	1 May 2018 for three years	1/4
Evelyn Beckley Appointed – Staff side organisations	25 October 2019 for three years	2/2
Lin Harrison Elected – staff Psychological Therapies	1 May 2017 for three years	4/4
Nasim Hasnie Elected – public Kirklees	1 May 2011 for three years Re-elected 1 May 2014 for three years Re-elected 1 May 2017 for three years	4/4
Lisa Hogarth Elected – staff allied health professionals	1 May 2018 for three years	3/4
Carol Irving Elected – public Kirklees	1 May 2016 for three years	3/4
Adam Jhugroo Elected - public Calderdale	1 May 2019 for three years	3/4
Trevor Lake Appointed - Barnsley Hospital NHS Foundation Trust	25 March 2019 for three years	4/4
John Laville Elected - public Kirklees	1 May 2019 for three years	3/4

Name/representing	Term of office	Members' Council attendance 2019/20
Ros Lund Appointed – Wakefield Council	12 May 2019 for three years	2/3
Ruth Mason Appointed - Calderdale and Huddersfield NHS Foundation Trust	8 November 2011 for three years Re-appointed 8 November 2014 for three years Re-appointed 8 November 2017 for three years	4/4
Debika Minocha Elected – public Wakefield	1 May 2017 for three years	2/4
Debbie Newton Appointed – Mid-Yorkshire Hospitals NHS Trust	1 November 2019 for three years	2/4
Chris Pillai Appointed – Calderdale Council	8 June 2016 for three years	0/4
Nicola Sumner Appointed – Barnsley Council	26 June 2019 for three years	1/4
Phil Shire Elected – public Calderdale	1 May 2016 for three years	4/4
Jeremy Smith Elected – public Kirklees	1 May 2016 for three years	3/4
Keith Stuart-Clarke Elected - public Barnsley	1 May 2019 for three years	4/4
Bill Armer Appointed – Kirklees Council	7 May 2019 for three years	2/4
Barry Tolchard Appointed - University of Huddersfield	1 April 2018 for three years	2/4
Paul Williams Rest of South and West Yorkshire	1 May 2018 for three years	1/4
Debs Teale Elected – staff nursing support	1 May 2019 for three years	3/4

The following governors left the Members' Council during 2019/20:

Name/representing	Term of office ended/reason
Neil Alexander Elected – public Calderdale	1 May 2017 to 1 November 2019 Resigned.
Stefanie Hampson Appointed – Staff side organisations	24 February 2016 to 23 February 2016 Re-appointed 24 February 2019 to 24 October 2019 Resigned.
Faith Heptinstall Appointed – Wakefield Council	3 October 2018 to 11 May 2019 Resigned.
Hannah Jackson Elected - public Kirklees	1 May 2019 to 21 August 2019 Resigned
Tariq Khan (Shaun Adam) Elected – public Barnsley	1 May 2016 to 30 April 2019 Did not stand for re-election
Caroline Saunders Appointed – Barnsley Council	8 June 2016 to 7 June 2019 Resigned.
Richard Smith Appointed – Kirklees Council	2 June 2016 to 6 May 2019 Resigned.
Debby Walker Elected – staff non-clinical support	1 May 2018 to 29 August 2019 Resigned.

Mike Walker Elected – public Kirklees	1 May 2018 to 18 November 2019 Resigned.
Paul Williams Elected – public, Rest of Yorkshire & the Humber	1 May 2018 to March 2020 Resigned (moved out of area)
Gemma Wilson Elected – staff nursing support	1 May 2016 to 30 April 2019 Did not stand for re-election
David Woodhead Elected – public Kirklees	1 May 2010 to 30 April 2013 1 May 2013 to 30 April 2016 Re-elected 1 May 2016 to 30 April 2019 Third and final consecutive term

Interests declared by governors can be found on the Trust's website.

Our governors receive no payment for their involvement with the Trust on Members' Council business. We are required to state in our annual report the expenses paid to our governors in the financial year and the sum paid in 2019/20 was £1423.16 to 16 governors (against a total in 2018/19 of £788).

The election process for the Members' Council began in January 2020 for the following seats:

Public

- Barnsley – 2 seats
- Calderdale – 1 seat
- Kirklees – 3 seats
- Wakefield – 2 seats

Staff

- Non-clinical support – 1 seat
- Psychological therapies – 1 seat

The nominations process ended on 4 February 2020 and the following were elected unopposed from 1 May 2020 for a period of three years.

- Anthony Wilkinson (Public- Calderdale)
- Anthony Jackson (Staff- Non clinical support services)

An election was held for the remaining seats, the election process opened on the 26 February 2020 and closed on the 20 March 2020. The following were elected:

- Bill Barkworth (Public- Barnsley)
- Thomas Sheard (Public- Barnsley)
- Jackie Craven (Public- Wakefield)
- Dylan Degman (Public- Wakefield)

As of 31 March 2020, there were five seats currently vacant on our Members' Council. Following the Covid-19 (coronavirus) pandemic, the Trust will consider a further election process to fill the vacancies on the Members' Council.

Members' Council involvement and engagement

Our Trust Board continues to have regard to the views of its Members' Council in a number of ways by offering a range of events and opportunities for governors to share their views and engage with Directors, particularly in the development of the Trust's annual plan. As part of their role in holding Non-Executive Directors to account, the Chair encourages

governors to attend public Trust Board meetings. Those governors who have attended have welcomed the opportunity to do so and found attendance useful in helping them to understand the way Trust Board works, to understand more about the issues Trust Board considers and discusses and to support governors in holding Non-Executive Directors to account. Governors will continue to be encouraged to attend meetings in the future. Members of our Board are encouraged by the Chair to attend Members' Council meetings to ensure they understand the views of our governors and of members.

At each meeting of the Members' Council, the Chair and Chief Executive present an overview of the key issues arising from Trust Board meetings together with a strategic overview of national, regional and local developments and the potential impact on the Trust. Regularly there are round table discussions on key areas, such as the Trust's plans for transformation and its strategy.

Holding Non-Executive Directors to account for the performance of the Board is a key area for governors, and discussion sessions are timetabled to focus on supporting governors to do this. Each Non-Executive Director is asked to explain what they bring to the Trust in terms of their individual skills and experience, why they became a Non-Executive Director and why this Trust, and their role in the Trust. This exercise has enabled governors to challenge Non-Executive Directors on their role and contribution, and will be repeated again in the coming year. The Trust also provides governors with access to training in holding Non-Executive Directors to account.

The Chair ensures that the views of governors and members are communicated to the board as a whole. A joint meeting is held annually between Trust Board and the Members' Council to specifically look at the Trust's forward strategy. At the meeting in November 2019, governors reviewed the themes emerging from the previous year's strategic meeting and the actions taken by the Trust. They reviewed the planning assumptions and considered a number of key issues and how they could impact on the Trust's strategic direction. The contribution from governors has informed and contributed to development of the Trust's annual planning for 2020/21. This joint meeting, along with the Trust Board's attendance at Members' Council meetings, enables the directors to develop an understanding of the views of governors and members.

All governors have an induction meeting with the Chair at the beginning of their term of office and an annual review. During the year the Members' Council was also involved in a number of other projects, including the following.

Strategy and forward plans

- Development of the Trust's Quality Accounts.
- Forward plan for 2020/21 (joint meeting with Trust Board) in November 2019.

Statutory duties

- Appointment of Non-Executive Directors.
- Review of the Chair and Non-Executive Directors' remuneration.
- Received the Annual Report and accounts.

Trust activity

- Engagement on Trust strategy and priority programmes.
- Attendance at Members' Council groups.

Personal development

- Attendance at the NHS Providers GovernWell training and development modules along with internal development sessions.

- Attendance at regional governors' meetings.
- Attendance at NHS Providers Annual Governor Conference.

There are three standing working groups or committees of the Members' Council:

- The Nominations Committee is responsible for overseeing the process to appoint the Chair, Non-Executive Directors, Deputy Chair/Senior Independent Director and Lead/Deputy Lead Governor.
- The Members' Council Co-ordination Group co-ordinates the work and development of the Members' Council.
- The Members' Council Quality Group to review and develop the Trust's Quality Accounts and to review in more detail the Trust's performance, particularly in relation to the quality of our services, for example CAMHS.

The activities and performance of each of the working groups and committees is reviewed annually by the Members' Council.

In addition, the Members' Council is invited to nominate a governor representative to attend the Trust Board Equality & Inclusion Committee. During 2019/20, this position was held by Nasim Hasnie (public - Kirklees), who retired at the end of April 2020, and the role is currently vacant.

Membership and engagement

We have a good track record and reputation for public involvement and engagement and firmly believe that working with our members, people who use our services and their carers, our staff and our stakeholders will help secure the most effective and responsive services for local people. We are determined to make the most of the opportunities that membership affords us to engage with people living in the communities we serve to make sure our services meet local needs.

The Trust's approach to membership and engagement is set out in its *Membership Strategy*, which sets out our ambition over the next three years to effectively communicate, engage and involve our membership, through three high level objectives which are relevant to all stakeholder groups:

1. We will build and maintain membership numbers to meet our annual plan targets, ensuring membership is representative of the population the Trust serves.
2. We will communicate effectively and engage with our public members and our staff members, maintaining a two way dialogue and encouraging more active involvement.
3. We will develop an effective and inclusive approach to give our public members and our staff members a voice and opportunities to contribute to the organisation, our services and plans for the future.

In summary, membership of the Trust means local people and our staff have a greater say in how services are provided in the communities the Trust serves, services take account of local needs and they have a sense of ownership of the Trust.

Membership is free, with few specific requirements (subject to the legal exemptions on eligibility and the Constitution of the Trust), has a lower age limit of 11 and no upper age limit, and service users and carers are included in the public constituency. Our public constituencies reflect our geography in proportion to the population of each area and, although we aim to retain a membership of 1% of the populations we serve, the key focus is to encourage members to be engaged and involved with our Trust.

As part of our action plan to implement the Membership Strategy we undertake cleansing annually to assist with the accuracy of information on our membership data base. As at 31 March 2020, we had 8952 public members (9,137 in 2018/19).

The Trust evaluates progress in membership recruitment through comparison of membership with local population demographics, which allows a focus on areas of under-representation. An update on how representative the membership is and the level and effectiveness of member engagement is provided annually at the Trusts' Annual Members' Meeting. Our membership plays a vital role in helping the Trust to shape its services.

Key areas for the next twelve months are:

- election of governors to our Members' Council to ensure sound governance arrangements;
- review of the Membership Strategy;
- on-going development of our governors to reflect governor feedback following development sessions;
- input to priority programme and integrated care system work streams to shape future services to ensure they are fit for purpose; and
- supporting staff governors who wish to be Freedom to Speak up guardians.

This approach is supported by our vision for volunteering through our members. At 31 March 2020, we have 244 volunteers within the Trust which equates and 35024 hours per year. Volunteer roles include health champions, befrienders, co-producers and co-facilitators in recovery colleges, expert patient programme volunteers, meet and greet volunteers, horticulture volunteers, conversation buddies in speech and language service and catering volunteers. The Trust achieved the Investing in Volunteers accreditation early in 2016, and were re-assessed in 2019, maintaining this standard.

In accordance with our Constitution, our staff automatically become members of our Trust; however, they can choose to opt out of membership should they wish to do so. As members, they can influence future plans, use their vote to elect a representative onto the Members' Council or stand for election themselves. Staff are encouraged to be actively involved as members of the Trust and to promote membership to friends and family. As at 31 March 2020, we had 4196 staff members (3,619 in 2018/19).

Section 2.5 NHS England and NHS Improvement's Oversight Framework

NHS England and NHS Improvement's Single Oversight Framework provides the framework for overseeing providers and identifying potential support needs. The framework looks at five themes:

- Quality of care
- Finance and use of resources
- Operational performance
- Strategic change
- Leadership and improvement capability (well-led)

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 segment 4 where it has been found to be in breach or suspected breach of its licence.

The Single Oversight Framework applied from Quarter 3 of 2016/17. Prior to this, Monitor's *Risk Assessment Framework* (RAF) was in place.

Segmentation

NHS Improvement has placed the Trust in segment 2 – targeted support. This segmentation information is the Trust's position as at 31 March 2020. This has not changed since 2019/20. Current segmentation information for NHS trusts and foundation trusts is published on the NHS Improvement 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 Single Oversight Framework, the segmentation of the Trust disclosed above might not be the same as the overall finance score here.

Area	Metric	2019/20				2018/19	
		Q4	Q3	Q2	Q1	Q4	Q3
Financial sustainability	Capital service capacity	1	1	1	3	1	1
	Liquidity	1	1	1	1	1	1
Financial efficiency	I&E margin	1	2	3	4	1	2
Financial controls	Distance from financial plan	1	1	1	1	1	1
	Agency spend	3	3	3	3	2	2
Overall scoring		1	2	2	3	1	1

The overall risk rating for finance and use of resources is 1, which is a positive result for 2019/20. The plan is to achieve a similar performance and same rating for 2020/21.

Section 2.6 Voluntary disclosures

Equality reporting

Our Equality Annual Report and other policies recognise that equality and diversity is core to the way we work and provide services. We must maximise people's potential through valuing their diversity and treating them equally. We acknowledge that people who come into contact with our services, or who work for us, are individuals and are not defined by one aspect of their lives, whether this is their race, gender, sexual orientation, religion or any of the other protected characteristics. Further detail can be found in our Equality Annual Report to Trust Board in July 2019 on the Trusts website and under the social, community anti-bribery and human rights issues section of this report (see page 42).

Modern Slavery Act 2015

The Modern Slavery Act 2015 established a duty for commercial organisations to prepare an annual slavery and human trafficking statement. South West Yorkshire NHS Foundation Trust fully supports the Government's objectives to eradicate modern slavery and human trafficking and recognises the significant role the NHS has to play in both combatting it, and supporting victims. In particular, we are strongly committed to ensuring our supply chains and business activities are free from ethical and labour standards abuses. Steps taken to date include:

People

- We confirm the identities of all new employees and their right to work in the United Kingdom, and pay all our employees above the national living wage.
- We have policies in place which give a platform for our employees to raise concerns about poor working practices.
- We have been using training and briefing papers to raise awareness and there has since been investment in training to ensure front line practitioners are aware of and able to respond to incidents of modern slavery within care settings.
- We are committed to partnership working so that professionals can share best practice and work to support the identification of modern slavery in health and social care settings.

Whistleblowing in the NHS

- We have a Whistle Blowing Policy which allows staff to raise concerns about inappropriate activity with us directly.

Procurement and our supply chain

- Our procurement approach follows the Crown Commercial Service standard and includes a mandatory exclusion question regarding the Modern Slavery Act 2015.
- When procuring goods and services, we additionally apply NHS Terms and Conditions (for non-clinical procurement) and the NHS Standard Contract (for clinical procurement). Both require suppliers to comply with relevant legislation.
- All Commercial and Procurement staff are briefed and fully aware of ethical and labour issues in procurement and this forms a key part of our induction for new entrants to the Commercial team.

Review of effectiveness

We intend to take further steps to identify, assess and monitor potential risk areas in terms of modern slavery and human trafficking, particularly in our supply chains.

Our anti-slavery programme also:

- supports our staff to understand and respond to modern slavery and human trafficking, and the impact that each and every individual working in the NHS can have in keeping present and potential future victims of modern slavery and human trafficking safe.
- ensures that all staff have access to training on how to identify those who are victims of modern slavery and human trafficking. This training will include the latest information and will help staff develop the skills to support individuals who come into contact with health services
- ensures modern slavery and human trafficking are taken seriously and features prominently in safeguarding work plans.

Further information is also provided under the social, community, anti-bribery and human rights issues section (see page 42).

Compliance with the Supplier Code of Conduct

The South West Yorkshire Partnership NHS Foundation Trust reserves the right upon reasonable notice to check compliance with the requirements of the Supplier Code of Conduct.

The South West Yorkshire Partnership NHS Foundation Trust encourages its suppliers to implement their own binding guidelines for ethical behaviour. Included in contracts we enter into with providers is the following statement 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.

- **Laws and Ethical Standards:** The supplier shall comply with all laws applicable to its business. The supplier should adhere to the principles of the United Nations' Global Compact, UN Declaration of Human Rights as well as the 1998 International Labour Organisation's "Declaration on Fundamental Principles and Rights at Work" in accordance with national law and practice, especially:
- **Child Labour:** The supplier shall not use child labour younger than the age of 15. In no event especially when national law or regulations permit the employment or work of persons 13 to 15 age on light work, the employment shall prevent the minor from complying with compulsory schooling or training requirements and being harmful to their health or development.
- **Forced Labour:** The supplier shall make no use of forced or compulsory labour.
- **Compensation and Working Hours:** The supplier shall comply with national applicable laws and regulations regarding working hours, wages and benefits.
- **Discrimination:** The supplier should promote the diversity and heterogeneity of the individuals in the company with regard to race, religion, disability, sexual orientation or gender among others.
- **Health and Safety:** The supplier shall comply with applicable occupational health and safety laws and regulations and provide a safe and healthy working environment to prevent accidents and injury to health.
- **Business Continuity Planning:** The supplier shall be prepared for any disruptions of its business (e.g. natural disasters, terrorism, software viruses, and medical/infectious diseases).
- **Improper Payments/Bribery:** The supplier shall comply with international anti-bribery standards as stated in the United Nations' Global Compact and local anti-corruption and bribery laws. In particular, the supplier may not offer services, gifts or benefits to South West Yorkshire Partnership NHS Foundation Trust employees in order to

influence the employee's conduct in representing the South West Yorkshire Partnership NHS Foundation Trust.

- **Modern Slavery Act:** The supplier shall fully comply with all aspects of the Modern Slavery Act 2015 which received Royal Assent on 26 March 2015. This Act addresses the issues surrounding slavery, servitude and forced or compulsory labour, human trafficking, exploitation, and includes the provision for the protection of victims.
- **Environment:** The supplier shall comply with all applicable environmental laws, regulations and standards as well as implementing an effective system to identify and eliminate potential hazards to the environment.
- **Business Partner Dialogue:** The supplier shall communicate the above mentioned principles stated in the Code to its subcontractors and other business partners involved in the products and services described in the main contract and motivate them to adhere to the same standards.



Rob Webster
Chief Executive

Date: 3 June 2020

Statement of the Chief Executive's responsibilities as the Accounting Officer of South West Yorkshire Partnership 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 NHS Improvement.

NHS Improvement, in exercise of the powers conferred on Monitor by the NHS Act 2006, has given Accounts Directions which require South West Yorkshire Partnership 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 South West Yorkshire Partnership 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 and overseeing the use of public funds, the Accounting Officer is required to comply with the requirements of the Department of Health and Social Care Group Accounting Manual and in particular to:

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

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

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

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

A handwritten signature in black ink, appearing to read 'R. Webster', is positioned above the printed name and title.

Rob Webster
Chief Executive

Date: 3 June 2020

Annual Governance Statement 2019/20

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 Accountable Officer Memorandum.

This Annual Governance Statement reflects the challenging context within which I deliver my responsibilities and demonstrates the complexity and diversity of the services the Trust provides across a broad geographical area. The Statement also reflects the unique circumstances of the Covid-19 Pandemic.

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 South West Yorkshire Partnership 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 South West Yorkshire Partnership NHS Foundation Trust for the year ended 31 March 2020 and up to the date of approval of the annual report and accounts.

Capacity to handle risk

Our Board has overall responsibility and accountability for setting the strategic direction of the Trust and ensuring there are sound systems in place for the management of risk. This includes responsibility for standards of public behaviour and accountability for monitoring the organisation's performance against the Trust's strategy and objectives, ensuring corrective action is in place where necessary. The Trust Board's attitude to risk is based on appropriate tolerance to risk. The Board acknowledges that the services provided by the Trust cannot be without risk and ensures that, as far as is possible, risk is minimised and managed within a risk tolerance. This is set out in the Trust's Risk Strategy and Risk Appetite Statement.

The Board is supported and governed by an involved and proactive Members' Council, a key part of the Trust's governance arrangements. Since becoming a Foundation Trust in 2009, the Members' Council has matured in its role of holding Non-Executive Directors to account for the performance of the Trust Board. The agendas for Members' Council meetings, produced in partnership with the Members' Council Co-ordination Group, focus on its statutory duties, areas of risk for the Trust and on the Trust's future strategy. Training and development ensures governors have the skills and experience required to fulfil their duties.

The Board includes an Executive team with the day to day responsibility for managing risk. Over the last year, we have had continuity in the Executive Director team. There is a

balance of directors with internally and externally focused roles. Director portfolios are continually reviewed to ensure appropriate balance and capacity is in place to meet the needs of the Trust. This has been visible in the last year with the effectiveness of the Director of Provider Development and Director of Strategy roles in ensuring appropriate links into enhanced partnership arrangements; the development of an Executive clinical/operational trio in securing a ward to board approach; and good support from other corporate directors.

The Members' Council, Board and Executive team are operating in an environment of change and system pressure where risk is constant and at a heightened level. This has been materially impacted further by the Coronavirus pandemic.

The Trust operates within a strategic framework that includes a Vision, Mission and Values, supported by four Strategic Objectives and a number of Priority Programmes. This approach is agreed and set by the Board and provides an effective underpinning of the Chief Executive objectives and the objectives of the Executive team determined in line with director accountabilities. I review these objectives on an on-going basis, at time outs with the full Executive and with individual directors with progress, issues and risks reflected in the Board Assurance Framework and corporate/organisational risk register.

This approach reflects the Trust's framework that devolves responsibility and accountability throughout the organisation by having robust delivery arrangements. Capacity for delivery is assured through business planning processes and control is executed through an appropriate Scheme of Delegation and Standing Financial Instructions.

The Trust works in partnership with health economies predominantly in Calderdale, Kirklees, Wakefield, Barnsley and the Integrated Care Systems of South Yorkshire & Bassetlaw and West Yorkshire & Harrogate. We identify and manage risk at those levels as well as at Trust level, as reflected in the roles and responsibilities of the Board, of Executives and staff within the Trust. This is evident from the Board Assurance Framework and Trust risk registers.

The Trust continued to operate a strengthened risk management arrangement during 2019/20 with regular reviews of risk at Executive Management team meetings, and the Trust Board, alongside the committees of the Board. This recognises the dynamic nature of the environment in which we operate and the need to constantly focus, assess and manage risk. As 2019/20 came to a close the level and nature of risk in the Trust was significantly impacted by the rapid increase in prevalence of the Covid-19 pandemic and our risk register has been modified to reflect this.

Risk management training for the Trust Board is undertaken biennially. The training needs of staff are assessed through a formal training needs analysis and this was completed in 2019/20. All staff receives training appropriate to their authority and duties. The role of individual staff in managing risk is supported by a framework of policies and procedures that promote learning from experience and sharing of good practice. The Risk Management Strategy was updated and approved by Trust Board in April 2019.

Alongside this capacity, the Trust has effective Internal Audit arrangements, with a work plan that helps to manage strategic and business risk within the Trust.

The risk and control framework

The risk and control framework flows from the principles of good governance. It uses effective Board and committee structures, supported by the Trust's Constitution (including

Standing Orders) and Scheme of Delegation. The Risk Management Strategy describes in detail how risk is applied within this framework.

The Audit Committee assures the Board and Members' Council of the effectiveness of the governance structures through a cycle of audit, self-assessment and annual review. The latest annual review was received by the Board in April 2020.

The Audit Committee assessment was supported by the Trust internal auditors who conducted a survey of Trust Board members for the third consecutive year in relation to risk management which again supports this assessment.

The cycle of Trust Board meetings continues to ensure that the Trust Board devotes sufficient time to setting and reviewing strategy and monitoring key risks. Within each quarterly cycle, there is one monthly meeting with a forward-looking focus centred on business risk and future performance, one meeting focusing on performance and monitoring, and one strategic development session. The Trust Board meetings relating to business risk and future performance, and performance and monitoring are held in public and the Chair encourages governors to attend each meeting. Given the exceptional circumstances brought about by Covid-19 the March Trust Board meeting was held virtually and in by necessity in private. Minutes and papers from the meeting have been made available to the public.

The Board has recognised the development of stronger partnerships across the geography in which we operate. Formal partnership Boards and committees have reports and Minutes received by the Board and are reflected in our risks. The Committee in Common with West Yorkshire & Harrogate partners reports in line with other Committees of the Board.

The Trust's Risk Management Strategy sets out specific responsibilities and accountabilities for the identification, evaluation, recording, reporting and mitigation of risk. The Trust's Risk Appetite Statement was defined in line with the *'Good Governance Institute risk appetite for NHS Organisations'* matrix aligned to the Trust's own risk assessment matrix. The Statement was approved by Trust Board in July 2016 and was further refined during 2018. It was confirmed in April 2019 when the risk policy was updated and approved by the Board.

The Risk Appetite Statement sets out the Board's strategic approach to risk-taking by defining its specific boundaries and risk tolerance thresholds under four categories (strategic, clinical, financial or commercial, and compliance risks), and supports delivery of the Trust's Risk Management Strategy and procedures. Risks that are significant are monitored by the appropriate committee. Over 2019/20, further work has continued to review risk registers where organisational risks not considered significant (level 15 and below) fall outside the Risk Appetite.

Risk exception reports are used at the relevant committees or fora of the Board setting out the actions being taken and the consequences of managing the risk to a higher risk appetite level. Work continues to take place to further develop risk tolerance and this is a regular item of discussion at Trust Board meetings.

The Board Assurance Framework (BAF) describes the strategic risks that will continue to be managed by the Trust. The BAF is aligned to the four strategic objectives of the Trust. This ensures alignment between the business of the Trust and the risks we manage across the organisation and the system. The BAF is used to help shape the agenda of the Board and its sub-committees. In 2019/20, the fourth strategic objective 'Make SWYPFT a great place to work' was added following significant engagement with staff and strategic risks realigned.

As Chief Executive and the Accounting Officer, my accountabilities are secured through delegated executive responsibility to the Executive Directors of the Trust for the delivery of the organisational objectives, ensuring there is a high standard of public accountability, probity and performance management. In 2019/20, personal objectives were set for each director and reflected in the Board Assurance Framework through the strategic objectives assigned to each Director. My objectives were discussed and agreed with the Chair and shared across the Trust.

In support of the BAF, the Trust also has a corporate/organisational risk register in place which outlines the key strategic risks for the organisation and action identified to mitigate these risks. This is reviewed on a monthly basis by the Executive Management Team and quarterly by Trust Board, providing leadership for the risk management process. Risk registers are also developed at service delivery level within BDUs and within the corporate directorates. These are reviewed regularly at the Operational Management Group. The main risks at the end of 2019 have been separated into two sections. These are the risks that have been focused on during the course of the year and those that have emerged towards the end of the year as a consequence of the Covid-19 pandemic.

The Trust's main risks at the end of 2019/20 that have been an area of focus for all or the majority of the year can be summarised as follows:

Area of focus	Sample of actions completed or underway
Data and information: cyber-crime and information governance (IG)	<p>The Trust has completed its third year of the data centre infrastructure investment programme focusing on replacement of core equipment and application availability.</p> <p>Activities have progressed to support full cyber essentials certification.</p> <p>Cyber and IG awareness campaigns refreshed and phishing exercise conducted.</p> <p>Targeted approach and advice/support provided to 'hot-spot' areas.</p>
Workforce pressures	<p>Safer staffing levels for inpatient services updated for adult acute services. Further review of forensics and older people's services underway</p> <p>Refresh of workforce plans as part of operational planning process.</p> <p>Development of new roles including advanced nurse practitioners</p> <p>Dedicated recruitment resource to review and focus on target areas with the greatest recruitment issues/high agency use.</p> <p>Marketing the Trust as an employer of choice.</p> <p>Delivery of Workforce Race / Disability Equality and EDS2 action plans.</p> <p>Development of action plan to tackle bullying and harassment from service users and families.</p> <p>Relaunch pilot of safer staffing judgement tool within community teams</p>

Quality of care	<p>CAMHS Improvement Group established to focus on improvements</p> <p>Quality improvement focus and training</p> <p>Informed risk assessment training plan and introduction of enhanced risk assessment process</p> <p>Waiting list initiatives in services where required</p> <p>CQC improvement action plans implemented.</p> <p>Suicide prevention strategy</p>
Financial sustainability in a changing environment	<p>Implementation of longer term financial sustainability plan including productivity and benchmarking</p> <p>Development of external engagement and links to priority programmes.</p> <p>Engagement with West Yorkshire and South Yorkshire & Bassetlaw integrated care systems.</p> <p>Focus on service and income growth in line with the long term plan for mental health and community health services</p>
Out of area placements	<p>Continued implementation of actions identified following independent review of bed management processes.</p> <p>Development and implementation of local plans for change activity for reducing admission, length of stay and PICU bed use.</p> <p>Working across our ICSs to identify system-wide solutions and areas of best practice.</p> <p>Work with commissioners to prioritise areas of expenditure.</p>
Fire safety	<p>New builds and developments fitted with sprinklers.</p> <p>Smoking group established to review policy and trial e-cigarettes.</p> <p>Reinforcement of rules and fire safety message</p>

The Trust's main risks at the end of 2019/20 relating to the Covid-19 pandemic year can be summarised as follows:

Area of focus	Sample of actions underway
Risk of harm to staff, service users and carers whilst in our care	<p>Updating of policies & procedures</p> <p>Publication of guidance and regular communications</p> <p>Provision of appropriate personal protective equipment</p> <p>Self-isolation and social distancing guidance</p> <p>Testing of staff</p>
Impact on core Trust service provision	<p>Updating of business continuity plans</p> <p>Risk panel review process</p> <p>Retain focus on key performance metrics and intelligence</p> <p>Development of a post Covid-19 recovery plan</p>
Staffing and workforce	<p>Safer staffing policies</p> <p>Staff redeployment plan</p> <p>Training and support</p>

	Upgrading the staff health & wellbeing offer
Ability of staff to work remotely	Increasing provision of laptops and other devices Capital works to strengthen band-width Introduction of digital solutions including video consultations Provision of increased virtual private network (vpn) connections and application licences

Given the strategic context within which we operate, the risks outlined above will continue into 2020/21 with mitigating actions in place. The ongoing Covid-19 pandemic means that we are operating in a dynamic context for risk. As a novel virus, the impact and progression of Covid-19 is still emerging.

The instigation of command and control mechanisms through the Department of Health & Social Care (DHSC) and the Ministry of Housing, Communities and Local Government (MHCLG) help to manage the risks of Covid-19. We play a full and active role in these, through direct Emergency Planning Response and Resilience arrangements through NHS England/Improvement and as a partner in Local Resilience Fora. The response to Covid-19 brings subsequent risks due to the withdrawal of personal freedoms and of treatments to some members of the public.

The creation of Integrated Care Systems (ICS) across West Yorkshire & Harrogate and South Yorkshire & Bassetlaw provides a further mechanism for managing some risks across organisations. Both of our ICSs have refocused their capacity and resources to ensure that actions to mitigate the impact of Covid-19 are prioritised. This includes critical care, integrated community services and mutual aid on PPE, testing and staffing.

As the lead Chief Executive for the ICS in West Yorkshire & Harrogate, I am able to ensure we are closely engaged in the leadership and delivery of these plans. The Director of Provider Development role means we have senior capacity working on the programmes that relate to the Trust. In parallel, as an engaged partner in the leadership team of the South Yorkshire & Bassetlaw ICS, I will ensure that the risks inherent in the move to an Integrated Care System are understood and mitigated. The Board has kept my dual role, as Chief Executive of SWYPFT and lead Chief Executive of the West Yorkshire & Harrogate ICS, under regular review to ensure the arrangement continues to work in the interests of the Trust as well as the ICS.

Our Licence

The Trust was awarded a Licence by Monitor on 1 April 2013 with no conditions. There are currently no risks to compliance with the Licence conditions that apply to the Trust, including NHS Foundation Trust condition 4, which applies to Foundation Trusts only.

The Trust operates under the Oversight Framework issued by NHS Improvement which assists the Trust in compliance with the Monitor Licence. Our rating under this framework is 2 – targeted support.

The Foundation Trust is fully compliant with the registration requirements of the Care Quality Commission (CQC). The Trust continues to assess its compliance with CQC registration requirements on a regular basis through our Quality Assurance & Improvement Team. To support our assessment we have developed a quality assurance and improvement 'self-governing' assessment model, which provides a philosophy, process, and a set of tools for improving quality for clinical teams. As a philosophy and process, the model provides a

context for a dialogue on self-governance and self-evaluation. As a series of methods and tools, it helps map the relationships between quality assurance and quality improvement and will be a continual source of evidence for teams to inform them how well they are performing (in relation to quality).

The aim is to foster each team's sense of responsibility for its own quality outcomes and engender optimism that the quality of service delivery can continually be improved. As part of this initiative we have developed an accreditation scheme that will be underpinned by quality measures and a quality monitoring system to recognise teams that are delivering high quality care and reward them for their efforts.

We are very pleased that the Care Quality Commission (CQC) has rated our Trust as Good in 2019, recognising the improvements we have made since their last inspection in 2018 and the strength and quality of the services we provide. We delivered on the actions from the last report, which has led to four of the five overall domains now being rated as Good. We are also pleased that our mental health community services have improved and are now rated Good.

Overall, we are now rated Good for being responsive, caring, well led and effective, and Requires Improvement for being safe. This means that overall we have been rated Good as a Trust.

They found that **12 of our 14** core services are rated Good. Over **87%** of our individual domains have been rated as Good or Outstanding. In summary:

- The vast majority of our services are rated as Good or Outstanding.
- Our community based mental health services for working age adults have improved and are now rated Good.
- Acute wards for adults of working age and psychiatric care units have improved
- We have improved and are now rated as Good for being Responsive
- 93% of our services were rated as Caring and Responsive
- Staff were kind and caring towards service users, with positive relationships that demonstrated we knew them well
- The values of the organisation were understood and respected by both leaders and those working in core services.
- Our strategy, vision and values were all identified as being patient centred.

There are still areas where the Trust requires improvement, in particular in our inpatient mental health and Child and Adolescent Mental Health services. These, alongside targeted improvements in a number of areas, are the subject of the CQC action plan, signed off and overseen by the Trust Board.

The Trust assesses itself annually against the NHS Constitution. A report was presented to Trust Board in January 2020 which set out how the Trust meets the rights and pledges of the NHS Constitution.

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

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

employer's contributions and payments into the Scheme are in accordance with the Scheme rules, and that member Pension Scheme records are accurately updated in accordance with the timescales detailed in the Regulations.

Values Based Culture

The Trust works hard to provide the highest standards of healthcare to all its service users. The promotion of a culture of openness is a pre-requisite to improving business resilience, patient safety and the quality of healthcare systems. Good governance and a risk aware culture is emphasised in the Values of the Trust and reinforced through values based recruitment, appraisal and induction.

This has been further strengthened in 2019/20 with changes to the appraisal system to focus on objectives and values more explicitly. A successful E-Appraisal pilot has been conducted with the aim to reduce the paperwork involved to allow staff and managers to focus on the conversation. This will be rolled out in 2020/21.

Learning from incidents and the impact on risk management is critical. The Trust uses an e-based reporting system, DATIX, at directorate and service line level to capture incidents and risks, which can be input at source and data can be interrogated through ward, team and locality processes. This encourages local ownership and accountability for incident and risk management. Data is interrogated regularly to ensure that any risks are identified and escalated at the appropriate level. Staff are assured they will be treated fairly and with openness and honesty when they report adverse incidents or mistakes, ensuring risks are reduced.

The Trust works closely with safety teams in NHS England/Improvement and uses Root Cause Analysis (RCA) as a tool to undertake structured investigation into serious incidents. Our aim is to identify the true cause of what happened, to identify the actions necessary to prevent recurrence and to ensure that the Trust takes every opportunity to learn and develop from an incident and mitigate future risk. Following the latest Well Led Review by the CQC, the Trust joined the inaugural Mental Health Safety Improvement Partnership between the CQC and NHS England & Improvement (NHSE&I). This work looks at balancing the requirements of our regulators on quality and finance with the need to improve services and true value to our service users.

The provision of mental health, learning disability and community services carries a significant inherent risk. Unfortunately, serious incidents do occur which require robust and well governed organisational controls. In 2019/20, there were 13,206 incidents reported (a 4% increase on 2018/19), of which 87% resulted in low or no harm to patients and service users, recognising that the Trust has a risk based and good reporting culture.

During 2019/20, there were 47 serious incidents across the Trust compared to 45 in 2018/19. There were no 'Never Events' (as defined by the Department of Health) relating to serious, largely preventable patient safety incidents that should not occur if the available preventative measures have been implemented.

Where harm has taken place, the Trust ensures that communication with staff, service users and families is open, honest and occurs as soon as possible following any patient safety event. Our Duty of Candour is an essential part of our culture, linked to our values of being open, honest, respectful and transparent. Staff understand their role in relation to Duty of Candour; they have the support required to comply with the duty and to raise concerns; the Duty of Candour is met through meaningful and sensitive engagement with relevant people; and all staff understand the consequences of non-compliance. This is monitored through a regular report to the Operational Management Group, the Executive

Management Team and reported through the governance structures to Board. There were no duty of candour breaches recorded in the year.

The Clinical Governance and Clinical Safety Committee has a leading role to play. It scrutinises and monitors quarterly serious incident reports and bi-annual reports on how and where lessons have been learnt and practice improved and/or changed. The Committee also monitors implementation of recommendations arising from external reviews and reports. In the last year, this has included the Trust's action plan in response to the CQC. This includes a review of arrangements for managing waiting lists for Child and Adolescent Mental Health Services (CAMHS), and quality improvement initiatives. The Committee routinely monitors infection, prevention and control, reducing restrictive practice interventions, safeguarding, patient safety, health and safety, quality impact assessments and issues identified at the drugs and therapeutic committee. The Committee oversees all work until actions have been completed and closed and it is satisfied that risks have been moderated.

The Clinical Risk Scan, chaired by the Director of Nursing and Quality, provides an organisational overview of the incident review, action planning and learning processes to improve patient safety and provide assurance on the performance management of the review process, associated learning, and subsequent impact within the organisation. This takes place weekly and reports directly into the EMT at every meeting.

The key elements of the Trust's quality governance arrangements are as follows:

- The Trust's approach to quality reinforces its commitment to quality care that is well led, safe, caring, responsive, efficient and effective. The Quality Strategy outlines the responsibilities held by individuals, BDUs, the Executive Management Team and Trust Board. The Trust Board approved an updated Quality Strategy on 27 March 2018.
- The Clinical Governance and Clinical Safety Committee is the lead committee for quality governance.
- This is supported by the Patient Safety Strategy to improve the safety culture throughout the organisation whilst supporting people on their recovery journey, to reduce the frequency and severity of harm resulting from patient safety incidents, to enhance the safety, effectiveness and positive experience of the services we provide, and to reduce the costs, both personal and financial, associated with patient safety incidents.
- Monthly compliance reporting against quality indicators within the Integrated Performance report. Trust Board also receives a quarterly report on complaints through a customer service report.
- CQC regulation leads, monitor performance against CQC regulations and the Trust undertakes regular self-assessments.
- External validation, accreditation, assessment and quality schemes support self-assessment for example, accreditation of electroconvulsive therapy (ECT), Psychiatric Intensive Care Unit (PICU) and Memory Services, CQC Mental Health Act Visits, national surveys (staff and service user).
- Trust Action Groups provide organisational overview and performance monitoring against key areas of governance such as Serious Incidents, Infection Prevention and Control, Information Governance, Reducing Restrictive Practice Group, Drugs and Therapeutics and policy development.
- Quality Impact assessments are carried out on all Trust cost improvement plans with Medical Director and Director of Nursing & Quality approval required before a scheme can proceed. QIAs can also be invoked in year where concerns trigger the requirement to do so.
- Measures are implemented and maintained to ensure practice and services are reviewed and improvements identified and delivered, such as the Trust's prioritised clinical audit and practice evaluation programme.

- The annual validation of the Trust's Corporate Governance Statements as required under NHS Foundation Trust conditions. The Board certified that it was satisfied with the risks and mitigating actions against each area of the required areas within the statement.
- The Freedom to Speak Up Guardians ensure that where staff feel unable to raise concerns through the usual channels, there is a mechanism for doing so. The Trust has four Guardians, drawn from the staff governors and a representative of the BAME staff network. The arrangements surrounding the Guardians have been strengthened, with a slot at new staff induction, better administrative support, protected time allocated and clearer guidance available. Over the year xx concerns were raised through this mechanism and reporting was shared with the Office of the National Guardian.
- The Foundation Trust has undertaken risk assessments and has a sustainable development management plan in place which takes account of UK Climate Projections 2018 (UKCP18). The Trust ensure that its obligations under the Climate Change Act and the Adaptation of reporting requirements are complied with.

The Trust continues to build on its existing service user insight framework to enhance and increase understanding of the Trust's services, to demonstrate the quality of services and to show the actions taken in response to the feedback. A number of initiatives have been established to strengthen customer insight arrangements, including the following:

- Systematising the collection of service user and carer feedback, with a consistent approach to action planning and communication of the responses, including assessment against the Department of Health's Friends and Family Test.
- Insight events for Trust members, service users, patients, carers and the public.
- Ongoing facilitated engagement events for service users and carers, staff and stakeholders in support of the Trust's priority programmes. For example, the new mental health clinical record system implementation ensured that staff were fully engaged during both design and delivery phases. This has continued during the optimisation phase for the delivery of the new Mental Health Care Plan and risk assessments.
- Quantitative and qualitative local and national surveys undertaken on a regular basis and actions taken.
- The principle of co-production being promoted throughout the Trust, such as co-production of training in Recovery Colleges and new resources being secured to strengthen this further.

The Trust continues to lay the foundations for its ambitious vision to provide outstanding physical, mental and social care in a modern health and care system. This is backed by priority programmes and associated structures. The priority programmes help to address the strategic risk of having insufficient capacity and help to prioritise our efforts.

- For 2019/20 the Trust Board agreed 12 priority areas of work, some of these are strategic and emergent; others are priority programmes of change. In year, we have added two additional priority areas so by January 2020 we had 14 priority programmes of change that provide the framework for driving improvements. These include:
- Working with our local system partners: in each of the places to join up care in our communities. This includes our four Districts where we provide services as well as the two integrated systems in South Yorkshire & Bassetlaw and West Yorkshire & Harrogate.
- Providing safe care every time in every service: focusing on programmes to develop and deliver safe, effective and high quality services, including the implementation of our patient safety strategy and the development of an integrated approach to quality

improvement that equips our staff to make improvements for the benefits of our service users and carers.

- Programmes of work to improve our use of resources covering reducing waste and improving financial sustainability. We have also delivered a programme to provide all care as close to home as possible: focusing on improving patient flow through our systems and reducing the number of people who are placed outside our area.
- Making the Trust a great place to work: supporting staff wellbeing, improving staff engagement and reducing bullying and harassment.

This is underpinned by our values and our approach to leadership with a culture of improvement and inclusive change. Each programme has a Director sponsor and clinical lead, and is supported by robust project and change management arrangements through the central integrated change team.

The Trust continues to develop and create additional capacity in the community and different models of delivery and support for service users and carers. This is through the development of a recovery approach with recovery colleges across our districts. Alongside this we host Altogether Better, a national initiative which supports development of community champions. This is all complemented by our charity EyUp! and linked charities Creative Minds, Spirit in Mind and the Mental Health Museum.

The Trust continues its commitment towards carbon reduction. South West Yorkshire Partnership NHS 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 UKCIP 2009 weather projects, to ensure that this organisation's obligations under the Climate Change Act and the Adaptation Reporting requirements are complied with. During the year this has included further installation of energy efficient LED lighting across our estate and we have signed up to the NHS Single-Use Plastics Reduction Campaign which aims to eliminate avoidable single use plastics across the Trust.

Equality and Diversity

The Trust sees Diversity as strength and embraces its duties under the Equalities legislation. Control measures are in place to ensure that all the organisation's obligations under equality, diversity and human rights legislation are complied with. Leadership and governance vehicles are also in place to ensure the value of diverse thinking and staffing is secured. This is facilitated through Trust policies, training and audit processes. The Equality and Inclusion Committee was established to act on behalf of the Board and ensure the Trust improves the diversity of its workforce and embeds diversity and inclusion in everything it does.

The Committee oversees the implementation of the Equality Strategy to improve access, experience and outcomes for people from all backgrounds and communities. This includes people who work and volunteer for the organisation, those who use Trust services and their families, and those who work in partnership with the Trust to improve the health and well-being of local communities.

Staff networks are a significant part of our approach. The Black, Asian and minority ethnic (BAME) staff network was established to empower and support staff to achieve their potential and maximise their contribution in delivering the Trust's Mission, Values and Strategic Objectives. The Network had its third annual celebration event, which showcased some of their achievements, in October 2019. The Trust has an established a disability staff equality network and a Lesbian, Gay, Bisexual, Transgender, Queer plus (LGBTQ+) network using the same principles of self-determination and support. The networks play an active

role in a number of elements of Trust business, including recruitment to senior positions and the development of Freedom to Speak Up Guardians.

The Trust has also established a clinical network, called Race Forward, to reduce bullying and harassment from service users and carers on staff from BAME backgrounds. The clinically managed network meets bi-monthly to support staff and liaises with the Police and other Trusts to tackle the issue and create positive change.

The Board believes it should represent the workforce and population it serves. Over the last year a good level of diversity has been retained across the Board with a good balance of gender, age and ethnicity.

In 2019/20, the Equality and Inclusion Committee received reports on the following:

- Wellbeing survey results.
- Progress against the Workforce Race Equality Standard (WRES) and Disability Equality Standard (DES) reports and action plans
- Equality Delivery System (EDS2) report and action plan
- The Trust's equality, inclusion and engagement review
- Our inclusive leadership and development programmes.

The Trust has improved in all 4 Workforce Race Equality Standard indicators published in the NHS Staff Survey.

During the year, the Trust published its gender pay gap audit as required by law, and in addition produced pay gap audits for ethnicity and disability. These showed there is a pay gap on gender but not on ethnicity or disability. An action plan has been agreed and published on the Trust's internet.

Our Membership Strategy which was approved by the Members' Council in April 2017 covers the period 2017-2020 (and will be merged with the involving people strategy from 2020 onwards). The key objectives of the strategy, underpinned by a detailed action plan are:

1. We will build and maintain membership numbers to meet our annual plan targets, ensuring membership is representative of the population the Trust serves.
2. We will communicate effectively and engage with our public members and our staff members, maintaining a two-way dialogue and encouraging more active involvement.
3. We will develop an effective and inclusive approach to give our public members and our staff members a voice and opportunities to contribute to the organisation, our services, and plans for the future.

The Trust has adopted the National Equality Delivery System 2 (EDS2) Framework and focussed on improving the following areas, working closely with service users, public and commissioners:

1. Better health outcomes for all
2. Improved patient access and experience
3. Empowered, engaged and well supported staff
4. Inclusive leadership at all levels

The Trust Board approved a Workforce Strategy, in March 2017 which includes objectives, linked to the EDS2 Framework and the NHS Workforce Race Equality Standards (WRES), to support a representative workforce. The Trust has a joint EDS2 and WRES action plan.

The strategy is due for review early 2020/21 and a significant staff engagement and listening exercise was undertaken during June 2019 involving over 800 staff and focused on 4 areas:

- Improving Staff Health and Wellbeing
- Improving Staff Appraisal
- Preventing Bullying and Harassment
- Improving Staff Engagement

This led to staff developing the key themes which in their view would make South West Yorkshire a Great Place to Work and these will be the basis of the new Workforce Strategy for 2020-2023

- Feeling Safe
- Working in a Supportive Team
- Positive Support to keep me fit and well
- Developing my potential
- My voice counts

As part of making SWYPFT a Great Place to Work a senior leadership forum was created involving senior managers, clinicians and corporate service to develop local actions plans in response to the key themes above in line with “Developing Workforce Standards”, 2018.

We ensure Equality Impact Assessments (EIA) are undertaken and published for all new and revised policies and services. This ensures that equality; diversity and human rights issues and service user involvement are systematically considered and delivered, through core Trust business.

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

The governance framework of the Trust is determined by the Trust Board. It is described in the Trust's annual report and includes information on the terms of reference, membership and attendance at Trust Board and its committees, including the Nominations Committee, which is a sub-group of the Members' Council. The Trust complies with Monitor's (now branded NHS England/NHS Improvement) Code of Governance and further information is included in the Trust's annual report.

Financial monitoring, service performance, quality and workforce information is scrutinised at meetings of the Trust Board, through Executive Management Team meetings, the Operational Management Group (OMG), BDU management teams and at various operational team meetings. To strengthen financial oversight and challenge a Finance, Investment and Performance Committee was introduced in November 2019. This replaced a Financial Oversight Group which was chaired by a non-executive director and had executive and non-executive representation.

The Executive Management Team has a robust governance structure ensuring monitoring and control of the efficient and effective use of the Trust's resources. This is subject to oversight by the governance mechanisms described in the previous paragraph.

The Trust is a member of the NHS Benchmarking Network and participates in a number of benchmarking exercises annually. This information is used alongside reference cost and other benchmarking metrics, such as the Model Hospital, to review specific areas of service in an attempt to target future efficiency savings. Work has continued with BDUs to implement and utilise service line reporting.

The Trust has a well-developed annual planning process which considers the resources required to deliver the organisation's service plans in support of the Trust's strategic objectives and the local commissioning intentions and local health and wellbeing plans. Increasingly we are ensuring that Integrated Care Systems inform our work. These annual plans detail the workforce and financial resources required to deliver service objectives and include the identification of cost savings. The achievement of the Trust's financial plan is dependent upon the delivery of these savings. During the year the Trust contributed to the five year plans for the two Integrated Care Systems it works with. This process was conducted in the final quarter of 2019/20. The impact of Covid-19 is such that the planning process for 2020/21 has been paused with revised temporary arrangements in place for the first four months of the year.

A robust process is undertaken to assess the impact on quality and risks associated with cost improvements both prior to inclusion in the annual plan and during the year to ensure circumstances have not changed. The process and its effectiveness are monitored by the Clinical Governance and Clinical Safety Committee. Quality Impact Assessments (QIA) take an objective view of the impact of cost improvements on the quality of services in relation to the CQC five domains of safe, caring, effective, responsive, and well led. The assessments are led by the Director of Nursing and Quality and the Medical Director with the Director of Operations, BDU Deputy Directors and senior BDU staff, particularly clinicians. Cost improvement planning has been paused in the final stages of 2019/20 and into 2020/21 in to enable focus on our response to the Coronavirus pandemic.

As part of the annual accounts review, the Trust's efficiency and effectiveness of its use of resources in delivering clinical services are assessed by its external auditors and the auditor's opinion is published with the accounts.

The Trust delivered a position ahead of its financial control total. The control total was for a £0.2m deficit. On a like for like basis this position was improved by £0.3m to a small surplus of £0.1m. Additional income has been provided to providers of mental health services towards the end of the year. This amounted to £0.9m and increases the Trust surplus to £1.0m. This entitled us to receive Provider Sustainability Funding (PSF) of £1.8m. There are various levels of surplus and deficit and the following table provides reconciliation between the comprehensive income of £11.9m as shown in our accounts and the £0.1m surplus quoted above:

	£m
Total Comprehensive Income/(Expense)	11.9
Impairments and Revaluations	(3.4)
Net Impairments	(5.7)
Provider Sustainability Funding (PSF)	(1.8)
Pre PSF Surplus in our management accounts	1.0
Allocation of additional income to providers of mental health services	(0.9)
Pre PSF Surplus on same basis as control total	0.1

In total, £10.7m cost savings were delivered against a target of £10.6m (101% delivery). Of the £10.7m, £5.6m was delivered recurrently and a further £5.1m non-recurrently.

Information Governance

Information governance compliance is assured through a number of control measures to ensure that risks to data security are identified, managed and controlled.

The Trust has put an information risk management process in place led by the Trust Senior Information Risk Owner (SIRO). Information asset owners cover the Trust's main systems and record stores, along with information held at team level. An annual information risk assessment is undertaken. All Trust laptops and memory sticks are encrypted and person identifiable information is required to be only held on secure Trust servers. The Trust more than achieved the target of 95% of staff completing training on information governance by 31 March 2020 with 98% of staff recorded as completing the training.

Information governance has had continued focus through 2019/20 through proactive monitoring of incidents, providing awareness raising sessions at all levels in the organisation, including senior level through Extended Executive Management Team, and offering advice and increasing availability of training for staff. Information governance had a continuous and high profile in the Brief, cascaded monthly to all staff.

Incidents and risks are reviewed by the Improving Clinical Information Group which informs policy changes and reminders to staff.

The Trust is required to report any information governance incidents scoring level 2 or above externally to the Information Commissioner's Office (ICO). There have been no such incidents reported in 2019/20.

Good information governance will continue to be a feature of the Trust in 2020/21. The Data Security and Protection Toolkit was submitted on time and is compliant with the standards.

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. NHS England/ Improvement (in exercise of the powers conferred on Monitor) has issued guidance to NHS foundation trust boards on the form and content of annual Quality Report which incorporate the above legal requirements in the *NHS Foundation Trust Annual Reporting Manual*. Following the outbreak of Covid-19 the Quality Accounts will not be subject to external audit for 2019/20. In addition the deadline for completion of the Quality Accounts has been extended to December 2020

We have fully compiled our Annual Report with the updated guidance issued in response to the Covid-19 pandemic. The requirements for Quality Account reporting for 2019/20 have been reduced and the Trust will meet these requirements in line with the revised timetable identified.

The following steps have been put in place to assure the Trust Board that the Quality Report presents a balanced view and that there are appropriate arrangements in place to ensure the quality and accuracy of performance information.

Governance and leadership of quality reporting

- Quality metrics are reviewed monthly by Trust Board and the Executive Management Team, alongside the performance reviews undertaken by BDUs as part of their governance structures.
- The integrated performance report covers substantial quality information and is reported to the Board and Executive Management team. This is supplemented by detailed reports on specific elements of quality, such as incidents, complaints and patient experience.

- The Clinical Governance and Clinical Safety Committee oversee the development of the Quality Report and associated detailed reports.
- Corporate leadership of data quality through the Director of Finance & Resources, supported by the Director of Nursing and Quality.
- Data quality objectives that are linked to business objectives, supported by the Trust's Data Quality Policy and evidenced through the Trust's Information Assurance Framework.
- The commitment to, and responsibility for, data quality by all staff is clearly communicated through Trust induction, mandatory training for information governance and training for the Trust's clinical information systems.
- During the move to a new clinical record system, staff were fully involved in the development and delivery of templates to ensure quality data is captured and reported. The transition to the new system and into our system optimisation programme has been managed with input from the Improving Clinical Information and Information Governance Group (ICIG) and with significant governance via the programme board, Executive Management Team and Board. A named non-executive director has provided constructive challenge to the process.
- The Director of Nursing and Quality (Caldicott Guardian) and Director of Finance & Resources (SIRO) co-chair the Trust-wide Improving Clinical Information and Information Governance meeting. The group ensures there is a corporate framework for management and accountability of data quality, with a commitment to secure a culture of data quality throughout the organisation.
- The effectiveness of the Trust's arrangements is scrutinised by the Audit and Clinical Governance & Clinical Safety Committees.

Role of policies and plans in ensuring quality of care provided

- Good clinical record keeping is part of good clinical practice and provision of quality care to the people who use our services.
- There is comprehensive guidance for staff on data quality, collection, recording, analysis and reporting which meets the requirements of national standards, translating corporate commitment into consistent practice, through the Data Quality Policy and associated information management and technology policies.
- There are performance and information procedures for all internal and external reporting. Mechanisms are in place to ensure compliance through the ICIG with reports to the Audit and Clinical Governance and Clinical Safety Committees on data quality.

Systems and processes

- There are systems and processes in place for the collection, recording, analysis and reporting of data which are accurate, valid, reliable, timely, relevant and complete through system documentation, guides, policies and training.
- Corporate security and recovery arrangements are in place with regular tests of business critical systems. These systems and processes are replicated Trust-wide.

People and skills

- Behaviours that reflect the Trust values and the necessary skills are essential elements of good data quality, recording and reporting and compliance with policy.
- Roles and responsibilities in relation to data quality are clearly defined and documented.
- There is a clear training plan for Information Governance and the Trust's clinical information systems (SystemOne and a small number of additional systems) with the provision of targeted training and support to ensure responsible staff have the necessary capacity and skills.

Data use and reporting

- Data provision is reviewed regularly to ensure it is aligned to the internal and external needs of the Trust through the Executive Management Team meeting and Trust Board, with key performance indicators set at both service and Board level. This includes identification of any issues in relation to data collection and reporting and focussed action to address such issues

The Trust is committed to a continual improvement in the quality of its data in order to support improvement of the service it offers to users of its services and to meet its business needs. Regular reviews of the quality of the Trust's clinical data are undertaken by the ICIG and, where data quality standards are identified as a risk factor, these are reported to the Trust's Senior Information Risk Owner (SIRO) for further investigation.

The Trust's external auditor, Deloitte, provides external assurance on the Quality Report and the findings are presented to the Audit Committee, Clinical Governance and Clinical Safety Committee, Trust Board and the Members' Council. Following the impact of Covid-19 national guidance is that the 2019/20 Quality Report will not be subject to external audit. Internal Audit conducted three reviews covering data quality in year relating to the testing of manual data transfer to SystmOne, compliance with the General Data Protection Requirements (GDPR) and core Data Quality.

Review of effectiveness

As Accountable 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 information provided in 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 and the Clinical Governance and Clinical Safety Committee and a plan to address weaknesses and ensure continuous improvement of the system is in place.

The Board Assurance Framework (BAF) provides evidence that the effectiveness of controls put in place to manage the risks to the organisation achieving its principal objectives have been reviewed. The BAF is approved by Trust Board on an annual basis and reviewed and updated on a quarterly basis throughout the year. There were no significant gaps identified in the BAF.

Directors' appraisals are conducted by me in my roles as the Chief Executive with objectives reviewed and prioritised on a quarterly basis. This has provided a strong discipline and focus for Director performance. My appraisal is undertaken by the Chair. Non-Executive Director appraisals are undertaken by the Chair of the Trust. The Non-Executives' performance is collectively reviewed by the Members' Council. The appraisal of the Chair is led by the Senior Independent Director and reports to the Members' Council on the outcome.

The Trust has refined its values-based appraisal system for staff with a target for all staff in Bands 6 and above to have an appraisal in the first quarter of the year and the remainder of staff by the end of the second quarter. The Trust also uses values-based recruitment and selection. During 2019/20, approximately 95% of staff had an appraisal. Following the Covid-19 outbreak, appraisals for 2019/20 have been deferred in line with national guidance.

All committees of Trust Board are chaired by Non-Executive Directors to reflect the need for independence and objectivity, ensuring that effective governance and controls are in place. The committees have met regularly throughout the year and their minutes and annual reports are received by the Board. Further information on Trust Board committees is contained in the annual report and in the Trust's Risk Management Strategy.

The Audit Committee is charged with monitoring the effectiveness of internal control systems on behalf of the Board and has done so as part of its annual work programme. This was reported through its Annual Report to the Board. The Audit Committee was able to provide assurance that, in terms of the effectiveness and integration of risk committees, risk was effectively managed and mitigated. Assurance was provided that committees met the requirements of their Terms of Reference, that committee work programmes were aligned to the risks and objectives of the organisation, in the scope of their remit, and that Committees could demonstrate added value to the organisation. Areas of development identified in the last Audit Committee annual report have been acted upon.

The role of internal audit at the Trust is to provide an independent and objective opinion to the Trust, its managers and Trust Board on the system of control. It provides a Head of Internal Audit opinion each year. The opinion considers whether effective risk management, control and governance arrangements are in place in order to achieve the Trust's objectives. The work of internal audit is undertaken in compliance with the NHS Internal Audit Standards. The internal audit function within the Trust for 2019/20 was provided by 360Assurance.

The work undertaken by internal audit is contained in an annual audit plan approved by the Audit Committee. Development of the work programme involves pre-discussion with the Executive Management Team. It is based on an audit of core activity around areas such as financial management, corporate governance and Board assurance processes, and audit of other areas following assessment and evaluation of risks facing the Trust. This includes priority areas identified by the Executive Management Team focusing on risk and improvement areas. Internal audit provides the findings of its work to management, and action plans are agreed to address any identified weaknesses. Internal audit findings are also reported to the Audit Committee for consideration and further action if required. A follow up process is in place to ensure that agreed actions are implemented. Internal audit is required to identify any areas at the Audit Committee where it is felt that insufficient action is being taken to address risks and weaknesses.

In respect of the internal audit plan for 2019/20, 13 internal audit reviews have been conducted and presented to the Audit Committee. Of these, there were 8 significant assurance opinions, 3 were advisory audits with no rating provided and the other 2 provided benchmarking information.

Action plans are developed for all internal audit reports in response to the recommendations and the Audit Committee invites the lead Director for each 'limited' or 'no' assurance' report to attend to provide assurance on actions taken to implement recommendations. For all 'limited' and 'no' assurance' reports, a follow up audit is undertaken within twelve months. Completion of recommended actions is tracked by the Audit Committee and over the course of the year 74% of actions were completed within the original time frame specified and 96% of all recommendations have been completed

The Head of Internal Audit's overall opinion for 2019/20 provided **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.

Conclusion

I have reviewed the relevant evidence and assurances in respect of internal control. The Trust, its Board and members of the leadership and management structure are alert to their accountabilities in respect of internal control. Throughout the year, the Trust has had processes in place to identify and manage risk.

The review confirms that the Trust has a generally sound system of internal control that supports the achievement of its policies, aims and objectives. I can confirm that my review has concluded there are no significant control issues have been identified. A small number of internal control issues outlined in this statement are not considered significant. I can confirm that those control issues have been or are being addressed.

Over the past year, the Trust has delivered its business in a context of significant change. During this time, the system of internal control has remained robust and enabled change and risk to be managed effectively.

During the final months of the year, the Covid-19 outbreak meant changes to the operations of the Trust. These were conducted in line with the Trust constitution, its Standing orders and SFIs. The system of governance was adhered to, with decision making always in line with powers of delegation and authority. Weekly assessments of the decision made through the Gold Command structure were appraised by non-executive members of the Board each week.

As we enter 2020/21, the progression of the Covid-19 pandemic remains unclear. The peak of the outbreak has not been reached and may be longer than previously thought. The recovery phase will require a change in the business of the trust and developing risks in our systems. We will continue to ensure that the principles of good governance and effective controls are maintained throughout.



Rob Webster
Chief Executive

Date: 3 June 2020

Data entered below will be used throughout the workbook:

Trust name:	South West Yorkshire Partnership NHS Foundation Trust
This year	2019/20
Last year	2018/19
This year ended	31 March 2020
Last year ended	31 March 2019
This year commencing:	1 April 2019
Last year commencing	1 April 2018

STATEMENT OF THE CHIEF EXECUTIVE'S RESPONSIBILITIES AS THE ACCOUNTING OFFICER OF SOUTH WEST YORKSHIRE PARTNERSHIP 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 NHS Improvement.

NHS Improvement, in exercise of the powers conferred on Monitor by the NHS Act 2006, has given Accounts Directions which require South West Yorkshire Partnership 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 South West Yorkshire Partnership 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 and Social Care Group Accounting Manual and in particular to:

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



Signed.....
Rob Webster Chief Executive

Date 3 June 2020

STATEMENT OF DIRECTORS' RESPONSIBILITIES IN RESPECT OF THE ACCOUNTS

The directors are required under the National Health Services Act 2006 to prepare accounts for each financial year. The Secretary of State, with the approval of the Treasury, directs that these accounts give a true and fair view of the state of affairs of the Trust and of the income and expenditure of the Trust for that period. In preparing those accounts, the directors are required to:

- apply on a consistent basis accounting policies laid down by the Secretary of State with the approval of the Treasury;
- make judgements and estimates which are reasonable and prudent; and
- state whether applicable accounting standards have been followed, subject to any material departures disclosed and explained in the accounts; and
- confirm that the annual report and accounts, taken as a whole, is fair, balanced and understandable and provides the information necessary for patients, regulators and stakeholders to assess the NHS foundation trust's performance, business model and strategy.

The directors are responsible for keeping proper accounting records which disclose with reasonable accuracy at any time the financial position of the Trust and to enable them to ensure that the accounts comply with requirements outlined in the above mentioned direction of the Secretary of State. They are also responsible for safeguarding the assets of the Trust and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

The Directors of the Trust can confirm that all relevant information has been made available to the Foundation Trust's auditors, Deloitte LLP, for purposes of its audit and, in addition, that they have taken all steps required to ensure their Directors' duties are exercised with reasonable care, skill and diligence.

At the time this report was approved, so far as any Director is aware, there is no relevant information of which the Trust's auditor is unaware. Each Director has taken all the steps they ought to have taken as a Director in order to make themselves aware of any relevant audit information and to establish the the Trust's auditor is aware of that information.

The directors confirm to the best of their knowledge and belief they have complied with the above requirements in preparing the accounts.

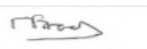
By order of the Board

Signed.....
Rob Webster Chief Executive



Date 3 June 2020

Signed.....
Mark Brooks Director of Finance



Date 3 June 2020

INDEPENDENT AUDITOR'S REPORT TO THE BOARD OF GOVERNORS AND BOARD OF DIRECTORS OF SOUTH WEST YORKSHIRE PARTNERSHIP NHS FOUNDATION TRUST

Report on the audit of the financial statements

1. Opinion

In our opinion the financial statements of South West Yorkshire Partnership NHS Foundation Trust (the 'foundation trust') and its subsidiary (the 'group'):

- give a true and fair view of the state of the group's and foundation trust's affairs as at 31 March 2020 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 group and foundation trust statement of comprehensive income;
- the group and foundation trust statement of financial position;
- the group and foundation trust statements of changes in taxpayers' equity;
- the group and foundation trust statement of cash flows; and
- the related notes 1 to 38.

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.

2. 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.





3. Summary of our audit approach

Key audit matters

The key audit matter that we identified in the current year was:

- Modern Equivalent Asset Valuation Alternate Site design

Within this report, key audit matters are identified as follows:

-  Newly identified
-  Increased level of risk
-  Similar level of risk
-  Decreased level of risk

Materiality

The materiality that we used for the group financial statements was £4.861m 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.

Audit work to respond to the risks of material misstatement was performed directly by the audit engagement team.

Significant changes in our approach

In the current year valuation of provisions is no longer considered to be a key audit matter. The property valuations key audit matter identified in the prior year has been refocussed on the modern equivalent asset valuation alternate site design for the current year.

4. Conclusions relating to going concern

We are required by ISAs (UK) to report in respect of the following matters where:

- the directors' use of the going concern basis of accounting in preparation of the financial statements is not appropriate; or
- the directors have 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.

5. 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.

5.1. Modern Equivalent Asset Valuation Alternate Site design (MEAV-AS)

Key audit matter description

The group holds property assets within Property, Plant and Equipment at a modern equivalent use valuation of £100.426m at 31 March 2020 (2018/19 £92.442m). 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.

The Modern Equivalent Asset valuation encompasses the key judgements in determining the value at which the foundation trust's Land and Buildings are recognised in the Statement of Financial Position which, in turn, has a potentially material impact upon the level of depreciation charged to the statement of comprehensive income and Public Capital Dividends payable to HM Treasury in the year.

As detailed in note 1.7, Accounting Policies, the group has reviewed the valuation assumptions used in the current year.

We have therefore considered that there is a risk of fraudulent manipulation in respect of management's judgements underpinning the modern equivalent asset valuation alternate site design and its appropriateness in view of any service changes to the foundation trust's capital programme.

Additionally, as detailed in note 1.3.1, in applying the Royal Institute of Chartered Surveyors (RICS) Valuation Global Standards 2020 ('Red Book'), the valuer has declared a 'material valuation uncertainty' in the valuation report. This is on the basis of uncertainties in markets caused by COVID-19.

How the scope of our audit responded to the key audit matter

We obtained an understanding of the relevant controls over the preparation of the MEAV-AS assumptions and the management controls within the foundation trust surrounding the review and communication of the MEAV-AS assumptions.

We challenged the group's assumption that an alternative, lower value, site could be used in calculating a Modern Equivalent Asset value by reviewing the group's Clinical Strategy, and evaluating whether the alternatives considered would be viable given the nature of the group's activities.

We considered the impact of uncertainties relating to the UK's exit from the EU and the COVID-19 pandemic upon property valuations in evaluating the property valuations and related disclosures

As detailed in note 1.3.1, in applying the Royal Institute of Chartered Surveyors (RICS) Valuation Global Standards 2020 ('Red Book'), the valuer has declared a 'material valuation uncertainty' in their valuation report. In this the valuer refers to uncertainties in markets caused by COVID-19, and the greater uncertainty in the markets on which the valuation dated 31 December 2019 and reflected in the financial statements is based.

Key observations

We consider the Modern Equivalent Asset Valuation Alternate Site design upon which the valuation was based to be reasonable as at 31 March 2020.

We note the increased estimation uncertainty in relation to the property valuation as a result of COVID-19, and as disclosed in note 1.3.1, we consider the valuation of properties to be appropriate at 31 March 2020.

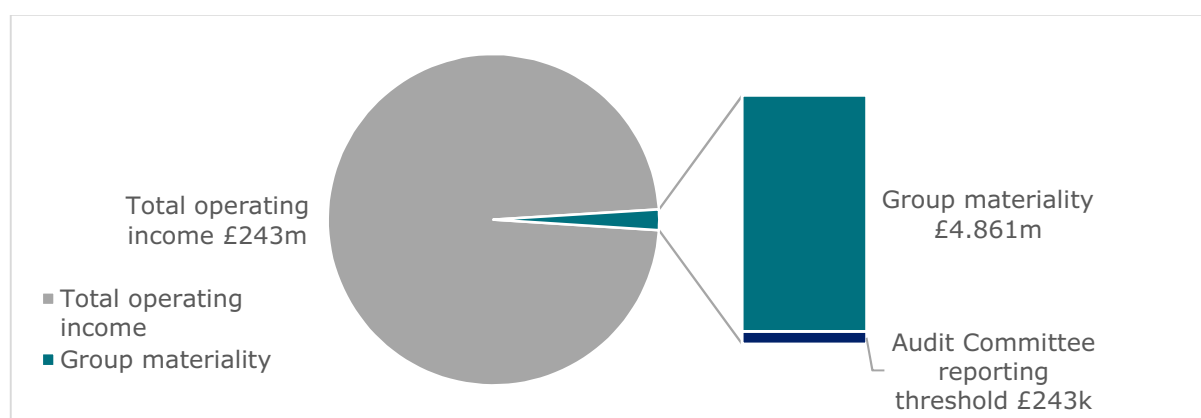
6. Our application of materiality

6.1. 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	£4.861m (2018/19: £4.50m)	£4.857m (2018/19: £4.49m)
Basis for determining materiality	2% of total operating income (2018/19: 2% of total operating income)	
Rationale for the benchmark applied	Total operating income was chosen as a benchmark for the group and foundation trust, on the basis that the group is a non-profit organisation, and operating income is a key measure of financial performance for users of the financial statements. The majority of the group's operations are carried out by the foundation trust.	



6.2. Performance materiality

We set performance materiality at a level lower than materiality to reduce the probability that, in aggregate, uncorrected and undetected misstatements exceed the materiality for the financial statements as a whole. Group performance materiality was set at 75% of group materiality for the 2019/20 audit (2018/19: 75%). In determining performance materiality, we considered the following factors:

- a. our risk assessment, including our assessment of the group's overall control environment; and the quality of the control environment; and
- b. our past experience of the audit, which has indicated a low number of corrected and uncorrected misstatements identified in prior periods.

6.3. Error reporting threshold

We agreed with the Audit Committee that we would report to the Committee all audit differences in excess of £243k (2018/19: £225k), as well as differences below that threshold that, in our view, warranted reporting on qualitative grounds. We also report to the Audit Committee on disclosure matters that we identified when assessing the overall presentation of the financial statements.

7. An overview of the scope of our audit

7.1. Identification and scoping of components

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 foundation trust is located in Wakefield and audited directly by the group audit team.

South West Yorkshire Partnership NHS Foundation Trust is consolidated with its charity EyUp!. The charity funds are subject to an independent examination which is not equivalent to a full scope audit. The charity represents less than 0.5% of group operating income and assets employed.

We have been consistent year on year when selecting our benchmarks for determining materiality as the nature of the Trust has not changed. Our audit work was executed at levels of materiality applicable to each entity which were lower than the group.

At the group level we also tested the consolidation process.

8. 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.

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.

We have nothing to report in respect of these matters.

9. 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.

10. 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

11. Opinion on other matters prescribed by the National Health Service Act 2006

In our opinion:

- the parts of the 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.

12. Matters on which we are required to report by exception

12.1. 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 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.

12.2. 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.

13. 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.

14. Use of our report

This report is made solely to the Board of Governors and Board of Directors ("the Boards") of South West Yorkshire Partnership 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 (Senior statutory auditor)

For and on behalf of Deloitte LLP

Statutory Auditor

Newcastle Upon Tyne, United Kingdom

3 June 2020

**STATEMENT OF COMPREHENSIVE INCOME FOR THE YEAR ENDED
31 March 2020**

		Group		Trust	
		Year Ended	Year Ended	Year Ended	Year Ended
		31 March 2020	31 March 2019	31 March 2020	31 March 2019
	note	£000	£000	£000	£000
Operating income from patient care activities	5	226,091	207,321	226,091	207,321
Other operating income	5	17,004	17,460	16,892	17,279
Operating Expenses	6	(231,706)	(230,959)	(231,632)	(230,784)
Operating surplus / (deficit)		11,389	(6,178)	11,351	(6,184)
Finance costs:					
Finance income	10	240	162	238	161
PDC Dividends payable		(2,673)	(3,156)	(2,673)	(3,156)
NET FINANCE COSTS		(2,433)	(2,994)	(2,435)	(2,995)
Gains/(losses) on disposal of assets	13	(404)	500	(404)	500
SURPLUS/(DEFICIT) FOR THE YEAR		8,552	(8,672)	8,512	(8,679)
Other comprehensive income					
Will not be reclassified to income and expenditure:					
Impairments	27	3,363	(14,707)	3,363	(14,707)
TOTAL COMPREHENSIVE INCOME / (EXPENSE) FOR THE YEAR		11,915	(23,379)	11,875	(23,386)

The Group accounts are the consolidation of the Trust (South West Yorkshire Partnership NHS Foundation Trust) and EyUp! charity (see note 1.29 for more details).

The notes numbered 1 to 38 form part of these accounts.

		Group		Trust	
		31 March	31 March	31 March	31 March
		2020	2019	2020	2019
		£000	£000	£000	£000
STATEMENT OF FINANCIAL POSITION					
AS AT 31 March 2020					
	note				
Non-current assets					
Intangible assets	14	170	108	170	108
Property, plant and equipment	15	107,332	99,737	107,332	99,737
Investment Property	16	115	160	115	160
Receivables	21	528	0	528	0
Total non-current assets		108,145	100,005	108,145	100,005
Current assets					
Inventories	20	238	259	238	259
Trade and other receivables	21	11,175	10,785	11,177	10,787
Cash and cash equivalents	22	37,021	28,371	36,417	27,823
Total current assets		48,434	39,415	47,832	38,869
Current liabilities					
Trade and other payables	23	(21,650)	(19,844)	(21,607)	(19,817)
Provisions	25	(3,990)	(3,939)	(3,990)	(3,939)
Other liabilities	23	(1,462)	(276)	(1,462)	(276)
Total current liabilities		(27,102)	(24,059)	(27,059)	(24,032)
Total assets less current liabilities		129,477	115,361	128,918	114,842
Non-current liabilities					
Provisions	25	(4,733)	(3,282)	(4,733)	(3,282)
Total assets employed		124,744	112,079	124,185	111,560
Financed by					
Taxpayers' equity					
Public Dividend Capital		44,972	44,222	44,972	44,222
Revaluation reserve	27	12,397	9,453	12,397	9,453
Other reserves		5,220	5,220	5,220	5,220
Income and expenditure reserve		61,596	52,665	61,596	52,665
Others' equity					
Charitable fund reserves		559	519	0	0
Total taxpayers' and others' equity		124,744	112,079	124,185	111,560

The financial statements on pages 2 to 39 were approved by the Board of Directors and authorised for issue on the 3 June 2020 and signed on their behalf by:



Signed.....
Rob Webster Chief Executive

Date 3 June 2020

GROUP STATEMENT OF CHANGES IN TAXPAYERS' EQUITY FOR THE YEAR ENDED 31 MARCH 2020

		Public Dividend Capital	Revaluation Reserve	Other Reserves	Income and Expenditure Reserve	Trust Total	Charitable Fund Reserve	Group Total
	note	£000	£000	£000	£000	£000	£000	£000
At 1 April 2019		44,222	9,453	5,220	52,665	111,560	519	112,079
Surplus for the year		0	0	0	8,890	8,890	(338)	8,552
Transfers between reserves		0	(366)	0	366	0	0	0
Impairments	12	0	3,363	0	0	3,363	0	3,363
Revaluations - property, plant and equipment	27	0	0	0	0	0	0	0
Transfer to retained earnings on disposal of assets	27	0	(53)	0	53	0	0	0
Public dividend capital received		750	0	0	0	750	0	750
Other reserve movements - charitable funds consolidation adjustment		0	0	0	(378)	(378)	378	0
Taxpayers' Equity at 31 March 2020		44,972	12,397	5,220	61,596	124,185	559	124,744

		Public Dividend Capital	Revaluation Reserve	Other Reserves	Income and Expenditure Reserve	Trust Total	Charitable Fund Reserve	Group Total
		£000	£000	£000	£000	£000	£000	£000
At 1 April 2018		44,015	24,938	5,220	60,520	134,693	512	135,205
Impact of implementing IFRS15 on 1 April 2018		0	0	0	0	0	0	0
Impact of implementing IFRS9 on 1 April 2018		0	0	0	46	46	0	46
Surplus for the year		0	0	0	(8,352)	(8,352)	(320)	(8,672)
Transfers between reserves		0	(389)	0	389	0	0	0
Impairments	12	0	(14,707)	0	0	(14,707)	0	(14,707)
Revaluations - property, plant and equipment	27	0	0	0	0	0	0	0
Transfer to retained earnings on disposal of assets	27	0	(389)	0	389	0	0	0
Public dividend capital received		207	0	0	0	207	0	207
Other reserve movements - charitable funds consolidation adjustment		0	0	0	(327)	(327)	327	0
Taxpayers' Equity at 31 March 2019		44,222	9,453	5,220	52,665	111,560	519	112,079

TRUST STATEMENT OF CHANGES IN TAXPAYERS' EQUITY

		Public Dividend Capital	Revaluation Reserve	Other Reserves	Income and Expenditure Reserve	Trust Total
	note	£000	£000	£000	£000	£000
At 1 April 2019		44,222	9,453	5,220	52,665	111,560
Surplus for the year		0	0	0	8,512	8,512
Transfers between reserves		0	(366)	0	366	0
Impairments	12	0	3,363	0	0	3,363
Revaluations - property, plant and equipment	27	0	0	0	0	0
Transfer to retained earnings on disposal of assets	27	0	(53)	0	53	0
Public dividend capital received		750	0	0	0	750
Taxpayers' Equity at 31 March 2020		44,972	12,397	5,220	61,596	124,185

		Public Dividend Capital	Revaluation Reserve	Other Reserves	Income and Expenditure Reserve	Trust Total
		£000	£000	£000	£000	£000
At 1 April 2018		44,015	24,938	5,220	60,520	134,693
Impact of implementing IFRS15 on 1 April 2018		0	0	0	0	0
Impact of implementing IFRS9 on 1 April 2018		0	0	0	46	46
Surplus for the year		0	0	0	(8,679)	(8,679)
Transfers between reserves		0	(389)	0	389	0
Impairments	12	0	(14,707)	0	0	(14,707)
Revaluations - property, plant and equipment	27	0	0	0	0	0
Transfer to retained earnings on disposal of assets	27	0	(389)	0	389	0
Public dividend capital received		207	0	0	0	207
Taxpayers' Equity at 31 March 2019		44,222	9,453	5,220	52,665	111,560

**STATEMENT OF CASH FLOWS FOR THE YEAR ENDED
31 March 2020**

	note	Group		Trust	
		Year Ended 31 March 2020 £000	Year Ended 31 March 2019 £000	Year Ended 31 March 2020 £000	Year Ended 31 March 2019 £000
Cash flows from operating activities					
Operating surplus/(deficit) from continuing operations		11,389	(6,178)	11,351	(6,184)
Operating surplus/(deficit)		11,389	(6,178)	11,351	(6,184)
Non-cash income and expense:					
Depreciation and amortisation	6	5,742	4,741	5,742	4,741
Net Impairments	6	(5,719)	11,856	(5,719)	11,856
Income recognised in respect of capital donations (cash and non-cash)		0	0	0	0
(Increase)/Decrease in receivables	21	(928)	(2,558)	(928)	(2,558)
(Increase)/Decrease in Inventories	20	21	(27)	21	(27)
Increase/(Decrease) in Trade and Other Payables	23	2,588	3,007	2,588	3,007
Increase/(Decrease) in Other Liabilities	23	1,186	(394)	1,186	(394)
Increase/(Decrease) in Provisions	25	1,502	731	1,502	731
NHS Charitable Funds - net adjustments for working capital movements, non-cash transactions and non-operating cash flows		18	(8)	0	0
NET CASH GENERATED FROM/(USED IN) OPERATIONS		15,799	11,170	15,743	11,172
Cash flows from investing activities					
Interest received	10	238	161	238	161
Purchase of intangible assets	14	(118)	0	(118)	0
Purchase of Property, Plant and Equipment		(6,245)	(8,367)	(6,245)	(8,367)
Sale of property, plant and equipment and Investment Property		889	1,296	889	1,296
NHS Charitable Funds - net cash flows from investing activities		0	1	0	0
Net cash generated from/(used in) investing activities		(5,236)	(6,909)	(5,236)	(6,910)
Cash flows from financing activities					
Public dividend capital received		750	207	750	207
PDC Dividend paid		(2,663)	(3,205)	(2,663)	(3,205)
Net cash generated from/(used in) financing activities		(1,913)	(2,998)	(1,913)	(2,998)
Increase/(decrease) in cash and cash equivalents	22	8,650	1,263	8,594	1,264
Cash and Cash equivalents at 1 April		28,371	27,108	27,823	26,559
Cash and Cash equivalents at 31 March		37,021	28,371	36,417	27,823

Notes to the Accounts - 1. Accounting Policies

1 Accounting Policies

NHS Improvement, in exercising the statutory functions conferred on Monitor, is responsible for issuing an accounts direction to NHS Foundation Trusts under the NHS Act 2006. NHS Improvement has directed that the financial statements of NHS Foundation Trusts shall meet the accounting requirements of the Department of Health and Social Care Group Accounting Manual ("DHSC GAM") which shall be agreed with the Secretary of State. Consequently, the following financial statements have been prepared in accordance with the DHSC GAM 2019/20 issued by the Department of Health and Social Care. The accounting policies contained in that manual follow International Financial Reporting Standards ("IFRS") and HM Treasury's Financial Reporting Manual 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.

These accounts are prepared and presented in GBP in round thousand pounds (£).

1.1 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.

1.2 Acquisitions and discontinued operations

Activities are considered to be 'acquired' only if they are taken on from outside the public sector. Activities are considered to be 'discontinued' only if they cease entirely. They are not considered to be 'discontinued' if they transfer from one public sector body to another.

1.3 Critical accounting judgements and key sources of estimation uncertainty

In the application of the Trust's accounting policies, management is required to make judgements, estimates and assumptions about the carrying amounts of assets and liabilities that are not readily apparent from other sources. The estimates and associated assumptions are based on historical experience and other factors that are considered to be relevant. Actual results may differ from those estimates and the estimates and underlying assumptions are continually reviewed. Revisions to accounting estimates are recognised in the period in which the estimate is revised, if the revision affects only that period or in the period of the revision and future periods if the revision affects both current and future periods.

1.3.1 Critical judgements in applying accounting policies

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

The redundancy provision is based on detailed working papers and review as linked to the Trust Annual Plan and Cost Improvement Programme ("CIP") and the impact of decommissioning intentions by commissioners.

The estimate of income arising from the achievement of Trust Commissioning for Quality and Innovation ("CQUIN") targets are based upon current performance information and discussions with Commissioners.

The value of property plant and equipment is reviewed each year by an appropriately qualified independent valuer. Based upon this review the Trust considered whether or not there is evidence that a material change in valuation has occurred and, in which case, the movement is recognised within the Trust accounts. The Trust estate was revalued by the District Valuer as at 31st December 2019 and as a result the revaluation was recognised in these accounts. As the valuation was made at the specific valuation date of 31st December 2019 it is the District Valuers conclusion that Covid 19 would have had no material impact on values at the specified valuation date of 31st December 2019.

The Trust is aware that the Royal Institute of Chartered Surveyors (RICS) have issued a valuation practice note which gives guidance to valuers where a valuer declares a materiality uncertainty attached to a valuation in light of the impact of Covid 19 on markets. As explained above the Trust has a valuation at 31st December 2019 but it should be noted that there may now be greater uncertainty in markets on which the valuation obtained and reflected in these financial statements. The Trust did obtain an update on the indices used to 31st March 2020 but as this showed no material movement this was not actioned.

1.3.2 Key sources of estimation uncertainty

The following are the key assumptions concerning the future, and other key sources of estimation uncertainty at the end of the reporting period, that have a significant risk of causing a material adjustment to the carrying amounts of assets and liabilities within the next financial year.

For 2019 / 2020 no key assumptions have been made, or are required, as to future estimation uncertainty further than those already declared in their separate notes.

Notes to the Accounts - 1. Accounting Policies (Continued)

1.4 Revenue (Income)

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

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

The main source of revenue (income) for the Trust is from Clinical Commissioning Groups ("CCGs"), which are government funded commissioners of NHS health and patient care. Revenue in respect of services provided is recognised when (or as) performance obligations are satisfied by transferring promised services to the customer, and is measured at the amount of the transaction price allocated to that performance obligation. At the year end, the Trust accrues income relating to performance obligations satisfied in that year. Income from other revenue streams are assessed on a individual contract basis to ensure that the performance obligation has been met before recognising income.

Where income is received for a specific performance obligation that is to be satisfied in the following year, that income is deferred. The method adopted to assess progress towards the complete satisfaction of a performance obligation is an Output method. Output methods recognise revenue on the basis of direct measurements of the value to the customer of the goods or services transferred to date, relative to the remaining goods or services promised under the contract. The Trust assesses the measure of performance completed to date.

The provider sustainability fund (PSF) enables providers to earn income linked to the achievement of financial controls and performance targets. Income earned from the funds is accounted for as variable consideration.

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.

The value of the benefit received when the Trust accesses funds from the Government's apprenticeship service are recognised as income in accordance with IAS 20, Accounting for Government Grants. Where these funds are paid directly to an accredited training provider, non-cash income and a corresponding non-cash training expense are recognised, both equal to the cost of the training funded.

1.5 Expenditure on employee benefits

Short-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.

Retirement benefit costs

Past and present employees are covered by the provisions of the NHS Pensions Scheme. The scheme is an unfunded, defined benefit scheme that covers NHS employers, General Practices and other bodies, allowed under the direction of the Secretary of State, in England and Wales. It is not possible for the NHS Foundation Trust to identify its share of the underlying liabilities. The scheme is 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, the scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS body of participating in the scheme is taken as equal to the contributions payable to the scheme for the accounting period. Employer's pension cost contributions are charged to operating expenses as and when they become due.

For early retirements other than those due to ill health the additional pension liabilities are not funded by the scheme. The full amount of the liability for the additional costs is charged to operating expenses at the time the Trust commits itself to the retirement, regardless of the method of payment.

The schemes are subject to a full actuarial valuation every four years and an accounting valuation every year.

1.6 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 these 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.

1.7 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 will be supplied to, the Trust;
- it is expected to be used for more than one financial year;
- 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, where the assets are functionally interdependent, they had broadly simultaneous purchase dates, are anticipated to have simultaneous disposal dates and are under single managerial control; or
- 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, the components are treated as separate assets and depreciated over their own useful economic lives.

Notes to the Accounts - 1. Accounting Policies (Continued)

Valuation

All property, plant and equipment are measured initially at cost, representing the cost 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.

Land and buildings used for the Trust's services or for administrative purposes are stated in the statement of financial position at their revalued amounts, being the fair value at the date of revaluation less any subsequent accumulated depreciation and impairment losses. Revaluations are performed with sufficient regularity to ensure that carrying amounts are not materially different from those that would be determined at the end of the reporting period. Fair values are determined as follows:

- Land and non-specialised buildings – market value for existing use; and
- Specialised buildings – depreciated replacement cost or Modern Equivalent Asset (MEA).

The Trust has obtained the valuation for specialised assets based on the optimised MEA assumption as suggested in IAS 16 (Property, Plant and Equipment). In practical terms, this means assessing if:

- the location of the services could be moved to a more cost effective locality;
- the building layout is inefficient, what would the floor space be in order to deliver the same services; and
- the building footprint reduced, could the land area reduce accordingly.

During 2019/20 the periodic revaluation of estate has been completed by the District Valuer. This was a desktop exercise with the exception of any buildings with material works (major capital schemes) completed since 31 March 2019.

Properties in the course of construction for service or administration purposes are carried at cost, less any impairment loss. Cost includes professional fees but not borrowing costs, which are recognised as expenses immediately, as allowed by IAS 23 (Borrowing Costs) for assets held at fair value. Assets are revalued and depreciation commences when they are brought into 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 ("SCI") in the period in which it is incurred.

Depreciation

Freehold land, properties under construction, and assets held for sale are not depreciated.

Otherwise, depreciation and amortisation are charged to write off the costs or valuation of property, plant, equipment and intangible non-current assets, less any residual value, over their estimated useful lives, in a manner that reflects the consumption of economic benefits or service potential of the assets. The estimated useful life of an asset is the period over which the Trust expects to obtain economic benefits or service potential from the asset. This is specific to the Trust and may be shorter than the physical life of the asset itself. Estimated useful lives and residual values are reviewed each year end, with the effect of any changes recognised on a prospective basis. Assets held under finance leases are depreciated over their estimated useful lives or, where shorter, the lease term.

Revaluation Gains and Losses

An increase in carrying value arising on revaluation is taken to the revaluation reserve except when it reverses an impairment for the same asset previously recognised in expenditure, in which case it is credited to expenditure to the extent of the decrease previously charged there. A revaluation decrease is recognised as an impairment charged to the revaluation reserve to the extent that there is a balance on the reserve for the asset and, thereafter, to expenditure. Gains and losses recognised in the revaluation reserve are reported as other comprehensive income in the Statement of Comprehensive Income.

Impairments

At each reporting period end, the Trust checks whether there is any indication that any of its tangible or intangible non-current assets have suffered an impairment loss. If there is indication of an impairment loss, the recoverable amount of the asset is estimated to determine whether there has been a loss and, if so, its amount. Intangible assets not yet available for use are tested for impairment annually.

In accordance with the DHSC 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.

If there has been an impairment loss, the asset is written down to its recoverable amount, with the loss charged to the revaluation reserve to the extent that there is a balance on the reserve for the asset and, thereafter, to expenditure. Where an impairment loss subsequently reverses, the carrying amount of the asset is increased to the revised estimate of the recoverable amount but capped at the amount that would have been determined had there been no initial impairment loss. The reversal of the impairment loss is credited to expenditure to the extent of the decrease previously charged there and thereafter to the revaluation reserve.

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

Notes to the Accounts - 1. Accounting Policies (Continued)

Derecognition (Non-current assets held for sale)

Non-current assets are classified as held for sale if their carrying amount will be recovered principally through a sale transaction rather than through continuing use. This condition is regarded as met when:

- the sale is highly probable;
- the asset is available for immediate sale in its present condition and management is committed to the sale;
- an active programme has begun to find a buyer and complete the sale;
- the asset is being actively marketed at a reasonable price;
- is expected to qualify for recognition as a completed sale within one year from the date of classification; and
- the actions needed to complete the plan indicate it is unlikely that the plan will be dropped or significant changes made to it.

Non-current assets held for sale are measured at the lower of their previous carrying amount and fair value less costs to sell. Depreciation ceases to be charged and the assets are not revalued, except where the 'fair value less costs to sell' falls below the carrying amount. Assets are de-recognised when all material sale contract conditions have been met. Fair value is open market value including alternative uses.

The profit or loss arising on disposal of an asset is the difference between the sale proceeds and the carrying amount and is recognised in the SCI. On disposal, the balance for the asset on the revaluation reserve is transferred to retained earnings. For donated and government-granted assets, a transfer is made to or from the relevant reserve to the profit/loss on disposal account so that no profit or loss is recognised in income or expenses. The remaining surplus or deficit in the donated asset or government grant reserve is then transferred to retained earnings.

Property, plant and equipment that is to be scrapped or demolished does not qualify for recognition as held for sale. Instead, it is retained as an operational asset and its economic life is adjusted. The asset is de-recognised when it is scrapped or demolished.

1.8 Intangible assets

Recognition

Intangible assets are non-monetary assets without physical substance, which are capable of sale separately from the rest of the Trust's business or which arise from contractual or other legal rights. They are recognised only when it is probable that future economic benefits will flow to, or service potential be provided to, the Trust; where the cost of the asset can be measured reliably, and where the cost is at least £5,000.

Internally generated goodwill, brands, mastheads, publishing titles, customer lists, research and similar items are not capitalised as intangible assets.

Intangible assets acquired separately are initially recognised at fair value. Software that is integral to the operating of hardware, for example an operating system, is capitalised as part of the relevant item of property, plant and equipment. Software that is not integral to the operation of hardware, for example application software, is capitalised as an intangible asset. Expenditure on research is not capitalised: it is recognised as an operating expense in the period in which it is incurred. Internally-generated assets are recognised if, and only if, all of the following have been demonstrated:

- the technical feasibility of completing the intangible asset so that it will be available for use;
- the intention to complete the intangible asset and use it;
- the Trust has the ability to sell or use the intangible asset;
- how the intangible asset will generate probable future economic benefits or service potential;
- the availability of adequate technical, financial and other resources to complete the intangible asset and sell or use it; and
- the ability to measure reliably the expenditure attributable to the intangible asset during its development.

Notes to the Accounts - 1. Accounting Policies (Continued)

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, other than software licences, are measured at current value in existing use. When 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. The Trust currently has no intangible assets other than Software licences which are carried at depreciated historic cost.

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

Amortisation

Intangible assets are amortised over their expected useful economic lives in a manner consistent with the consumption of economic or service delivery benefits.

1.9 Investment Property

Trust property, classed as Investment Property under IAS 40 (Investment Property), is valued at fair value (being current market value). These assets are revalued annually with any gain / losses actioned through the SCI.

1.10 Borrowing Costs

Borrowing costs are recognised as expenses as they are incurred. The Trust currently has no borrowing costs.

1.11 Donated, government grant and other grant funded assets

Donated and grant funded property, plant and equipment assets are capitalised at their fair value on receipt. The donation/grant is credited to income at the same time, unless the donor has imposed a condition that the future economic benefits embodied in the grant are to be consumed in a manner specified by the donor, in which case, the donation/grant is deferred within liabilities and is carried forward to future financial years to the extent that the condition has not yet been met.

The donated and grant funded assets are subsequently accounted for in the same manner as other items of property, plant and equipment.

The Trust has 1 donated asset, this was a piece of equipment purchased by the Trust charity for a ward in 2016 / 2017.

1.12 Revenue government and other grants

Government grants are grants from government bodies other than revenue from commissioners or NHS bodies for the provision of services. Revenue grants are treated as deferred income initially and credited to income to match the expenditure to which they relate.

1.13 Leases

Leases are classified as finance leases when substantially all the risks and rewards of ownership are transferred to the lessee. The Trust currently has no finance leases. All other leases are classified as operating leases.

Operating lease payments are recognised as an expense on a straight-line basis over the lease term. Lease incentives are recognised initially as a liability and subsequently as a reduction of rentals on a straight-line basis over the lease term.

Contingent rentals are recognised as an expense in the period in which they are incurred.

Where a lease is for land and buildings, the land and building components are separated. These separate components are assessed as to whether they are operating or finance leases.

Notes to the Accounts - 1. Accounting Policies (Continued)

The Trust as lessor

Amounts due from lessees under finance leases are recorded as receivables at the amount of the Trust's net investment in the leases. Finance lease income is allocated to accounting periods so as to reflect a constant periodic rate of return on the Trust's net investment outstanding in respect of the leases.

Rental income from operating leases is recognised on a straight-line basis over the term of the lease. Initial direct costs incurred in negotiating and arranging an operating lease are added to the carrying amount of the leased asset and recognised on a straight-line basis over the lease term.

1.14 Inventories

Inventories are valued at the lower of cost and net realisable value using the first-in first-out (FIFO) cost formula. This is considered to be a reasonable approximation to fair value due to the high turnover of inventory.

1.15 Cash and cash equivalents

Cash is cash in hand and deposits with any financial institution repayable 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 that 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 the Trust's cash management.

1.16 Provisions

Provisions are recognised when the Trust has a present legal or constructive obligation, of uncertain timing or amount, as a result of a past event, it is probable that the Trust will be required to settle the obligation, and a reliable estimate can be made of the amount of the obligation. The amount recognised as a provision is the best estimate of the expenditure required to settle the obligation at the end of the reporting period, taking into account the risks and uncertainties. Where a provision is measured using the cash flows estimated to settle the obligation, its carrying amount is the present value of those cash flows using HM Treasury's discount rate of minus 0.5% in real terms for voluntary early retirement and injury benefit.

When some or all of the economic benefits required to settle a provision are expected to be recovered from a third party, the receivable is recognised as an asset if it is virtually certain that reimbursements will be received and the amount of the receivable can be measured reliably.

Present obligations arising under onerous contracts are recognised and measured as a provision. An onerous contract is considered to exist where the Trust has a contract under which the unavoidable costs of meeting the obligations under the contract exceed the economic benefits expected to be received under it.

A restructuring provision is recognised when the Trust has developed a formal plan for the restructuring and has raised a valid expectation in those affected that it will carry out the restructuring by starting to implement the plan or announcing its main features to those affected by it. The measurement of a restructuring provision includes only the direct expenditures arising from the restructuring, which are those amounts that are both necessarily entailed by the restructuring and not associated with on-going activities of the entity.

1.17 Clinical negligence costs

NHS Resolution operates a risk pooling scheme under which the Trust pays an annual contribution to NHS Resolution which in return settles all clinical negligence claims. The contribution is charged to expenditure. Although NHS Resolution is administratively responsible for all clinical negligence cases the legal liability remains with the Trust. The total value of clinical negligence provisions carried by the NHS Resolution on behalf of the Trust is disclosed in the notes to the accounts (Note 25) but is not recognised in the Trust's accounts.

1.18 Non-clinical risk pooling

The Trust participates in the Property Expenses Scheme and the Liabilities to Third Parties Scheme. Both are risk pooling schemes under which the Trust pays an annual contribution to 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 as and when they become due.

Notes to the Accounts - 1. Accounting Policies (Continued)

1.19 EU Emissions Trading Scheme

The Trust is not a member of the EU Emission Trading Scheme in 2019 / 2020.

1.20 Contingencies

A contingent liability is a possible obligation that arises from past events and whose existence will be confirmed only by the occurrence or non-occurrence of one or more uncertain future events not wholly within the control of the Trust, or a present obligation that is not recognised because it is not probable that a payment will be required to settle the obligation or the amount of the obligation cannot be measured sufficiently reliably. A contingent liability is disclosed unless the possibility of a payment is remote.

A contingent asset is a possible asset that arises from past events and whose existence will be confirmed by the occurrence or non-occurrence of one or more uncertain future events not wholly within the control of the Trust. A contingent asset is disclosed where an inflow of economic benefits is probable. (see note 26.2)

Where the time value of money is material, contingencies are disclosed at their present value.

1.21 Financial instruments and financial liabilities

Financial assets

Financial assets are recognised when the Trust becomes party to the contractual provision of the financial instrument or, in the case of trade receivables, when the goods or services have been delivered. Financial assets are derecognised when the contractual rights have expired or when the asset has been transferred and the Trust has transferred substantially all of the risks and rewards of ownership or has not retained control of the asset.

Financial assets are initially recognised at fair value plus or minus directly attributable transaction costs for financial assets not measured at fair value through profit or loss. Fair value is taken as the transaction price, or otherwise determined by reference to quoted market prices, where possible, or by valuation techniques. The method used has the measurement adjusted to defer the difference between the fair value at initial recognition and the transaction price.

Financial assets are classified into the following categories: financial assets at amortised cost, financial assets at fair value through other comprehensive income, and financial assets at fair value through profit and loss. The classification is determined by the cash flow and business model characteristics of the financial assets, as set out in IFRS9, and is determined at the time of recognition.

Financial assets at amortised cost

Financial assets measured at amortised cost are those held within a business model whose objective is to hold financial assets in order to collect contractual cash flows and where the cash flows are solely payments of principal and interest. This includes most trade receivables, loans receivable, and other simple debt instruments.

After initial recognition, these financial assets are measured at amortised cost using the effective interest method, less any impairment. The effective interest rate is the rate that exactly discounts estimated future cash receipts through the life of the financial asset to the gross carrying amount of the financial asset.

Financial assets at fair value through other comprehensive income

Financial assets measured at fair value through other comprehensive income are those held within a business model whose objective is achieved by both collecting contractual cash flows and selling financial assets and where the cash flows are solely payments of principal and interest.

Financial assets at fair value through profit and loss

Financial assets measured at fair value through profit or loss are those that are not otherwise measured at amortised cost or fair value through other comprehensive income. This includes derivatives and financial assets acquired principally for the purpose of selling in the short term.

Impairment

For all financial assets measured at amortised cost or at fair value through other comprehensive income (except equity instruments designated at fair value through other comprehensive income), lease receivables and contract assets, the Trust recognises a loss allowance representing expected credit losses on the financial instrument.

The Trust adopts the simplified approach to impairment, in accordance with IFRS 9, and measure the loss allowance for trade receivables, contract assets and lease receivables at an amount equal to lifetime expected credit losses. For other financial assets, the loss allowance is measured at an amount equal to lifetime expected credit losses if the credit risk on the financial instrument has increased significantly since initial recognition (stage 2), and otherwise at an amount equal to 12-month expected credit losses (stage 1).

The Trust has adopted a provision matrix based on historical loss experience, the calculation for this is based on the sales invoices raised in the financial year 2018/19. The Trust identified 3 main groups of debtors which are payroll/salary sacrifice, local council and other.

HM Treasury has ruled that central government bodies may not recognise stage 1 or stage 2 impairments against other government departments, their executive agencies, the Bank of England, Exchequer Funds, and Exchequer Funds' assets where repayment is ensured by primary legislation. The Trust therefore does not recognise loss allowances for stage 1 or stage 2 impairments against these bodies. Additionally, the Department of Health and Social Care provides a guarantee of last resort against the debts of its arm's length bodies and NHS bodies (excluding NHS charities), and the Trust does not recognise stage 1 or stage 2 impairments against these bodies.

For financial assets that have become credit impaired since initial recognition (stage 3), expected credit losses at the reporting date are measured as the difference between the asset's gross carrying amount and the present value of the estimated future cash flows discounted at the financial asset's original effective interest rate. Any adjustment is recognised in profit or loss as an impairment gain or loss.

Notes to the Accounts - 1. Accounting Policies (Continued)

Financial liabilities

Financial liabilities are recognised when the Trust becomes party to the contractual provisions of the financial instrument or, in the case of trade payables, when the goods or services have been received. Financial liabilities are de-recognised when the liability has been extinguished - that is, the obligation has been discharged or cancelled or has expired.

Financial liabilities at fair value through profit and loss

Derivatives that are liabilities are subsequently measured at fair value through profit or loss. Embedded derivatives that are not part of a hybrid contract containing a host that is an asset within the scope of IFRS 9 are separately accounted for as derivatives only if their economic characteristics and risks are not closely related to those of their host contracts, a separate instrument with the same terms would meet the definition of a derivative, and the hybrid contract is not itself measured at fair value through profit or loss.

Other financial liabilities

After initial recognition, all other financial liabilities are measured at amortised cost using the effective interest method. The effective interest rate is the rate that exactly discounts estimated future cash payments through the life of the asset, to the amortised cost of the financial liability. In the case of DHSC loans that would be the nominal rate charged on the loan.

1.22 Value Added Tax

Most of the activities of the 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.

1.23 Foreign Exchange

The Trust's functional currency and presentational currency is sterling. Transactions denominated in a foreign currency are translated into sterling at the exchange rate ruling on the dates of the transactions. At the end of the reporting period, monetary items denominated in foreign currencies are retranslated at the spot exchange rate on 31 March. Resulting exchange gains and losses for either of these are recognised in the Trust's surplus/deficit in the period in which they arise.

1.24 Third party assets

Assets belonging to third parties (such as money held on behalf of patients) are not recognised in the accounts since the Trust has no beneficial interest in them. Details of third party assets are given in Note 22 to the accounts in accordance with the requirements of HM Treasury's FREM.

1.25 Public Dividend Capital ("PDC") and PDC dividend

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 (Financial Instruments: Presentation).

The Secretary of State 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 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 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 Service (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 and Social Care (as the issuer of PDC), the dividend for the year is calculated on the actual average relevant net assets as set out in the 'pre-audit' version of the annual accounts. The dividend thus calculated is not revised should any adjustment to net assets occur as a result of the audit of the annual accounts.

1.26 Taxpayers Equity - Other Reserve

The Other Reserve within taxpayers' equity was created as part of the Trust's predecessor organisation, South West Yorkshire Mental Health NHS Trust, in 2002. This has remained following authorisation of South West Yorkshire Partnership NHS Foundation Trust in 2009 by Monitor.

1.27 Gifts

Gifts are items that are voluntarily donated, with no preconditions and without the expectation of any return. Gifts include all transactions economically equivalent to free and unremunerated transfers, such as the loan of an asset for its expected useful life, and the sale or lease of assets at below market value.

Notes to the Accounts - 1. Accounting Policies (Continued)

1.28 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 note on losses and special payments is compiled directly from the losses and compensations register which reports amounts on an accruals basis with the exception of provisions for future losses.

Details of losses and special payments are given in note 36 to the accounts.

1.29 Consolidation

NHS Charitable Fund

The NHS Foundation Trust is the corporate trustee to EyUp!. (previous name of South West Yorkshire Partnership Foundation Trust and Other Related Charities) The Trust has assessed its relationship to the charitable fund and determined it to be a subsidiary because the Trust has the power to govern the financial and operating policies of the charitable fund so as to obtain benefits from its activities for itself, its patients or its staff.

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 Trust's accounting policies; and
- eliminate intra-group transactions, balances, gains and losses.

Subsidiaries, Associates, Joint Ventures and Joint Operations

The Trust has a single subsidiary, EyUp!, as described above and has entered into no other arrangements which give rise to associates, joint ventures or joint operations.

Charity Reserve

The Charity Reserve is the balance of funds held by the charity, with both restricted and unrestricted funds. This reserve is used for the furtherance of the objectives of the charity.

Notes to the Accounts - 1. Accounting Policies (Continued)

1.30 Accounting standards and amendments issued but not yet adopted

The DHSC GAM does not require the following Standards and Interpretations to be applied in 2019/20. These standards are still subject to HM Treasury Financial Reporting Manual adoption, with IFRS 16 being for implementation in 2021/22 and the government implementation date for IFRS 17 still subject to HM Treasury consideration.

IFRS 16 Leases - effective 2021 / 2022

IFRS 17 Insurance Contracts - effective 2021 / 2022

IFRS 16 Leases will be adopted on the 1st April 2021 and replaces IAS 17 Leases. The standard provides a single accounting model for leases, recognising a right of use asset and obligation in the statement of financial position for most leases, some leases are exempt through the application of practical expedients. For those recognised in the statement of financial position the standard also requires the remeasurement of lease liabilities in specific circumstances after the commencement of the lease term. For lessors, the distinction between operating and finance leases will remain and the accounting will be largely unchanged.. The Trust recognises that IFRS16 will have a significant impact on the accounts and has an implementation project which is on target to be complete for the adoption date.

HM Treasury revised the implementation date for IFRS 16 in the public sector to 1 April 2021 on 19 March 2020. Due to the need to reassess lease calculations, together with uncertainty on expected leasing activity in from April 2021 and beyond, a quantification of the expected impact of applying the standard in 2021/22 is currently impracticable. However, the trust does expect this standard to have a material impact on non-current assets, liabilities and depreciation.

1.31 Going Concern

These accounts are prepared on a going concern basis (Note 38). Non-trading entities in the public sector are assumed to be going concerns where the continued provision of a service in the future is anticipated, as evidenced by inclusion of financial provision for that service in published documents. This was confirmed by the Trust Board in April 2020. In making this assertion the Trust Board has taken a number of factors into account. Whilst the NHS planning process as been suspended to enable focus on the response to Covid-19 the Trust has updated its financial plan for 2020/21 and this was largely finalised and agreed by the Trust Board prior to the suspension of the planning process. The draft submission was approved by the Trust Board and reviewed by the regulator. The Trust Board has also taken into consideration the temporary financial arrangements in operation between April and July 2020 during the Covid-19 pandemic outbreak and expect to see Trust costs during this period covered by income.

2. Pooled budget

The Group & Trust has no pooled budgets.

3. Operating segments

The Group & Trust has a single operating segment, Healthcare, as reported through the Trust Board finance report.

4. Income generation activities

The Group & Trust does not undertake any significant income generation activities.

5 OPERATING INCOME

	Group & Trust	
	Year Ended 31 March 2020	Year Ended 31 March 2019
	Total £000	Total £000
NHS England	36,600	25,383
Clinical commissioning groups	173,743	164,427
NHS Foundation Trusts	435	350
NHS Trusts	2,057	1,584
Local Authorities	8,176	7,533
Department of Health and Social Care	0	2,509
Non NHS: Other	5,080	5,535
Total income from activities	226,091	207,321

	Group & Trust	
	Year Ended 31 March 2020	Year Ended 31 March 2019
	Total £000	Total £000
Cost and volume contract income - Mental Health Services	3,123	806
Block Contract income - Mental Health Services	167,648	158,439
Clinical income for the secondary commissioning of mandatory services	5,900	5,792
Income from CCGs & NHS England - Community Services	32,890	31,947
Income from other sources - Community Services	8,132	7,731
Agenda for Change pay award central funding	0	2,509
Additional pension contribution central funding	7,168	0
Other clinical income	1,230	97
Total income from activities	226,091	207,321

	Group Year Ended 31 March 2020 Total £000	Group Year Ended 31 March 2019 Total £000	Trust Year Ended 31 March 2020 Total £000	Trust Year Ended 31 March 2019 Total £000
5.3 Other Operating Income				
Other operating income recognised in accordance with IFRS 15				
Research and development (IFRS 15)	218	230	218	230
Education and training (excluding notional apprenticeship levy income)	4,196	3,645	4,196	3,645
Provider sustainability fund / Sustainability and transformation Fund income	1,765	4,741	1,765	4,741
Income in respect of staff costs where accounted for on a gross basis	3,658	2,748	3,658	2,748
Other (recognised in accordance with IFRS 15)*	6,524	5,605	6,524	5,605
Other operating income recognised in accordance with other standards				
Education and training - notional income from apprenticeship fund	531	310	531	310
NHS Charitable Funds : Incoming Resources excluding investment income	112	181	0	0
Total other operating income	17,004	17,460	16,892	17,279
Total Operating Income	243,095	224,781	242,983	224,600

Revenue is mostly from the supply of services. Revenue from the sale of goods and services is not material.

	Group Year Ended 31 March 2020 Total £000	Group Year Ended 31 March 2019 Total £000	Trust Year Ended 31 March 2020 Total £000	Trust Year Ended 31 March 2019 Total £000
* Analysis of Other Operating Income (recognised in accordance with IFRS 15): Other				
Estates recharges	53	122	53	122
IT recharges	2	135	2	135
Staff contributions to employee benefit schemes	2,048	2,970	2,048	2,970
Catering	282	285	282	285
Property rentals	59	82	59	82
Other	4,080	2,011	4,080	2,011
Total	6,524	5,605	6,524	5,605

5.4 Income from activities from Commissioner Requested Services and all other services

	Group Year Ended 31 March 2020 Total £000	Group Year Ended 31 March 2019 Total £000	Trust Year Ended 31 March 2020 Total £000	Trust Year Ended 31 March 2019 Total £000
Income from Commissioner Requested Services	226,091	207,321	226,091	207,321
Income from non-Commissioner Requested Services	17,004	17,460	16,892	17,279
Total Income	243,095	224,781	242,983	224,600

5.5 Operating lease income

The Group & Trust earned no income from operating leases in 2019/20 or in 2018/19.

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

	Group & Trust Total 2019/20 £000	Group & Trust Total 2018/19 £000
Revenue recognised in the reporting period that was previously included in the contract liability balance (i.e. release of deferred IFRS 15 income)	79	431
Revenue recognised in the reporting period from performance obligations satisfied (or partially satisfied) in previous periods (e.g. changes in transaction price)	255	188

5.7 Transaction price allocated to remaining performance obligations (i.e revenue not recognised this year)

	Group & Trust Total 31 March 2020 £000	Group & Trust Total 31 March 2019 £000
Revenue from contracts entered into as at by the end of the period and expected to be recognised:		
within one year	14,494	8,929
after one year not later than five years	13,487	11,891
after five years	0	0
Total	27,981	20,820

6 Operating Expenses

6.1 Operating Expenses	Note	Group Year Ended 31 March 2020 £000	Group Year Ended 31 March 2019 £000	Trust Year Ended 31 March 2020 £000	Trust Year Ended 31 March 2019 £000
Purchase of healthcare from NHS and DHSC bodies		506	397	506	397
Purchase of healthcare from non-NHS and non-DHSC bodies		4,617	5,949	4,617	5,949
Staff and executive directors costs		184,173	167,907	183,898	167,603
Non-executive directors		143	141	143	141
Supplies and services - clinical (excluding drug costs)		4,035	4,827	4,035	4,827
Supplies and services - general		3,033	2,668	3,033	2,668
Drugs costs (drugs inventory consumed and purchase of non-inventory drugs)		3,573	3,371	3,573	3,371
Consultancy		94	105	94	105
Establishment		7,671	6,495	7,671	6,495
Premises - Business rates payable to Local Authorities		989	1,108	989	1,108
Premises - other		6,427	7,434	6,427	7,434
Transport (Business travel only)		2,162	2,250	2,162	2,250
Transport (other)		2,599	1,281	2,599	1,281
Depreciation on property, plant and equipment	15	5,686	4,618	5,686	4,618
Amortisation on intangible assets	14	56	123	56	123
Net Impairments of property, plant and equipment	12	(5,719)	11,856	(5,719)	11,856
Movement in credit loss allowance: contract receivables/assets	21.2	(47)	(9)	(47)	(9)
Change in provisions discount rate	25	86	(22)	86	(22)
Audit services- statutory audit		62	62	62	62
Audit services - charitable fund accounts		1	1	0	0
Internal audit - non-staff		74	78	74	78
Clinical negligence - amounts payable to NHS Resolution (premium)	25	640	619	640	619
Legal fees		316	46	316	46
Insurance		210	253	210	253
Education and training - non-staff		612	639	612	639
Education and training - notional expenditure funded from apprenticeship fund		531	310	531	310
Operating lease expenditure (net)	9.1	7,565	6,300	7,565	6,300
Early retirements - non-staff		(59)	34	(59)	34
Redundancy costs - staff costs		262	157	262	157
Car parking and security		103	51	103	51
Hospitality		23	23	23	23
Other losses and special payments - non-staff	36	19	14	19	14
Other services (e.g. external payroll)		4	6	4	6
Other NHS charitable fund resources expended		176	197	0	0
Other		1,083	1,670	1,461	1,997
Total Operating Expenses		231,706	230,959	231,632	230,784

6.2 Other Audit Remuneration

There was no other audit remuneration in 2019/20 or in 2018/19.

6.3 Auditor Liability

The auditors liability for 2019/20 and 2018/19 is limited to £1m.

6.4 The late payment of commercial debts (interest) Act 1998

The Group & Trust has no late payments of commercial debts in 2019/20 or in 2018/19.

6.5 Discontinued operations

The Group & Trust has no discontinued operations during the period.

6.6 Corporation Tax

The Group & Trust has no Corporation Tax expense during the period.

7. Employee costs and numbers

7.1 Employee costs

	Group Year Ended 31 March 2020			Trust Year Ended 31 March 2020		
	Total	Permanently Employed	Other	Total	Permanently Employed	Other
	£000	£000	£000	£000	£000	£000
Salaries and wages	140,355	124,514	15,841	140,355	124,514	15,841
Social Security Costs	12,121	10,901	1,220	12,121	10,901	1,220
Apprenticeship levy	654	581	73	654	581	73
Pension costs - defined contribution plans						
employers contributions to NHS Pensions	16,389	15,503	886	16,389	15,503	886
Pension costs - employer contributions paid by NHSE on provider's behalf (6.3%)	7,168	6,781	387	7,168	6,781	387
Termination benefits	262	262	0	262	262	0
Agency/contract staff	7,408	0	7,408	7,408	0	7,408
NHS charitable funds staff	275	275	0	0	0	0
Employee benefits expense	184,632	158,817	25,815	184,357	158,542	25,815
Of which are capitalised as part of assets	197	197	0	197	197	0
Operating expenditure analysed as:						
Employee expenses - staff & executive directors	184,173	158,358	25,815	183,898	158,083	25,815
Redundancy	262	262	0	262	262	0
Total Employee benefits excl. capitalised costs	184,435	158,620	25,815	184,160	158,345	25,815

	Group Year Ended 31 March 2019			Trust Year Ended 31 March 2019		
	Total	Permanently Employed	Other	Total	Permanently Employed	Other
	£000	£000	£000	£000	£000	£000
Salaries and wages	133,301	118,703	14,598	133,301	118,703	14,598
Social Security Costs	11,590	10,457	1,133	11,590	10,457	1,133
Apprenticeship Levy	571	511	60	571	511	60
Pension costs - defined contribution plans						
employers contributions to NHS Pensions	15,898	15,091	807	15,898	15,091	807
Termination benefits	157	157	0	157	157	0
Agency/contract staff	6,459	0	6,459	6,459	0	6,459
NHS charitable funds staff	304	304	0	0	0	0
Employee benefits expense	168,280	145,223	23,057	167,976	144,919	23,057
Of which are capitalised as part of assets	216	216	0	216	216	0
Operating expenditure analysed as:						
Employee expenses - staff & executive directors	167,907	144,850	23,057	167,603	144,546	23,057
Redundancy	157	157	0	157	157	0
Total Employee benefits excl. capitalised costs	168,064	145,007	23,057	167,760	144,703	23,057

As included within the salaries and wages information above, the Trust made payments in 2019/20 and 2018/19 of greater than £100k to the following staff groups:

	Year Ended 31 March 2020	Year Ended 31 March 2019
Medical Consultant	69	58
Other Doctor	15	10
Director / Chief Executive	7	8
Allied Health Professional	1	0
Total	92	76

7. Employee costs and numbers (continued)

7.2 Average number of people employed

	Group			Trust		
	Year Ended 31 March 2020			Year Ended 31 March 2020		
	Total Number	Permanently Employed Number	Other Number	Total Number	Permanently Employed Number	Other Number
Medical and dental	182	162	20	182	162	20
Administration and estates	1,020	992	28	1,013	985	28
Healthcare assistants and other support staff	818	582	236	818	582	236
Nursing, midwifery and health visiting staff	1,243	1,161	82	1,243	1,161	82
Scientific, therapeutic and technical staff	820	793	27	820	793	27
Social care staff	13	13	0	13	13	0
Total	4,096	3,703	393	4,089	3,696	393
Of which are engaged on capital projects	4	4	0	4	4	0

	Group			Trust		
	Year Ended 31 March 2019			Year Ended 31 March 2019		
	Total Number	Permanently Employed Number	Other Number	Total Number	Permanently Employed Number	Other Number
Medical and dental	184	163	21	184	163	21
Administration and estates	1,022	988	34	1,022	988	34
Healthcare assistants and other support staff	769	591	178	769	591	178
Nursing, midwifery and health visiting staff	1,284	1,209	75	1,284	1,209	75
Scientific, therapeutic and technical staff	764	744	20	764	744	20
Social care staff	16	16	0	16	16	0
Total	4,039	3,711	328	4,039	3,711	328
Of which are engaged on capital projects	4	4	0	4	4	0

Unit of measure is whole time equivalent (WTE).

7.3 Early retirements due to ill health

During the year there were 3 early retirements from the NHS Foundation Trust agreed on the grounds of ill-health (4 during 2018/19). The estimated additional pension liabilities of these ill-health retirements is £316k (2018/19 £349k). The cost of these ill-health retirements is borne by the NHS Business Services Authority - Pensions Division.

7. Employee costs and numbers (continued)

7.4 Staff exit packages

6 compulsory redundancies were actioned by the Trust during the accounting period. The details of these are disclosed below.

The exit packages here were made either under nationally agreed arrangements or local arrangements approved by the Remuneration and Terms of Service Committee.

Group & Trust						
31 March 2020						
Exit package cost band	Number of compulsory redundancies	Cost of compulsory redundancies	Number of other departures agreed	Cost of other departures agreed	Total number of exit packages by cost band	Total cost of exit packages
	Number	£'000	Number	£'000	Number	£'000
Less than £10,001	2	8	0	0	2	8
£10,001 - £25,000	2	27	0	0	2	27
£25,001 - £50,000	0	0	0	0	0	0
£50,001 - £100,000	1	51	0	0	1	51
£100,001 - £150,000	1	107	0	0	1	107
£150,001 - £200,000	0	0	0	0	0	0
Total number of exit packages by type	6	193	0	0	6	193

Group & Trust						
31 March 2019						
Exit package cost band	Number of compulsory redundancies	Cost of compulsory redundancies	Number of other departures agreed	Cost of other departures agreed	Total number of exit packages by cost band	Total cost of exit packages
	Number	£'000	Number	£'000	Number	£'000
Less than £10,001	0	0	0	0	0	0
£10,001 - £25,000	2	36	0	0	2	36
£25,001 - £50,000	3	112	0	0	3	112
£50,001 - £100,000	0	0	0	0	0	0
£100,001 - £150,000	0	0	0	0	0	0
£150,001 - £200,000	1	160	0	0	1	160
Total number of exit packages by type	6	308	0	0	6	308

8. Pension costs

Past and present employees are covered by the provisions of the two NHS Pensions 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 scheme that covers NHS employers, General 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 that scheme for the accounting period.

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

a) Accounting valuation

A valuation of 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 2020, is based on the valuation data as at 31 March 2019, updated to 31 March 2020 with summary global member and accounting data. In undertaking this actuarial assessment, the methodology prescribed in IAS 19 (Employee Benefits), 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 scheme actuary report, which forms part of the annual NHS Pension Scheme (England and Wales) Pension Accounts. These accounts can be viewed on the NHS Pensions website and are published annually. Copies can also be obtained from The Stationery Office.

b) Full actuarial (funding) valuation

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

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

The 2016 funding valuation was also expected to test the cost of the Scheme relative to the employer cost cap set following the 2012 valuation. Following a judgment from the Court of Appeal in December 2018 Government announced a pause to that part of the valuation process pending conclusion of the continuing legal process.

8. Pension costs (continued)

c) Scheme provisions

The NHS Pension Scheme provided defined benefits, which are summarised below. This list is an illustrative guide only, and is not intended to detail all the benefits provided by the Scheme or the specific conditions that must be met before these benefits can be obtained:

From 1 April 2015 there are two separate pension schemes covering NHS workers, the 2015 NHS Pension Scheme and the 1995/2008 NHS Pension Scheme.

The 2015 NHS Pension Scheme, effective 1 April 2015, is a "Career Average Revalued Earnings" (CARE) scheme. From the above date, annual pensions are normally based on 1/54th of a member's CARE for each year of service. CARE is defined as a member's average earnings in a financial year, and is uplifted annually by a percentage determined by the Treasury. Members who are practitioners as defined by the Scheme Regulations are subject to exactly the same arrangements as all members who are directly employed by the NHS, with effect from the above date.

The 1995/2008 scheme is a "final salary" scheme. Annual pensions are normally based on 1/80th for the 1995 section and of the best of the last three years pensionable pay for each year of service, and 1/60th for the 2008 section of reckonable pay per year of membership. Members who are practitioners as defined by the Scheme Regulations have their annual pensions based upon total pensionable earnings over the relevant pensionable service.

With effect from 1 April 2008 members can choose to give up some of their annual pension for an additional tax free lump sum, up to a maximum amount permitted under HMRC rules. This new provision is known as "pension commutation".

Annual increases are applied to pension payments at rates defined by the Pensions (Increase) Act 1971, and are based on changes in retail prices in the twelve months ending 30 September in the previous calendar year. From 2011-12 the Consumer Price Index (CPI) has been used to replace the Retail Prices Index (RPI).

Early payment of a pension, with enhancement, is available to members of the scheme who are permanently incapable of fulfilling their duties effectively through illness or infirmity. A death gratuity of twice final year's pensionable pay for death in service, and five times their annual pension for death after retirement is payable.

For early retirements other than those due to ill health the additional pension liabilities are not funded by the scheme. The full amount of the liability for the additional costs is charged to the statement of comprehensive income at the time the Trust commits itself to the retirement, regardless of the method of payment.

Members can purchase additional service in the NHS Scheme and contribute to money purchase AVC's run by the Scheme's approved providers or by other Free Standing Additional Voluntary Contributions (FSAVC) providers.

National Employment Savings Trust (NEST)

In 2019/20 the Trust continued its participation of the National Employment Savings Trust (NEST) which is a defined contribution workplace pension scheme. The scheme is in use for a small number of staff as an alternative to the NHS Pension Scheme. Employer and employee contributions for the year totalled £158k (2018/19 £81k). 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 8% (with a minimum 3% being contributed by the Trust).

9. Operating leases

9.1 As lessee

The Group & Trust has three types of Operating Lease. These are for Photocopiers, Vehicles and Property.

Photocopiers are on a Crown Commercial Services (CCS) framework agreement with the contract negotiated on a five year lease term against the agreement for all print devices.

Vehicles are on a Purchasing and Supply Agency (PASA) NHS master lease agreement with typically three year terms. From 2019/20 this includes only vehicles used 100% for Trust business.

Property is on commercial arms length contracts. At the end of the accounting period there were 24 lease properties, all with different Landlords. The rental periods range from 1 to 17 years. 7 leases relating to LIFT properties in Barnsley have been included from 2013/14. These expire at the higher end of the rental timeframe.

There are no contingent rents or sublease payments due or received.

	Group & Trust	
	Year Ended 31 March 2020 £000	Year Ended 31 March 2019 £000
Operating lease payments		
Minimum lease payments	7,565	6,300
	7,565	6,300
	Year Ended	
	31 March 2020 £000	31 March 2019 £000
Future minimum lease payments due		
On all leases		
Payable:		
Not later than one year	5,876	4,948
Between one and five years	13,141	13,029
After five years	16,034	20,752
Total	35,051	38,729
	Year Ended	Year Ended

	Group Year Ended 31 March 2020 £000	Group Year Ended 31 March 2019 £000	Trust Year Ended 31 March 2020 £000	Trust Year Ended 31 March 2019 £000
10. Finance Income				
Interest on bank accounts	238	161	238	161
NHS Charitable funds: investment income	2	1	0	0
Total	240	162	238	161

The Group & Trust has no interest on impaired financial assets included in finance income in 2019/20 or in 2018/19.

11. Finance Costs - interest expense

The Group & Trust incurred no finance costs in 2019/20 or in 2018/19.

12. Impairment of assets (Property, Plant, and Equipment & intangibles)

	Group & Trust					
	Net Impairment £000	31 March 2020 Impairments £000	Reversals £000	31 March 2019 Net Impairment £000	31 March 2019 Impairments £000	Reversals £000
Impairments charged to operating surplus / deficit:						
Changes in market price	(5,719)	52	(5,771)	11,856	12,734	(878)
Total impairments charged to operating surplus / deficit	(5,719)	52	(5,771)	11,856	12,734	(878)
Total net impairments charged to revaluation reserve	(3,363)	21	(3,384)	14,707	14,861	(154)
Total impairments and (reversals)	(9,082)	73	(9,155)	26,563	27,595	(1,032)

13. Gains/losses on disposal/derecognition of assets

	Group & Trust	
	Year Ended 31 March 2020 £000	Year Ended 31 March 2019 £000
Gains on disposal/derecognition of property, plant and equipment	0	665
Losses on disposal/derecognition of other property, plant and equipment	(359)	(165)
Total gains/(losses) on disposal of assets	(359)	500
Fair value gains/(losses) on investment properties	(45)	0
Total other gains/(losses)	(404)	500

14 Intangible assets

	Group & Trust	
	Total	Software licences (purchased)
	£000	£000
14.1 Intangible assets 2019/20		
Gross cost at 1 April 2019	1,939	1,939
Additions - purchased	118	118
Disposals / derecognition	0	0
Gross Cost at 31 March 2020	2,057	2,057
Amortisation at 1 April 2019	1,831	1,831
Provided during the year	56	56
Disposals / derecognition	0	0
Amortisation at 31 March 2020	1,887	1,887
Net book value		
NBV - Purchased at 31 March 2020	170	170
NBV total at 31 March 2020	170	170

14.2 Intangible assets 2018/19

	Group & Trust	
	Total	Software licences (purchased)
	£000	£000
Gross Cost at 1 April 2018	1,939	1,939
Additions - purchased	0	0
Disposals / derecognition	0	0
Gross Cost at 31 March 2019	1,939	1,939
Amortisation at 1 April 2018	1,708	1,708
Provided during the year	123	123
Disposals / derecognition	0	0
Amortisation at 31 March 2019	1,831	1,831
Net book value		
NBV - Purchased at 31 March 2019	108	108
NBV total at 31 March 2019	108	108

14.3 Intangible assets

Intangible Assets are all purchased software licences and are depreciated over the life of the licence which is currently no more than 5 years. There has been no revaluation of these assets.

No Intangible Assets were acquired by Government Grant.

15. Property, plant and equipment

15.1 Property, plant and equipment 31 March 2020

Group & Trust	Total	Land	Buildings excluding dwellings	Assets under Construction & Payments On Account	Plant & Machinery	Transport Equipment	Information Technology	Furniture & Fittings
	£000	£000	£000	£000	£000	£000	£000	£000
Cost or Valuation at 1 April 2019	121,554	9,351	94,274	1,053	4,747	586	9,437	2,106
Additions - purchased	5,447	0	1,810	805	402	0	2,430	0
Impairments charged to operating expenses (note 12)	0	0	0	0	0	0	0	0
Impairments charged to the revaluation reserve (note 12)	(21)	(21)	0	0	0	0	0	0
Reversal of impairments credited to operating expenses	0	0	0	0	0	0	0	0
Reversal of impairments credited to the revaluation reserve	3,384	0	3,384	0	0	0	0	0
Reclassifications	1,531	0	3,389	(1,858)	0	0	0	0
Revaluations	0	0	0	0	0	0	0	0
Reclassified as held for sale	0	0	0	0	0	0	0	0
Disposals	(2,311)	(326)	(574)	0	(81)	(28)	(165)	(1,137)
Cost or Valuation at 31 March 2020	129,584	9,004	102,283	0	5,068	558	11,702	969
Accumulated depreciation at 1 April 2019	21,817	65	11,118	0	3,823	563	5,061	1,187
Provided during the year	5,686	0	3,869	0	221	19	1,400	177
Impairments charged to operating expenses(note 12)	52	0	52	0	0	0	0	0
Impairments charged to the revaluation reserve	0	0	0	0	0	0	0	0
Reversal of impairments credited to operating expenses (note 12)	(5,771)	0	(5,771)	0	0	0	0	0
Revaluations	0	0	0	0	0	0	0	0
Reclassifications	1,531	0	1,531	0	0	0	0	0
Reclassified as held for sale	0	0	0	0	0	0	0	0
Disposals	(1,063)	0	(3)	0	(75)	(28)	(133)	(824)
Accumulated depreciation at 31 March 2020	22,252	65	10,796	0	3,969	554	6,328	540
Net book value								
Net book value at 31 March 2020								
NBV - Owned at 31 March 2020	107,332	8,939	91,487	0	1,099	4	5,374	429
NBV - Donated at 31 March 2020	0	0	0	0	0	0	0	0
NBV total at 31 March 2020	107,332	8,939	91,487	0	1,099	4	5,374	429

Accumulated depreciation on land relates to historic impairments recognised through operating expenditure.

Included within buildings are improvements to buildings which are not owned by the Trust (Leasehold). These assets are not revalued in the year and hence not all accumulated depreciation has been reversed out upon revaluation.

A revaluation of the estate was undertaken as a desktop exercise on the 31st December 2019. This resulted in an increase of asset valuation and a number of impairment reversals were made. The valuation uses the BCIS (building cost information service) and Location Factor indices.

15.2 Property, plant and equipment 31 March 2019

Group & Trust	Total	Land	Buildings excluding dwellings	Assets under Construction & Payments On Account	Plant & Machinery	Transport Equipment	Information Technology	Furniture & Fittings
	£000	£000	£000	£000	£000	£000	£000	£000
Cost or Valuation at 1 April 2018	133,627	17,000	97,782	4,101	4,990	662	7,272	1,820
Additions - purchased	8,295	0	1,402	4,236	129	0	2,242	286
Impairments charged to operating expenses (note 12)	(11,143)	(4,666)	(6,477)	0	0	0	0	0
Impairments charged to the revaluation reserve (note 12)	(7,671)	(2,735)	(4,936)	0	0	0	0	0
Reversal of impairments credited to operating expenses	878	0	878	0	0	0	0	0
Reversal of impairments credited to the revaluation reserve	154	7	147	0	0	0	0	0
Reclassifications	0	0	7,284	(7,284)	0	0	0	0
Revaluations	(1,382)	0	(1,382)	0	0	0	0	0
Reclassified as held for sale	0	0	0	0	0	0	0	0
Disposals	(1,204)	(255)	(424)	0	(372)	(76)	(77)	0
Cost or Valuation at 31 March 2019	121,554	9,351	94,274	1,053	4,747	586	9,437	2,106
Accumulated depreciation at 1 April 2018	10,208	65	648	0	3,820	613	4,034	1,028
Provided during the year	4,618	0	3,112	0	252	23	1,072	159
Impairments charged to operating expenses (note 12)	1,591	0	1,591	0	0	0	0	0
Reversal of impairments credited to operating income (note 12)	7,190	0	7,190	0	0	0	0	0
Revaluations	0	0	0	0	0	0	0	0
Reclassifications	(1,382)	0	(1,382)	0	0	0	0	0
Reclassified as held for sale	0	0	0	0	0	0	0	0
Disposals	(408)	0	(41)	0	(249)	(73)	(45)	0
Accumulated depreciation at 31 March 2019	21,817	65	11,118	0	3,823	563	5,061	1,187
Net book value								
Net book value at 31 March 2019								
NBV - Owned at 31 March 2019	99,737	9,286	83,156	1,053	924	23	4,376	919
NBV - Donated at 31 March 2019	0	0	0	0	0	0	0	0
NBV total at 31 March 2019	99,737	9,286	83,156	1,053	924	23	4,376	919

Accumulated depreciation on land relates to historic impairments recognised through operating expenditure.

Included within buildings are improvements to buildings which are not owned by the Trust (Leasehold). These assets are not revalued in the year and hence not all accumulated depreciation has been reversed out upon revaluation.

15.3 Economic Lives of Property, Plant and Equipment

	Group & Trust	
	Min Life Years	Max Life Years
Land		
Buildings excluding dwellings	1	90
Plant & Machinery	2	10
Transport Equipment	0	7
Information Technology	3	6
Furniture & Fittings	0	9

15.4 Finance Leases

The Group & Trust hold no finance lease assets.

16 Investments

16.1 Investments - Carrying Value

	Group & Trust	
	Property*	Property*
	31 March 2020	31 March 2019
	£000	£000
At Carrying Value		
Balance at Beginning of Period	160	160
Fair value losses (impairment) (taken to I&E)	(45)	0
Disposals	0	0
Balance at End of Period	115	160

* The Group & Trust has no other investments.

Estate which the Trust Board has declared surplus to requirements is recorded as investment property under IFRS and its value is updated annually to the current market value as part of the wider estate revaluation.

16.2 Investment Property expenses

The Group & Trust incurred £1k on investment property expenses in 2019/20 (£0k in 2018/19).

16.3 Investments in subsidiaries

The Trust is the Corporate Trustee for the NHS Charity, EyUp!, (previous name South West Yorkshire Partnership Foundation Trust and Other Related Charities) registered charity number 1055931 by the Charity. The Charity operates for the benefit of the Service Users of the Trust. The Charity is fully consolidated into the Trust accounts.

The registered office is Fieldhead Hospital, Ouchthorpe Lane, Wakefield, WF1 3SP.

The following are summary statements before group eliminations which have been consolidated into these accounts in 2019/20

Summary Statement of Financial Activities

	31 March 2020	31 March 2019
	£000	£000
Total Incoming Resources	492	508
Staff Costs	(275)	(304)
Resources expended with bodies outside the NHS	(177)	(197)
Net movement in funds	40	7

Summary Statement of Financial Position

	31 March 2020	31 March 2019
	£000	£000
Cash and cash equivalents	604	548
Trade and other receivables	0	0
Trade and other payables	(45)	(29)
Net Assets	559	519
Other restricted income funds	359	325
Unrestricted income funds	200	194
Total Charitable Funds	559	519

Restricted income funds include the linked charities of Creative Minds, Mental Health Museum and Sprit in Mind. The majority of the restricted funds relate to Creative Minds (£322k).

17. Non-current assets held for sale and assets in disposal groups

17.1 Non-current assets held for sale

The Group & Trust has no non-current assets held for sale in 2019/20 or in 2018/19.

17.2 Liabilities in disposal groups

The Group & Trust has no liabilities in disposal groups in 2019/20 or in 2018/19.

18. Other assets

The Group & Trust has no other assets in 2019/20 or in 2018/19.

19. Other Financial Assets

The Group & Trust has no other financial assets in 2019/20 or in 2018/19.

20. Inventories

20.1. Inventory Movements

	Group & Trust		
	Total	Drugs	Other
	£000	£000	£000
Carrying Value at 1 April 2019	259	186	73
Additions	3,338	3,038	300
Inventories recognised in expenses	(3,359)	(3,046)	(313)
Carrying Value at 31 March 2020	238	178	60
	Total	Drugs	Other
	£000	£000	£000
Carrying Value at 1 April 2018	232	167	65
Additions	3,186	2,792	394
Inventories recognised in expenses	(3,159)	(2,773)	(386)
Carrying Value at 31 March 2019	259	186	73

Under the Trust accounting policies, inventory is valued at the lower of cost and net realisable value on a first in first out basis. Other Inventories is stock held at the Community Equipment Stores (Loans Service) in Barnsley.

21. Trade and other receivables

21.1 Trade and other receivables

	Group 31 March 2020 £000	Group 31 March 2019 £000	Trust 31 March 2020 £000	Trust 31 March 2019 £000
Current				
Contract receivables (IFRS 15): invoiced	6,606	4,024	6,606	4,024
Contract receivables (IFRS 15): not yet invoiced / non-invoiced	2,825	5,138	2,825	5,138
Allowance for impaired contract receivables / assets	(19)	(66)	(19)	(66)
Prepayments	1,458	1,416	1,458	1,416
PDC dividend receivable	53	63	53	63
VAT receivable	248	210	248	210
Other receivables	4	0	6	2
NHS Charitable funds: Trade and other receivables	0	0	0	0
TOTAL CURRENT TRADE AND OTHER RECEIVABLES	11,175	10,785	11,177	10,787
Non-current				
Clinician pension tax provision reimbursement funding from NHSE	528	0	528	0
TOTAL NON-CURRENT TRADE AND OTHER RECEIVABLES	528	0	528	0
TOTAL RECEIVABLES	11,703	10,785	11,705	10,787
Of which receivable from NHS and DHSC group bodies:				
Current	7,926	8,017	7,926	8,017
Non-Current	528	0	528	0

21.2 Allowances for credit losses (doubtful debts)

	Group & Trust	
	Total 2019/20 £000	Contract receivables and contract assets 2019/20 £000
Allowance for credit losses at 1 April 2019- brought forward	66	66
New allowances arising	9	9
Changes in the calculation of existing allowances	(16)	(16)
Reversals of allowances	(40)	(40)
Utilisation of allowances	0	0
Balance at 31 March	19	19
Loss/(gain) recognised in expenditure	(47)	

	Group & Trust		
	Total 2018/19 £000	Contract receivables and contract assets 2018/19 £000	All other receivables 2018/19 £000
Allowance for credit losses at 1 April 2018- brought forward (before IFRS9 and IFRS15 implementation)	121	0	121
Impact of IFRS 9 (and IFRS 15) implementation on 1 April 2018 balance	(46)	75	(121)
New allowances arising	25	25	0
Reversals of allowances	(34)	(34)	0
Utilisation of allowances	0	0	0
Balance at 31 March	66	66	0
Loss/(gain) recognised in expenditure	(9)	(9)	0

The Trust assess financial assets (Non NHS debtors including salary overpayments) beyond their due date and, as appropriate, provide for these through the use of the bad debt provision.

21.3 Finance lease receivables

The Group & Trust has no finance lease receivables.

22. Cash and cash equivalents

	Group 31 March 2020 £000	Group 31 March 2019 £000	Trust 31 March 2020 £000	Trust 31 March 2019 £000
Balance at 1st April	28,371	27,108	27,823	26,559
Net change in year	8,650	1,263	8,594	1,264
Balance at 31 March	37,021	28,371	36,417	27,823
Broken down into:				
Cash at commercial banks and in hand	766	656	162	108
Cash with the Government Banking Service	36,255	27,715	36,255	27,715
Cash and cash equivalents as in statement of financial position	37,021	28,371	36,417	27,823
Cash and cash equivalents as in statement of cash flows	37,021	28,371	36,417	27,823

Third party assets (Patient Monies) held by the Trust

	Group & Trust	
	31 March 2020 £000	31 March 2019 £000
Bank balances	323	284
Monies on deposit	132	105
Total third party assets	455	389

Third party assets have been excluded from the cash and cash equivalents figure reported in the accounts.

23. Trade and other payables

23.1 Trade and other payables

	Group	Group	Trust	Trust
	31 March 2020	31 March 2019	31 March 2020	31 March 2019
	£000	£000	£000	£000
Current				
Trade payables	4,152	4,725	4,152	4,725
Capital payables (including capital accruals)	272	1,070	272	1,070
Accruals	10,870	8,020	10,870	8,020
Social Security costs	2,469	2,282	2,469	2,282
Other taxes payable	1,474	1,424	1,474	1,424
Other payables	2,370	2,296	2,370	2,296
NHS Charitable funds: Trade and other payables	43	27	0	0
TOTAL CURRENT TRADE AND OTHER PAYABLES	21,650	19,844	21,607	19,817
Of which payable to NHS and DHSC group bodies				
Current	2,496	2,538	2,496	2,538

The Group & Trust had no non-current trade and other payables as at 31 March 2020 (£0 (zero) as at 31 March 2019).

23.2 Early retirements detail included in NHS payables

The Group & Trust had no early retirement costs included in payables as at 31 March 2020 (£0 (zero) as at 31 March 2019).

23.3 Other liabilities

	Group & Trust	
	31 March 2020	31 March 2019
	£000	£000
Current		
Deferred Income: contract liability (IFRS 15)	1,462	276
Deferred Income: other (non-IFRS 15)	0	0
TOTAL OTHER CURRENT LIABILITIES	1,462	276
Non-current		
Deferred Income: contract liability (IFRS 15)	0	0
Deferred Income: other (non-IFRS 15)	0	0
TOTAL OTHER NON CURRENT LIABILITIES	0	0

23.4 Other Financial Liabilities

The Group & Trust had no other financial liabilities as at 31 March 2020 (£0 (zero) as at 31 March 2019).

24. Borrowings

The Group & Trust had no borrowings as at 31 March 2020 (£0 (zero) as at 31 March 2019).

25. Provisions

	Group & Trust Current		Group & Trust Non-current				
	31 March 2020 £000	31 March 2019 £000	31 March 2020 £000	31 March 2019 £000			
Pensions - Early departure costs	51	56	378	467			
Pensions - Injury Benefits	62	60	925	907			
Legal claims	67	58	901	1,032			
Redundancy	3,231	3,186	400	376			
Clinician pension tax reimbursement	0	0	528	0			
Other	579	579	1,601	500			
Total	3,990	3,939	4,733	3,282			
	Total	Pensions - Early departure costs	Pensions - Injury benefits	Legal claims	Redundancy	Clinician pension tax reimbursement	Other
	£000	£000	£000	£000	£000	£000	£000
At 1 April 2019	7,221	523	967	1,090	3,562	0	1,079
Change in the discount rate	86	19	67	0	0	0	0
Arising during the year	4,550	14	15	207	2,685	528	1,101
Utilised during the year (accruals)	(29)	(13)	(16)	0	0	0	0
Utilised during the year (cash)	(377)	(41)	(46)	(97)	(193)	0	0
Reversed unused	(2,728)	(73)	0	(232)	(2,423)	0	0
At 31 March 2020	8,723	429	987	968	3,631	528	2,180
Expected timing of cash flows:							
Not later than one year;	3,990	51	62	67	3,231	0	579
Later than one year and not later than five years;	2,526	205	253	67	400	0	1,601
Later than five years (see note 31.3).	2,207	173	672	834	0	528	0
Total	8,723	429	987	968	3,631	528	2,180

Pensions relating to former directors and staff - these provisions relate to the expected pension payments to former employees. The total value is based upon a standard life expectancy of the former employee. Should this life expectancy be different the value and timing of the payments will be affected. The value of the pension payment is also affected by annual pension increases, determined by the NHS Pensions Agency.

Redundancy - This provision, totalling £3.6m, relates to approximately 56 posts during 2020/2021 and a further 10 redundancies during 2021/2022. These are estimates based upon the Trust Annual Plan and Cost Improvement Programme and commissioning intentions of commissioners.

Legal claims - these provisions relate to public and employer's liability claims. The value and timing of the payments is uncertain until the claims have been fully investigated and any settlements agreed.

Injury benefits - These are payable by the NHS Pensions Agency. The total value of the provision is based upon a standard life expectancy of the former employee. Should this life expectancy not be achieved the value and timing of the payments will be affected. The value of the pension payment is also affected by annual pension increases, determined by the NHS Pensions Agency.

Clinician pension tax reimbursement - This is a commitment to pay an amount equal to the tax charge payable by the clinician upon retirement. It is calculated using a national formula using an average discounted value per nomination set by the Government Actuary department and the Business Services Authority.

Other - This consists of 3 provisions one is a £500k provision in relation to a potential fine relating to Information Governance breaches, one for £579k relates to a HMRC VAT payment and the new provision of £1,101 relates to potential liabilities under the Flowers legal case.

£2,363K is included in the provisions of the NHS Resolution at 31 March 2020 (£1,308k at 31 March 2019) in respect of clinical negligence liabilities of the NHS Trust.

26. Contingencies**26.1 Contingent liabilities**

The Group & Trust had no contingent liabilities as at 31 March 2020 (none as at 31 March 2019).

26.2 Contingent assets

The Group & Trust had no contingent asset as at 31 March 2020 (1 as at 31 March 2019).

The Group & Trust contingent asset related to the expected sale of non-Trust estate for which the Trust is entitled to a proportion of the land receipt. This asset was sold in 2019/20 and the income recognised.

27. Revaluation reserve

Group & Trust

	Total Revaluation Reserve £000	Revaluation Reserve - property, plant and equipment £000
As at 1 April 2019	9,453	9,453
Impairments	3,363	3,363
Revaluations	0	0
Transfers to other reserves	(366)	(366)
Asset disposals	(53)	(53)
Revaluation reserve at 31 March 2020	12,397	12,397
	£000	£000
As at 1 April 2018	24,938	24,938
Impairments	(14,707)	(14,707)
Revaluations	0	0
Transfers to other reserves	(389)	(389)
Asset disposals	(389)	(389)
Revaluation reserve at 31 March 2019	9,453	9,453

The transfers to other reserves relate to revaluation balances for assets that were disposed of in year and have been transferred to the Income and Expenditure reserve.

28. Finance lease obligations

The Group & Trust had no finance lease obligations.

29. Finance lease commitments

The Group & Trust had not entered into any new finance leases during the year.

30. Capital commitments

Contracted capital commitments at the year end not otherwise included in these financial statements:

	Group & Trust	
	31 March 2020 £000	31 March 2019 £000
Property, plant and equipment	0	969
Intangible assets	0	0
Total	0	969

31. Financial Instruments

31.1 Financial assets

	Group	Group	Trust	Trust
	Total	Held at	Total	Held at
	£000	amortised cost	£000	amortised cost
	£000	£000	£000	£000
Assets as per SoFP				
Receivables (excluding non financial asses) - with DHSC bodies	7,858	7,858	7,858	7,858
Receivables (excluding non financial asses) - with other bodies bodies	1,543	1,543	1,543	1,543
Cash and cash equivalents	36,417	36,417	36,417	36,417
NHS Charitable funds: financial assets	604	604	0	0
Total at 31 March 2020	46,422	46,422	45,818	45,818

Assets as per SoFP

Trade and other receivables (excluding non-financial assets) - with NHS and DH bodies	7,954	7,954	7,954	7,954
Trade and other receivables (excluding non-financial assets) - with other bodies	1,142	1,142	1,142	1,142
Cash and cash equivalents	27,823	27,823	27,823	27,823
NHS Charitable funds: financial assets	548	548	0	0
Total at 31 March 2019	37,467	37,467	36,919	36,919

There is no difference between carrying amount and fair value

31.2 Financial liabilities

	Group	Group	Trust	Trust
	Total	Held at	Total	Held at
	£000	amortised cost	£000	amortised cost
	£000	£000	£000	£000
Liabilities as per SoFP				
Trade and other payables (excluding non-financial liabilities) - with DHSC bodies	2,406	2,406	2,406	2,406
Trade and other payables (excluding non-financial liabilities) - with other bodies	12,658	12,658	12,658	12,658
IAS 37 provisions which are financial liabilities	8,723	8,723	8,723	8,723
NHS Charitable funds: financial liabilities	43	43	0	0
Total at 31 March 2020	23,830	23,830	23,787	23,787
Trade and other payables (excluding non-financial liabilities) - with NHS and DH bodies	1,968	1,968	1,968	1,968
Trade and other payables (excluding non-financial liabilities) - with other bodies	11,995	11,995	11,995	11,995
Provisions under contract	7,221	7,221	7,221	7,221
NHS Charitable funds: financial liabilities	27	27	0	0
Total at 31 March 2019	21,211	21,211	21,184	21,184

31.3 Maturity of Financial liabilities

	Group	Group	Trust	Trust
	31 March 2020	31 March 2019	31 March 2020	31 March 2019
	£000	£000	£000	£000
In one year or less	19,097	18,979	19,097	18,979
In more than one year but not more than two years	180	0	180	0
In more than two years but not more than five years	2,346	1,320	2,346	1,320
In more than five years (see note 25)	2,207	912	2,207	912
Total	23,830	21,211	23,830	21,211

32. Financial risk management

Financial reporting standard IFRS 7 (Financial Instruments: Disclosures) requires disclosure of the role that financial instruments have had during the year in creating or changing the risks a body faces in undertaking its activities. Because of the continuing service provider relationship that the Trust has with Clinical Commissioning Groups and the way those Clinical Commissioning Groups are financed, the Trust is not exposed to the degree of financial risk faced by business entities. Also financial instruments play a much more limited role in creating or changing risk than would be typical of listed companies, to which the financial reporting standards mainly apply. The Trust has limited powers to borrow or invest surplus funds and financial assets and liabilities are generated by day-to-day operational activities rather than being held to change the risks facing the Trust in undertaking its activities.

The Trust's treasury management operations are carried out by the finance department, within parameters defined formally within the Trust's standing financial instructions and policies agreed by the Board of Directors. Trust treasury activity is subject to review by the Trust's internal auditors.

Currency risk

The Trust is principally a domestic organisation with the great majority of transactions, assets and liabilities being in the UK and sterling based. The Trust has no overseas operations. The Trust therefore has negligible exposure to currency rate fluctuations.

Interest rate risk

The Trust currently has no long term borrowing.

Credit risk

Because the majority of the Trust's income comes from contracts with other public sector bodies, the Trust has low exposure to credit risk. The maximum exposures as at 31 March 2020 are in income from customers, as disclosed in the Trade and other receivables note.

Liquidity risk

The Trust's operating costs are incurred under contracts with clinical commissioning groups, which are financed from resources voted annually by Parliament. The Trust funds its capital expenditure from internally generated resources; future capital expenditure will be funded in the same way or from funds obtained within its prudential borrowing limit. The Trust is not, therefore, exposed to significant liquidity risks.

33. Events after the reporting period

The Group & Trust has no events after the reporting period.

34. Private Finance Initiative contracts

The Group & Trust has no Private Finance Initiative Contracts.

35. Related party transactions

During the year Board Members or members of the key management staff or parties related to them have undertaken material transactions with South West Yorkshire Partnership NHS Foundation Trust, these are noted below.

Rob Webster, Chief Executive. Independent Chair of Panel for assessing clinical commissioning group learning disability commissioning (NHS England), Visiting Professor, Leeds Beckett University, Honorary Fellow, Queen's Nursing Institute, Honorary Fellow, Royal College of General Practitioners, Lead Chief Executive, West Yorkshire and Harrogate Health and Care Partnership (Integrated Care System)

Angela Monaghan, Chair of the Trust. Spouse is Strategic Director at Bradford Metropolitan District Council, Non Executive Director of the National Association for Neighbourhood Management and Director of the Bradford Culture Company.

Charlotte Dyson, Deputy Chair / Senior Independent Director. Independent marketing consultant, Beyondmc, Lay Chair, Leeds Teaching Hospitals NHS Trust Advisory Appointments Committee for consultants (occasional), Lay member, Leeds Teaching Hospitals NHS Trust Clinical Excellence Awards Committee, Lay member, Bradford Teaching Hospitals NHS Trust Clinical Excellence Awards, Lay member, Advisory Committee Clinical Excellence Awards, Yorkshire and Humber Sub-Committee and Lay member, Royal College of Surgeons of Edinburgh, MRSC Part B OSCE.

Chris Jones, Non Executive Director. Director, Chris Jones Consultancy Ltd.

Kate Quail, Non Executive Director. Owner / Director of The Lunnagh Partnership Ltd, Health and Care Consultancy.

Sam Young, Non Executive Director. Owner / Director of ISAY Consulting Limited. Interim Transformation Director, Irwell Valley Homes.

Tim Breedon, Director of Nursing and Quality / Deputy Chief Executive. Son works in the Trust's Occupational Health Service as a Registered Nurse.

Mark Brooks, Director of Finance and Resources. Trustee for Emmaus (Hull & East Riding) Homeless Charity

Alan Davis, Director Human Resources, Organisational Development and Estates. Spouse is employed by Blackpool Teaching Hospitals NHS FT as the Managing Director, NHS North West Leadership Academy.

Carol Harris, Director of Operations. Spouse - Engineering Company has contracts with NHS providers including Mid Yorkshire Hospitals NHS Trust.

Dr Subha Thiyaresh, Medical Director. Spouse, Trustee, Hollybank Trust Hospital, Consultant, Calderdale & Huddersfield NHS Foundation Trust

Salma Yasmeen, Director of Strategy. Board Member, PRISM charity in Bradford.

35.1 Related Party Transactions

	Group & Trust	
	Income	Expenditure
	£000	£000
Value of transactions with other related parties in 2019/20		
Department of Health and Social Care	20	0
Other NHS Bodies	217,029	14,877
Other	0	0
Total	217,049	14,877
	Income	Expenditure
	£000	£000
Value of transactions with other related parties in 2018/19		
Department of Health and Social Care	2,579	0
Other NHS Bodies	202,829	10,181
Other	0	0
Total	205,408	10,181

35.2 Related Party Balances

	Group & Trust	
	Receivables	Payables
	£000	£000
Value of transactions with other related parties in 2019/20		
Department of Health and Social Care	0	0
Other NHS Bodies	7,871	2,495
Other	0	0
Total	7,871	2,495
	Receivables	Payables
	£000	£000
Value of transactions with other related parties in 2018/19		
Department of Health and Social Care	0	0
Other NHS Bodies	7,955	2,428
Other	0	0
Total	7,955	2,428

36. Losses and Special Payments

	Group & Trust			
	Year Ended 31 March 2020	Year Ended 31 March 2020	Year Ended 31 March 2019	Year Ended 31 March 2019
	Total number of cases Numbers	Total value of cases £000s	Total number of cases Numbers	Total value of cases £000s
Losses:				
1. Losses of cash due to:				
a. theft, fraud etc.	3	1	0	0
b. overpayment of salaries etc.	3	7	0	0
c. other causes	4	1	7	0
2. Fruitless payments and constructive losses	0	0	0	0
3. Bad debts and claims abandoned	12	7	18	9
4. Damages to buildings, property etc. (including stores losses)	0	0	0	0
Total Losses	22	16	25	9
Special Payments				
5. Compensation under legal obligation	2	1	2	3
6. Extra contractual to contractors	0	0	0	0
7. Ex gratia payments				
a. loss of personal effects	34	2	36	2
d. other negligence and injury	0	0	3	2
e. other employment payments	0	0	0	0
g. other	2	0	5	1
8. Special severance payments	0	0	0	0
9. Extra statutory and regulatory	0	0	0	0
Total Special Payments	38	3	46	8
Total Losses and Special Payments	60	19	71	17

All amounts are reported on an accruals basis but exclude provisions for future losses.

There were no clinical negligence cases where the net payment exceeded £300,000.

There were no fraud cases where the net payment exceeded £300,000.

There were no personal injury cases where the net payment exceeded £300,000.

There were no compensation under legal obligations cases where the net payment exceeded £300,000.

There has been no fruitless payments where the net payment exceeded £300,000.

37. Gifts

The Trust has made no gifts in 2019/20 (0 (zero) in 2018/19)

38. Going Concern

After making enquiries, the directors have a reasonable expectation that the Group & Trust have adequate resources to continue in operational existence for the foreseeable future. For this reason, they continue to adopt the going concern basis in preparing the accounts.

In making this assertion the Trust Board has taken a number of factors into account. Whilst the NHS planning process has been suspended to enable focus on the response to Covid-19 the Trust has updated its financial plan for 2020/21 and this was largely finalised and agreed by the Trust Board prior to the suspension of the planning process. The draft submission was approved by the Trust Board and reviewed by the regulator. The Trust Board has also taken into consideration the temporary financial arrangements in operation between April and July 2020 during the Covid-19 pandemic outbreak and expect to see Trust costs during this period covered by income.