South West Yorkshire Partnership NHS Foundation Trust

Annual report and accounts

for the period 1 April 2020 to 31 March 2021

SOUTH WEST YORKSHIRE PARTNERSHIP NHS FOUNDATION TRUST

ANNUAL REPORT AND ACCOUNTS FOR THE PERIOD 1 APRIL 2020 TO 31 MARCH 2021

To be presented to Parliament by pursuant to Schedule 7, paragraph 25(4) (a) of the National Health Service Act 2006

Contents

Message from the Chair and Lead Governor 2020/21

Welcome to the Trust's annual report for the year 1 April 2020 to 31 March 2021.

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. This response to the pandemic has continued throughout 2020/21 and the Trust has adapted to meet the challenges posed, continuing to meet the needs of the communities we serve, supporting our staff and carers and maintaining business continuity.

Faced with an unprecedented situation, our Trust responded with kindness, compassion, and in line with our values. Throughout 2020/21, we have seen many examples of our staff demonstrating just what the NHS is about.

In challenging times, it's reassuring when you have values which guide you, inform your response, and influence your reaction. In our Trust, we are proud to have a strong vision, mission and values which unite us and remind us why we are here.

The coronavirus pandemic hit the NHS quickly and unexpectedly and we found ourselves in situations we had never experienced before. Thanks to our values, we have been able to expertly navigate our way through the year, not only maintaining our core services but in many cases improving them too.

This year has seen the best of us and when we look back, we can be reassured that we always strived to do the right thing. We have seen many highlights, and below are just some examples. Everything we do is underpinned by an ambition to improve, innovate, and increase the quality of our services across the whole Trust.

In celebration of LGBT+ History Month in April, the LGBT+ staff network launched the NHS rainbow badge campaign, giving Trust staff the opportunity to make a pledge to receive their badge. This promotes a message of inclusion within the Trust and support both LGBT+ staff and service users in identifying people who they can seek support from about whom they are, how they identify and how they feel. The badges are just one way to show that our Trust is an open, non-judgemental, and inclusive place.

This has been a year where many services embraced digital technology, hosting online meetings, and supporting people virtually. For our community services providing essential care to people in their local communities and homes, it was business as usual – with infection prevention and control precautions and PPE of course. In the space of a week, Barnsley community services made nearly 5,000 essential home visits providing a variety of care and treatments to vulnerable patients.

Our adult attention deficit hyperactivity disorder (ADHD) and autism service received the prestigious ACOMHS accreditation awarded by the Royal College of Psychiatrists. Achieving the standard means that the service carries out timely assessment and treatment which is focussed on individual needs and recovery goals. It also means that the service that is person-centred and considers service users' unique and changing personal, psychosocial, and physical needs.

Our EyUp! charity continued its fundraising efforts. A new charity challenge was launched to help raise important funds to support local veterans with their health and wellbeing. The EyUp! Yorkshire charity challenge saw participants walk, run or ride as far as they could to help the charity achieve their collective target of 450 miles – the boundary of Yorkshire.

The Trust then went on to be accredited as a Veteran Aware NHS organisation by the Veterans Covenant Healthcare Alliance (VCHA). Formal accreditation as a Veteran Aware organisation recognises our work in identifying and sharing best practice across the NHS and modelling the best standards of care for the Armed Forces community.

The Trust's Barnsley tissue viability service was named a winner at the Journal of Wound Care World Union of Wound Healing Societies Awards in the 'Cost-effective Wound Management' category. The nomination was made in recognition of a pathway the service introduced which helps district nurses to treat leg ulcers more efficiently, saving the NHS millions of pounds.

There has been a huge focus on maintaining good mental health and wellbeing this year, and we have been there to support people through some of their most life-changing moments. In a survey, 98% of new mums said they would recommend the Trust's perinatal mental health service. The service provides specialist care for pregnant women and new mothers and improves access for women to support from specially trained staff.

Kirklees memory service received a Sustainable Mental Health Service Commendation from the Royal College of Psychiatrists. Following their successful Memory Services National Accreditation Programme (MSNAP) award, the team have been recognised for their commitment to enabling patients to manage their conditions and reducing waste.

Trust chief executive Rob Webster CBE was announced as the Health Service Journal's (HSJ) chief executive of the year at the 2020 HSJ Awards. Rob was also placed first in the HSJ's annual ranking of the top 50 chief executives. He is the first mental health Trust chief executive to ever be awarded the top spot in the list, which this year recognised the achievements of NHS leaders in tough times.

Ward 19 (male side) on Priestley Unit at Dewsbury and District Hospital celebrated 365 days without a medicine omission, which is an amazing achievement for patient safety. They did this by having the nurses check for any omissions on all the medication charts when they administered tea-time medication. That way the nurses that administered that morning and lunch time medications would still be available on the ward to fill in any blanks from earlier in the day.

We are proud of our successes, but we know there is always room to improve. 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. Performance against the out of area bed placements indicator has continued to improve during the year compared to our historic position. The target quoted was set three years ago as we looked to eradicate the use of out of area bed placements across the NHS.

It is also worth noting that the paediatric audiology service was suspended at times during the pandemic and as such was below the historic target in terms of the maximum six week wait.

Improved processes have been put in place and considerable resource focuses on this issue to ensure as many people as possible are looked after as close to home as possible. Demand for our services has remained high during the pandemic and bed management is an area of intense pressure.

The majority of out of area bed usage related to psychiatric intensive care patients. The actual use of out of area bed placements continues to see a downward trend. During 2018/19 we used 4,244 days of out of area placements, which reduced to 2,428 in 2019/20 and 1,719 in 2020/21.

It's our ambition to become an outstanding organisation, and we are building on the work we have done so far with our valued and diverse communities to make local health and care services better for everyone.

Our annual NHS staff survey provides important feedback on staff members' experiences of working for the Trust. This year we collected 1,864 responses – a 43% response rate. Five key theme scores have been improved (to a level which is statistically significant), these are: equality, diversity, and Inclusion; health and wellbeing; morale; staff engagement and safety culture. Five key themes scores were unchanged from 2019. No scores have got worse.

The staff survey results give us an opportunity to learn about staff experiences and make improvements. We will be working with our teams to develop action plans which address the local findings of the NHS staff survey, linked to our workforce plan and the feedback from our staff insight sessions.

We are refreshing our bullying and harassment adviser scheme and strengthening how they can work alongside our freedom to speak up guardians so that staff find it easier to raise issues and have their concerns addressed.

Our 'Race Forward' campaign aims to improve experiences for staff by reducing incidents of bullying and harassment and making our workplaces safer places to be. We're also reviewing our policies to ensure they support all staff; and further building on our work to ensure diverse and transparent recruitment, including diverse representation on recruitment panels.

This feedback and the improvements we can make to our organisation will support us to better meet the mental, physical, and social needs of the thousands of people we make over a million contacts with each year.

This has been a year of changes and adapting to new ways of working. Our finance team successfully managed to deliver our accounts using a brand-new system, which was introduced completely virtually. This was a fantastic effort involving quickly getting to grips with new software and systems and still meeting demanding deadlines.

Our new equality, involvement, communication, and membership strategy was signed off by our Board. Although the production of this important strategy was delayed by Covid, it didn't stop our agile engagement team gathering views from 720 people across our communities and places, alongside insight used from our Healthwatch partners and other sources across the integrated care system, to inform its development. The result is a responsive and integrated strategy that will support us to strengthen inclusion, improve the diversity of our workforce and improve the outcomes and experience of our service users, carers, and communities. Engaging with our communities to improve our services is a priority for the Trust.

In September we held our annual members' meeting, reflecting on what has been an unusual and challenging year for us as a Trust and the NHS as a whole. For the first time, it was held virtually on Microsoft Teams, which was hugely successful. Although very different to previous years, the meeting was still a fantastic opportunity for local people to join and engage with us as we develop and share our plans for the future.

We have plenty of moments to celebrate, but this has also been a year of great sadness. We mourn the people we have lost to the Covid-19 pandemic and our thoughts are with the many grieving families – some our own staff – who must go on in this ever-changing world without their loved ones by their side.

No matter where we go next, it is so important we have a clear, shared purpose and focus. Our existing vision, mission and values will continue to underpin everything we do – and we

have ensured a greater focus on addressing inequalities, better engagement and involvement, sustainability, and staff wellbeing. All of this will help us to achieve great things together.

Angela Monaghan
Chair

Date: 23 June 2021

John Laville
Lead Governor

Date: 23 June 2021

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.

Chief executive reflections

This was a year like no other for the NHS. The impact of the coronavirus pandemic was felt across the health and care system, and in the face of restrictions set out to keep people safe, teams and services adapted, grew, and changed.

In our Trust the response to the pandemic demonstrated the best of us. The same compassion, care, and values-driven approach we see consistently from our staff was amplified. Each member of staff contributed to ensuring the NHS could continue to provide care in some of the most difficult and challenging times – from back office to front line, we continued to make a difference to the lives of thousands of people.

We supported our service users and their loved ones

We rose to the challenge of delivering personalised care within a pandemic across all our services and places, providing invaluable support to service users, carers, their families and the wider public. Examples include:

- To celebrate carers week the Dales carers group in Calderdale Royal Hospital provided over 100 wellbeing packs to their carers in Calderdale.
- Our perinatal mental health team also gave out personalised wellness packs for their service users, all with a personal hand-written message.
- Over 180 items of equipment were distributed to domiciliary patients in Barnsley over 8 weeks by our physiotherapy assistants. It helped to decrease the risk of falls, promote mobility, and keep patients active and independent in their homes.
- We introduced ‘cards of kindness’ so that people who can’t visit physically can send messages to their loved ones on our wards.
- We offered a ‘virtual visitor’ scheme so that service users could have contact despite restrictions on access to the wards. Service users were able to see and talk to their friends and family using iPads given to inpatient areas.
- Celebrations for VE Day were changed because of lockdown and social distancing measures. On Crofton Ward in the Unity Centre the team set up a reminiscing lounge so that service users could still celebrate and share their memories.
- Staff in the Unity Centre and in learning disability services in Barnsley have produced quizzes and activities to keep service users occupied while in lockdown; and in Kirklees and Calderdale they have been using horticultural therapy to support people to be active.
- Our older people’s mental health team in Wakefield said hello to service users through their window before putting on their PPE and entering the house. This helped relax the service users who can see and connect with the person beneath the mask.

- Our learning disability team in Calderdale worked with the Calderdale Royal Hospital to make sure that all their service users have VIP hospital passports on their care records. This ensures that when in hospital service users can get their own pre-agreed personalised care.
- Newhaven helped their service users with learning disabilities to stay physically and mentally well by holding a lockdown Olympics.
- The ReACH team at Wakefield CAMHS created activity packs to be delivered to young people who the team support. With mindfulness colouring, positive quotes, and face painting they were purchased through our charity EyUp!

We changed the way we work to stay safe

This year saw us conduct our work in different ways. We carried out many appointments, clinics, and group sessions remotely, including:

- All of our staff and inpatients were offered risk assessments regularly throughout the pandemic to help them stay safe. This included specific risk assessments for our BAME patients and colleagues, including those most vulnerable to infection.
- Personal Protective Equipment (PPE) and guidance was provided by our Infection Prevention and Control team to all staff relevant to their role. Specific advice and guidance was issued to our inpatient teams to keep our staff and the people they care for safe.
- Our perinatal mental health teams, recovery colleges, learning disability services and CAMHS have all used Microsoft Teams to hold group sessions.
- Many of our teams went on social media to record films encouraging people to continue to access NHS services.
- Our children's speech and language therapy team produced tools and resources for parents and children on their dedicated YouTube channel and social media platforms.
- In a typical week during the pandemic, Barnsley community services made nearly 5,000 essential home visits each week, visited care homes and completed around 10,500 telephone and video consultations, recorded 2,500 patient interactions on our stroke and neurological rehabilitation unit and held more than 50 remote meetings.
- We gave access to our patient record system, SystmOne to primary care so that they can easily access people's health and care records to support treatment and worked closely with our acute colleagues to ensure continuity of care.
- Teams went online and used digital technology wherever possible, IAPT services, recovery colleges and Creative Minds all delivered courses remotely.
- In South Yorkshire our liaison and diversion team switched to a digital service to support social distancing. They also helped our community services by packing PPE and helped distribute medical equipment to district teams.
- Our corporate services teams "stepped down to step up" by reprioritising work to support our frontline services, volunteering to work in different roles such as healthcare assistants.
- We have held our Trust Board, members council meetings and a question and answer session with our members' council digitally on Microsoft Teams as well as other key governance meetings such as our Audit committee.
- Our occupational health team shared physio films online and on social media, helping staff, service users and the public stay fit and well.

- Yorkshire Smokefree went digital and offered support to people to quit online and on the phone.

Everyone worked hard in challenging times to maintain performance and ensure we continue to deliver care.

We encouraged speaking out about mental health

We became one of over 160 organisations taking part in the West Yorkshire and Harrogate Health and Care Partnership staff suicide prevention campaign, targeted at more than 100,000 health, care, voluntary and community service colleagues working in organisations large and small across the area.

While the campaign was initiated by the West Yorkshire and Harrogate integrated care system, we rolled it out across all our places, including Barnsley.

The 'Check-in' campaign aims to prevent staff suicide and promote a wellbeing culture by normalising the conversation around suicide and mental health as well as providing training, including links to the Zero Suicide Alliance, and signposting to support in and out the workplace.

The campaign, co-produced with people who have direct experience of suicide, has been created by staff coming together from NHS services, councils, Healthwatch and community groups, including the Samaritans and Platform 1 in Huddersfield.

We modernised our systems

Finance and procurement ledger system

The Trust finance and procurement ledger system had been in place for nearly 15 years and was due an upgrade in order to ensure technical support was available. A new system was tendered with the contract awarded to NHS Shared Business Services going live on 1st October 2020. NHS Shared Business Services already provide financial systems and services to over 200 NHS organisations including other local mental health provider trusts. As such this brings us in line with similar organisations and in line with national guidance.

As well as improved technical support and a wealth of national knowledge, system optimisation is aimed to improve the service offer from finance and procurement; including helping end users to quickly order goods and services, pay invoices promptly and provide high quality management information.

EPMA

Electronic Prescribing and Administration of Medications (EPMA) was a key development for the Trust; designed to improve patient safety, efficiency in service delivery, improve data quality and deliver financial benefits for our organisation. The system went live in our Poplars unit on 18 January 2021 and Lyndhurst unit on 25 January 2021.

EPMA replaces paper medication charts with an electronic medication chart within SystmOne to support one service user record within the Trust. The medication chart can be opened from any device that has SystmOne access on it including the computer on wheels systems on every ward.

The EPMA system enables the prescribing, supply, and administration of medicines electronically and brings a significant range of benefits.

FIRM

The majority of services moved from the Sainsbury risk assessment tool on SystmOne to the formulation informed risk management (FIRM) on 28 September 2020.

Over the last year, the SystmOne optimisation team have worked with over 400 staff from across the Trust, to develop the FIRM tool to make it as user-friendly as possible; receiving positive feedback from colleagues. CAMHS services acted as an early adopter for the FIRM tool in July also; piloting the tool to share their learnings to support the Trust-wide roll-out.

We kept our staff safe through our vaccination programmes

COVID-19

On 12 January 2021 the COVID-19 vaccination programme commenced in the Trust.

All eligible staff at the Trust were invited to book an appointment, including bank staff, volunteers, students, and doctors on rotation at the Trust during the vaccination window.

On 31 March 2021 all eligible staff who wished to, had received a vaccination.

The Trust used national guidance alongside an internal risk-based assessment to help identify the order in which staff were offered the vaccine. This took into account factors like age, ethnicity and working locations. Vaccinations were provided at two vaccination sites within the Trust - Kendray in Barnsley and Fieldhead in Wakefield.

Over 1,100 Trust and local health and social care staff shared their experiences of having their COVID-19 vaccine at the Trust by completing a survey, which was emailed out to every person who had had their first vaccine at a Trust vaccination hub.

Headline findings from the survey shared that:

- 99% of staff were very satisfied or satisfied with how safe they felt at our vaccination hubs
- 98% of staff were very satisfied or satisfied with the efficiency of our vaccination service
- 97.5% of staff were very satisfied or satisfied with their overall experience of having a vaccine at our Trust.

Responses included a high number of positive comments, which praised our vaccine hubs as being “safe”, “organised” and “clean” alongside staff working in the hubs who were described as “caring”, “knowledgeable” and “reassuring”.

Flu

Our annual flu vaccination campaign saw us achieve our highest ever uptake – 89.4% of staff chose to have their jab to keep themselves and their family, friends and loved ones safe from flu.

We brought back our ‘have a jab, give a jab’ initiative for a second year, after we were able to donate 900 polio, 1,000 tetanus and 350 measles vaccines to help children around the world in 2020/21.

In order to encourage vaccine uptake and make getting a jab as easy and efficient as possible, we offered to reimburse staff if they had their vaccine at a community pharmacy. This was to help people stay local and reduce travel when this was essential to slowing the spread of COVID-19.

We helped people get the right help at the right time

We launched a new guide to help adults in Barnsley, Calderdale, Kirklees and Wakefield to 'choose well' when looking after their mental health and wellbeing.

Based on the national NHS 'choose well' campaign – which historically focuses on physical health only – the guide showcases examples of how a person may be feeling alongside some of the support available in these different circumstances. The guide helps local people to know:

- How they can look after their own mental health and wellbeing
- Who else can help and provide mental health and wellbeing support
- Where to go for help and support.

The guide has been developed with clinicians at the Trust, alongside people with lived experience of mental health difficulties and their families and carers.

We focused on being a great place to work

Over 2,000 staff gave their feedback on the 2020 wellbeing at work survey, which ran from 7 July to 3 August 2020. This saw a significant increase on the response to the last survey in 2019

Overall, the reported results are similar to other organisations in public and private sectors.

The overall Trust results show improvements in the following scales:

- Resources and communication
- Job security and change
- Balanced workloads.
- BAME staff responses
- Allied health professionals' results have improved too

Following receipt of the results a series of staff insight sessions were held to gather feedback and to discuss improvements – specifically improving our wellbeing offer. This resulted in Trust wide and service specific action plans developed in partnership with Staff Side and staff.

Regular communication takes place across the Trust 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 and Covid-19 update from the Chief Executive and other directors. A monthly brief is cascaded from the Extended Executive Management Team to all staff and available to download from the intranet.

Increasing levels of staff engagement remains a key priority for the Trust and this will be a focus in our 2021 Great Place to Work Leadership programme which is aimed at team managers.

NHS England published the People Plan for 2020-21 called 'We are the NHS'. It sets out what everyone can expect from the NHS – including leaders, national organisations and from each other. The People Plan aligns very closely with the work commenced last year in making our Trust a great place to work and supports the development of the Trust's new Workforce Strategy 2021-2024.

The plan recognises the transformation that has taken place during the pandemic and supports trusts to build on this to create long standing improvements.

We offered support to our staff

In what was one of the most challenging years for the NHS, it was particularly important to support the wellbeing of our staff. We offered a number of help, advice and support lines to ensure that our staff always had somewhere to turn in difficult times.

- The occupational health team has experienced counsellors, occupational therapy and mental health nurses who were available for support on their helpline.
- Our pastoral and spiritual care service set up a dedicated and confidential phone line for patients, carers, and staff to provide a listening ear in uncertain times called 'Talk Line'
- HR set up a telephone helpline and email account for managers and staff with coronavirus enquiries.
- Our website included advice on how everyone can look after their mental health and wellbeing, and resources to support friends, family, children and young people, and those with an existing mental health condition.
- We also signposted to national independent resources such as the #OurNHSPeople phone line.

In June we distributed wellbeing packs to all of our staff and volunteers, including our social care colleagues. These included a thank you message from our Chair, items to help look after themselves, as well as a water bottle to help them stay hydrated. The packs were funded by NHS Charities Together which was used to support staff wellbeing and service user focused projects across the Trust.

We invested in our estates to make them greener

The Trust made a significant investment this year in renewable energy schemes and similar projects which will contribute towards our green plan and net-zero carbon targets. As part of our future plans, we will be looking at wider investment in green and renewable technologies for heating and power generation, energy efficiency projects and electric vehicles.

We installed additional solar panels at Baghill House in Pontefract and a new system at Laura Mitchell Health and Wellbeing Centre in Halifax. These will contribute significantly to the energy usage in these buildings. We already have a solar system on the roof of the Unity Centre in Wakefield that contributes to energy usage on the Fieldhead site.

We have electric vehicle charging points available for staff and visitors to our Fieldhead and Kendray sites, and our portering service at Kendray took delivery of their first electric van to

be used for local deliveries and mail services. As the technology develops for commercial vehicles, we will be looking at adding electric vehicles to our Trust fleet.

We planned for our recovery

We have spent time understanding the impact of coronavirus on our services and the impact it has had on staff, service users and different groups.

Over 400 staff and our governors shared their views and experiences. We also captured the voices and feedback from service users, carers, and local communities. We will be taking this learning forward following the pandemic.

We will continue to build on the innovation and change driven by our staff, which has been clinically led and supported by corporate teams.

We have also strengthened our approach to capturing feedback from service users, carers and communities and will continue to work on this in the coming year.

All changes will be made using quality improvement approaches underpinned by our 'All of us improve' framework.

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) and 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

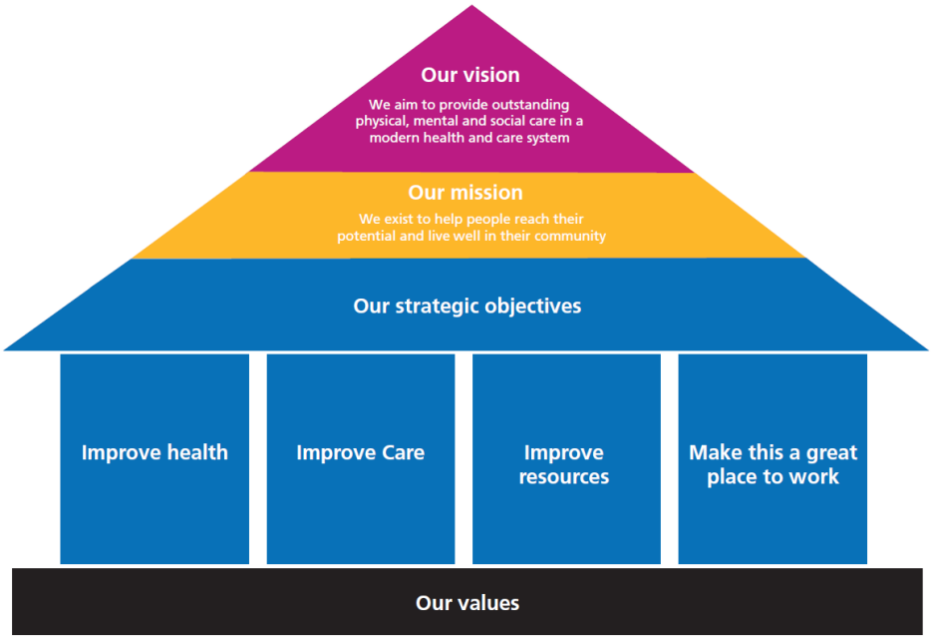
We're here to help people reach their potential and live well in their communities by providing high-quality care in the right place at the right time. We continue to strive to involve people and enable them to have greater control over their own care, working in partnership with the community and voluntary sector and playing our part in building resilient communities is at the centre of everything we do. Our strategic goals are provided in detail on page 17 of this report.

Over 1 million people live in Barnsley, Calderdale, Kirklees, and Wakefield across urban and rural communities from a diverse range of 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 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 4,500 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 inpatient 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:

- **A regional centre of excellence for learning disability, specialist, and forensic mental health services.**
- **A trusted provider of general community and wellbeing services delivering integrated care.**
- **A strong partner in mental health and learning disability service provision across South Yorkshire and West Yorkshire.**
- **A trusted host or partner in our four local Integrated Care Partnerships.**
- **A compassionate and innovative organisation with equality co-production, recovery, and creativity at its heart.**

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 2020/21 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:

- Workforce pressures
- Data and information: cyber-crime and information governance (IG)
- Quality of care / patient safety
- 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 remotely

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 an 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: Following the implementation of a new clinical record system in 2018 the Trust has continued with its optimisation plan during 2020/21 with the implementation on the new FIRM risk assessment and improvements to mental health care plans.

We identified: The need to embed a Trustwide 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

"These accounts are prepared on a going concern basis. The financial reporting framework applicable to NHS bodies, derived from the HM Treasury Financial Reporting Manual which defines that the anticipated continued provision of the entity's services in the public sector is normally sufficient evidence of going concern. The directors have a reasonable expectation that this will continue to be the case. This was confirmed by the Trust Board in April 2021. "

Chief Executive Date: 23 June 2021

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 2020/21, 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.

During 20/21 the impact of the Covid-19 pandemic meant that contractual arrangements and national priorities around reporting shifted. Despite this, the Trust continued to report and monitor its performance against our strategic objectives using metrics that were already in existence. Additional operational data was reported during 20/21 to assist with monitoring impact and effect of Covid-19.

Improving health	**Target**	**20/21 Actual**	**19/20 Comparison**
% service users followed up within 7 days of discharge	95%	99.2%	97.2%
% learning disability referrals that have had a completed assessment, care package and commenced service delivery within 18 weeks	90%	85.0%	87.9%
Inappropriate out of area beds	494	1,719	2,428
IAPT - proportion of people completing treatment who move to recovery	50%	52.2%	53.9%
Delayed transfers of care	3.50%	1.7%	1.4%

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. Performance against the out of area bed placements indicator has continued to improve during the year compared to our

historic position. The target quoted was set three years ago as we looked to eradicate the use of out of area bed placements across the NHS

Improved processes have been put in place and considerable resource focuses on this issue to ensure as many people as possible are looked after as close to home as possible. Demand for our services has remained high during the pandemic and bed management is an area of intense pressure.

The majority of out of area bed usage related to psychiatric intensive care patients. The actual use of out of area bed placements continues to see a downward trend. During 2018/19 we used 4,244 days of out of area placements, which reduced to 2,428 in 2019/20 and 1,719 in 2020/21.

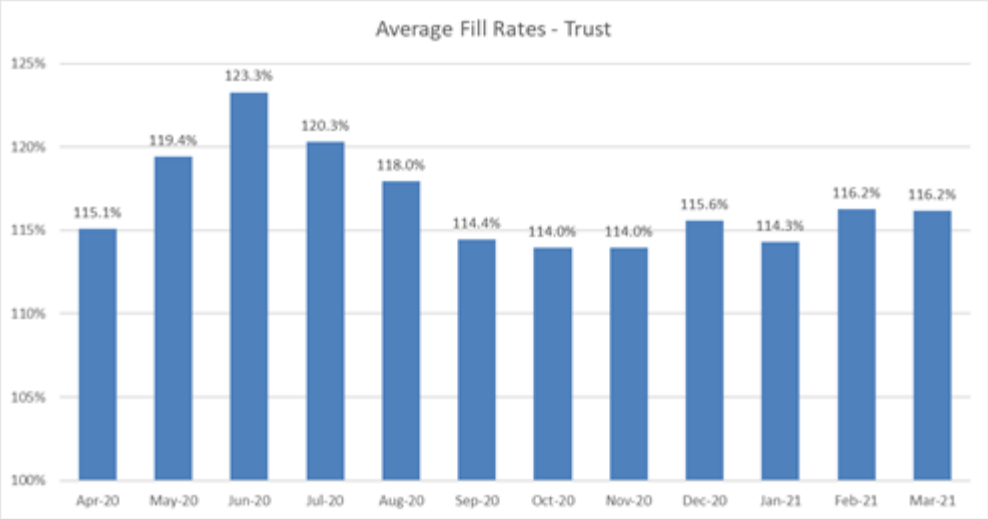
It is also worth noting that the paediatric audiology service was suspended at times during the pandemic and as such was below the historic target in terms of the maximum six week wait.

Improving care	**Target**	**20/21**	**2019/20**
Friends and Family Test - mental health	85%	82%	88%
Friends and Family Test – community	98%	96%	97%
Patient safety incidents involving moderate or severe harm or death	trend monitor*	451	324
Information governance confidentiality breaches which have increased in number during lockdown, but not in severity	<=8 Green, 9 -10 Amber, 11+ Red	189	115
Proportion of people detained under the Mental Health Act who are black, Asian & minority ethnic	trend monitor*	16.2%	12.8% Compared to BAME population of 11.3% across the Trust geography
Total number of children and younger people under 18 in adult inpatient wards	0	23	13
CAMHS referral to treatment - percentage of clients waiting less than 18 weeks	trend monitor*	55.8%	39.7

* 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, as depicted in the diagram below:



Safer staffing ensured that we continued to provide a safe standard of care throughout the year despite the numerous challenges linked to the pandemic such as shielding and self-isolating as well as the need to increase staffing numbers to deal with outbreaks.

During the pandemic, the Trust managed to sustain the level of vacancies through our continued and targeted recruitment campaigns, we increased the number of bank and agency registered nurses available to us as well as the numbers of block bookings of bank and agency staff to ensure consistency of care. We have looked at the requirements of teams throughout the Trust in relation to bank resources and run bank recruitment campaigns accordingly. We have reviewed the safer staffing escalation plans to ensure they are fit for purpose.

The roll out of the SafeCare programme also commenced during the last year which allows an up to the minute view of acuity and staffing levels/needs. Safer staffing supports the international recruitment that is currently ongoing as well as the collaborative bank project with our neighbouring mental health trusts. Establishment reviews for various BDUs and areas within the trust are ongoing.

Friends and Family Test results for mental health and community services show a large number of respondents and generally very positive feedback.

In comparison to 19/20 data, mental health results have dropped slightly compared to 19/20 and community services have remained at a similar level. On review of the data, this performance is spread across all service areas and there are no real trends or themes. Work is underway to improve access to patient experience reporting systems, allowing staff to view their patient feedback in near real time. The quality improvement and assurance team aim to support teams to improve care using quality improvement methodologies.

Waiting times for CAMHS services has seen a general improvement in performance since the start of the year despite the impact of Covid-19 and continues to remain an area of focus for the Trust. Children waiting less than 18 weeks for treatment has improved from 42% at the start of the year to 64% at the end of March.

The Trust has had 23 admissions of young people under the age of 18 to adult wards during the year. These admissions are only allowed as a last resort and 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**	**20/21 Year end**	**19/20 Year end**
Surplus/(Deficit)	(£2.1m)	£4.6m	£2.8m
Agency spend	-	£7.0m	£7.4m
Cash	£36.4m	£56.6m	£36.4m

Agency staffing spend in 2020/21 is £7m which is £0.4m less that last year. Despite increased staffing needs which have arisen due to the Covid-19 pandemic and service investments this similar value has been possible due to increased substantive staffing numbers, additional overtime payments and bank staffing usage. The total pay bill increase by £20m is explained by £6m of incremental payments, pay uplifts and clinical excellence awards. The remaining pay cost increases are largely due to additional headcount due to service investments and the impact of Covid-19.

Despite this increase in costs, staffing shortages remain in key areas and as such recruitment into substantive posts and new posts resulting from investment continues. There was no agency cap (NHSI target) set for 20/21 due to Covid-19.

Making SWYPFT a great place to work	**Target**	**20/21**	**2019/20**
Sickness absence	4.5%	3.9%	4.9%
Staff turnover	10%	10.3%	11.6%
Staff FFT survey - % staff recommending the Trust as a place to receive care and treatment	80%	71.8%	65.6%
Staff FFT survey - % staff recommending the Trust as a place to work	65%	69%	61.5%

We compare favourably with other trusts of our type when it comes to sickness absence and reduced the level of non-Covid-19 sickness from 4.9% to 3.9% 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.

Staff absence due to Covid-19 was monitored and reported on a daily basis. Over the course of the year this averaged 1.8%. The highest number of staff not working due to Covid-19 at any one time was 254 (4.9%) these figures do not include people that were working from home.

The staff friends and family test was put on hold during the year due to the Covid-19 pandemic, however similar questions were included in the NHS staff survey 2020; the results of which can be seen above. We continue to perform well against the two questions which are reported in the IPR in the staff survey relating to staff recommending the Trust as a place to receive care and treatment (up from 65.6% in 2019) and staff recommending the Trust as a place to work (up from 61.5% in 2019). Further metrics and their performance are detailed in the staff report section.

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 Board Committees, 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.

Equality of access and care

As part of the phase 3 response to the Covid-19 pandemic eight urgent actions were identified for systems to address health inequalities. The Trust's response to these actions is summarised as follows:

1. Protect the most vulnerable from Covid-19, with enhanced analysis and community engagement, to mitigate the risks associated with relevant protected characteristics and social and economic conditions; and better engage those communities who need most support.
Our response:
Trustwide Covid-19 equality impact assessment (EIA) and research toolkit
Quick decision EIA to support response to Covid-19
Equality, involvement, communication, and membership strategy with supporting action plans, which set out our approach, co-designed principles, and specific actions to address inequalities
Service recovery from Covid-19 informed by using insight from Healthwatch and place-based engagement
Trustwide patient engagement and experience toolkit with mandatory equality monitoring to capture feedback
Process now in place for working with communities and insight is captured from the process. The tools developed so far are: o Guidance document o Data capture template including equality monitoring form o Stakeholder mapping
Co-action study in service settings with individual action plans to ensure service improvement
Community reporter programme including specific funding for a BAME lead to support community engagement in North Kirklees

2. Restore NHS services inclusively, so that they are used by those in greatest need. This will be guided by new, core performance monitoring of service use and outcomes among those from the most deprived neighbourhoods and from Black and Asian communities, by 31 October.
Our response:
Recovery toolkit with a requirement to update EIAs and a 'checklist' to ensure patient experience and involvement are part of a planned recovery approach if changes to services, redesign or developments are part of recovery
Joint Needs Assessment (JNA) use to support EIA which are in place for every service, including an action plan to mitigate impacts, address inequalities and ensure culturally sensitive and appropriate care
Patient experience and Friends and Family equality monitoring and reporting

Development of analytics and business intelligence to generate monthly reporting and performance dashboard, including service access by ethnicity, age, and gender

3. Develop digitally enabled care pathways in ways which increase inclusion, including reviewing who is using new primary, outpatient, and mental health digitally enabled care pathways by 31 March.
Our response:
Digital strategy informed by engagement, insight, and intelligence
Insight captured on digital care and learning used to support recovery of services
Co-designed 'choose well for mental health' including national and local digital offers
Virtual visitor in all service areas to support communication with friends, family and loved ones
Working with partners on a digital inclusion programme to address and mitigate impacts of digital exclusion
Recovery college website and digital offer

4. Accelerate preventative programmes which proactively engage those at greatest risk of poor health outcomes; including more accessible flu vaccinations, better targeting of long-term condition prevention and management programmes such as obesity reduction programmes, health checks for people with learning disabilities, and increasing the continuity of maternity carers.
Our response:
Working in each ICS and place with partners to support and implement preventative programmes with a current focus on physical health checks for people with learning disabilities

5. Particularly support those who suffer mental ill health, as society and the NHS recover from Covid-19, underpinned by more robust data collection and monitoring by 31 December.
Our response:
Developing analysis and effective use of inpatient and community mental health benchmarking information
'SystmOne' data collection and equality monitoring review
Performance dashboard created to support data for each service and broken down by all protected groups in line with census data
Vaccination programme roll out informed by EIA. Dashboard developed and broken down by ethnicity, age, gender, and role to ensure communications and approaches are insight led

6. Strengthen leadership and accountability, with a named executive board member responsible for tackling inequalities in place in September in every NHS organisation, alongside action to increase the diversity of senior leaders.
Our response:
Director of nursing and quality is the executive lead
Equality and Inclusion Committee with Board level membership
BAME workforce task force
Appointment of a workforce race equality standard (WRES) organisational development (OD) lead

Reciprocal mentoring programme applications open for 2021 appraisals and career conversations
Identify leadership opportunities, reflected in our leader and manager pathway and BLFI programmes
Support BAME fellowship programme across the integrated care system

7. Ensure datasets are complete and timely, to underpin an understanding of and response to inequalities. All NHS organisations should proactively review and ensure the completeness of patient ethnicity data by no later than 31 December, with general practice prioritising those groups at significant risk of COVID-19 from 1 September.
Our response:
The Trust has developed an experience and engagement tool which includes a mandatory equality monitoring form so data can be disaggregated and interrogated by diversity and ethnicity.
All services have an EIA in place, completion and updates are monitored and reported to the E&I Committee to provide assurance.
The Trust has created a Trust wide COVID EIA and an evidence and research toolkit to support staff to update and completed existing EIAs
Campaign to improve equality monitoring aimed at staff and people who use services in development to be launched in May.

8. Collaborate locally in planning and delivering action to address health inequalities, including incorporating in plans for restoring critical services by 21 September; better listening to communities and strengthening local accountability; deepening partnerships with local authorities and the voluntary and community sector; and maintaining a continual focus on implementation of these actions, resources and impact, including a full report by 31 March.
Our response:
Health Intelligence and Insight Group in place - sharing the learning from Barnsley, Calderdale, Kirklees, and Wakefield partners
Arts for health in partnership with Calderdale
Active health initiatives across the Trust
Creative Minds in partnership with voluntary and community sector and partners
Recovery college and courses co-designed with communities
Further use of JPEG translations in all information, easy read and translation and interpreter services to be analysed and actions taken to improve access
Voluntary and community sector support and grant fund for Barnsley, Calderdale, Kirklees, and Wakefield to support capacity building, identification of partnerships and ensure greater voice and influence.

Our strategy objectives

Our mission to 'help people reach their potential and live well in their community' is at the centre of our core values. During 2020/21, we have continued to review our strategy and strategic direction and revised this 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.

In 2020/21 our focus of work has been on responding to the pandemic both within the Trust and as a partner in each of our places to ensure we deliver a joined-up response. in addition, we have made the following progress against the achievement of our five strategic

Working in partnership

During 2020/21 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 as part of the bronze/silver/gold command structures to deliver a robust and coordinated response to the pandemic. We have provided data and insight into the intelligence cell and have provided significant support into the public vaccination programme.

We have contributed to a place-based recovery and reset plan which focuses on addressing health inequalities in the Barnsley population. Working with commissioners in Barnsley we have developed a model for forecasting future mental health demand which has a strong evidence base.

We have developed a partnership agreement with the Barnsley Healthcare Federation to enable closer alignment between primary and community care for the people of Barnsley

We have also established integrated clinical pathways and services like the integrated stroke services and discharge to assess service.

In **Calderdale** we have worked as part of the bronze/silver/gold command structures to deliver the response to the pandemic. We have contributed to a place-based recovery and reset plan which focuses on addressing health inequalities in the Calderdale population. We have continued to work with the system leadership 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.

This year we have developed a suite of projects to support creativity and health within Calderdale and have commenced delivery on this work with positive feedback. This has been recognised as exemplary practice by the newly formed National Centre for Creative Health. We have also commenced work to integrate physical activity into systems and processes as part of the Active Calderdale Programme, which through its strategy aims to ensure Calderdale is the most active borough in the north by 2024. We have also contributed to the development of a whole system approach to supporting the needs of black and minority ethnic communities that may be at higher risk of Covid and inequalities as well as continued to play a leading role in supporting the development of a whole system approach to reducing inequalities for people with learning disabilities in Calderdale.

A project to support primary care services to deliver annual health checks for people with learning disabilities operated during the second half of 2020/21, and a strategic health facilitator post is being recruited to continue this going forward. In addition, the Trust has inputted to the care home ward rounds during the pandemic and is recruiting a learning disabilities matron for complex care homes/supported living specifically for people with learning disabilities.

In Kirklees we have worked as part of the bronze/silver/gold command structures to deliver the response to the pandemic. We have contributed to a place-based recovery and reset plan which focusses on addressing health inequalities in the Kirklees population. We have continued work on the development of an alliance of partners to deliver mental health and wellbeing service improvements for the people of Kirklees. Examples of service development include delivering IAPT services in primary care and working with our acute partners to deliver support to people with long term conditions who also need psychological support.

A project was implemented in Kirklees to support primary care services to deliver annual health checks for people with learning disabilities. This project will be streamlined by the appointment of a strategic health facilitator who will continue to build on closing gaps between various health services and improve quality of service provision. Our community learning disabilities team has worked in partnership with partners to support the learning disabilities COVID vaccination campaign.

Across Kirklees, Calderdale, and Wakefield:
- We are working as an integral part of the local system to develop and deliver plans for three-year Community Mental Health Transformation which will work across agencies, including additional mental health practitioner posts supporting Primary Care Networks.
- We are developing working partnerships to deliver against the Discharge Funding Proposal to support flow thought our wards for people with a housing issue or other barriers to returning to the community, which includes delivering pathways and new roles for organisations to enhance their support for this service user group.
- We continue to work closely with colleagues in the Mid Yorkshire Hospitals and Calderdale and Huddersfield trusts at a strategic and operational level to improve care and pathways for people with a mental health problem who access their emergency and inpatient services.

In **Wakefield** we have worked as part of the bronze/silver/gold command structures to deliver the response to the pandemic. We have contributed to a place-based recovery and reset plan which focuses on addressing health inequalities in the Wakefield population. We have played a strong role in the Integrated Care Partnership (ICP) which has continued to progress the integration agenda through the Integrated Care Partnership Board, underpinned by a *System partnership principles of ways of working together.* We are leaders within the Wakefield Mental Health Alliance, which is accountable to the Wakefield ICP Board. The Alliance provides a mechanism for all partners to be involved in service transformation, improvement, and investment prioritisation. This work is led by the Trust through our Director of Provider Development.
We have pro-actively contributed to the Wakefield Families Together transformation of children's services in Wakefield through our emotional health and mental wellbeing input to the 'Team around the School' service model.
Our partnership with Nova to provide the social prescribing service in Wakefield – Live Well Wakefield – was named as the winner in the national Social Prescribing Network awards as the 'Best Larger Social Prescribing Project'.

Annual health checks (AHC) for people with learning disabilities in Wakefield were among the highest in the country pre-COVID. The Trust has worked with partners to improve the quality of AHC processes during the pandemic year and this continues. The community learning disabilities team have developed much more joined up partnership relationships with other providers, such as care homes, to support reduction of health inequalities for people with learning disabilities in care homes and other provider settings.

We are part of a multi-agency group delivering enhanced support for people with dementia living in a care home. The CLEAR project is a regional initiative that offers training and support to care home staff in the use of behaviour tools to improve care and outcomes.

The Trust is an active participant in two Integrated Care Systems (ICS) and we have continued to work with partners. In both ICSs we have participated in the development of submissions for funding to transform community mental health services, both of these have been successful. We have also developed and commenced delivery of plans for the lead provider collaborative in adult secure services

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. We have worked with provider partners to develop a mental health learning disabilities and autism provider collaborative across the ICS. We are also key partners in improving access for people with mental health issues to green spaces.

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, including work streams on suicide prevention, learning disabilities assessment and treatment units and psychiatric intensive care unit beds. The Trust is the lead provider for the Adult Secure Lead Provider Collaborative, working with NHS and independent sector providers in West Yorkshire. Following substantial preparatory work during 2020 and through 2021, the Collaborative plans to 'go live' on 1 July 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 specified geography. They work in partnership to improve services and ensure that services are provided as close as possible to patients' homes, using commissioning budgets innovatively to improve patients' experience and outcomes across whole care pathways.

We are an active partner in work to improve learning disabilities assessment and treatment provision across West Yorkshire. The reconfiguration of Assessment and Treatment Units (ATUs) has progressed during 2020/21, and the provision of a Regional Centre of Excellence across two sites (Bradford and the Horizon Centre at Fieldhead Hospital, Wakefield) will be implemented in 2021.

In 2020/21 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'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, directorates, the EMT and Trust Board. The Trust Board approved an updated Quality Strategy on 27 March 2018. This is due for review in 2021/22.

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. The Strategy was reviewed in December 2019 and covers the period up to and including 31 March 2021.

The Trust works closely with safety teams in NHS England/Improvement and uses Root Cause Analysis (RCA) as a tool to undertake structured investigation to ensure learning from serious incidents. Our aim is to identify the contributory factors and potential root cause of serious incidents, to identify the learning and improvement actions necessary to minimise the opportunity of recurrence and to ensure that the Trust takes every opportunity to learn and develop from an incident and mitigate future risk.

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'.

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

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 trained 118 people in the Certificate of Quality and Safety and become recognised improvement facilitators and support quality improvement work across the Trust.

Education, training and development

As a result of the pandemic the Trust went through a process of pausing, suspending, and converting face-to-face training to digital training during 2020/21, although necessary Training continued face to face – for example, advanced life support.

This covered the range of mandatory training, university and apprenticeship programmes, in-house training delivery, external study leave, and local service training.

The step down and step up approach to training was managed though the Trust command structure and EMT. Risk assessments were introduced to assess the required social distancing measures and methodology of training to determine if training could be paused or delivered differently.

For mandatory training, we took a risk managed approach to reviewing our methodology and renewal dates. In March 2020, with the support of NHS Employers, we extended the renewal dates for staff by 12 months for all subjects, and 6 months for fire and food safety, which provided space for services where capacity was impacted by Covid-19.

We are currently reviewing our road map to recovery to consider delivering a blend of face-to-face training and digital training which requires changes in our estate and IM&T support.

Improving resources

In 2020/21, the Trust has continued to focus on making best use of our resources during the pandemic. This includes:

Use of agency staff

During 2020/21, we continued to use agency staffing as an important element of our overall workforce strategy. Reasons for usage included responding to Covid-19 and to cover both normal staff absence and absence resulting from Covid-19 (including staff shielding). Other reasons included addressing waiting list and other shorter-term initiatives and covering vacancies, including roles where there are known challenges in terms of staff availability. We have continued to maintain our controls regarding recruitment and use of agency staff. In total spend decreased from £7.4m to £7.0m year on year. The most significant use is for medical locums in a number of specialised services, 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.

Use of out of area placements

It is pleasing to report that despite the demand for inpatient beds the use of out of area bed placements reduced again in 2020/21. In the previous year we used a total of 2,428 out of area bed days which reduced by 29% to 1,719 days in 2020/21. The reduction was particularly evident in the use of adult acute service beds with demand for psychiatric intensive care unit (PICU) beds remaining relatively stable, particularly in the second half of the year. This meant the Trust incurred costs for out of area beds of £1.7m in 2020/21 compared to £1.9m in the previous year. We have seen people enter our services later than usual during this year of pandemic, often meaning they are less well when they are admitted.
Trust staff have worked tirelessly to improve the position for our service users, their families, and carers. This remains a particularly challenging issue and one we need to retain focus and attention on.

Achievement of Financial Control Total

Financial arrangements have been very different to normal during 2020/21. During the first half of the year trusts were essentially enabled to break-even with income provided through nationally determined block contracts, ‘top-up’ funding and the reclaim of costs incurred as a response to the Covid-19 pandemic. During the second half of the year block income was updated and top-up and Covid-19 monies were allocated by the Integrated Care System prospectively. The Trust had a target of a £2.1m deficit for the second half of the year and ultimately delivered a surplus of £4.6m. This is explained further in the finance section of the annual report on pages 34 to 39. We maintained good financial control during this period, whilst ensuring our services received the support, they needed to deliver effective and safe services.

Digital health

In March 2021 the Trust launched its new Digital Strategy following approval at Trust Board.

It is three years since this previous Digital Strategy was approved and this revision is timely given the heightened focus on digital solutions, during the response to the Covid-19 pandemic. Digital solutions included:

Covid-19 and technology

Digital played a pivotal role in enabling and supporting the Trust's response to the pandemic. Whilst the rapid deployment and availability of digital solutions and technologies required a more relaxed short-term approach to engagement and testing prior to launch, a number of digital initiatives were introduced in less than 2 weeks with much reduced testing. This required a careful balance as far as practically possible to ensure that security considerations remained at the forefront, keeping services and information safe. Below is a summary of the Trust's digital response in mobilising resources and effectively maintaining services throughout:

- Rapid deployment of video conferencing and consultation solutions such as Microsoft Teams and AccuRX that have been successfully adopted within the Trust and in response to the Covid-19 pandemic, together with innovations such as virtual visitor capabilities that have enabled service users under our care to remain in contact with family and friends, albeit remotely. Over 5,500 Microsoft Teams accounts were created.
- Significant increase in demand and the ability for Trust staff to work from home. Significant and successful adoption of Microsoft Teams across the Trust in a short timeframe with 5,500 accounts created. Additional IT equipment issued, over 350 laptops, 250 mobile phones and 1,000 VPN tokens (33% increase in Trust estate) with staff registering 4,000 daily remote connections (10-fold increase based on pre-Covid levels) at the peak.
- In support of the accelerated deployment of digital solutions referenced above, the Trust has put in place additional urgent infrastructure changes to accommodate increased network traffic, balancing capacity between Fieldhead and Kendray to facilitate the increase in staff working from home.
- A 'virtual visitor' initiative was devised that uses dedicated Trust issued android devices based on inpatient wards in a controlled environment so as to allow service users to stay connected with families, friends, and carers, with feedback being positive.
- Sharing out of the SystmOne for Mental Health record across the wider SystmOne local community via the regulations within the Covid Act

- The Improving Clinical Information Group (ICIG) has overseen the collating and approval mechanisms in respect of rapid digital improvements and key decisions made to ensure appropriate robust governance is maintained during the Trust's response to Covid-19.

Other notable digital initiatives

- Completed the deployment of Microsoft Windows 10 fully replacing Microsoft Windows 7 end user computer estate.
- Deployment of Microsoft Office365 across the entire Trust end user computer estate
- Replacement of the Trust's email platform from Microsoft Exchange to Microsoft Office365
- Enhancements to the Trust's clinical record system (SystmOne) including sharing out of the SystmOne for Mental Health record across the wider SystmOne community following robust engagement and communications
- Development of a revised Digital Strategy spanning 2021-24 following a significant programme of engagement.

- Effective management of the digital infrastructure and delivery of the programme of enhancements supported by the capital allocation throughout an unprecedented and challenging year.
- Effectively supported a number of physical health community services through the establishment and development of an integrated Barnsley Neighbourhood Team Service within SystmOne.
- Clinical teams using social media to record films encouraging people to continue to access NHS services and the introduction in SystmOne to a video conferencing solution to ensure patients maintained access to service during this period.

The Trust also consulted with staff, service users and carers on the development of the strategy, which articulates how our digital ambitions and goals will lead to actual changes on the ground to the benefits of service users, carers, their families, our staff and our wider communities.

Making SWYPFT a great place to work

The Trust workforce strategy has been revised during 2020/21 and approved by the Trust Board in early 2021/22. The strategy has been developed with a focus on making our Trust a great place to work.

Developed around the 5 essentials for making the Trust a Great Place to Work (GPTW) and built on the foundation of the Trust values and equality, diversity, and inclusion. These are listed below:

5 essentials of GTPW:

- Feeling safe
- Being part of a supportive team
- Keeping fit and well
- Developing potential
- My voice counts

Foundations

- Our values guide how we lead, develop, and manage staff
- Equality, diversity, and inclusion is central to everything we do

Never has there been a greater focus on the health and wellbeing of Trust staff than during the Covid-19 pandemic, therefore our performance measures will continue to be developed, alongside our staff.

The Workforce and Remuneration Committee will agree the dates for the 12-month implementation programme and the performance measures in May 2021.

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 and 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 2020/21, we measured activity against each of our quality priorities and reported them to our Clinical Governance and Clinical Safety Committee. There will not be a published quality account as part of this annual report however the Trust will publish its quality account in line with revised national guidance.

Our financial performance 2020/21

This section and the accounts have been prepared in line with appropriate guidance including the Group Accounting Manual for NHS Foundation Trusts 2020/21 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 £1.9m as noted above and the £4.6m surplus reported in our management accounts. This excludes the Trust charity which is consolidated in the overall group accounts. It should be noted the Trust had a control total target for the year of £2.1m deficit set by its regulator and the £4.6m surplus represents an over achievement of £6.7m in the year.

	£m
Total Comprehensive Income/(Expense)	1.9
Impairments and Revaluations	1.3
Net Impairments	1.4
Pre adjusted surplus in our management accounts	4.6

Income

The Trust generated annual income of £267.2m in 2020/21, which was £24.2m (9.9%) higher than the annual income in 2019/20. £44.6m (92%) of this income is provided from clinical commissioning groups (CCGs), the specialist commissioner within NHS England, Local Authorities, and other NHS bodies for the provision of healthcare services. For

2020/21 the income received has been in line with the financial regimes introduced nationally in response to COVID-19.

During the first half of the year income from nationally calculated block contracts was provided and the Trust was able to reclaim costs incurred as part of its response to the Covid-19 pandemic as well as further 'top-up' funding to enable it to break-even. During the second half of the year a similar process was in operation with updated block payments and Covid-19 response and top-up monies allocated on a fair shares basis by the West Yorkshire integrated care system.

Service investment also took place via the mental health investment standard and other service developments such as neighbourhood nursing and stroke services. Additional income has been received towards the end of the year in support of the loss of non-NHS income given the impact of the pandemic, additional staff leave carried forward, the settlement of a national claim affecting historical overtime pay and PPE. £7.8m of income related to direct funding of additional pension contributions in the year.

	Year ended 31 March 2021 £000s	**Year ended 31 March 2020 £000s**
Income from patient care activities	244,603	226,091
Other operating income	23,081	17,004
Operating income from continuing operations	**267,684**	**243,095**
Operating expenses	(261,860)	(231,706)
Operating surplus/(deficit)	**5,824**	**11,389**
Finance income	1	240
PDC dividends payable	(2,109)	(2,673)
Net finance costs	**(2,108)**	**(2,433)**
Gains/(losses) on disposals of assets	(157)	(404)
Surplus/(Deficit) for the year	**3,559**	**8,552**
Impairments	(1,342)	3,363
Revaluations	0	0
Total Comprehensive Income (Expense) for the year	**2,217**	**11,915**

In total the Trust delivered comprehensive income of £2.6m in the year. It is recognised that the financial arrangements during 2020/21 were very different to previous years and as such the year on year positions are not totally comparable. It is positive that the Trust has been able to deliver a surplus during this year of pandemic and that appropriate financial resources have been made available to it.

Going into 2021/22 similar financial arrangements to those used in the second half of 2020/21 have been agreed for the first half of 2021/22, and the Trust is planning to break-even during this period of time. It is likely there will need to be a return to a focus on financial efficiency from the second half of the year onwards, and we need to ensure we can continue the trajectory of improvement made in previous years and have appropriate measures in place to ensure our services remain financially sustainable.

Operating expenses

Our operating expenses were £261.9m, which compares to £231.7m in the previous year. It should be noted that in 2019/20 there was a £5.7m credit against property plant and equipment. Most of the increase is linked to the response to Covid-19. £204.1m of the total cost is attributable to employee costs, which is £20m higher than the previous year. This is explained by £6m of incremental payments, pay uplifts and clinical excellence awards. The remaining pay cost increases are largely due to additional headcount due to service investments and the impact of Covid-19.

The Trust identified £7.9m of cost as being incurred as part of its response to the Covid-19 pandemic. Examples of these costs include additional staffing requirements, infection control requirements, PPE, IT equipment to enable staff to work remotely, and improvements to our estate.

Cost savings

The in-year requirement to deliver cost savings has been suspended in 2020/21 due to the Covid-19 pandemic.

Capital

Our capital budget for the year was £7.8m and the forecast was reduced to £6.6m part way through the year. Ultimately £4.9m of capital expenditure was invested. There was a reduction in activity due to the impact of Covid-19. Many supplier organisations were effectively closed during periods of lockdown, there were higher levels of sickness, and staff and supplier isolation requirements had an impact on ability to provide services or access sites. Furthermore, there were significantly increased timescales associated with some supplies. As such the bulk of activity was concentrated in the summer months and towards the end of the year. Spend in year included health and safety improvements including anti-ligature (doors and windows) and enhancements in response to the pandemic such as upgrades to reception areas and improved ventilation systems.

Cash

The closing cash position was higher than plan at £56.6m. This was largely due to an improved year-end surplus position, the timing and value of capital expenditure, receipt of additional national support and continued focus on working capital management.

Outlook

The situation for finance in 2021/22 and beyond is not fully clear. The financial arrangements for the first half of the year have been agreed nationally and the full extent of resources available for the second half of the year will become apparent in the coming months. Planning for the year is in progress and new investments in mental health and community health services, as outlined in the NHS long term plan, are anticipated. 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 the accounts for this year show a healthy surplus, the previously identified 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 and 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. Given the reduction in interest rates to 0% virtually no interest income was earned during the year compared to £238k in the previous year.

The Trust makes payments in line with the NHS Better Payment Practice Code (payment within 30 days of a valid invoice). The table below shows performance against this metric by NHS/non-NHS supplier and shows the volume and value of invoices paid.

	NHS		Non NHS	
	Volume	Value £k	Volume	Value £k
Total trade invoices paid in the year	506	15,202	27,642	66,333
Total trade invoices paid within target	439	13,643	26,569	63,908
Percentage of trade invoices paid within target	87%	90%	96%	96%

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.

During the first six months of the year 82% of all supplier invoices were paid within seven days in response to a national request to ensure our suppliers received good cash flow during the pandemic. On average in the fourth quarter all suppliers were paid within 14 days.

International Financial Reporting Standards

As part of its annual work programme the Audit Committee has reviewed the accounting policies applied in 2020/21. These were updated for any changes in national guidance. This included incorporation of changes in the following standards:

- IFRS 16 Leases – work was undertaken for the implementation of this standard. Adoption has subsequently been postponed until April 2022, 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 2020, and as a result the revaluation was recognised in the accounts. As the valuation was made at the specific valuation date of 31st December 2020 it is the District Valuer's conclusion that Covid-19 would have had no material impact on values at the specified valuation date of 31st December 2020.

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 2021 there was no investment property estate during the course of the year.

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 (exclusive of VAT) were £68k. This covers the annual report and accounts. The fee for the independent examination of the charitable funds was £3k

Linked to their role of auditor additional work under the heading of Value For Money audit has been undertaken in year with fees estimated at £15k.

Plans for 2021/22

The Trust's draft plan for the first half of 2021/22 is for a break-even position, which has been agreed with our partners in the West Yorkshire integrated care system. Planning for the second half of the year is expected to take place in July and August. Internally the Trust has carried out financial planning work to understand its baseline position in readiness for when more normal financial and contracting arrangements return. The longer-term impact of Covid-19 on demand for our services and how we provide them will need to be considered in greater depth. This will include the use of our estate and digital technology.

Planning for increased demand following the recovery from the pandemic is taking place internally, with our commissioners and in conjunction with other stakeholders in the places in which we provide services. 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.

Whilst we do not yet fully know what the financial arrangements will be beyond this period of time, we are clear from the work completed during the planning process where we would need to focus in order to achieve our financial targets. This is based on the work conducted on our financial sustainability plan. This will be updated during 2021/22 and progress will be regularly reviewed at our Finance, Investment and Performance Committee.

- **Income growth**: The level of investment in mental health and community health services is planned to increase as identified in the NHS long term plan. We received investment in 2020/21 and are working with our commissioners to agree investment in 2021/22.

- **Out of area beds:** We made good progress in reducing the use of out of area bed placements in both 2019/20 and 2020/21 and by retaining focus on our processes and ensuring our pathways support the aim, we will aim to reduce further.
- **Agency spend:** Effective recruitment and retention, rostering, and a focus on reducing sickness absence will support a reduction in agency costs.
- **Workforce:** There will continue to be firm focus on workforce, including staff in non-clinical roles by focusing on productivity. Internal team dashboards have been developed 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.

EyUp! funds are created from a combination of fundraising activities, successful funding bids and donations. We acknowledge receipt of these donations, including from national sources such as NHS Charities and the work they enable to be completed.

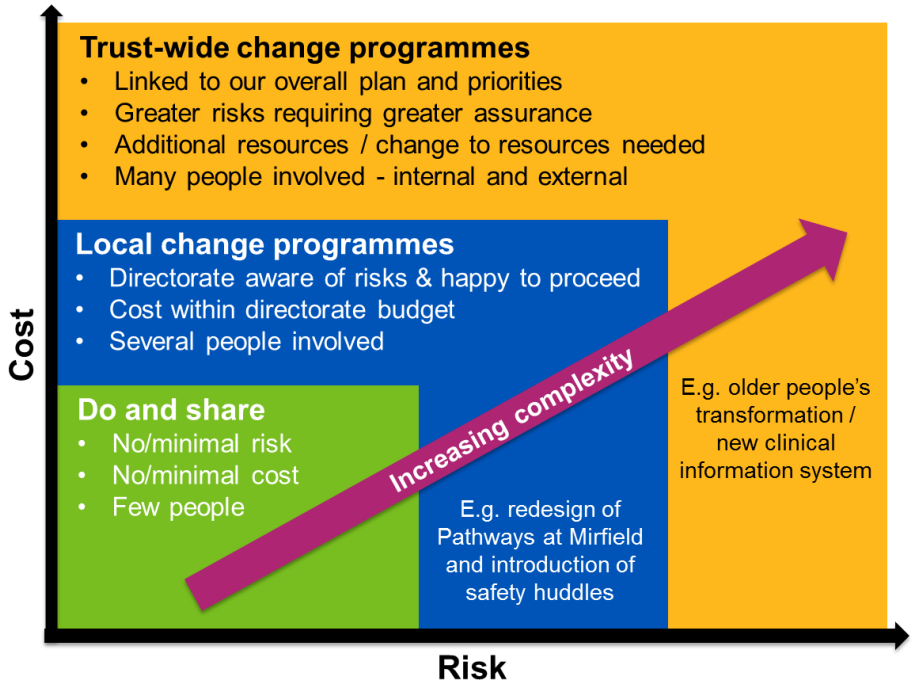
Further information can be found in the EyUp! annual report for the year ended 31 March 2020, the latest year for which information is available, on the Trust's website. The annual report for 2020/21 will be produced later in the year.

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 2020/21. 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 118 people in completing the Institute of Healthcare Improvement training this year.

The Improvement Network was launched in September 2020 to support this work.



Governance and Support

NHS South West Yorkshire Partnership NHS Foundation Trust

	Governance	Support
Do and share	• 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	• Resources section in Integrated Change Toolkit • Access to skills training and development • Coaching if needed • Predominantly using virtual hub
Local change programme	• 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	• 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)	• Programme governance based on recognised best practice • Programmes established around strategic priorities	• 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 2020/21 include:

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 202021 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

Trustwide governed change

Given the need during 2020/21 to continue to effectively respond to the Covid-19 pandemic work was undertaken to prioritise the actions to be taken within each priority programme. During 2020/21 work included:

- Advanced care planning
- Nutrition in Barnsley care homes
- MS Teams handovers
- E-rostering
- Creativity and health
- Digital dictation
- CAMHS improvement
- Forensic improvement
- Electronic Prescribing and Medicines Administration
- SystmOne FIRM risk management tool implementation
- Covid vaccination programme
- Criteria led discharge refresh
- Triage scale implementation
- Information governance
- Learning from Covid-19
- Workpal refresh

Successful bids

In 2020/21 there was much reduced tender activity as a result of the pandemic. However, the Trust has been successful in a number of bids to retain or expand service provision. These included:

The Trust was successful in a bid to Barnsley CCG (BREATHE in the Community) to deliver community respiratory out of hospital based services, with the main principle that patients are seen and treated in the community and managed in their own homes (£866k per annum, for 3 years from 1st July 2021)

The Trust was successful in bids for winter pressures funding across our places. This included funding to enhance CAMHS community eating disorder support in Wakefield (£40k non- recurrent) and to support suicide prevention (£50k non recurrent) and housing support initiatives (£14k non recurrent) initiatives in Barnsley.

Funding was secured for a new community rehabilitation and recovery team in Kirklees to deliver a sustainable rehabilitation pathway that incorporates the use of inpatient beds and the delivery of high quality and effective community rehabilitation (£604k)

We have worked with colleagues across West Yorkshire and Harrogate ICS and South Yorkshire Bassetlaw ICS to maximise opportunities presented by Community Mental Health Transformation Funding.

Further service developments have included:

- Continued work to implement the Specialist Community Forensic Team (SCFT) in West Yorkshire
- Partnership work in Barnsley to re-design CAMHS service pathways
- The introduction of and early supported discharge service for people recovering from a stroke in Barnsley
- Funding gained to support suicide prevention
- Access to funding to meet winter pressures

Care Quality Commission (CQC)

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 improvement and assurance team. To support our assessment, we have developed a quality assurance and improvement 'self-governing' assessment model. This philosophy builds on our emphasis on self-governance and evaluation. As a series of methods and tools, this approach helps map the relationships between quality improvement and quality assurance and will provide a continual source of evidence for teams to inform how well they are performing against appropriate and helpful metrics for quality.

As part of this initiative, we have developed an accreditation scheme underpinned by quality measures and a quality monitoring system to recognise teams that are delivering high quality care and reward them for their efforts. Although this was not launched as we had hoped due to the Covid-19 pandemic, two wards did take part in the programme during 2020/21.

There has not been a CQC inspection completed during 2020/21, however, the CQC 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.

Improvement plan

During 2020/21 the Clinical Governance Clinical Safety Committee continued to monitor progress against the CQC improvement plan. The majority of the improvement plan is formally closed, however, due to the ongoing pandemic some elements of the plan, i.e. actions related to risk assessment and care planning, and suitable psychology provision on

our older peoples' wards, have been delayed. Progress on these continues to be monitored by the Clinical Governance and Clinical Safety Committee.

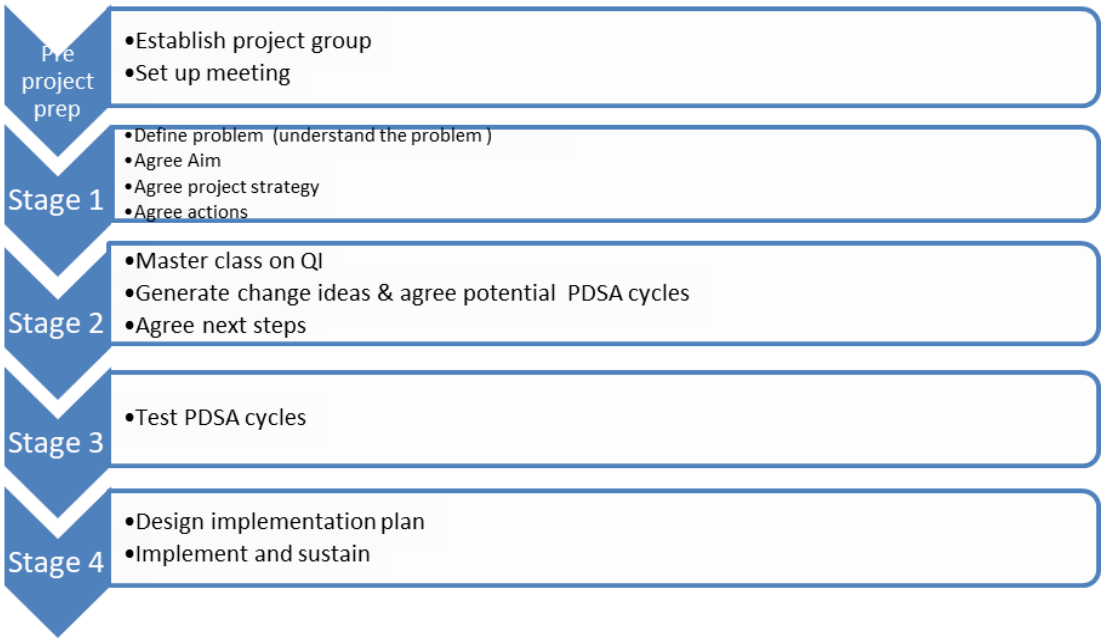
Quality improvement approach

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 Mental Health 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.

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.

Approved in March 2021, the Green Plan is the first stage of the Trust delivering its commitment to sustainable development and is part of the Long-Term Plan of environmental sustainability in the NHS.

The past 12 months in particular have shown that sustainability has a number of different but interrelated components and can only be delivered through collective effort and collaboration. In recognition of this the Green Plan will be supported and complemented by a Sustainability Strategy, which is currently being developed, to ensure that all aspects to a sustainable future for our communities, service users, carers, staff and their families are covered.

The key focus of the Green Plan derived from national policies and guidance are:

- Reduce carbon, waste, and water
- Improve air quality
- Reduce the use of avoidable single-use plastics

The Green Plan agrees annual action plans to ensure the objectives are achieved and progress monitored.

The Trust has undertaken risk assessments and has a sustainable development management plan in place which take account of UK Climate Projections 2018 (UKCP18). The Trust ensures that its obligations under the Climate Change Act and the Adaptation Reporting requirements are complied with.

During 2020/21 The Trust has implemented/commenced the following projects:

- We have installed LED lighting under our minor works programme
- Solar power generation has been increased in capacity at Pontefract and Laura Mitchell Hubs
- Electric Vehicle chargers have been installed at Kendray and FHH which are widely compatible with the regional systems.
- Work has commenced on the decarbonisation strategy

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.

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.
The Trust believes that an integrated approach to equality, involvement, and communication (bolstered by our membership) will ensure we deliver on our inclusion agenda.

The Trust approved an Equality, Involvement, Communication and Membership Strategy in 2020 which has supporting annual action plans to ensure an integrated approach. This is insight driven and will ensure:

- Every person living in the communities we serve will know our services are appropriate and reflect the population we serve
- That our workforce reflects communities, ensuring our services are culturally appropriate and fit for purpose
- Service users, carers and families receive timely and accessible information and communication, ensuring a person-centred approach to care
- That our services are co-created and designed with our staff and communities

The Committee oversees the implementation of the Equality, Involvement, Communication and Membership Strategy to improve access, experience, and outcomes for people from all backgrounds and communities. This includes people who use, work and volunteer for our Trust services and those who work in partnership with the Trust with the strategic aim of improving health, care, resources and making our Trust a great place to work.

The Trust has improved in all four WRES indicators published in the NHS Staff Survey and has plans identified to continue this improvement.

During 2021, the requirement for trusts to publish their gender pay gap audit as required by law, was suspended due to the Covid-19 pandemic, the Trust will publish an up to date audit in October 2021.

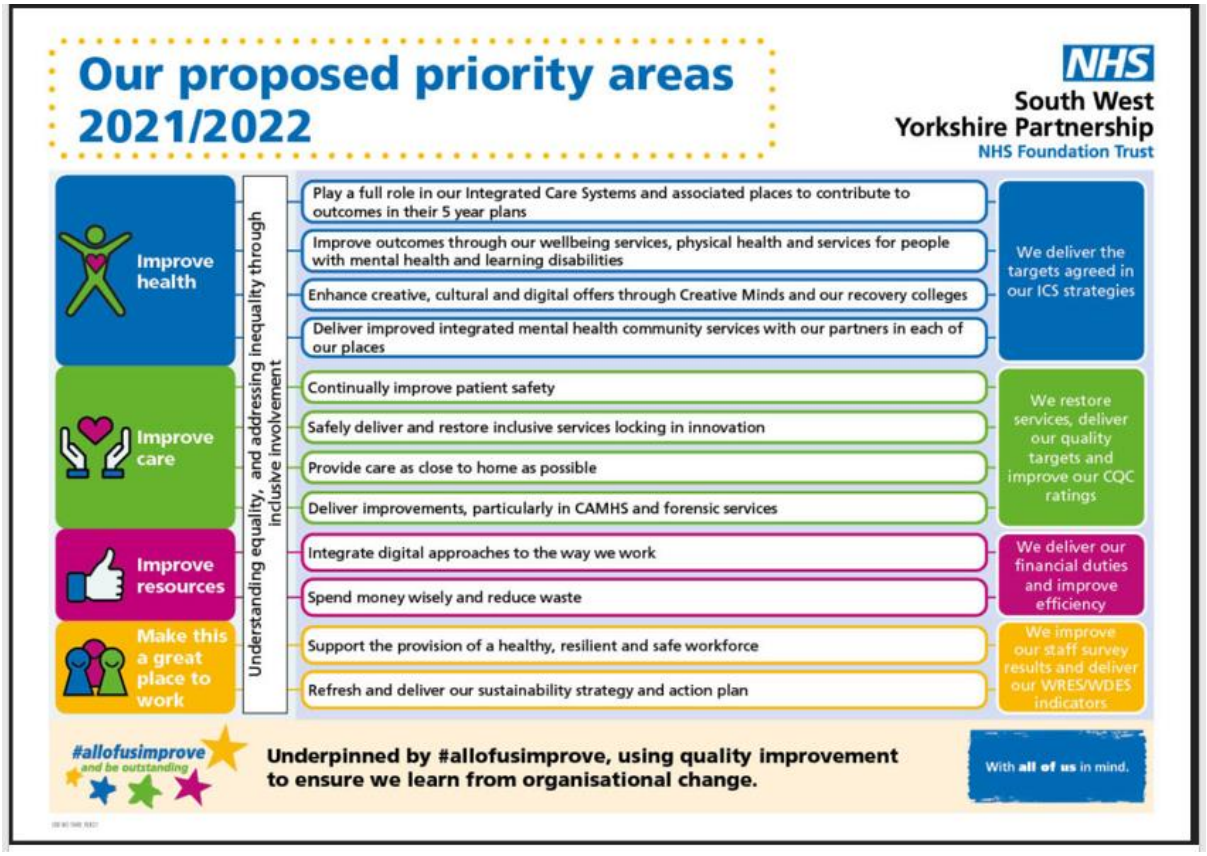
The Trust has adopted the National EDS2 Framework and focussed on improving the following areas, working closely with service users, public and commissioners:

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

Looking ahead – our strategic objectives

Our strategic objectives in 2021/22 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 2021/22 are summarised in the table below and are categorised under the quadruple aim. Each of these will have a clearly defined and agreed scope of work and will also be linked to Director Objectives for 2021/22. The Trust quality improvement approach #allofusimprove will underpin our delivery approach to all programmes.



Given the need to continue to effectively respond to the Covid-19 pandemic work has been undertaken to prioritise the actions that are taken within each priority programme.

Details of any overseas operations

The Trust does not have any overseas operations.

Details of any significant events since the year end

There have been no events after the reporting period, commitments, or contingencies other than those already disclosed in the accounts and annual report.

Rob Webster
Chief Executive

Date: 23 June 2021

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 51 to page 58.

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 2021 can be found on the Trust's website.

Non-Executive Director declaration of independence

Monitor's (now referred to as NHS England / 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 interest's exercise. All Directors have signed the declaration stating they meet the fit and proper person requirements. Failure to comply with this standard would be a breach of the Trust Code of Conduct for Directors and may result in removal from the Board.

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 2021 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 Members' Council agreed to complete a mid-year appraisal to bring the Chair's appraisal in line with the other Non-Executive Directors. This report was also used as evidence in the Chair's reappointment. Both reports were considered at the Members' Council meeting in July 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 2020/21

Role / name / appointment	Experience	Public Board attendance 2020/21
Chair **Angela Monaghan**  Appointed Non-Executive Director 1 August 2017 to 31 July 2020 Appointed Chair 1 December 2017 to 30 November 2020 Reappointed Chair 1 December 2020 to 30 November 2023 (with a review after 12 months)	• 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
Deputy Chair / Senior Independent Director (to 31 January 2021) **Non-Executive Director (1 February 2021 – 30 April 2021)** **Charlotte Dyson**  Appointed 1 May 2015 to 30 April 2018 Deputy Chair / Senior Independent Director from 1 August 2017 to 31 July 2010 (re-appointed as Deputy Chair / Senior Independent Director 1 August 2020 to 31 January 2021 to support the Trust through the Covid-19 pandemic)	• 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.	9/9

Role / name / appointment	Experience	Public Board attendance 2020/21
Re-appointed 1 May 2018 to 30 April 2021		
Non-Executive Director (to 31 August 2020) **Laurence Campbell** 	• 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.	4/4
Appointed 1 June 2014 Re-appointed 28 April 2017 to 31 May 2020 Reappointed 1 June 2020 to 30 November 2020 to support the Trust through the Covid-19 pandemic (term ended 31 August 2020)		
Non-Executive Director **Chris Jones**  Appointed 2 August 2019 to 1 August 2022 Appointed at Deputy Chair / Senior Independent Director from 1 February 2021 to 4 August 2022	• 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.	9/9
Non-Executive Director **Erfana Mahmood** 	• 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

Role / name / appointment	Experience	Public Board attendance 2020/21
Appointed 3 August 2018 to 2 August 2021		

Non-Executive Director
Kate Quail
 
Appointed 1 August 2017 to 31 July 2020
Re-appointed 1 August 2020 to 31 July 2023
	• Experienced, qualified Public Health professional with deep understanding of social determinants of health and 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 and their families and carers at the centre. For example:
	  • 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 & local charities and local community organisations, to Local Authorities, health organisations and Whitehall Departments
	• FT Governor for 5 years, including Lead Governor.
		8/9

Non-Executive Director **Sam Young**  Appointed 3 August 2018 to 2 August 2021	• 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.	8/9
Non-Executive Director **Mike Ford** 	• Qualified accountant with a successful track record at senior level in both commercial and public sector organisations. • Previously worked as a senior executive at the BBC with roles in finance, internal audit, risk management and technology. • Has been responsible for the successful delivery of a range of significant technical and business change projects. • Regularly involved in the promotion of inclusivity and diversity across the BBC with a	5/5

Role / name / appointment	Experience	Public Board attendance 2020/21
Appointed 1 September 2020 to 31 August 2023	specific focus on disability.	
Chief Executive **Rob Webster**  *Appointed 16 May 2016	• 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. • A fellow of the Royal Society for the encouragement of Arts, Manufactures and Commerce.	8/9
Director of Nursing and Quality **Tim Breedon**  Appointed District Director for Wakefield 1 November 2010 Acting Director of Nursing from 16 July 2012 Director of Nursing from 17 December 2012	• 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.	9/9

Role / name / appointment	Experience	Public Board attendance 2020/21
Deputy Chief Executive from 9 July 2018	• 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.	
***Director of Finance and Resources** **Mark Brooks**  Appointed 1 June 2016	• 12 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
Director of Human Resources, Organisational Development and Estates **Alan Davis**  Appointed 1 April 2002 Interim Deputy Chief Executive 1 April 2016 to 31 August 2016 Interim Deputy Chief Executive 1 July 2017 to 8 July 2018	• 39 years' experience of HR in the NHS. • 29 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

Role / name / appointment	Experience	Public Board attendance 2020/21
Medical Director **Subha Thiyagesh**  Appointed 19 April 2018	• 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.	8/9

*****On May 25th, 2021 the Trust Board agreed in principle that the Chief Executive, Rob Webster, would be seconded full-time to the West Yorkshire & Harrogate Health and Care Partnership (the ICS) as its interim chief executive. Rob has fulfilled this role on a part time basis for the last 5 years. This secondment will take effect from July 1st.

Mark Brooks, the Director of Finance, will be the Trust's interim chief executive until a permanent appointment is made to replace Rob.

Other directors (non-voting) *

Role/name/appointment	Experience	Public Board attendance 2020/21
Director of Operations (non-voting) **Carol Harris**  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	• 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*
Director of Provider Development (non-voting) **Sean Rayner**  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	• 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/carer 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 2020/21
Director of Strategy (non-voting) **Salma Yasmeen**  Appointed 12 January 2017	• Former director of nursing services and transformation in Saudi Arabia • Former deputy director at an 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.	9/9*

* 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.

One Board member left office during 2020/21 (Laurence Campbell, Non-Executive Director, replaced by Mike Ford, Non-Executive Director).

NHS England and NHS Improvement's well-led framework

In 2014, Monitor (now referred to as NHS England / 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.
- 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.
- Measurement – whether the Board receives appropriate, robust, and timely information and that this supports the leadership of the Trust.

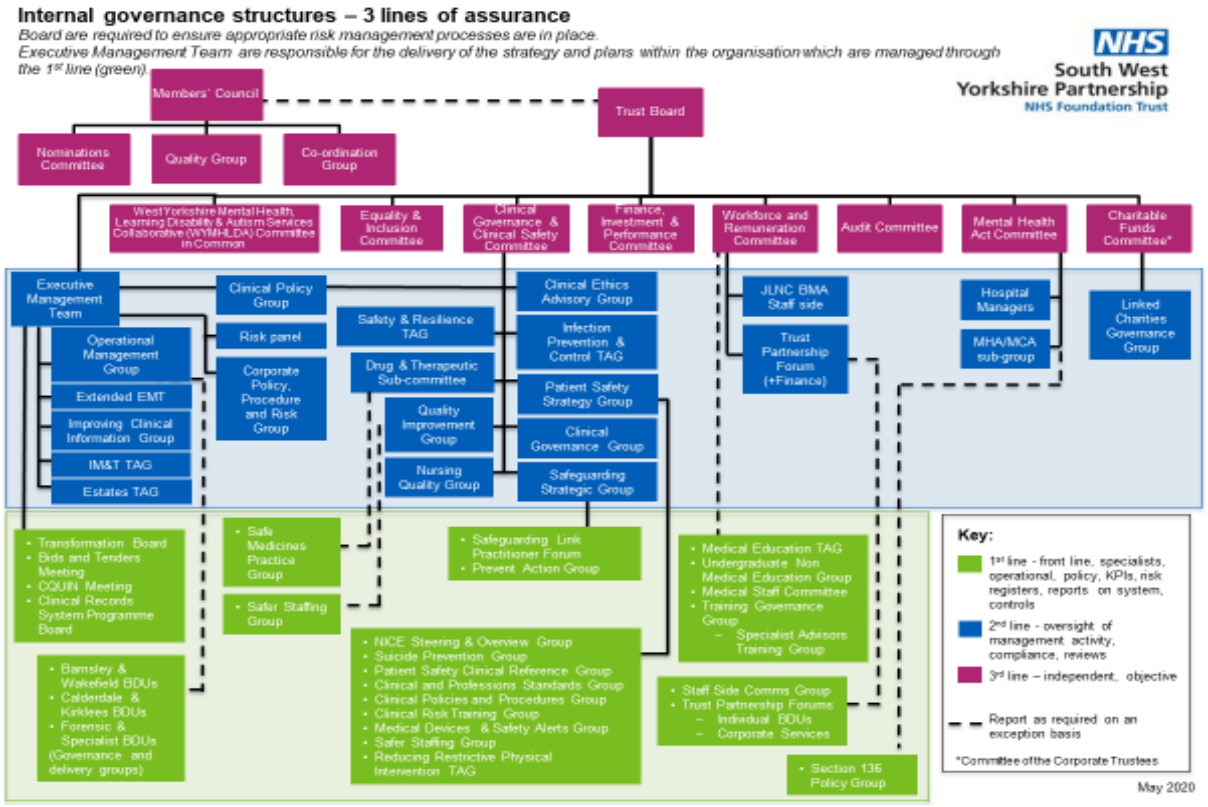
The Board last commissioned an independent review of the Trust's governance arrangements in April 2015, when Deloitte found there were no 'material governance concerns'.

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'. There were no inspections during 2020/21.

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 Trust has in place three internal lines of assurance, these are described in the diagram below:



At the start of the pandemic the Trust put in place interim governance arrangements. Initially these plans were required for the three to six months from March 2020 onwards.
Following the paper presented to Trust Board on 31 March 2020 it was agreed Board and Committee business from April 2020 would be confined to:

- Delivery of the national Covid-19 response plan, as outlined by NHS England and NHS Improvement in their joint letter of 17 March 2020 and any subsequent guidance.
- Business continuity.
- Any other business the Trust believes to be essential.

It was confirmed that Board meetings would be held virtually whilst social distancing guidance remains in force.

It was agreed that Committee activity would focus on:

- Statutory duties
- Staff wellbeing and staffing changes.
- Delivery of clinical services.
- Reporting and management.
- Safety and legal requirements

Following the increase in prevalence of Covid-19 in Winter 2020 Amanda Pritchard, Chief Operating Officer of NHS England wrote to all NHS trusts in January 2021 asking them to reduce the burden and release capacity to manage the response to the Covid-19 pandemic.

On 29 January 2021, the Trust Chair, Chief Executive, Director of Finance and Resources and Chair of the Audit Committee met to discuss the content of the communication.

The following outcomes were agreed to ensure the Trust maintained appropriate governance arrangements, whilst releasing some capacity to support the response to the Covid-19 pandemic.:

- Maintain the Integrated Performance Report (IPR) and continue to produce the report to the level allowed by available capacity.
- Annual report and accounts production continued in line with the NHS England / Improvement (NHSEI) timetable. The additional two weeks provided compared to normal reporting deadlines will be used as contingency if required.
- The process to review the effectiveness of Trust Board Committees continued as timetabled in order the inform the 2020/21 Annual Governance Statement.
- Trust Board agenda and Members' Council agendas are being reviewed regularly through agenda setting.
- Committee chairs and lead executives reviewed work plans and agendas to the end of June 2021 to determine where any items can be deferred, or verbal updates can be provided.
- Focus is applied to performance and risk through the IPR, Organisational Risk Register (ORR), and programs of recovery.
- Ongoing work with West Yorkshire provider collaboratives has continued in line with national guidance. The go-live of the Adult Secure Lead Provider is deferred until July 2021.
- The adoption of these revised governance arrangements is to remain until the end of Quarter 1 (June 2021) when a further review will take place.

Trust Board

Following the initial outbreak of the pandemic in 2020, Trust Board agendas were temporarily reduced to enable directors to focus on dealing with the Covid-19 response as a priority during this time.

In June 2020 Trust Board returned to a full agenda and these were agreed monthly by the Chair and Chief Executive.

Trust Board meetings continued to take place virtually with plans being put in place to enable members of staff and the public to listen to the meetings and submit questions at the end of the meeting.

Minutes and papers continue to be provided on the Trust's website. The referenced 'emergency powers and urgent decisions' process referred to in the March board paper has not been used to date.

Delegated authority was agreed at the May Board to allow the Chief Executive and Chair to approve the final annual report and accounts in order to allow submission to parliament in a timely manner.

From February 2021 Trust Board agendas have considered executive director capacity and the statutory responsibilities of the Board. The Trust Board workplan has been updated to reflect any deferred items for monitoring purposes. Where appropriate verbal updates have been received instead of papers.

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 2021. 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.

Whilst conducting this review the comprehensiveness of the work completed by Board committees despite the impact of the pandemic was clearly evident.

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 2020/21 and its membership was as follows:

Membership

The Committee is made up of Non-Executive Directors and members from 1 April 2020 to 31 March 2021 were as follows.

Name/role	Attendance 2020/21
Laurence Campbell, Non-Executive Director - Committee chair up to and including July Audit Committee meeting	3 / 3
Mike Ford, Non-Executive Director – Committee chair from the October Audit Committee meeting onwards	3 / 3
Chris Jones, Non-Executive Director	6 / 6
Sam Young, Non-Executive Director	4 / 6

The Director of Finance and Resources attends as lead Director.

Governance, risk management and internal control

The Committee shall review the establishment and maintenance of effective systems and processes that provide internal control within the organisation.

	Progress
Review all risk and control related disclosures, in particular, the Annual Governance Statement and declarations of compliance with value for money assessments together with any accompanying Head of Internal Audit opinion, external audit opinion or other appropriate independent assurances.	As part of its consideration of the annual report, and accounts, the Committee received and recommended for approval the Chief Executive's Annual Governance Statement for 2019/20. The Committee also received the statement from external audit for those with responsibility for governance in relation to 2019/20 and the Head of Internal Audit opinion.
Review underlying assurance processes that indicate the degree of achievement of corporate objectives, the effectiveness of management of principle risks and the appropriateness of the disclosure statements (above), including the fitness for purpose of the assurance framework.	The Committee was presented with the external audit plan in February 2020. Significant audit risks were outlined as follows. - Management override of controls - Revenue recognition of NHS revenue These were noted by the Committee and the Trust's annual report will specifically outline the management action to address these risks, explaining the mitigating action in place to address the risks or, where appropriate, an

	Progress
	explanation as to why the Trust does not consider these to be risks, and explaining its tolerance of any residual risk. The Trust Board has agreed to conduct the full process to develop the Board Assurance Framework (BAF), which is presented quarterly to Trust Board. As such the fitness for purpose of the BAF is currently covered at Trust Board
Review policies and processes for ensuring compliance with relevant regulatory, legal or code of conduct requirements, including the Monitor risk assessment framework.	The Committee last reviewed and approved the Treasury Management Policy and Strategy in October 2019 as part of the two-year cycle. An update is provided at each Committee meeting. The Committee last reviewed the Trust Scheme of Delegation in January 2021, and Risk Management Strategy in April 2019 and supported their approval by Trust Board. Review of the Risk Management Strategy was deferred in 2020 as part of the response to Covid-19. They will next be due for review in 2022 and 2021 respectively. The Committee reviewed the Standing Financial Instructions in October 2019 and supported their approval by Trust Board. Review was deferred in 2020 as part of the response to Covid-19. They will next be due for review in 2021.
Review the systems for internal control, including the risk management strategy, risk management systems and the risk register.	Approval of the Trust's Risk Management Strategy is a matter reserved for Trust Board. It was last reviewed and approved by Trust Board in April 2019. The Committee receives a report at each meeting on the triangulation of risk, performance and governance, which provides assurance that all key strategic risks are captured by the risk management process, that risks are appropriately highlighted and managed through governance committees and operational meetings, and there is a clear link between risk management and identifying areas of poor performance by the cross-reference of performance reporting to the risk register. The Committee finds this report particularly helpful in supporting scrutiny of performance and risk through Trust Board. During the early stages on the Covid-19 pandemic this report was not considered at the Audit Committee to enable management to focus on the response to the pandemic and also due to the fact not all documents used in the triangulation have been fully updated during the pandemic. Reporting recommenced in October 2020. The corporate / organisational risk register is reviewed quarterly by Trust Board and risks aligned to the Committee are reviewed at each meeting.
Review the policies and procedures for all work related to fraud and corruption as set out in the Secretary of State's directions and as required by the Counter Fraud and Security Management Service.	See section 3.3.

	Progress
Review the work of other Committees whose work can provide relevant assurance regarding the effectiveness of controls and governance arrangements.	See section 4.2.
Review the arrangements that allow Trust staff to raise, in confidence, concerns about possible improprieties in matters of financial reporting and control, clinical quality, patient safety and other matters.	Updates in relation to 'whistleblowing' arrangements and Freedom to Speak Up Guardians are provided to the Clinical Governance and Clinical Safety Committee.

Internal Audit

The Committee shall consider the appointment of the internal auditor (for approval by Trust Board) and ensure that there is an effective internal audit function, established by management, that meets Public Sector Internal Audit Standards and provides appropriate independent assurance to the Audit Committee, Chair, Chief Executive and Trust Board.

	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. 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. The contract with 360Assurance is for a maximum of five years, with a break clause after three years. The performance of 360Assurance was evaluated and the Committee agreed to continue to use them for the full five-year duration of the contract.
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.	The Internal Audit Annual Plan for 2020/21 was presented to and approved by the Committee in April 2020. This followed a period of engagement with the Chair of the Audit Committee and Director of Finance. 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. 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. Regular meetings are held between the Head of Internal Audit and Director of Finance to monitor progress against the work plan.
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.	The Audit Committee reviewed and received the Head of Internal Audit Opinion as part of the final accounts process for 2019/20. This provided significant assurance. The Audit Committee has reviewed and received phase 1 and 2 reports regarding the development

	Progress
	of the Head of Internal Audit Opinion for 2020/21. A further update is being provided at the Audit Committee meeting in April 2021. 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. A number of audits have been deferred during the year given the organisational response to Covid-19. At the time of writing this report for the 2020/21 programme, 11 internal audit reports have been completed and presented to the Committee. Of these, there were: - 1 substantial assurance report - 5 'significant assurance' reports - 3 'advisory' reports - 2 'limited assurance' reports Two reports are outstanding and will be presented to the Trust's Audit Committee in July 2021. 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. An additional bespoke piece of work has been conducted by internal audit and reported separately to a private session of the Audit Committee.
Ensure the Internal Audit function is adequately resourced and has appropriate standing in the organisation.	The ongoing 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.
An annual review of the effectiveness of internal audit.	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. In previous years the Committee and other relevant staff have also completed an established internal audit questionnaire to obtain feedback on the performance of internal audit. This exercise has not been conducted during 2020/21 due to the Covid-19 pandemic. During 2019/20 a more extensive review took place as part of the evaluation to determine whether the contract with 360Assurance should continue beyond the initial three years. This concluded that the option to extend to five years would be exercised.

Counter fraud

The Committee shall review the policies and procedures for all work related to fraud and corruption as set out in the Secretary of State's directions and as required by the Counter Fraud and Security Management Service. The Committee shall also review the work and findings of the Local Counter Fraud Specialist as set out in the NHS Counter Fraud Authority Standards for Providers and as required by the NHS Counter Fraud Authority.

	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 May 2020, 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 a progress report from the Local Counter Fraud Specialist at each meeting during 2020/21
Receive update reports on any investigations that are being undertaken.	These are included in the progress reports to the Committee.

External Audit

The Committee shall review the work and findings of the External Auditor appointed by the Members' Council and consider the implications and management's responses to their work.

	Progress
Consideration of the appointment and performance of the External Auditor, as far as Monitor's rules permit.	Following a re-procurement exercise during 2020, the Members' Council approved a proposal to re-appoint Deloitte as the Trust's external auditor from 1 October 2020 for an initial period of three years with the ability to extend to up to five years. Members of the Audit Committee and the Deputy Lead Governor for the Members' Council were involved in the tender process.
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 February 2021. Progress against the plan is monitored, where appropriate, 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 2020. A formal audit plan was presented to and approved by the Committee in February 2021. 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 2019/20 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 2020/21.

Financial reporting

	Progress
The Committee has responsibility for approving accounting policies.	The Committee considered and approved changes to accounting policies at its meeting in January 2021. These changes were supported by the Trust's external auditor. For 2020/21, changes are very minimal. Further guidance may be provided before the year-end, which will be communicated to the Audit Committee when available. The adoption of the changes included in IFRS 16 – accounting for leases has been deferred for a further year
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 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.	The Committee recommended to the Trust Board for approval the annual report and accounts for 2019/20 at its meeting in June 2020 prior to submission to NHS Improvement (Monitor). As part of the consideration of the auditor's report, the Committee received and reviewed the Use of Resources Assessment for 2019/20. Revised arrangements were put in place for the Quality Account in 2020/21 and these were reviewed and recommended for approval by the Clinical Governance and Clinical Safety Committee. The Committee also recommended for approval the stand-alone annual report and accounts for charitable funds in October 2020.
The Committee also ensures that the systems 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.	The internal audit programme includes routine testing of the Trust's financial reporting systems; however, financial reporting and scrutiny remains with Trust Board and Finance, Investment and Performance Committee, including any review of the adequacy of reporting. The Committee reviewed and approved the Treasury Management Policy and Strategy in October 2019 and supported its approval by Trust Board. An update is provided at each Committee meeting. The next review and approval of the Policy and Strategy is scheduled for 2021. 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. The Committee is also required, on behalf of Trust Board, to approve the methodology for determining the Trust's reference cost submission. The Committee received and reviewed the Use of Resources Assessment for 2019/20.
The Committee also: - 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.	The Committee last reviewed the Standing Financial Instructions in October 2019 and supported their approval by Trust Board. They have not been reviewed during 2020 due to the Covid-19 pandemic and will instead be updated and reviewed during 2021. Changes to the Trust's Scheme of Delegation were considered by the Committee in January 2021 and it supported their approval by the Trust Board.

	Progress
	They will next be due for review in 2022. There were no occasions when Standing Orders were waived in 2020/21. The losses and special payments report is received by the Committee at each meeting.

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 five times in 2020/21 and its membership was as follows:

Name/role	Attendance 2020/2021
Charlotte Dyson, Deputy Chair of the Trust - Committee chair	5 / 5
Angela Monaghan, Chair of the Trust	5 / 5
Kate Quail, Non-Executive Director	5 / 5
Tim Breedon, Director of Nursing & Quality - lead Director	5 / 5
Dr Subha Thiyagesh, Medical Director	5/ 5
Alan Davis, Director of Human Resources, Organisational Development & Estates	4/ 5

The Director of Operations (previously Business Delivery Unit (BDU) Director) 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 2020/21 and its membership was as follows:

Name/role	Attendance 2020/21
Angela Monaghan, Chair of the Trust - Committee chair	4/ 4
Tim Breedon, Director of Nursing and Quality – lead Director	4 / 4
Alan Davis, Director of Human Resources, Organisational Development & Estates	4 / 4
Chris Jones, Non-Executive Director	3 / 4
Erfana Mahmood, Non-Executive Director	4 / 4
Mike Ford, Non-Executive Director	2 / 2
Sean Rayner, Director of Provider Development (member until September 2020)	0 / 1
Rob Webster, Chief Executive	3 / 4

Finance, Investment and Performance Committee

The Finance, Investment and 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 agendas were reviewed regularly by the Committee Chair and lead director in 2020/21 to take the impact of the Covid-19 pandemic into consideration. The key areas of focus in the year were financial reporting and planning for the year, assessing risk, reviewing key investments such as the adult secure lead provider collaborative work, horizon scanning and some deep dives on service performance. The Committee met ten times in 2020/21 and its membership was as follows:

Name/role	Attendance 2020/21
Chris Jones, Non-Executive Director - Committee chair	10/10
Tim Breedon, Director of Nursing and Quality / Deputy Chief Executive	8/10
Mark Brooks, Director of Finance and Resources – lead Director	10/10
Kate Quail, Non-Executive Director	9/10
Rob Webster, Chief Executive	7/10
Sam Young, Non-Executive Director	8/10

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 2020/21 and its membership was as follows:

Name/role	Attendance 2020/21
Kate Quail, Non-Executive Director - Committee chair	4 / 4
Laurence Campbell, Non-Executive Director (to September 2020)	2 / 2
Charlotte Dyson, Non-Executive Director (from September 2020)	1 / 2
Erfana Mahmood, Non-Executive Director	3 / 4
Dr Subha Thiyagesh, Medical Director - lead Director	4 / 4
Tim Breedon, Director of Nursing and Quality	4 / 4

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 (WYMHLDAS) Collaborative has been updated in 2020/21 as have the terms of reference (TOR) for the Committees in Common (CinC).

The WYMHSC CinC is responsible for leading the development of the WYMHLDAS 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 CinC 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 CinC meets quarterly, or more frequently as required. The members select one of the Chairs to act as the Chair of the CinC meetings on a rotational basis for a period of twelve months. Cathy Elliot, Chair of Bradford District Care NHS Foundation Trust has acted as Chair of the CinC during 2020/21.

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 CinC with member Boards, maintaining appropriate representation at meetings and paying due regard to the best interests of the system in decision making.

The CinC met 4 times and membership and attendance during 2020/21 was as follows:

Cathy Elliot, Chair of Bradford District Community Trust is Chair of Bradford District Care Trust has acted as Chair of the CinC during 2020/21 and will be continuing as Chair during 21/22 to maintain stability during implementation of the Government's White paper and formalisation of ICS structures.

Below is detailed the attendance for 2020-2021.

Name/role	Attendance 2020/21
Angela Monaghan, Chair, SWYPFT – CinC Chair	4/4
Rob Webster, CEO, SWYPFT	3/4
Sue Proctor, Chair, LYPFT	4/4
Sara Munro, CEO, LYPFT	4/4
Cathy Elliott, Chair, BDCFT (from September 2019)	4/4
Brent Kilmurray, CEO, BDCFT (until June 2020	1/2
Patrick Scott, (interim CEO between June and September 2020	1/4
Therese Patten, CEO BDCFT September 2020	2/2
Thea Stein, CEO, LCH	3/4

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 Account for 2020/21 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 stat 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 piloted the use of 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 2021/22

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 and data analysis in deciding whether further improvements are needed. 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.

Rob Webster
Chief Executive Date: 23 June 2021

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Section 2.2 Remuneration report

- 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.

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 in line with the nationally agreed arrangements. Due to the pandemic it was agreed nationally that the divide the allocated monies for the award equally among all eligible consultants in 2020/2021

The Chair of the Workforce and Remuneration Committee is able to confirm that no major decisions on senior managers' remuneration were taken in 2020/2021 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, however, in line with the national arrangements this has been delayed until September 2021. The Workforce and Remuneration 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 as appropriate. 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 80-83 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 2020/2021.

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.

The components of the remuneration packages for these senior managers are shown in the table below:

Element	Policy
Salary	A 'spot' salary which is reviewed annually. The setting of that salary and the subsequent review are undertaken with reference to relevant guidance and other related information as described above. This is the maximum amount that will be paid. There are no provisions for the recovery of sums paid or for the withholding of the payments.
Salary (Medical Director)	Spot salary paid for the role as Medical Director. The postholder's total remuneration comprises of this 'spot' salary together with other elements relating to their Consultant role, Clinical Excellence Awards, On-Call premium, and Intensity Supplements.
Salary (Deputy Chief Executive)	No additional remuneration paid in respect of the fulfilment of the Deputy Chief Executive role.
Percentage uplift (cost-of-living increase)	Reviewed annually by the Remuneration Committee taking into consideration national pay awards, benchmarking data, and the related financial implications.
Taxable benefits	Travel and subsistence expenses are reimbursed and paid with salary via payroll
Annual performance related bonuses	No performance related bonuses are paid.
Long-term performance related bonuses	No long-term performance related bonuses are paid.
Pension-related benefits	Executive Directors and Directors can access the NHS Pension scheme.

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 is one Executive Directors appointed on fixed term contracts, the individual has less than 2 years continuous service and has the normal notice period as part of the contract which allows for early termination on this basis with no payment required for unexpired terms. 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.

	2020/21
Band of highest paid Director's total remuneration (£000's)	**£180-185**
Median total remuneration £s	**£30k - £35k**
Remuneration ratio	**6.03**

There are no significant changes from the previous year to account for.

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.

In 2020/2021 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.

Non-Executive Director remuneration

The components of the remuneration packages for the Chair and Non-Executive Directors are shown in the table below:

Element	Policy
Salary Chair	The Chair's remuneration set following an independent review undertaken by CAPITA and agreed by the Members Council in 2015. The Chair's remuneration consists of an incremental scale as follows: £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. The incremental scale is reviewed annually, and no change was agreed in 2020/2021, however, the Members Council did agree the current Chair would progress by one increment up the scale with effect from 1st December 2021. The expected time commitment for the Chair is 2.5-3.5 days per week.
Salary Non-Executive Directors	Annually, the remuneration of Non-Executive Directors is reviewed by the Nominations Committee and any recommendation for uplift made to the full Members' Council for approval. In 2020/21 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.
Salary Deputy Chair	The role of Deputy Chair / Senior Independent Director receives an additional £2,000 per annum in line with national guidance this was with effect from 1st February 2021 for the current Deputy Chair/Senior Independent Director.
Salary Chair of Audit Committee	The role of Chair of the Audit Committee receives an additional £2,000 per annum in line with national guidance this was with effect from 1st September 2020 for the current Audit Committee Chair
Taxable benefits	Travel and subsistence expenses are reimbursed and paid with salary via payroll
Pension-related benefits	Non-Executive members do not receive pensionable remuneration
Annual performance related bonuses	No performance related bonuses are paid.
Long-term performance related bonuses	No long-term performance related bonuses are paid.

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. The Chair and 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.

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 including ensuring we have an inclusive and diverse workforce. This detail van be sound in the Staff section (2.3) of this report. On behalf of Trust Board, it reviews in detail key workforce performance issues. The Committee met six times in 2020/2021 and its membership was as follows:

Name/role	**Attendance 2020/21**
Sam Young, Non-Executive Director - Committee chair	6 / 6
Charlotte Dyson, Non-Executive Director/Deputy Chair of the Trust	6 / 6
Angela Monaghan, Chair of the Trust	6 / 6
Rob Webster, Chief Executive - Non-voting member	5 / 6

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 five times in 2020/21 and its membership was as follows:

Name / role	**Attendance 2020/21**
Chair of the Trust – Angela Monaghan	5/5
Lead Governor (publicly elected, Wakefield) – Jackie Craven (to 30 April 2020)	1/1
Lead Governor (publicly elected, Kirklees) – John Laville (from 1 May 2020)	4/4
Deputy Lead Governor (publicly elected, Barnsley) – Bill Barkworth (from 1 May 2020)	3/4
Governor (staff elected) – Marios Adamou	4/5
Governor (appointed) – Ruth Mason (to 8 November 2020)	3/3
Vacant (appointed) (from 9 November 2020)	
Governor (publicly elected, Kirklees) – Nasim Hasnie (to 30 April 2020)	0/1
Governor (publicly elected, Wakefield) – Dylan Degman (from 1 May 2020)	4/4

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 knowledge and diversity 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;
- ensure the Board is representative of the communities it serves, in with the workforce race equality standard as described on pages 69 and 126.
- 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 2020, recruitment for a new Non-Executive Director took place following Laurence Campbell's retirement from the Board in August 2020, with the appointment of Mike Ford approved by the Members' Council on 1st September 2020 following recommendation by the Nominations Committee. In addition, a further recruitment took place following Charlotte Dyson's decision to leave at the end of her second term which finishes on 30 April 2021. Natalie McMillian was appointed with agreement of the Members Council on 29 January 2021 to replace Charlotte Dyson and will commence on the 1 May 2021.

In October 2020, the Members Council agreed the appointment of Chris Jones as deputy chair/senior independent non-executive director from 1st February 2021.

Disclosures required by Health and Social Care Act

In 2020/21, 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.

Name and Title	31/03/2021						
	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	45 - 50				0.3		45 - 50
Laurence Campbell, Non-Executive Director (left 31/08/2020)	5 - 10				0.1		5 - 10
Charlotte Dyson, Deputy Chair / Senior Independent Director	15 - 20				0.1		15 - 20
Mike Ford, Non-Executive Director (from 01/09/2020)	5 - 10						5 -10
Christopher Jones, Non-Executive Director	10 - 15				0.1		10 - 15
Erfana Mahmood, Non Executive Director	10 - 15				0.1		10 - 15
Kate Quail, Non-Executive Director	10 - 15				0.1		10 - 15
Samantha Young, Non Executive Director	10 - 15						10 - 15
Rob Webster, Chief Executive	180 - 185	2.6			0.1	47.5 - 50.0	230 - 235
Timothy Breedon, Director of Nursing and Quality / Deputy Chief Executive	125 - 130	3.4					130 - 135
Mark Brooks, Director of Finance and Resources	130 - 135					30.0 - 32.5	160 - 165
Alan Davis, Director of Human Resources, Organisational Development and Estates	115 - 120	0.7					115 - 120
Carol Harris, Director of Operations	105 - 110				0.1	375.0 - 377.5	485 - 490
Sean Rayner, Director of Provider Development	105 - 110				0.1	17.5 - 20.0	125 - 130
Subhashini Thiyagesh, Medical Director	45 - 50	15.0		135 - 140	0.7	30.0 - 32.5	230 - 235
Salma Yasmeen, Director of Strategy	100 - 105					25.0 - 27.5	130 - 135

Name and Title	31/03/2020						
	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	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 05/08/2019)	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	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		145 - 150	1.4	122.5 - 125.0	325 - 330
Salma Yasmeen, Director of Strategy	100 - 105				0.7	25.0 - 27.5	125 - 130

* 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 2021	Cash Equivalent Transfer Value at 31 March 2021	Cash Equivalent Transfer Value at 31 March 2020	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
Mark Brooks, Director of Finance and Resources	67	2.5 - 5.0	25 - 30	403	354	77	0
Carol Harris, Director of Operations*	60	67.5 - 70.0	245 - 250	1,388	967	404	0
Sean Rayner, Director of Provider Development	60	0 - 2.5	180 - 185	1,106	1,042	47	0
Subhashini Thiyagesh, Medical Director	67	0 - 2.5	150 - 155	834	775	47	0
Rob Webster, Chief Executive	60	2.5 - 5.0	215 - 220	1,312	1,213	78	0
Salma Yasmeen, Director of Strategy	67	0 - 2.5	60 - 65	354	318	30	0

*special class status reinstated

* Alan Davis and Tim Breedon are in receipt of their pensions

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 2020	Cash Equivalent Transfer Value at 31 March 2020	Cash Equivalent Transfer Value at 31 March 2019	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
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

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

* 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.

Rob Webster

Chief Executive Date: 23 June 2021

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 and to make our Trust a great place to work. This requires investment to ensure we recruit, retain, develop, motivate, and support the wellbeing of a representative inclusive 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 was reviewed during 2020 to support the delivery of the organisational priority to make SWYPFT a great place to work based on the five themes that came out of a big conversation and engagement with staff across the Trust. The strategy is being developed around these five themes and commitments which are staff feeling safe, being part of a supportive team, supported to be fit and well, developing my potential and my voice counts. These five strategic themes aligned to the NHS People Plan are underpinned by a values-based approach to the management and development of the workforce and a strong commitment to inclusion, equality, and diversity in the workplace.

Staff number analysis

The make-up of our Board and staff at 31 March 2021 is outlined below.

	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	4,583	981 (21.4%)	3,602 (78.6%)	494 (10.8%)

During 2020/21, an average, of 4,018 whole time equivalent (wte) staff were engaged, 3,784 were on permanent contracts, and 234 on 'other' contracts. This compares to 4,103 WTE in 2019/20 when there were 3,710 staff on permanent contracts and 393 on 'other' contracts

	Mar 2021		Mar 2021 Total
Staff group	Full time	Part time	
Add Prof Scientific and Technic	239	145	384
Additional Clinical Services	752	326	1078
Administrative and Clerical	552	361	913
Allied Health Professionals	223	133	356
Estates and Ancillary	106	220	326
Medical and Dental	137	29	166
Nursing and Midwifery Registered	994	362	1356
Students	4		4
Grand Total	3007	1576	4583

At the 31st March 2021, the Trust had 3784.67 FTE staff (4583 Heads) This compares to 4,103 FTE in 2019/20.

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 2021 was 10.3%, which is lower than last year (12.2%). Reducing turnover and increasing retention remains a key objective of the workforce strategy action plan.

The latest Trust's gender pay gap information has not been published for 2020/21 in line with government guidelines, however this will be updated for the October 2021 deadline.

Staff sickness data as required by the Cabinet Office is published in the monthly performance report and can be found on the Trust via the following link [Performance reports | South West Yorkshire Partnership NHS Foundation Trust]

The table below shows the staff in post by the different occupation groups as at 31 March 2021.

	Group Year Ended 31 March 2020			Trust Year Ended 31 March 2020		
	Total	Permanently Employed	Other	Total	Permanently Employed	Other
	Number	Number	Number	Number	Number	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**

Unit of measure is whole time equivalent (WTE).

The staff costs for 2020/21 are described below:

7. Employee costs and numbers

7.1 Employee costs	Group Year Ended 31 March 2021			Trust Year Ended 31 March 2021		
	Total	Permanently Employed	Other	Total	Permanently Employed	Other
	£000	£000	£000	£000	£000	£000
Salaries and wages	156,933	155,034	1,899	156,933	155,034	1,899
Social Security Costs	13,527	12,039	1,488	13,527	12,039	1,488
Apprenticeship levy	719	639	80	719	639	80
Pension costs - defined contribution plans employers contributions to NHS Pensions	17,860	16,732	1,128	17,860	16,732	1,128
Pension costs - employer contributions paid by NHSE on provider's behalf (6.3%)	7,814	7,320	494	7,814	7,320	494
Termination benefits	0	0	0	0	0	0
Agency/contract staff	7,018	0	7,018	7,018	0	7,018
NHS charitable funds staff	330	330	0	0	0	0
Employee benefits expense	**204,201**	**192,094**	**12,107**	**203,871**	**191,764**	**12,107**
Of which are capitalised as part of assets	150	150	0	150	150	0
Operating expenditure analysed as:						
Employee expenses - staff & executive directors	203,721	191,614	12,107	203,721	191,614	12,107
Redundancy	0	0	0	0	0	0
Total Employee benefits excl. capitalised costs	**203,721**	**191,944**	**12,107**	**203,721**	**191,614**	**12,107**

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

	Mar 2021		Mar 2021 total
Age band	**Female**	**Male**	
19 and under	15	5	20
20 - 24	182	33	215
25 - 29	360	54	414
30 - 34	431	94	525
35 - 39	410	101	511
40 - 44	390	136	526
45 - 49	457	144	601
50 - 54	531	166	697
55 - 59	456	150	606
60 - 64	289	73	362
65 - 69	65	16	81
70+	16	9	25
Grand total	**3602**	**981**	**4583**

Census group	**Grand total**
Asian	4.84%
Black	3.49%
Chinese or other	1.09%
Mixed	1.35%
Not stated	0.15%
White	89.07%
Grand total	**100.00%**

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 or reasonable adjustments for employees who have become disabled persons during the period.

Following consultation with the staff disability network, a staff disability and reasonable adjustments policy has been developed and will be implemented in 2021. This policy

supplements other employment policies and aims to raise awareness and support managers to support their staff who are disabled or have long term conditions. It also aims to encourage and support staff to share information which helps us to consider and implement reasonable adjustments to provide a positive and inclusive work environment.

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 and 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.

This report provides an overview of the activity within safety and security services in 2020/21 and to provide assurance to the Board on activity in 2020/21. Overall safety and security management has been in line with annual plans with the notable addition of leading on the operational response to Covid-19 which is ongoing. Overall, the following points are of particular note:

- For the fourth consecutive year operational health and safety management across the Trust has improved, this has been shown following analysis of the annual health and 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 and Safety Executive (HSE), CCGs, Police forces and Fire and Rescue Services.
- The successful delivery of the flu campaign saw the Trust achieve its highest ever vaccination rate of 84.9%

The 2021/2022 action plans build on the previous years and are designed to:

- Continue to embed a robust risk-based monitoring and audit programme across all areas.
- Review and implement all policies and procedures for safety and resilience, whilst ensuring these continue to be fit for purpose.
- Review all risk assessments following changes in use of buildings and departmental relocations.
- Strengthen further emergency planning links and business continuity plans by way of table-top exercises, audits, and inspections.

Staff engagement

The Trust's workforce strategy includes a key priority of increasing levels of workplace wellbeing and staff engagement. Reviewing our NHS Staff Survey results levels of staff engagement scores have positively increased from 6.8 in 2018 to 7.1 in 2020.

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 group which consists of managers, human resources representatives and staff side organisations. Policies are consulted with a view to agreement through the 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 reviews our partnership working arrangements on a regular basis and feedback from Staff Side representatives is very positive. During the last 12 months we increased our partnership working through weekly meetings to support and manage our staff through the pandemic and this was positively received by all and enabled us to respond and resolve any matters at pace.

The Trust has an overarching Health and Safety and Emergency Planning Trust Action Group which includes staff side, managers, and specialist advisers. During the last year this fully supported the implementation of Covid safe environments.

In 2020 the Trust administered its Wellbeing at Work Survey receiving over 2,000 responses and improvements in results from the previous survey were seen in several areas. There was an increase in concerns around both physical and psychological health which were linked to the Covid-19 pandemic rather than specific work factors.

Following receipt of the results a series of staff insight sessions were held to gather feedback on the results and to discuss improvements and specifically improving our wellbeing offer. This resulted in trust wide and service action plans developed in partnership with Staff Side and staff.

Regular communication takes place across the Trust to provide employees with information on matters of concern and interest to them. Examples of this are through the publication of weekly Headlines and The View and Covid-19 update from the Chief Executive and other directors. A monthly brief is cascaded from the Extended Executive Management Team to all staff and available to download from the intranet.

Increasing levels of staff engagement remains a key priority for the Trust and this will be a focus in our 2021 Great Place to Work Leadership Programme which is aimed at team managers.

Staff networks

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. Our 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. All networks have been invited to and participated in listening events with the trust board during 2020.

Our Black, Asian and minority ethnic (BAME) staff network has been established for over 4 years and continues to develop and mature. The network has driven forward a number of equality and inclusion initiatives including supporting the development of a BAME talent pool and the Moving Forward Programme. We are now delivering our second reciprocal mentoring programme to support conversations between BAME staff members and Trust leaders to increase 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 and supporting the appointment of equity guardians based in services. The network has also had a significant involvement during the Covid-19 pandemic on supporting BAME health and wellbeing

initiatives including staff health risk assessments, sharing stories, and encouraging vaccine uptake.

The Trust re-launched its LGBTQ+ network in July 2019, which continues to develop. The network actively promotes LGBTQ+ equality and diversity across the Trust and continues to develop its identity in several ways e.g. using rainbow flags and the publication of real-life stories in trust communications to celebrate LGBT history month. The network has an ongoing ambition and commitment to support staff to feel safe and bring their whole self to work.

The network provides ongoing support to NHS rainbow badge scheme which aims to promote a message of inclusion within the Trust and support both LGBT+ 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 a new steering group structure is being established. Members have continued to play a key role in the development of a staff disability and reasonable adjustments policy which will be launched in 2021. Members will also be key stakeholders in developments linked to the Workforce Disability Equality Standard (WDES).

A new staff carers' network was launched in 2020 following two successful 'carers matter' staff engagement events. Members of the network played a key role in the development and launch of a staff carers' passport which aims to make it easier for staff with caring roles to talk about the flexibility and support needed to balance their caring role with work and service needs. The network has an ongoing aim to support and empower staff carers across the trust and to raise awareness of the challenges and advantages of being a working carer.

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

Freedom to Speak Up

The Trust recognises 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 and was extended to representatives from the staff networks. In 2020 a full-time Freedom to Speak Up Guardian (FTSUG) was appointed to maximise the role and to proactively develop a more open and transparent culture to enable the delivery of the organisational priority to support safe to feel safe. To support this freedom to speak up training has become mandatory for all staff.

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 2020. The survey was sent to all staff. The response rate was 43%, which was slightly below average compared with similar NHS organisations and below sets out our results compared to the national average for other similar organisations.

Theme results	Trust 2020	Average 2020	Trust 2019	Average 2019	Trust 2018	Average 2018
Equality, diversity, and inclusion	9.2	9.1	9.1	9.1	9.2	9.2
Health and wellbeing	6.4	6.4	6.2	6.1	6.1	6.1
Immediate managers	7.2	7.3	7.2	7.2	7.1	7.2
Morale	6.5	6.4	6.3	6.3	6.2	6.2
Quality of care	7.4	7.5	7.4	7.4	7.2	7.4
Safe environment - Bullying	8.3	8.3	8.2	8.2	8.2	8.2
Safe environment - Violence	9.4	9.5	9.4	9.5	9.4	9.5
Safety culture	6.9	6.9	6.7	6.8	6.7	6.8
Staff engagement	7.1	7.2	7.0	7.1	6.8	7.0
Team working	6.9	7.0	6.8	6.9	6.7	6.9

2020 NHS Staff Survey actions and plans

Of the ten key themes of the Staff Survey, five of these saw a statistically significant positive increase from 2019: Health and wellbeing, morale, equality, diversity and inclusion, safety culture and staff engagement. The remaining five key themes did not see any statistically significant change from 2019 results. Our organisational priorities and focus are set out below.

The Trust is developing an action plan in response to the NHS Staff Survey 2020. Progress will be reviewed by 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 health and wellbeing, staff engagement and morale have all improved. The Trust's key theme score for Morale and Equality, Diversity and Inclusion is above average. The Great Place to Work Leadership Forum in 2021 will focus on supporting improvements to effective health and wellbeing, support from immediate managers, team working and staff engagement and will be a key area for development. The Trust has appointed a workforce race equality scheme organisational development lead post in 2020 to develop further our commitment to race equality.

Preventing bullying and harassment

Preventing bullying and harassment will remain a key priority. The number of colleagues experiencing bullying, harassment and abuse from service users and members of the public has decreased from 29% to 27%. The number of colleagues experiencing bullying, harassment and abuse from managers has decreased slightly from 10.1% to 9.4% and is below the national average of 10.5%. Bullying from other colleagues has decreased from 14.3 in 2019 to 13.4 % in 2020 and is below the national average of 15.5%. The Trust launched a revised framework to prevent bullying in 2019/20. We have increased our team of bullying and harassment advisors to signposting and support to staff. The Trust is focusing this year on maintaining team cultures based on civility and respect based on the

national advice and guidance that has been publicised and working with the Freedom to Speak Up Guardian.

Increasing staff engagement

The Trust's staff engagement score has increased from 7.0 in 2019 to 7.1 in 2020. The 2020 score is 0.1 below average. We will continue to engage with staff through our staff networks and through our other wellbeing surveys throughout the year.

Improving workplace health and wellbeing

The Trust has invested significantly in the health and wellbeing of its workforce over several years and has a well-developed and high-quality occupational health and wellbeing service.

The Trust's health and wellbeing score increased from 6.2 in 2018 to 6.4 in 2020, this is in line with the national average. Improving workplace wellbeing remains a key priority this year with a focus on improving and supporting staff recovery through mental health and physical health initiatives and interventions whilst also encouraging teams to prioritise their own well-being.

In the last year we have significantly increased our investment in health and wellbeing support during the Covid-19 pandemic. A BAME health and wellbeing taskforce has been established and a health and wellbeing practitioner for the BAME workforce has been appointed. We have delivered through our hospital hub a successful vaccination programme for our staff and social care partners.

The Trust offers a range of health and wellbeing services including a specialist occupational health and wellbeing service which includes a registered mental health nurse, physiotherapy and occupational therapy alongside an in-house staff counselling and therapy service. We also have local health and wellbeing champions based in teams across the Trust supporting colleagues to improve their wellbeing.

Immediate managers

In 2021 we will be launching and rolling our 'Great Place to Work Leadership Forum' which will focus on our key workforce priorities. Survey data will also be used to inform our leadership and management development offer.

Future priorities and targets

The Trust is implementing its refreshed Workforce Strategy in 2021 and developing measures to monitor performance and the NHS Staff Survey feedback will be used to review our progress in delivery of our strategy.

The Trust continually reviews its approach to gathering and using staff insight and feedback. Wellbeing at work surveys may be targeted this year to service areas requiring additional support, alongside introducing quarterly surveys to gather regular feedback and temperature check how the staff are feeling.

Trade union facility time

Trade union facility time reporting 2020/21

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 2020/21 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.

Number of employees who were relevant union officials during the relevant period	*Full-time equivalent employee number*
29	26.5

Table 2 - Percentage of time spent on facility time
This table highlights the employees who were relevant union officials employed during the relevant period what proportion of their working hours was spent on facility time

Percentage of time	*Number of employees*
0%	0
1-50%	24
51%-99%	1
100%	4

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.

	£000s
Provide the total cost of facility time	£178,455
Provide the total pay bill	£180,208,287
Provide the percentage of the total pay bill spent on facility time, calculated as: (total cost of facility time ÷ total pay bill) x 100	0.09%

Paid trade union activities

As a percentage of total paid facility time hours for employees who were relevant union officials during the relevant period 8% 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 2021 and any new arrangements entered into in 2020/21. 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 2021 for more than £245 per day and that last longer than six months	
Number of existing engagements as of 31 March 2021	20
Of which:	
- number that have existed for less than one year at the time of reporting	7
- number that have existed for between one and two years at the time of reporting	4
- number that have existed for between two and three years at the time of reporting	2
- number that have existed for between three and four years at the time of reporting	2
- number that have existed for four or more years at the time of reporting	5
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 2020 and 31 March 2021 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 2020 and 31 March 2021	7
Of Which:	
- Number assessed as within the scope of IR35	0
- Number assessed as not within the scope of IR35	1
- Number engaged directly (via PSC contracted to trust) and are on the Trust's payroll	6
- 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 2020 and 31 March 2021	
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

During 2020/21, the Trust has reported £124k of consultancy expenditure in relation to the provision of advice and guidance outside the normal course of business, which compares to expenditure of £94k last year.

Exit packages

During 2020/21 6 redundancies were actioned by the Trust (see below). The exit packages were made in accordance with nationally agreed arrangements. Information for 2019/20 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	
	2020/21	2019/20	2020/21	2019/20	2020/21	2019/20
<£10,000	1	2	0	0	1	2
£10,001 - £25,000	2	2	0	0	2	2
£25,001 - £50,000	1	0	0	0	1	0
£50,001 - £100,000	2	1	0	0	2	1
£100,001 - £150,000	0	1	0	0	0	1
£150,001 - £200,000	0	0	0	0	0	0
Total number of exit packages by type	**6**	**6**	**0**	**0**	**6**	**6**
Total resource cost £'000	**200**	**193**	**0**	**0**	**200**	**193**

In 2020/21 there were 0 'other' departures including contractual payments made to individuals in lieu of notice (0 in 2019/20).

Exit packages non-compulsory departure	Agreements/number		Total value of agreements £000	
	2020/21	2019/20	2020/21	2019/20
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 2020/1 was £55k and the lowest was £5k. This is against a high of £107k and low of £4k in 2019/20.

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.

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 of our Constitution was delayed in 2020/21 due the Covid-19 pandemic. This will now be submitted to out Trust Board in September 2021.

The Equality, Involvement, Communication and Membership strategy was signed off at Trust Board in December 2020.

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), as depicted in the map below:

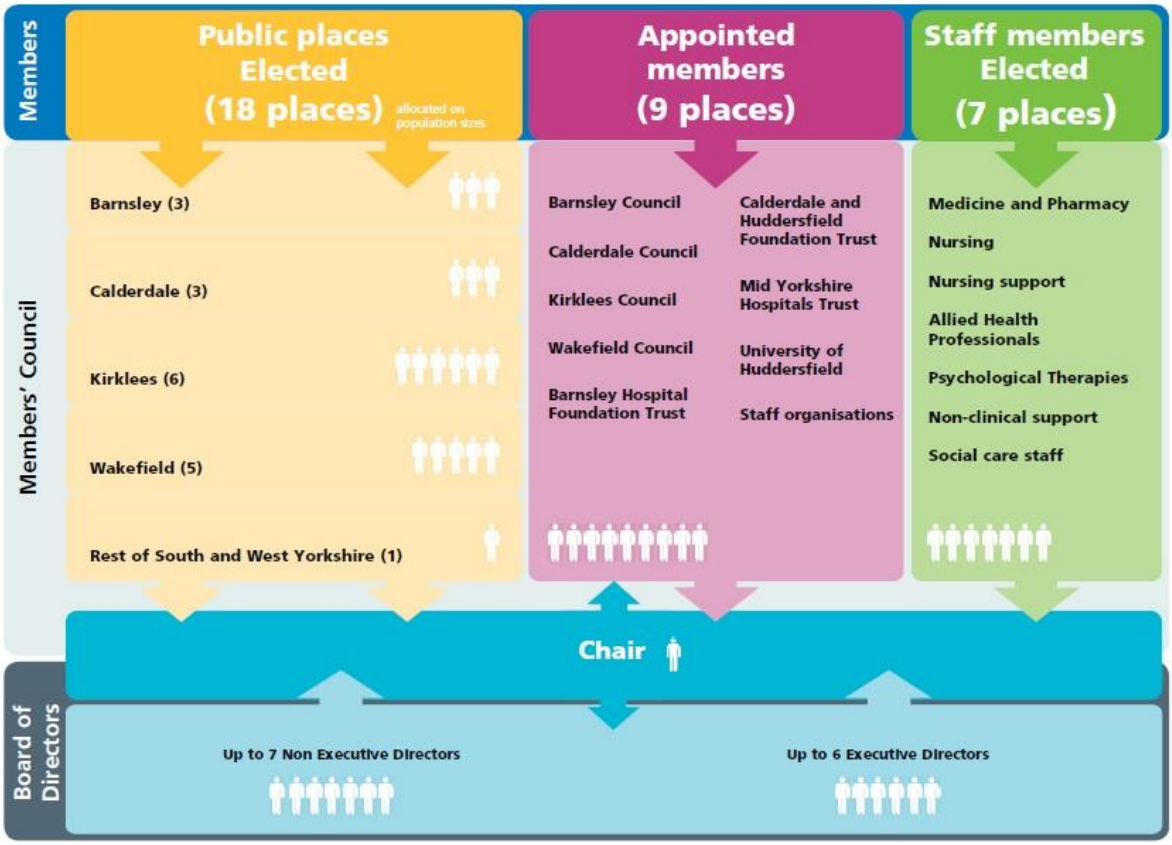
Appointed members from key local partner organisations provide an important link between the Trust, local communities, and key organisations, sharing information and views that can be used to develop and improve services for the communities we serve.

In addition, Trust staff are represented by elected staff governors representing staff groups across the organisation.

Membership recruitment activities were paused during 2020/21 due to the Covid-19 pandemic.

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 of how to contact our Governors and Trust Board members are available on the Trust's website or by emailing membership@swyt.nhs.uk.

There are places for 34 on the Members' 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. During 2020/21 the Members' Council also agreed to appoint a Deputy Lead Governor.

John Laville was appointed as Lead Governor for a period of three years from the 1 May 2020 and Bill Barkworth was appointed to the Deputy role for the same period.

Our governors

The table below sets out the governors who were in place as at 31 March 2021

Name/representing	Term of office	Members' Council attendance 2020/21
Lead Governor		
John Laville Elected - public Kirklees	1 May 2020 for three years	4/4
Governors		
Marios Adamou Elected – staff medicine and pharmacy	1 May 2012 for three years Re-elected 1 May 2015 for three years	1/4

Name/representing	Term of office	Members' Council attendance 2020/21
	Re-elected 1 May 2018 for three years	
Kate Amaral Elected – public Wakefield	1 May 2018 for three years	2/4
Bill Barkworth (deputy Lead Governor) Elected – public Barnsley	1 May 2017 for three years Reappointed 1 May 2020	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.	4/4
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 2022 Re-elected 1 May 2020 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	3/4
Dylan Degman **Elected – public Wakefield**	1 May 2020 for three years	4/4
Daz Dooler Elected – public Wakefield	1 May 2018 for three years	3/4
Lisa Hogarth Elected – staff allied health professionals	1 May 2018 for three years	4/4
Carol Irving Elected – public Kirklees	1 May 2016 for three years	3/4
Tony Jackson Staff – non-clinical support	1 May 2020 for three years	4/4
Adam Jhugroo Elected - public Calderdale	1 May 2019 for three years	4/4
Trevor Lake Appointed - Barnsley Hospital NHS Foundation Trust	25 March 2019 for three years	4/4
Steven Leigh Appointed – Calderdale Council	28 September 2020 for three years	2/2
Ros Lund Appointed – Wakefield Council	12 May 2019 for three years	3/4
Pauline McCarthy Appointed – Barnsley Council	22 October 2020 for three years	0/1
Andrea McCourt Appointed – Calderdale and Huddersfield NHS Trust	2 November 2020 for three years	1/1
Debbie Newton Appointed – Mid-Yorkshire	1 November 2019 for three years	3/4

Name/representing	Term of office	Members' Council attendance 2020/21
Hospitals NHS Trust		
Mussarat Pervaiz Appointed – Kirklees Council	28th September 2020 for three years	2/2
Tom Sheard Elected – public Barnsley	1 May 2020 for three years	4/4
Phil Shire Elected – public Calderdale	1 May 2016 for three years	3/4
Jeremy Smith Elected – public Kirklees	1 May 2016 for three years	2/4
Keith Stuart-Clarke Elected - public Barnsley	1 May 2019 for three years	4/4
Barry Tolchard Appointed - University of Huddersfield	1 April 2018 for three years	0/4
Debs Teale Elected – staff nursing support	1 May 2019 for three years	3/4
Tony Wilkinson Elected – public Calderdale	1 May 2020 for three years	4/4
Tony Wright Appointed – Staff side organisations	1 November 2020 for three years	1/1

The following governors left the Members' Council during 2020/21:

Name/representing	Term of office ended/reason
Evelyn Beckley	Staff Side, stood down, replaced by Tony Wright
Ruth Mason	Appointed, replaced by Andrea McCourt
Cllr Chris Pillai	Appointed, replaced by Steven Leigh
Cllr Nicola Sumner	Appointed, replaced by Cllr Pauline McCarthy
Cllr Bill Armer	Appointed, replaced by Cllr Mussarat Pervaiz
Dr Debika Minocha	Three years from 2018
Paul Williams	Three years from 2018
Lin Harrison	Three Years from 2017

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 2020/21 was £16 to one governor (against a total in 2019/20 of £1,423).

The election process for the Members' Council began in January 2021 for the following seats: Those elected will take up their seats from 1 May 2021.

Public constituency	Seats for election in 2021	Elected governors
Kirklees	**3**	Claire Den Burger-Green Imran Mushtaq Lisa Ward
Wakefield	**2**	Darren Dooler Beverley Powell
Rest of Yorkshire & the Humber	**1**	Seat remains vacant, no nominations received.

Staff constituency	Seats for election in 2021	Elected governors
Allied Health Professionals	**1**	Helen Morgan
Medicine and Pharmacy	**1**	Abdul Nusair
Nursing	**1**	Seat remains vacant, no nominations received.
Psychological therapies	**1**	Nik Vlissides
Social care staff in integrated teams	**1**	Seat remains vacant, no nominations received.

As of 31 March 2021, there were five seats vacant on our 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. The Chair has also ensured that the Members' Council has been kept updated throughout the year on the Trust's response to the pandemic and all meetings have continued to be held via Microsoft Teams. All governors have been invited to attend virtual Q&A sessions with the Chair and Chief Executive, and have received regular internal briefings and communications, including the weekly Headlines, coronavirus update and the View, and the monthly Brief. The Chair also holds monthly meetings with the Lead Governor and Deputy Lead Governor.

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 October 2020, the governors were informed that due to the Covid-19 pandemic, planning was suspended with the focus on the response to the pandemic and business continuity. The Trust has been involved with shaping ICS plans that were submitted in October 2020, and the Trust has submitted plans for workforce, activity, mental health investment and finance.

The governors were given an overview of the key points from planning and response guidance and urgent actions to address inequalities outlined in the presentation.

Group work looked at the following questions:

1. What can we do as a Trust and working with our partners to reduce inequalities in the provision of services?
2. Is there any further action we can take to support staff wellbeing during the period of the pandemic?
3. What are your views regarding how we should restore our core service provision e.g. use of video, telephone, face to face? What about the use of group therapy? How do we balance the need for safety with allowing visitors?
4. Responding to climate change and the sustainability agenda remain key priorities. Do you have any thoughts about actions the Trust can take to improve further in this area?

Responses from governors will be used to inform future planning during the recovery and restoration phase.

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 smaller number than usual of other projects and personal development due to the Covid-19 pandemic. Some activities have continued, and these include the following.

Statutory duties

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

Trust activity

- Involvement in virtual quality monitoring visits
- Involvement in Director recruitment processes
- Attendance at Members' Council groups

Development

- Internal development sessions.
- Place based governor forums
- Governor-only meetings prior to Members` Council meetings.

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 2020/21, this position was taken up by Daz Dooler, (public - Wakefield),

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 *new* Equality, Involvement, Communication and Membership Strategy (December 2020) 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 25th May 2021, we had 8,343 public members (8,952 in 2020/21).

These are split as follows:

	Number	Members
All areas	1,041,341	8,343
Barnsley	203,474	1,449
Calderdale	179,367	1,322
Kirklees	371,763	3,288
Wakefield	286,737	2,284

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
- 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 by consulting with and ensuring the opinions of our members and the public shape the future of our services; and
- supporting staff governors who wish to be Freedom to Speak Up guardians.
- Review of our Constitution

This approach is supported by our vision for volunteering through our members. At 31 March 2021, we have 244 volunteers within the Trust volunteer roles which usually 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. During the Covid-19 pandemic unfortunately our volunteers have been unable to work across our sites and services, we look forward to hopefully welcoming them all back in 2021/22.

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 2021, we had 4,583 staff members (4,196 in 2020/21).

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 System 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 2021. 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 usually 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. This system was not applied in 2020/21 due to the Covid-19 pandemic.

For noting the overall risk rating for finance and use of resources for the prior four years was 1.

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, Involvement, Communication and Membership Strategy update to Trust Board in December 2020 on the Trust's website and under the social, community anti-bribery and human rights issues section of this report (see page 45) and our performance review (see page 20).

Modern Slavery Act 2015

The Modern Slavery Act 2015 established a duty for commercial organisations to prepare an annual slavery and human trafficking statement. This is available on the Trust's website. 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 Whistleblowing 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 45).

Compliance with the Supplier Code of Conduct

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.

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 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: 23 June 2021

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, other items of comprehensive income and cash flows for the financial year.

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

- observe the Accounts Direction issued by NHS 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.
- 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*.

Rob Webster
Chief Executive

Date: 23 June 2021

Annual Governance Statement 2020/21

Scope of responsibility

As Accounting Officer, I have responsibility for maintaining a sound system of internal control that supports the achievement of the NHS Foundation Trust's policies, aims and objectives, whilst safeguarding the public funds and departmental assets for which I am personally responsible, in accordance with the responsibilities assigned to me.

I am also responsible for ensuring that the NHS Foundation Trust is administered prudently and economically and that resources are applied efficiently and effectively.

I also acknowledge my responsibilities as set out in the NHS Foundation Trust Accounting Officer Memorandum.

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 and impact 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 2021 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, and for 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 become mature and well established 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 regularly 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. During the pandemic the Executive Directors have all been members of Gold Command, leading the Trust's response to the pandemic. The Director of Human Resources, Organisational Development and Estates has led the EPRR approach with very effective Silver and Bronze Command arrangements in place.

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 impacted further by the Covid-19 pandemic and effective governance and management of risk has been a continuous feature throughout the year.

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, 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 Covid-19 pandemic has required reprioritisation of programmes and workload. This has been led by the Executive and governed and assured by the Board.

The Trust works in partnership with health economies predominantly in Barnsley, Calderdale, Kirklees, Wakefield, 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 of 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 2020/21 with regular reviews of risk at Executive Management team (EMT) 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. Throughout 2020/21, the level and nature of risk in the Trust has been significantly impacted by the Covid-19 pandemic and the risk register has been updated regularly to reflect the impact of the pandemic on the existing organisational level risks and new risks that have arisen.

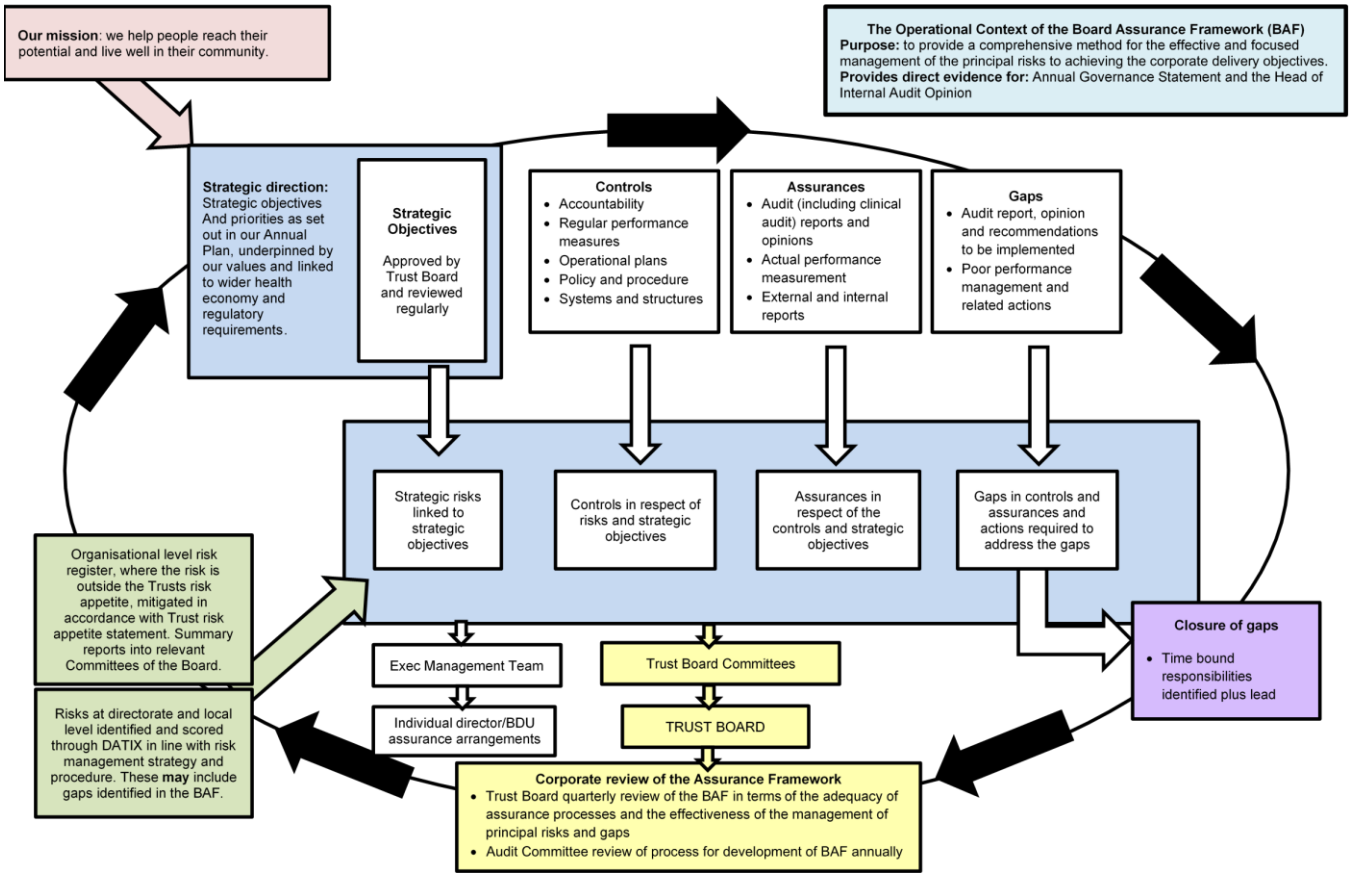
Risk management training for the Trust Board is undertaken biennially. The training needs of staff are assessed through a formal training needs analysis which was completed in 2019/20. All staff receive training appropriate to their authority and duties. The role of individual staff in managing risk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

updated and approved by Trust Board in April 2019 (both next due for review in 2022). Guidance to support staff in the recording, reporting and management of risks was reviewed and refreshed in 2020.

Alongside this capacity, the Trust has effective internal audit arrangements, with an annual work plan that helps to manage strategic and business risk within the Trust. This is approved by the Audit Committee following engagement with Executive Directors.

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 which is depicted below:



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 2021.

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 the Covid-19 pandemic, the Trust Board meetings have been held virtually. Minutes, papers, and details of how governors and members of the public can join Board meetings held in public are available on the Trust website. The Trust also published guidance on how to join virtual meetings to ensure meetings are accessible. Regular reviews were made of the Board agenda during the course of the pandemic to ensure Board members were fully sighted on key issues, whilst simultaneously ensuring the Trust executive could focus its resources on the response to Covid-19. A regular briefing was provided to non-executive directors by me and the Director of Finance during the first four months of the pandemic, when uncertainty was at its height and knowledge of the progression and nature of the virus was emergent.

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 Trust Board and there is appropriate consideration made in our risk register. This is informed by our presence of partners' Gold and Silver Command meetings.

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 Management Strategy was updated and approved by the Board. The next review is due in 2022.

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. All organisational level risks are aligned to and monitored by an appropriate Committee. Over 2020/21, further work has continued to review risk registers to consider where organisational risks scoring level 15 and below fall outside of their Risk Appetite. This ensures risks are managed within their tolerance where appropriate or escalated for further debate and action.

Risk reports are used at the relevant committees of the board setting out the actions being taken and the consequences of managing the risk to a higher risk appetite level.

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 2020/21, the Board made the decision to defer the annual review of strategic risks to later in the year to take account the impact of the Covid-19 pandemic. In quarter three, a comprehensive review of all strategic risks took place and an updated BAF considering the impact and influence of Covid-19 on the Trust's strategic objectives for 2020/21 and 2021/22 was reported to the Board in January 2021.

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 2020/21, 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, alongside a high-level summary of how Directors' objectives fit within this framework.

In support of the BAF, the Trust also has a corporate/organisational risk register in place which outlines the key risks for the organisation and actions identified to mitigate these risks. This is reviewed on a monthly basis by the EMT and quarterly by Trust Board, providing leadership for the risk management process. Risk registers are also developed at service delivery level within Business Delivery Units (BDUs) and within the corporate directorates. These are reviewed regularly at the Operational Management Group (OMG). The main risks at the end of 2020/21 have been separated into two sections. These are the risks that have been an area of focus for all or the majority of the year and the risks that are specific to the Covid-19 pandemic and its response.

The Trust's main risks at the end of 2020/21 that have been an area of focus for all or the majority of the year are shown below:

Strategic objective	Strategic risk	Summary actions in place
Improve health	Changes to commissioning arrangements, an increasing role for each place and variations in local priorities could lead to service inequalities across the footprint.	• Child and adolescent mental health services (CAMHS) involvement group established with identified changed leadership across each pathway. • Attendance and representation at partnership meetings. • Active involvement in both our integrated care systems.
	Differences in how services are provided internally between different BDUs may result in unwarranted variation and therefore inequitable service offers across the Trust.	• CAMHS performance dashboard for each district. • Systemwide work to improve access to Autism Spectrum Disorder (ASD) Services. Local plans in place to address backlog. • Waiting list reported through Business Delivery Units (BDU) to ensure equity of services. • Working across our ICSs to identify systemwide solutions and areas of best practice. • Work with commissioners to priorities areas of investment.
	Lack of or ineffective communication and engagement with our communities, service users and carers could result in poor service delivery that does not meet the needs of the populations we serve.	• Comprehensive, creative, and cultural offer through creative minds and recovery colleges in each of our places to diverse communities. Standard approach in place to develop an involvement plan which includes a requirement to review previous insight gathered. Patient experience and engagement toolkit in place.
	Services are not accessible to nor effective for all communities, especially those who are most disadvantaged,	• Active and full membership of health and wellbeing committees. • Clear value proposition for our social

	leading to unjustified gaps in health outcomes or life expectancy.	prescribing offer in Wakefield through Live Well Wakefield. Mandatory training in place for all staff on Equality and Diversity. • Eight priority actions implemented through our Equality and Inclusion Committee to support our BAME community.
Improve care	2.1 Lack of suitable and robust information systems backed by strong analysis leading to lack of high-quality management and clinical information.	• Data warehouse implementation original plan completed. Additional development in train. • Focused information provided for out of area bed review to support findings and recommendations. Investment in IT infrastructure.
	2.2 Failure to create a learning environment leading to lack of innovation and to repeat incidents.	• Staff 'Living the Values' as evidence through Values in Excellence Awards. • Regular analysis and reporting on incidents. • Development of Trustwide arrangements for learning and improving standards, recognised by CQC. • Quality improvement culture becoming embedded examples include safety huddles and reducing restricted practices.
	2.3 Increased demand for services and acuity of service users exceeds supply and resources available leading to a negative impact on quality of care.	• Trio model bringing together clinical, managerial and governance roles, working together at service-line level, with shared accountability for delivery. • Care Quality Commission assessment overall rating of Good. • Internal audit report on patient safety incidents gave significant assurance. • Bed occupancy has been consistently high, particularly in adult acute, psychiatric intensive care units (PICU) and medium secure forensic services.
	2.4 Risk of deliberate and malicious harm to the Trust including cyber-crime, arson and violence resulting in a loss of confidence in and access to the services the Trust provides.	• Investment in IT and facility infrastructure. • The Trust has completed the rollout of Windows 10 across the full computer estate, additional email security and data loss prevention measures in place. • Identified activities have progressed to enhance our cyber security. • Cyber and IG awareness campaigns have been refreshed. • Targeted approach and advice / support provided to 'hot-spot' areas.
Improve resources	3.1 Changes to funding arrangements, increases in costs and failure to deliver efficiency and productivity improvements result in an unsustainable organisation and inability to provide services effectively.	• NHS Improvement Single Oversight Framework rating of 2 – target support. • Integrated Performance Report (IPR) summary metric provide assurance on the majority of our performance and clearly identifies where improvement is

		required. • Partnership arrangements in each place. • Mental health investment standard and other recent income growth.
	3.2 Failure to develop relationships with commissioners and other key partners to improve services and respond to local needs.	• Lead provider collaboratives for forensics, CAMHS and eating disorders in West Yorkshire. • Partnership arrangements in each place but are at different stages of development.
	3.3 Capability and capacity gaps and / or capacity / resource not prioritised leading to failure to meet strategic objectives.	• Updated priority programmes 2020/22 are aligned to strategic objectives. • Interim financial arrangements in place for H1 2021/22.
Make this a great place to work	4.1 Inability to recruit, retain, skill up appropriately qualified, trained and engaged workforce leading to poor service user experience.	• Staff turnover rates have reduced and comparable with other Trusts in Yorkshire. • Dedicated recruitment resource to review and focus on target areas with the greatest recruitment issues / high agency use. • Refresh of workforce plans as part of operational planning process. • Implementation of new roles including nursing associates and advanced clinical practitioners. • Marketing the Trust as an employer of choice and a great place to work. • Review of how representative Trust decision making groups are of our diverse workforce • Established BAME talent pool
	4.2 Failure to deliver compassionate and diverse leadership and a values-based inclusive culture meaning not everyone in the Trust is able to contribute effectively.	• An organisational development plan for forensics services has been put into action • Enhanced health and wellbeing support for staff. • Delivery of Workforce Race / Disability Equality and EDS2 action plans Including staff disability and LGBT networks • Introduction of internal review panel on disciplinary and grievance cases related to discrimination on the grounds of race. • Established staff networks and Freedom to Speak Up Guardians, including one new substantive member of staff.

	4.3 Failure to support the wellbeing of staff during a sustained and prolonged period of uncertainty through Covid-19.	• Support to staff during pandemic, including testing, vaccinations and BAME taskforce. • Successful rollout of staff vaccination program with over 85% of staff receiving a vaccine. • Rollout of Lateral Flow Testing with on average 3000 tests being undertaken by staff each week. • Regular communications to staff on the pandemic including a dedicated intranet page providing up to date policy and support information.

The Trust's main risks at the end of 2020/21 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	• Policies and procedures reviewed and revised to take account of Covid-19. • Regular publication of guidance and communications to all staff. • Provision of appropriate personal protective equipment (PPE) in line with emerging national guidance, which is monitored through bronze command and overseen by silver command. • Testing and vaccination programmes in place and successful. • High risk groups identified by clinical teams and treatment plans reviewed. • Risk assessment process undertaken including full risk assessment process for staff from a BAME background and all those shielding • Adherence to infection prevention and control guidance • Use of Command structure to manage the impact of and response to the Covid-19 pandemic
Impact on core Trust service provision	• Key partner in ICS recovery and reset plans. • Development of internal reset and restoration work stream • Command structure in place to support the immediate management of peaks in demand. • Detailed activity, workforce, and finance planning taking place in light of increased referral activity. • Interim Clinical Ethics Advisory Group (CEAG) established to provide urgent ethical advice to clinical teams. • Performance management processes have remained in

	place during the pandemic
Staffing and workforce	• Increased support through recruitment of staff to the bank. • Comprehensive health and wellbeing support offer augmented by regional and national support. • Targeted support based on wellbeing survey conducted in pandemic. • Training and support readily available to staff required to work in a different way or with a different service. • Recruitment and retention plans have resulted in more staff being employed by the Trust compared to the previous year
Legal	• Process to receive, review and implement national guidance. • Decision logs and formal notes in place for the command structure. • Specific proactive task and finish group put in place to consider and monitor future Covid-19 related future legal risks.
Ability of staff to work remotely	• Provision of IT equipment and VPN access to allow staff to work remotely rolled out during the early stages of the pandemic. • Development of different IT platforms for clinical work delivered and evaluated, alongside associated good practice guidance

Given the strategic context within which we operate, the risks outlined above will continue into 2021/22 with mitigating actions in place. The current pathway out of lockdown, starting towards the end of 2020/21 is based on continued progress in four key areas. These are not guaranteed, and the ongoing nature of the Covid-19 pandemic means that we are operating in a dynamic context for risk.

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 the aforementioned, through direct Emergency Planning Response and Resilience (EPRR) arrangements via 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 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 elements of 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 personal protective equipment (PPE), testing and staffing.

As the lead Chief Executive for the West Yorkshire & Harrogate Health and Care Partnership, 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, particularly in West Yorkshire & Harrogate. In parallel, we are an engaged partner in the South Yorkshire & Bassetlaw Integrated Care System, where 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 the Trust and lead Chief Executive of the West Yorkshire & Harrogate Health and Care Partnership, under regular review to ensure the arrangement continues to work in the interests of the Trust as well as the ICS.

Our Licence

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 improvement and assurance team. To support our assessment, we have developed a quality assurance and improvement 'self-governing' assessment model. This philosophy builds on our emphasis on self-governance and evaluation. As a series of methods and tools, this approach helps map the relationships between quality improvement and quality assurance and will provide a continual source of evidence for teams to inform how well they are performing against appropriate and helpful metrics for quality.

As part of this initiative, we have developed an accreditation scheme underpinned by quality measures and a quality monitoring system to recognise teams that are delivering high quality care and reward them for their efforts. Although this was not launched as we had hoped due to the Covid-19 pandemic, two wards did take part in the programme during 2020/21.

There has not been a CQC inspection completed during 2020/21, however, the CQC 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.

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 significant 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.

The Trust would normally assess itself annually against the NHS Constitution, in line with good practice. However, during the pandemic, the Government has advised that boards should ensure administrative burdens are reduced so that effort is focused on delivering services and responding to the pandemic. The Board agreed that the scheduled report would be deferred and will be presented in June 2021. This will set out how the Trust meets the rights and pledges of the NHS Constitution. At the time of writing, I believe that our performance metrics and risk register contain no material or substantial risk of significant breaches of the 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 trust with reference to the guidance) within the past twelve months as required by the 'Managing Conflicts of interests in the NHS[23]) 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.

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

The foundation trust has undertaken risk assessments and has a sustainable development management plan in place which take account of UK Climate Projections 2018 (UKCP18). The trust ensures that its obligations under the Climate Change Act and the Adaptation Reporting requirements are complied with.

Values based culture

The Trust works hard to provide the highest standards of healthcare to people. 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 are emphasised in the values of the Trust and reinforced through values-based recruitment, appraisal, and induction.

Learning from incidents and the impact on risk management is embedded in the way we work. 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. 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.

During the Covid-19 pandemic, the Trust has regularly reviewed incidents that cite Covid-19 as a factor.

The Trust works closely with safety teams in NHS England/Improvement and uses Root Cause Analysis (RCA) as a tool to undertake structured investigation to ensure learning from serious incidents. Our aim is to identify the contributory factors and potential root cause of serious incidents, to identify the learning and improvement actions necessary

to minimise the opportunity of recurrence and to ensure that the Trust takes every opportunity to learn and develop from an incident and mitigate future risk.

The provision of mental health, learning disability and community services carries a significant inherent potential risk**.** Unfortunately, serious incidents do occur which require robust and well governed organisational controls. In 2020/21, there were 12,717 incidents reported (a 3.7% decrease on 2019/20), of which 92% resulted in low or no harm to patients and service users, recognising that the Trust has a risk based and good reporting culture.

During 2020/21, there were 34 serious incidents across the Trust compared to 47 in 2019/20. 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.

During 2020/21 the Trust has appointed a substantive Ambassador for Cultural Change and Freedom to Speak Up Guardian. There were 361 episodes of duty of candour during the year and there was one duty of candour breach recorded in the year. This was due to an incident where a patient in general community services had a minor injury to their ankle, staff were present at the time and supported the patient, however, following attendance at A&E the following day a fracture was confirmed (moderate harm). The duty of candour breach was due to a specific apology not being given following the incident although the patient was comforted. The quality and governance lead worked with staff to ensure they are aware of the need for a specific apology where moderate harm has occurred. I can confirm lessons learned were identified and implemented.

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 drug and therapeutics 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 Panel, 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. It also provides assurance on the performance management of the review process, associated learning, and subsequent impact within the organisation. The Panel 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, directorates, the EMT and Trust Board. The Trust Board approved an updated Quality Strategy on 27 March 2018. This is due for review in 2021/22
- The Trust's Quality Strategy sets out our commitment to providing high quality care for all while achieving our organisational mission to help people to reach their potential and live well in their communities. It sets out what we mean by quality and provides a framework for how we assure and improve quality across the organisation. It also describes our integrated change framework that supports innovation and improvement at all levels.
- 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. The Strategy was reviewed in December 2019 and covers the period up to and including 31 March 2021.
- Annual quality priorities are agreed through the Board and published in the Quality Account.
- The Clinical Governance and Clinical Safety Committee is the lead Committee for quality governance.
- The Safeguarding Strategic Sub-Group provides assurance to our partners that we are compliant with national standards and adopt a quality improvement approach to developing our service offer
- Monthly compliance reporting against quality indicators sits within the Integrated Performance Report. Trust Board also receives a quarterly report on complaints, concerns, comments and complements through a customer service report.
- CQC regulation leads monitor performance against CQC regulations and the Trust undertakes self-assessments.
- External validation, accreditation, assessment, and quality schemes support self-assessment for example: accreditation of electroconvulsive therapy (ECT), Psychiatric Intensive Care Units (PICU) and memory services; CQC Mental Health Act Visits; and 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. During the pandemic, these have continued to meet and/or have been strengthened by the development of groups within the command structure. For example, the IPC Bronze Command.
- Quality impact assessments are carried out on all Trust cost improvement plans with Medical Director and Director of Nursing and Quality approval required before a scheme can proceed. Quality Impact Assessments (QIAs) can also be invoked in year where concerns trigger the requirement to do so. Given the temporary financial arrangements in place, with the suspension of cost improvement programmes during 2020/21 this process was not required during the year
- Measures are implemented and maintained to ensure individual practice, teams and services are reviewed and improvements identified and delivered. This includes 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 (as described on pages 112 to 119).
- The Freedom to Speak Up (FTSU) 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. Over the year 19 concerns were raised through this mechanism and reporting was shared with the Office of the National Guardian. The arrangements surrounding the Guardians have been strengthened, with an Ambassador for cultural change and Freedom to Speak Up Guardian appointed in December 2020. There is a specific slot on FTSU at new staff induction, better administrative support, protected time allocated and clearer guidance available.

- 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 Board approved the Trust's Green Plan in March 2021.

The Trust continues to build on its engagement 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 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 optimisation programme for 2020/21 which included the implementation of a new electronic clinical risk tool, 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 to address issues identified.
- 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 as part of 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. During 2020/21 the Trust has employed an Assistant Director to lead on the physical healthcare agenda for learning disability and mental health service users within secondary services.

The Trust works hard to provide the highest standards of healthcare through a culture of openness, good governance, and a risk aware culture. This is reinforced through values-based recruitment, appraisal, and induction.

This has been further strengthened in 2020/21 with changes to the appraisal system to focus on objectives and values more explicitly. A successful e-appraisal pilot was conducted with the aim to reduce the paperwork involved to allow staff and managers to focus on the conversation. This was rolled out in 2020/21, although at a slower pace due to the pandemic.

Equality, involvement, and inclusion

The Trust believes that an integrated approach to equality, involvement, and communication (bolstered by our membership) will ensure we deliver on our inclusion agenda.

The Trust approved an Equality, Involvement, Communication and Membership strategy in 2020 which has supporting annual action plans to ensure an integrated approach. This is insight driven and will ensure:

- Every person living in the communities we serve will know our services are appropriate and reflect the population we serve
- That our workforce reflects communities, ensuring our services are culturally appropriate and fit for purpose
- Service users, carers and families receive timely and accessible information and communication, ensuring a person-centred approach to care
- That our services are co-created and designed with our staff and communities

The Committee oversees the implementation of the Equality, Involvement, Communication and Membership Strategy to improve access, experience, and outcomes for people from all backgrounds and communities. This includes people who use, work and volunteer for our Trust services and those who work in partnership with the Trust with the strategic aim of improving health, care, resources and making our Trust a great place to work.
The key approaches to support this work are set out below:

- The Equality, Involvement, Communication and Membership Strategy is supported by annual equality and involvement action plans. These plans set out our Trustwide approach to delivering strategic objectives and describe the Trust actions for the forthcoming year. The plans align with existing internal resources, data, and insight frameworks to ensure a systematic and integrated Trust wide approach.
- The effective use of insight and data underpins what we do. This includes robust equality monitoring. Data is used to identify who uses and works in services, highlighting areas of inequality that can be addressed through insight work and action planning.
- Equality Impact Assessments (EIA) are in place for all services, strategies, and policies. This ensures that equality, diversity, and human rights impacts are considered, recorded and action taken for every service. Action to mitigate impacts are taken through service level actions plans which are used to implement service improvements.
- A Trust wide Equality Impact Assessment and approach was developed in direct response to the pandemic. This approach includes a Trustwide EIA that has regularly been updated and reviewed and signed off by E&I Committee and Trust Board and the development of a resource and research bank which is an internal resource of all literature published during this time. These tools have ensured that our public sector equality duty to advance equality of opportunity and consider impacts has been a core focus in response to the pandemic.
- A short form EIA has been introduced alongside this work to support rapid decisions specifically during the Covid-19 pandemic, ensuring the equality and diversity are considered and any impacts identified, and action taken.
- A number of involvement resources such as plans and reporting templates to record activity ensure that our approach is audited and in line with our legal obligations.
- The Trust have a clearly articulated approach to formal consultation, this includes a training pack, plan on a page and governance through EMT and E&I Committee who sign off the appropriate approach.
- The Trustwide change framework includes the process for involving people at each stage and a ‘checklist’ approach and dedicated inbox for involvement ensures that a systematic and considered approach to engagement, co-production and consultation is considered at the start of any new project or programme of work

- All involvement plans are driven by the Local Joint Strategic Needs Assessment and service level Equality Impact Assessment (EIA) data and consider equality and diversity by including a range of methods to support an inclusive involvement approach.
- A process is in place for working with our communities using stakeholder mapping to identify key stakeholders and contacts. Whilst working with community groups the routine collection of feedback and equality monitoring ensures we are listening to, recording, and reporting on the voice and views of a representative sample of the local population. Quarterly insight reports support this approach.
- A Trustwide survey toolkit to support the collection of patient experience and engagement intelligence ensures that the Trust has a consistent and clear mechanism for capturing views. The central collection of data provides an opportunity to use the feedback at both a service and Trust wide level.
- The Department of Health's Friends and Family Test used in every service setting now has a short equality monitoring form. This ensures feedback is representative and that the information can be broken down by protected group to identify and address inequalities.
- The Trust assessed its performance against eight nationally identified actions required to reduce inequality. We have measures in place to ensure we fully contribute to the achievement of these actions.
- The Trust publishes reports of findings from all our involvement activity to demonstrate the insight we are using to inform service improvements. The reports include an equality section, which includes who we have reached and how reflective the voice is of the local population. This aims to ensure representation is in line with and reflective of the population we serve.
- A dedicated programme of work to roll out Peer Support Workers and ensure lived experience is part of our approach has resulted in the development of a dedicated training programme and increase in internal posts to 11 members of staff.
- 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 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. This year we have established a carers network to support staff in their caring role. 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 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 and governors believe they should be reflective of communities and 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. Governors use a targeted approach to support recruitment from local communities.

The Trust has improved in all four WRES indicators published in the NHS Staff Survey and has plans identified to continue this improvement.

During 2021, the requirement for Trusts to publish their gender pay gap audit as required by law, was suspended due to the Covid-19 pandemic.

The Trust has adopted the National 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.

Building on listening events and feedback from staff during 2020/21 this resulted in a new organisational priority. “Making SWYPFT a great place to work” supports the provision of a healthy, resilient, and safe workforce. This covers five key areas:

- Feeling safe
- Being part of a supportive team
- Positive health and wellbeing
- Developing my potential
- My voice counts

These key areas, along with the People Promise commitment from the NHS People Plan, have further informed the development of the Workforce Strategy which has been slightly delayed due to Covid-19 and will be implemented during 2021/22.

As part of making the Trust 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.

In 2020/21, the Equality and Inclusion Committee received reports on the following:

- The approach, updates, and progress to develop an integrated strategy for Equality, Involvement and Membership
- Covid-19 equality impact assessments and emerging research and evidence
- 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
- Equality Impact Assessments (EIAs) update
- The Trust’s equality and diversity annual report
- Our inclusive leadership and development programmes
- Commitment to Carers

In the last year we have significantly increased our investment in health and wellbeing support during the Covid-19 pandemic. A BAME health and wellbeing taskforce has been established and a health and wellbeing practitioner for the BAME workforce has been appointed. We have delivered through our hospital hubs a successful vaccination programme for our staff and social care partners. In doing so, we have sought to address different levels of vaccine take up, with some progress made and work continuing into 2021/22.

Priority programmes

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 20/21 the Trust Board agreed 13 priority areas of work, some of these are strategic developments; others are priority programmes of change. Work takes place to ensure alignment with national guidance such as the NHS Long Term Plan and local system plan. The focus for many of these programmes during the year has been to respond and learn from the Covid-19 pandemic. In year, we have added one additional priority area.
As of January 2021, 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 main 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 include making best use of digital technologies; and reducing waste and improving productivity to support 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.
- Understanding equality and addressing inequality through inclusive involvement

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 capacity in the communities we serve through innovative models of delivery and support for service users and carers. We have developed 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. Creative Minds is a partnership with over 100 third sector organisations, delivering sport, leisure and creative activities that build resilience and wellbeing. Spirit in Mind delivers faith-based support. The Mental Health Museum has been documenting Covid experiences and runs projects such as one in Crofton Ward to transform one of its lounges into a 1940s/1950s museum where patients and staff spent time discussing the items on display.

The Trust continues its commitment towards carbon reduction. We have undertaken risk assessments and Carbon Reduction Delivery Plans 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 met. 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. The Trust Board approved the Trust's Green Plan in March 2021.

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-committee of the Members' Council. The Trust complies with Monitor's (now NHS England/NHS Improvement) Code of Governance and further information is included in the Trust's annual report. Please see Section on governance arrangements (page 59-73).

Financial monitoring, service performance, quality and workforce information is scrutinised at meetings of the Trust Board, Finance, Investment and Performance Committee, through Executive Management Team (EMT) meetings, the Operational Management Group (OMG), finance and performance reviews, BDU management teams and at various operational team meetings.

The EMT 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. 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 and reduce waste. Work has continued with BDUs to implement service line reporting, including the use of bespoke performance dashboards. During the year enhanced reporting for the Covid-19 pandemic was developed and implemented. This includes live updating of staff absence, testing and vaccinations.

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, local commissioning intentions and local health and wellbeing plans. Increasingly we are ensuring that Integrated Care Systems (ICS) 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 impact of Covid-19 is such that temporary financial arrangements were in place for the first half of 2020/21, which enabled trusts to break-even. For the second half of the year there was a return to a financial planning process, which resulted in the Trust having an agreed financial target to achieve. This target was agreed in liaison with other NHS organisations in the West Yorkshire & Harrogate ICS given the increased role of the system in operational and financial planning. The Trust also contributed to the plan for the Barnsley system within the South Yorkshire and Bassetlaw ICS.

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. QIAs 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 was paused in in 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 £2.1m deficit. On a like for like basis this position was improved by £6.3m to a surplus of £4.2m. Additional income has been provided to the Trust in support of a range of issues. These include carried forward annual leave, Covid-19, the Flower's legal settlement of enhanced holiday pay and compensation for reduced non-clinical income. The level of this additional income was above plan and has contributed significantly to the current financial position.

There are various levels of surplus and deficit and the following table provides reconciliation between the comprehensive income of £2.6m as shown in our accounts and the £4.2m surplus quoted above:

	£m
Total comprehensive income/(Expense)	3.0
Impairments and revaluations	0.2
Net impairments	1.4
Pre adjusted surplus in our management accounts	4.6

As outlined above, work on delivering cost savings was suspended in 2020/21.

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 2021 with 98% of staff recorded as completing the training.

Information governance has had continued focus through 2020/21 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). Three incidents have been reported during 2020/21. Two involved allegations that staff members had shared sensitive data about Trust patients with other individuals, which was subsequently communicated to the patients, causing them harm. The ICO closed both incidents without taking further action and recommended that the responsible staff members were managed under processes and that the Trust raised awareness of the duty of confidentiality owed to patients and the need for a justified purpose when sharing personal data.

The third incident involved records that had been printed during processing of a subject access being sent by post to the wrong recipient, causing harm to the data subject. The ICO

closed the incident without taking further action but recommended an investigation, which has been completed and all recommendations implemented.

In quarter 4, The Trust appointed a Chief Clinical Information Officer (CCIO). The CCIO provides clinical leadership, expert clinical advice and guidance to the informatics service and senior management in relation to the use and development of digital information and Technology in the Trust. Lead responsibility for the development of clinical standards and policy in the use of clinical information systems, and also provide clinical leadership in the engagement of internal and external stakeholders on clinical informatics related issues to ensure effective use of digital/IT in a clinical setting.

Good information governance will continue to be a feature of the Trust in 2021/22. The Data Security and Protection Toolkit was submitted on time and is compliant with the standards.

Annual Quality Report

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 2020/21 have been removed.

The following steps have been put in place to assure the Trust Board that appropriate controls are in place to ensure the accuracy of data, these are described below and demonstrate that there are appropriate arrangements in place to ensure the quality and accuracy of performance information.

Governance and leadership of quality reporting

We have a strong system of quality reporting:

- Quality metrics are reviewed monthly by Trust Board and the EMT, alongside the performance reviews undertaken by BDUs as part of their governance structures.
- The Integrated Performance Report covers substantial quality and performance information and is reported to the Board and EMT. 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 and 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.
- The SystmOne 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, and Executive Management Team.
- The Director of Nursing and Quality (Caldicott Guardian) and Director of Finance and Resources (SIRO) co-chair the Trustwide Improving Clinical Information and Information Governance (ICIG) 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 and Clinical Safety Committees.

Role of information 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 (SystmOne 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, quality and reporting of data with focussed action to address such issues. In 2020/21 this included identification by internal audit of data quality improvement actions in relation to data shared with Clinical Commissioning Groups.

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.

A time limited group of the Trust Board reviewed the Integrated Performance Report (IPR) and made a number of recommendations to the Trust Board to streamline and improve it, which were agreed and were implemented from 30 March 2021.

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 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 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 role as the Chief Executive with objectives reviewed regularly and monthly meetings on business delivery and progress. This has provided a good 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 2020/21, due to the Covid-19 pandemic, appraisals were extended to allow the response to the pandemic. Approximately 54% of staff had the new e-appraisal as at the 31 March 2021. It should be noted that our appraisal deadline has been extended into the new financial year due to the Covid-19 pandemic.

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. During the Covid-19 pandemic, some Committees have operated with a reduced agenda. This is reported to the Board and reviewed regularly as part of the interim governance arrangements. 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 2020/21 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 EMT. 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 EMT 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 2020/21, 10 internal audit reviews have been conducted and presented to the Audit Committee. Of these, there were 5 significant assurance opinions, 3 were advisory audits with no rating provided and the other 2 provided limited assurance opinions.

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 79% of actions were completed within the original time frame specified and 98% of all recommendations have been completed

The Head of Internal Audit's overall opinion for 2020/21 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 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 and challenges brought about by the Covid-19 pandemic. During this time, the system of internal control has remained robust and enabled change and risk to be managed effectively.

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 Standing Financial Instructions. 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 at the peak of the pandemic.

As we enter 2021/22, the Trust has therefore entered the recovery phase which will require ongoing monitoring for its impacts and risks in our systems. We will continue to ensure that the principles of good governance and effective controls are maintained throughout.

On May 25th, 2021 the Trust Board agreed in principle that I would be seconded full-time to the West Yorkshire & Harrogate Health and Care Partnership (the ICS) as its interim chief executive, having fulfilled this role on a part time basis for the last 5 years. This secondment will take effect from July 1st.

Mark Brooks, the Director of Finance, will be the Trust's interim chief executive until a permanent appointment is made.

Rob Webster
Chief Executive

Date: 23 June 2021

Independent auditor's report to the Council of Governors and Board of Directors of South West Yorkshire Partnership NHS Foundation Trust

Report on the audit of the financial statements

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 the foundation trust's affairs as at 31 March 2021 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.

We have also audited the information in the Remuneration Report and Staff Report that is subject to audit, being:

- the table of salaries and allowances of senior managers and related narrative notes on page 80;
- the table of pension benefits of senior managers and related narrative notes on page 82;
- the table of pay multiples and related narrative notes on page 76; and
- the table of exit packages and related narrative notes on page 94.

The financial reporting framework that has been applied in their preparation is applicable law and the accounting policies directed by NHS Improvement – Independent Regulator of NHS Foundation Trusts.

Basis for opinion

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

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

Conclusions relating to going concern

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

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

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

The going concern basis of accounting for the group and the foundation trust is adopted in consideration of the requirements set out in the accounting policies directed by NHS Improvement – Independent Regulator of NHS Foundation Trusts , which require entities to adopt the going concern basis of accounting in the preparation of the financial statements where it anticipated that the services which they provide will continue into the future.

Other information

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

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

We have nothing to report in this regard.

Responsibilities of accounting officer

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

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

Auditor's responsibilities for the audit of the financial statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually

or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

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

Extent to which the audit was considered capable of detecting non-compliance with laws and regulations, including fraud

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

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

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

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

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

As a result of performing the above, we identified the greatest potential for fraud in the following areas, and our specific procedures performed to address it are described below:

- accruals recorded at 31 March 2021 as the timing of their recognition at year-end is subject to potential management bias: we tested a sample of accruals to supporting documentation to assess whether the liability had been incurred as at 31 March 2021.

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

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

- reviewing financial statement disclosures by testing to supporting documentation to assess compliance with provisions of relevant laws and regulations described as having a direct effect on the financial statements;
- performing analytical procedures to identify any unusual or unexpected relationships that may indicate risks of material misstatement due to fraud;

- enquiring of management concerning actual and potential litigation and claims, and instances of non-compliance with laws and regulations;
- enquiring of the local counter fraud specialist and review of local counter fraud reports produced; and
- reading minutes of meetings of those charged with governance and reviewing internal audit reports.

Report on other legal and regulatory requirements

Opinions on other matters prescribed by the National Health Service Act 2006

In our opinion:

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

Matters on which we are required to report by exception

Use of resources

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

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

Respective responsibilities of the accounting officer and auditor relating to the foundation trust's arrangements for securing economy, efficiency and effectiveness in the use of resources

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

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

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

We undertake our work in accordance with the Code of Audit Practice, having regard to the guidance, published by the Comptroller & Auditor General in April 2021, as to whether the foundation trust has proper arrangements for securing economy, efficiency and effectiveness in the use of resources against the specified criteria of financial sustainability, governance, and improving economy, efficiency and effectiveness.

The Comptroller & Auditor General has determined that under the Code of Audit Practice, we discharge this responsibility by reporting by exception if we have reported to the foundation trust a significant weakness in arrangements to secure economy, efficiency and effectiveness in its use of resources for the year ended 31 March 2021 by the time of the issue of our audit report. Other findings from our work, including our commentary on the foundation trust's arrangements, will be reported in our separate Auditor's Annual Report.

Annual Governance Statement and compilation of financial statements

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

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

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

We have nothing to report in respect of these matters.

Reports in the public interest or to the regulator

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

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

We have nothing to report in respect of these matters.

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 this matter.

Delay in certification of completion of the audit

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

Use of our report

This report is made solely to the Council of Governors and Board of Directors ("the Boards") of 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 Boards as a body, for our audit work, for this report, or for the opinions we have formed.

Paul Hewitson (Key Audit Partner)
For and on behalf of Deloitte LLP
Appointed Auditor
Leeds, United Kingdom
23 June 2021

Independent auditor's certificate of completion of the audit

Issue of opinion on the audit of the financial statements

In our audit report for the year ended 31 March 2021 issued on 23 June 2021 we reported that, in our opinion, the financial statements:

- gave a true and fair view of the state of the group's and the foundation trust's affairs as at 31 March 2021 and of the group's and foundation trust's income and expenditure for the year then ended;
- had been properly prepared in accordance with the accounting policies directed by NHS Improvement – Independent Regulator of NHS Foundation Trusts; and
- had been prepared in accordance with the requirements of the National Health Service Act 2006.

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

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

As at the date of issue of our audit report for the year ended 31 March 2021 on 23 June 2021, we had not completed our work on the foundation trust's arrangements, and had nothing to report in respect of this matter as at that date.

Certificate of completion of the audit

In our audit report for the year ended 31 March 2021 issued on 23 June 2021, we explained that we could not formally conclude the audit on that date until we had completed our work in respect of the foundation trust's arrangements for securing economy, efficiency and effectiveness in its use of resources. We have now completed our work in this area.

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

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

We certify that we have completed the audit of South West Yorkshire Partnership NHS Foundation Trust in accordance with requirements of Chapter 5 of Part 2 of the National Health Service Act 2006 and the Code of Audit Practice.

Paul Hewitson (Key Audit Partner)
For and on behalf of Deloitte LLP
Appointed Auditor
Leeds, United Kingdom
15 September 2021

Data entered below will be used throughout the workbook:

Trust name:	South West Yorkshire Partnership NHS Foundation Trust
This year	2020/21
Last year	2019/20
This year ended	31 March 2021
Last year ended	31 March 2020
This year commencing:	1 April 2020
Last year commencing	1 April 2019

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 23 June 2021

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 Auditor, Deloitte LLP, for purposes of its audit and, in addition, that they haven taken all steps required to ensure their Directors' duties are exercised with reasonable care, skill and diligence.

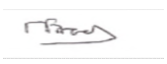
At the time this report was approved, so far as any Director is aware, there is no relevant information of which the Trust's auditor is unaware. Each Director has taken all the steps they ought to have taken as a Director in order to make themselves aware of any relevant audit information and to establish that 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 23 June 2021



Signed……

Mark Brooks Director of Finance Date 23 June 2

STATEMENT OF COMPREHENSIVE INCOME FOR THE YEAR ENDED 31 March 2021

		Group		Trust	
		Year Ended 31 March 2021	Year Ended 31 March 2020	Year Ended 31 March 2021	Year Ended 31 March 2020
	note	£000	£000	£000	£000
Operating income from patient care activities	5	244,603	226,091	244,603	226,091
Other operating income	5	23,081	17,004	22,553	16,892
Operating Expenses	6	(261,860)	(231,706)	(261,638)	(231,632)
Operating surplus / (deficit)		**5,824**	**11,389**	**5,518**	**11,351**
Finance costs:					
Finance income	10	1	240	0	238
PDC Dividends payable		(2,109)	(2,673)	(2,109)	(2,673)
NET FINANCE COSTS		**(2,108)**	**(2,433)**	**(2,109)**	**(2,435)**
Gains/(losses) on disposal of assets	13	(157)	(404)	(157)	(404)
SURPLUS/(DEFICIT) FOR THE YEAR		**3,559**	**8,552**	**3,252**	**8,512**
Other comprehensive income / (expense)					
Will not be reclassified to income and expenditure:					
Impairments	27	(1,342)	3,363	(1,342)	3,363
Revaluations		(0)	0	(0)	0
TOTAL COMPREHENSIVE INCOME / (EXPENSE) FOR THE YEAR		**2,217**	**11,915**	**1,910**	**11,875**

The Group accounts are the consolidation of the Trust (South West Yorkshire Partnership NHS Foundation Trust) and EyUp! charity (see note 1.28 for more details).

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

STATEMENT OF FINANCIAL POSITION AS AT 31 March 2021	note	Group 31 March 2021 £000	Group 31 March 2020 £000	Trust 31 March 2021 £000	Trust 31 March 2020 £000
Non-current assets					
Intangible assets	14	158	170	158	170
Property, plant and equipment	15	102,731	107,332	102,731	107,332
Investment Property	16	0	115	0	115
Receivables	21	620	528	620	528
Total non-current assets		**103,509**	**108,145**	**103,509**	**108,145**
Current assets					
Inventories	20	173	238	173	238
Trade and other receivables	21	9,658	11,175	9,654	11,177
Non-current assets for sale and assets in disposal groups	17	345	0	345	0
Cash and cash equivalents	22	57,500	37,021	56,659	36,417
Total current assets		**67,676**	**48,434**	**66,831**	**47,832**
Current liabilities					
Trade and other payables	23.1	(32,482)	(21,650)	(32,503)	(21,607)
Provisions	25	(3,593)	(3,990)	(3,593)	(3,990)
Other liabilities	23.3	(3,981)	(1,462)	(3,981)	(1,462)
Total current liabilities		**(40,056)**	**(27,102)**	**(40,077)**	**(27,059)**
Total assets less current liabilities		**131,129**	**129,477**	**130,263**	**128,918**
Non-current liabilities					
Provisions	25	(3,755)	(4,733)	(3,755)	(4,733)
Total assets employed		**127,374**	**124,744**	**126,508**	**124,185**
Financed by					
Taxpayers' equity					
Public Dividend Capital		45,385	44,972	45,385	44,972
Revaluation reserve	27	10,597	12,397	10,597	12,397
Other reserves		5,220	5,220	5,220	5,220
Income and expenditure reserve		65,306	61,596	65,306	61,596
Others' equity					
Charitable fund reserves		866	559	0	0
Total taxpayers' and others' equity		**127,374**	**124,744**	**126,508**	**124,185**

The financial statements on pages 2 to 39 were approved by the Board of Directors and authorised for issue on the 25 May 2021 and signed on their behalf by:

Signed…….

Rob Webster Chief Executive Date 23 June 2021

GROUP STATEMENT OF CHANGES IN TAXPAYERS' EQUITY FOR THE YEAR ENDED 31 MARCH 2021

	note	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 2020		44,972	12,397	5,220	61,596	124,185	559	124,744
Surplus for the year		0	0	0	3,595	3,595	(36)	3,559
Transfers between reserves	27	0	(458)	0	458	0	0	0
Impairments	12	0	(1,342)	0	0	(1,342)	0	(1,342)
Revaluations - property, plant and equipment	27	0	0	0	0	0	0	0
Transfer to retained earnings on disposal of assets	27	0	0	0	0	0	0	0
Public dividend capital received		413	0	0	0	413	0	413
Other reserve movements - charitable funds consolidation adjustment		0	0	0	(343)	(343)	343	0
Taxpayers' Equity at 31 March 2021		**45,385**	**10,597**	**5,220**	**65,306**	**126,508**	**866**	**127,374**

		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 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	27	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**

TRUST STATEMENT OF CHANGES IN TAXPAYERS' EQUITY

	note	Public Dividend Capital	Revaluation Reserve	Other Reserves	Income and Expenditure Reserve	**Trust Total**
		£000	£000	£000	£000	**£000**
At 1 April 2020		44,972	12,397	5,220	61,596	124,185
Surplus for the year		0	0	0	3,252	3,252
Transfers between reserves	27	0	(458)	0	458	0
Impairments	12	0	(1,342)	0	0	(1,342)
Revaluations - property, plant and equipment	27	0	0	0	0	0
Transfer to retained earnings on disposal of assets	27	0	0	0	0	0
Public dividend capital received		413	0	0	0	413
Taxpayers' Equity at 31 March 2021		**45,385**	**10,597**	**5,220**	**65,306**	**126,508**

		Public Dividend Capital	Revaluation Reserve	Other Reserves	Income and Expenditure Reserve	**Trust Total**
		£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	27	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**

STATEMENT OF CASH FLOWS FOR THE YEAR ENDED		Group		Trust	
31 March 2021		**Year Ended**	**Year Ended**	**Year Ended**	**Year Ended**
		31 March 2021	**31 March 2020**	**31 March 2021**	**31 March 2020**
	note	**£000**	**£000**	**£000**	**£000**
Cash flows from operating activities					
Operating surplus/(deficit) from continuing operations		5,824	11,389	5,518	11,351
Operating surplus/(deficit)		**5,824**	**11,389**	**5,518**	**11,351**
Non-cash income and expense:					
Depreciation and amortisation	6	6,233	5,742	6,233	5,742
Net Impairments	6	1,389	(5,719)	1,389	(5,719)
Income recognised in respect of capital donations (cash and non-cash)		0	0	0	0
(Increase)/Decrease in receivables	21	2,063	(928)	2,062	(928)
(Increase)/Decrease in Inventories	20	65	21	65	21
Increase/(Decrease) in Trade and Other Payables	23	10,533	2,588	10,583	2,588
Increase/(Decrease) in Other Liabilities	23	2,519	1,186	2,519	1,186
Increase/(Decrease) in Provisions	25	(1,375)	1,502	(1,375)	1,502
NHS Charitable Funds - net adjustments for working capital movements, non-cash transactions and non-operating cash flows		(21)	18	0	0
NET CASH GENERATED FROM/(USED IN) OPERATIONS		**27,230**	**15,799**	**26,994**	**15,743**
Cash flows used in investing activities					
Interest received	10	0	238	0	238
Purchase of intangible assets	14	(55)	(118)	(55)	(118)
Purchase of Property, Plant and Equipment		(4,556)	(6,245)	(4,556)	(6,245)
Sale of property, plant and equipment and Investment Property		186	889	186	889
NHS Charitable Funds - net cash flows from investing activities		1	0	0	0
Net cash generated from/(used in) investing activities		**(4,424)**	**(5,236)**	**(4,425)**	**(5,236)**
Cash flows used in financing activities					
Public dividend capital received		413	750	413	750
PDC Dividend paid		(2,740)	(2,663)	(2,740)	(2,663)
Net cash generated from/(used in) financing activities		**(2,327)**	**(1,913)**	**(2,327)**	**(1,913)**
Increase/(decrease) in cash and cash equivalents	22	**20,479**	**8,650**	**20,242**	**8,594**
Cash and Cash equivalents at 1 April		37,021	28,371	36,417	27,823
Cash and Cash equivalents at 31 March		**57,500**	**37,021**	**56,659**	**36,417**

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 2020/21 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.

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.

The most significant estimate within the accounts is the value of land and buildings. In accordance with International Accounting Standards, a full property valuation is carried out on the Trust's land and buildings every 5 years, with an intervening annual desktop valuation. The Trust has as at the 31st December 2021 undertaken a valuation on an alternative site basis after taking advice from a RICS qualified valuer, the District Valuer Services (DVS), on suitable indices to apply to reflect changes in the building costs and local land price movements since the date of the last valuation. The Trust continues to judge it to be appropriate to use its assumptions regarding the location of a hypothetical site for the hospital when performing the modern equivalent asset valuation. The next full revaluation is due December 2023.

Assets held at depreciated replacement cost have been valued on an alternative site basis where this would meet the location requirements of the services being provided.

Valuations do not take into account future potential changes in market value which cannot be predicted with any certainty therefore, between valuations, management reviews the values for any material changes and make judgements about market changes and assesses whether the carrying amount does not differ materially from that which would be expected using fair value at the end of the reporting period. The review of the estate values carried out in 2020/21 resulted in an overall decrease in the revaluation reserve of £1.3m.

The valuation exercise was carried out in December 2021 with a valuation date of 31 December 2021. In applying the Royal Institute of Chartered Surveyors (RICS) Valuation Global Standards 2020 ('Red Book'), the valuer has not declared any 'material valuation uncertainty' in the valuation report. The values in the report have been used to inform the measurement of property assets at valuation in these financial statements.

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

1.4 Revenue (Income)

Revenue from NHS Contracts

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 an individual contract basis to ensure that the performance obligation has been met before recognising income.

The accounting policies for revenue recognition and the application of IFRS 15 are consistently applied. The contracting arrangements in the NHS changed between 2019/20 and 2020/21 affecting the application of the accounting policy under IFRS 15. This difference in application is explained below.

The main source of income for the Trust is contracts with commissioners for health care services. In 2020/21, the majority of the trust’s income from NHS commissioners was in the form of block contract arrangements. During the first half of the year the trust received block funding from its commissioners. For the second half of the year, block contract arrangements were agreed at a Integrated Care System level. The related performance obligation is the delivery of healthcare and related services during the period, with the trust’s entitlement to consideration not varying based on the levels of activity performed.

The Trust has received additional income outside of the block and system envelopes to reimburse specific costs incurred and other income top-ups to support the delivery of services. Reimbursement and top-up income is accounted for as variable consideration.

In the comparative period (2019/20), the trust’s contracts with NHS commissioners included those where the trust’s entitlement to income varied according to services delivered. A performance obligation relating to delivery of a spell of health care was generally satisfied over time as healthcare was received and consumed simultaneously by the customer as the Trust performed it. The customer in such a contract was the commissioner, but the customer benefited as services were provided to their patient. Even where a contract could be broken down into separate performance obligations, healthcare generally aligned with paragraph 22(b) of the Standard entailing a delivery of a series of goods or services that were substantially the same and had a similar pattern of transfer. At the year end, the Trust accrued income relating to activity delivered in that year, where a patient care spell was incomplete. This accrual was disclosed as a contract receivable as entitlement to payment for work completed was usually only dependent on the passage of time.

In 2019/20, the Provider Sustainability Fund and Financial Recovery Fund enabled 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.

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.

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.

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

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 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.

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. Land, buildings and dwellings 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 2020/21 the periodic revaluation of estate has been completed by the District Valuer as at 31st December 2020. This was a desktop exercise with the exception of any buildings with material works (major capital schemes) completed since 31 March 2020.

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.

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

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 derecognised.

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 operating leases are depreciated over their estimated useful lives or, where shorter, the lease term.

Estimated useful lives for assets are shown in note 15.3

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.

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

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

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 Statement of Comprehensive Income (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 Statement of Comprehensive Income (SCI). The Trust held 1 piece of Land as investment property which was disposed of in 2020/21.

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.

The Trust has recognised government grants in year for the personal, protective equipment (PPE) received from the Department of Health in response to the COVID pandemic and for some low value equipment assets, under the capitalisation threshold.

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. Low value consumables are classed as immaterial and not included in inventories.

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 0.95% 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 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.

1.20 Financial instruments and financial liabilities

Recognition

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

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

Classification and measurement

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

Financial assets or financial liabilities in respect of assets acquired or disposed of through finance leases are recognised and measured in accordance with the accounting policy for leases described below.

Financial assets are classified as subsequently measured at fair value through income and expenditure.

Financial liabilities classified as subsequently measured at fair value through income and expenditure.

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

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

Impairment of financial assets

For all financial assets measured at amortised cost including lease receivables, contract receivables and contract assets or assets measured at fair value through other comprehensive income, the Trust recognises an allowance for expected credit losses.

The Trust adopts the simplified approach to impairment for contract and other receivables, contract assets and lease receivables, measuring expected losses as at an amount equal to lifetime expected losses. For other financial assets, the loss allowance is initially measured at an amount equal to 12-month expected credit losses (stage 1) and subsequently at an amount equal to lifetime expected credit losses if the credit risk assessed for the financial asset significantly increases (stage 2).

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 2019/20. The Trust identified 3 main groups of debtors which are payroll/salary sacrifice, local council and other.

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 estimated future cash flows discounted at the financial asset's original effective interest rate.

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

Derecognition

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

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

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 though 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 thorough 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.

1.21 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.

1.22 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.

1.23 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.

1.24 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 the audit of the annual accounts.

1.25 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.

1.26 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)

1.27 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.

1.28 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.

1.29 Accounting standards and amendments issued but not yet adopted

The DHSC GAM does not require the following Standards and Interpretations to be applied in 2020/21. These standards are still subject to HM Treasury Financial Reporting Manual adoption, with IFRS 16 being for implementation in 2022/23 and the government implementation date for IFRS 17 still subject to HM Treasury consideration.

IFRS 16 Leases - effective 2022 / 2023
IFRS 17 Insurance Contracts - effective 2021 / 2022

IFRS 16 Leases will be adopted on the 1st April 2022 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 IFRS 16 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 2022 on 20 November 2020. Due to the need to reassess lease calculations, together with uncertainty on expected leasing activity from April 2022 and beyond, a quantification of the expected impact of applying the standard in 2022/23 is currently impracticable. However, the trust does expect this standard to have a material impact on non-current assets, liabilities and depreciation.

1.30 Going Concern

These accounts are prepared on a going concern basis (Note 38). The financial reporting framework applicable to NHS bodies, derived from the HM Treasury Financial Reporting Manual, defines that the anticipated continued provision of the entity's services in the public sector is normally sufficient evidence of going concern. The directors have a reasonable expectation that this will continue to be the case. This was confirmed by the Trust Board in April 2021.

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**	
5.1 Income from activities comprises	**Year Ended 31 March 2021 Total £000**	**Year Ended 31 March 2020 Total £000**
NHS England	40,163	36,600
Clinical commissioning groups	190,794	173,743
NHS Foundation Trusts	211	435
NHS Trusts	1,889	2,057
Local Authorities	5,246	8,176
Non NHS: Other	6,300	5,080
Total income from activities	**244,603**	**226,091**

	Group & Trust	
5.2 Analysis of income from activities	**Year Ended 31 March 2021 Total £000**	**Year Ended 31 March 2020 Total £000**
Block Contract / system envelope income - Mental Health Services	185,765	168,714
Clinical partnerships providing mandatory services	1,889	2,057
Clinical income for the secondary commissioning of mandatory services	6,238	5,900
Block Contract / system envelope income - Community Services	33,811	32,890
Income from other sources - Community Services	5,551	8,132
Additional pension contribution central funding	7,814	7,168
Other clinical income	3,535	1,230
Total income from activities	**244,603**	**226,091**

Due to covid, and national funding arrangements, table 5.2 has been reclassified. As such the prior year comparators have been updated.

5.3 Other Operating Income	**Group Year Ended 31 March 2021 Total £000**	**Group Year Ended 31 March 2020 Total £000**	**Trust Year Ended 31 March 2021 Total £000**	**Trust Year Ended 31 March 2020 Total £000**
Other operating income recognised in accordance with IFRS 15				
Research and development (IFRS 15)	194	218	194	218
Education and training (excluding notional apprenticeship levy income)	4,775	4,196	4,775	4,196
Provider sustainability fund / Sustainability and transformation Fund income	0	1,765	0	1,765
Reimbursement and top up funding	8,928	0	8,928	0
Income in respect of staff costs where accounted for on a gross basis	1,886	3,658	1,886	3,658
Other (recognised in accordance with IFRS 15)*	4,052	6,524	4,052	6,524
Other operating income recognised in accordance with other standards				
Education and training - notional income from apprenticeship fund	440	531	440	531
Contributions to expenditure - receipt of equipment donated from DHSC for	15	0	15	0
Contributions to expenditure - consumables (inventory) donated from DHSC	2,263	0	2,263	0
NHS Charitable Funds : Incoming Resources excluding investment income	528	112	0	0
Total other operating income	**23,081**	**17,004**	**22,553**	**16,892**

Revenue is mostly from the supply of services. Revenue from the sale of goods and services is not material.

*** Analysis of Other Operating Income (recognised in accordance with IFRS 15): Other**	**Group Ended 31 March 2021 Total £000**	**Group Year Ended 31 March 2020 Total £000**	**Trust Year Ended 31 March 2021 Total £000**	**Trust Year Ended 31 March 2020 Total £000**
Estates recharges	40	53	40	53
IT recharges	5	2	5	2
Staff contributions to employee benefit schemes	1,907	2,048	1,907	2,048
Catering	155	282	155	282
Property rentals	86	59	86	59
Other	1,859	4,080	1,859	4,080
Total	**4,052**	**6,524**	**4,052**	**6,524**

5.4 Income from activities from Commissioner Requested Services and all other services	**Group Year Ended March 2021 Total £000**	**Group Year Ended 31 March 2020 Total £000**	**Trust Year Ended 31 March 2021 Total £000**	**Trust Year Ended 31 March 2020 Total £000**
Income from Commissioner Requested Services	244,603	226,091	244,603	226,091
Income from non-Commissioner Requested Services	23,081	17,004	22,553	16,892
Total Income	**267,684**	**243,095**	**267,156**	**242,983**

5.5 Operating lease income

The Group & Trust earned no income from operating leases in 2020/21 or in 2019/20.

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

	Group & Trust Total 2020/21 £000	Group & Trust Total 2019/20 £000
Revenue recognised in the reporting period that was previously included in the contract liability balance (i.e. release of deferred IFRS 15 income)	308	79
Revenue recognised in the reporting period from performance obligations satisfied (or partially satisfied) in previous periods (e.g. changes in transaction price)	0	255

5.7 Transaction price allocated to remaining performance obligations (i.e revenue not recognised this year)

	Group & Trust Total 31 March 2021 £000	Group & Trust Total 31 March 2020 £000
Revenue from contracts entered into as at by the end of the period and expected to be recognised:		
within one year	12,955	14,494
after one year not later than five years	9,109	13,487
after five years	0	0
Total	**22,064**	**27,981**

6 Operating Expenses		Group Year Ended	Group Year Ended	Trust Year Ended	Trust Year Ended
6.1 Operating Expenses	**Note**	**31 March 2021 £000**	**31 March 2020 £000**	**31 March 2021 £000**	**31 March 2020 £000**
Purchase of healthcare from NHS and DHSC bodies		452	506	452	506
Purchase of healthcare from non-NHS and non-DHSC bodies		6,953	4,617	6,953	4,617
Staff and executive directors costs		204,051	184,173	203,721	183,898
Non-executive directors		178	143	178	143
Supplies and services - clinical (excluding drug costs)		3,807	4,035	3,807	4,035
Supplies and services - clinical : utilisation of consumables donated from DHSC grou		2,263	0	2,263	0
Supplies and services - general		3,392	3,033	3,392	3,033
Supplies and services - general: notional cost of equipment donated from DHSC for		15	0	15	0
Drugs costs (drugs inventory consumed and purchase of non-inventory drugs)		3,824	3,573	3,824	3,573
Consultancy		124	94	124	94
Establishment		8,149	7,671	8,149	7,671
Premises - Business rates payable to Local Authorities		1,106	989	1,106	989
Premises - other		4,985	6,427	4,985	6,427
Transport (Business travel only)		980	2,162	980	2,162
Transport (other)		2,829	2,599	2,829	2,599
Depreciation on property, plant and equipment	15	6,166	5,686	6,166	5,686
Amortisation on intangible assets	14	67	56	67	56
Net Impairments of property, plant and equipment	12	1,389	(5,719)	1,389	(5,719)
Movement in credit loss allowance: contract receivables/assets	21.2	11	(47)	11	(47)
Change in provisions discount rate	25	137	86	137	86
Audit services- statutory audit		82	62	82	62
Audit services - charitable fund accounts		1	1	0	0
Internal audit - non-staff		88	74	88	74
Clinical negligence - amounts payable to NHS Resolution (premium)	25	645	640	645	640
Legal fees		63	316	63	316
Insurance		247	210	247	210
Education and training - non-staff		642	612	642	612
Education and training - notional expenditure funded from apprenticeship fund		440	531	440	531
Operating lease expenditure (net)	9.1	8,418	7,565	8,418	7,565
Early retirements - non-staff		83	(59)	83	(59)
Redundancy costs - staff costs		0	262	0	262
Car parking and security		5	103	5	103
Hospitality		3	23	3	23
Other losses and special payments - non-staff	36	10	19	10	19
Other services (e.g. external payroll)		1	4	1	4
Other NHS charitable fund resources expended		234	176	0	0
Other		5	1,083	348	1,461
Total Operating Expenses		**261,845**	**231,706**	**261,623**	**231,632**

6.2 Other Audit Remuneration

There was £15k other audit remuneration in 2020/21 for value for money work and £0 (nil) in 2019/20.

6.3 Auditor Liability

The auditors liability for 2020/21 and 2019/20 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 2020/21 or in 2019/20.

6.5 Discontinued operations

The Group & Trust has no discontinued operations in 2020/21 or in 2019/20.

6.6 Corporation Tax

The Group & Trust has no Corporation Tax expense in 2020/21 or in 2019/20.

7. Employee costs and numbers

7.1 Employee costs

	Group Year Ended 31 March 2021			Trust Year Ended 31 March 2021		
	Total	**Permanently Employed**	**Other**	**Total**	**Permanently Employed**	**Other**
	£000	**£000**	**£000**	**£000**	**£000**	**£000**
Salaries and wages	156,933	155,034	1,899	156,933	155,034	1,899
Social Security Costs	13,527	12,039	1,488	13,527	12,039	1,488
Apprenticeship levy	719	639	80	719	639	80
Pension costs - defined contribution plans employers contributions to NHS Pensions	17,860	16,732	1,128	17,860	16,732	1,128
Pension costs - employer contributions paid by NHSE on provider's behalf (6.3%)	7,814	7,320	494	7,814	7,320	494
Termination benefits	0	0	0	0	0	0
Agency/contract staff	7,018	0	7,018	7,018	0	7,018
NHS charitable funds staff	330	330	0	0	0	0
Employee benefits expense	**204,201**	**192,094**	**12,107**	**203,871**	**191,764**	**12,107**
Of which are capitalised as part of assets	150	150	0	150	150	0
Operating expenditure analysed as:						
Employee expenses - staff & executive directors	204,051	191,944	12,107	203,721	191,614	12,107
Redundancy	0	0	0	0	0	0
Total Employee benefits excl. capitalised costs	**204,051**	**191,944**	**12,107**	**203,721**	**191,614**	**12,107**

	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**

As included within the salaries and wages information above, the Trust made payments in 2020/21 and 2019/20 of greater than £100k to the following staff groups:

	Year Ended 31 March 2021	**Year Ended 31 March 2020**
Medical Consultant	88	69
Other Doctor	14	15
Director / Chief Executive	7	7
Allied Health Professional	1	1
Total	**110**	**92**

7. Employee costs and numbers (continued)

7.2 Average number of people employed

	Group			Trust		
	Year Ended 31 March 2021			Year Ended 31 March 2021		
	Total	Permanently Employed	Other	Total	Permanently Employed	Other
	Number	Number	Number	Number	Number	Number
Medical and dental	194	176	18	194	176	18
Administration and estates	1,044	1,023	21	1,039	1,018	21
Healthcare assistants and other support staff	912	646	266	912	646	266
Nursing, midwifery and health visiting staff	1,308	1,231	77	1,308	1,231	77
Scientific, therapeutic and technical staff	880	860	20	880	860	20
Social care staff	13	13	0	13	13	0
Total	**4,351**	**3,949**	**402**	**4,346**	**3,944**	**402**
Of which are engaged on capital projects	**4**	**4**	**0**	**4**	**4**	**0**

	Group			Trust		
	Year Ended 31 March 2020			Year Ended 31 March 2020		
	Total	Permanently Employed	Other	Total	Permanently Employed	Other
	Number	Number	Number	Number	Number	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**

Unit of measure is whole time equivalent (WTE).

7.3 Early retirements due to ill health

During the year there was 1 early retirements from the NHS Foundation Trust agreed on the grounds of ill-health (3 during 2019/20). The estimated additional pension liabilities of this ill-health retirements is £18k (2019/20 £316k). The cost of this ill-health retirement 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 2021

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	1	7	0	0	**1**	**7**
£10,001 - £25,000	2	42	0	0	**2**	**42**
£25,001 - £50,000	1	45	0	0	**1**	**45**
£50,001 - £100,000	2	106	0	0	**2**	**106**
£100,001 - £150,000	0	0	0	0	**0**	**0**
£150,001 - £200,000	0	0	0	0	**0**	**0**
Total number of exit packages by type	**6**	**200**	**0**	**0**	**6**	**200**

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**

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 schemes 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 2021, is based on the valuation data as at 31 March 2020, updated to 31 March 2021 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% of pensionable pay. The 2016 funding valuation was also expected to test the cost of the Scheme relative to the employer cost cap that was set following the 2012 valuation. In January 2019, the Government announced a pause to the cost control element of the 2016 valuations, due to the uncertainty around member benefits caused by the discrimination ruling relating to the McCloud case.

The Government subsequently announced in July 2020 that the pause had been lifted, and so the cost control element of the 2016 valuations could be completed. The Government has set out that the costs of remedy of the discrimination will be included in this process. HMT valuation directions will set out the technical detail of how the costs of remedy will be included in the valuation process. The Government has also confirmed that the Government Actuary is reviewing the cost control mechanism (as originally announced in 2018). The review will assess whether the cost control mechanism is working in line with original government objectives and reported to Government in April 2021. The findings of this review will not impact the 2016 valuations, with the aim for any changes to the cost cap mechanism to be made in time for the completion of the 2020 actuarial valuations.

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 2020/21 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 £172k (2019/20 £158k). 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 arm's length contracts. At the end of the accounting period there were 22 lease properties, all with different Landlords. The rental periods range from 1 to 16 years.

There are no contingent rents or sublease payments due or received.

	Group & Trust	
Operating lease payments	**Year Ended 31 March 2021 £000**	**Year Ended 31 March 2020 £000**
Minimum lease payments	8,418	7,565
	8,418	**7,565**

Future minimum lease payments due On all leases	**Year Ended 31 March 2021 £000**	**Year Ended 31 March 2020 £000**
Payable:		
Not later than one year	6,573	5,876
Between one and five years	12,183	13,141
After five years	14,218	16,034
Total	**32,974**	**35,051**

Future minimum lease payments due On building leases	**Year Ended 31 March 2021 £000**	**Year Ended 31 March 2020 £000**
Payable:		
Not later than one year	6,520	5,805
Between one and five years	12,149	13,071
After five years	14,218	16,034
Total	**32,887**	**34,910**

Future minimum lease payments due On other leases	**Year Ended 31 March 2021 £000**	**Year Ended 31 March 2020 £000**
Payable:		
Not later than one year	53	71
Between one and five years	34	70
After five years	0	0
Total	**87**	**141**

10. Finance Income	Group Year Ended 31 March 2021 £000	Group Year Ended 31 March 2020 £000	Trust Year Ended 31 March 2021 £000	Trust Year Ended 31 March 2020 £000
Interest on bank accounts	0	238	0	238
NHS Charitable funds: investment income	1	2	0	0
Total	**1**	**240**	**0**	**238**

The Trust earned nil interest in 2020/21 due to the zero rates offered by the government.

The Group & Trust has no interest on impaired financial assets included in finance income in 2020/21 or in 2019/20.

11. Finance Costs - interest expense

The Group & Trust incurred no finance costs in 2020/21 or in 2019/20.

12. Impairment of assets (Property, Plant, and Equipment & intangibles)

	Group & Trust					
	31 March 2021			31 March 2020		
	Net Impairment £000	Impairments £000	Reversals £000	Net Impairment £000	Impairments £000	Reversals £000
Impairments charged to operating surplus / deficit:						
Changes in market price	1,389	1,411	(22)	(5,719)	52	(5,771)
Total Impairments charged to operating surplus / deficit	**1,389**	**1,411**	**(22)**	**(5,719)**	**52**	**(5,771)**
Total net impairments charged to revaluation reserve	1,342	1,342	0	(3,363)	21	(3,384)
Total impairments and (reversals)	**2,731**	**2,753**	**(22)**	**(9,082)**	**73**	**(9,155)**

13. Gains/(losses) on disposal/derecognition of assets

	Group & Trust	
	Year Ended 31 March 2021 £000	Year Ended 31 March 2020 £000
Gains on disposal/derecognition of property, plant and equipment	96	0
Losses on disposal/derecognition of other property, plant and equipment	(229)	(359)
Losses on disposal of investment properties	(24)	0
Total gains/(losses) on disposal of assets	**(157)**	**(359)**
Fair value gains/(losses) on investment properties	0	(45)
Total other gains/(losses)	**(157)**	**(404)**

14 Intangible assets

14.1 Intangible assets 2020/21	Group & Trust	
	Total	Software licences (purchased)
	£000	£000
Gross cost at 1 April 2020	**2,057**	2,057
Additions - purchased	**55**	55
Gross Cost at 31 March 2021	**2,112**	**2,112**
Amortisation at 1 April 2020	**1,887**	1,887
Provided during the year	**67**	67
Amortisation at 31 March 2021	**1,954**	**1,954**
Net book value		
NBV - Purchased at 31 March 2021	**158**	158
NBV total at 31 March 2021	**158**	**158**

14.2 Intangible assets 2019/20	Group & Trust	
	Total	Software licences (purchased)
	£000	£000
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**

14.3 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 2021

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 2020	**129,584**	9,004	102,283	0	5,068	558	11,702	969
Additions - purchased	**4,869**	0	2,568	0	446	10	1,800	45
Impairments charged to operating expenses (note 12)	**0**	0	0	0	0	0	0	0
Impairments charged to the revaluation reserve (note 12)	**(1,342)**	0	(1,342)	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	**0**	0	0	0	0	0	0	0
Reclassifications	**(290)**	0	0	0	(290)	0	0	0
Revaluations	**(4,347)**	(65)	(4,282)	0	0	0	0	0
Reclassified as held for sale (note 17)	**(345)**	(345)	0	0	0	0	0	0
Disposals	**(498)**	0	0	0	(63)	0	(129)	(306)
Cost or Valuation at 31 March 2021	**127,631**	**8,594**	**99,227**	**0**	**5,161**	**568**	**13,373**	**708**
Accumulated depreciation at 1 April 2020	**22,252**	65	10,796	0	3,969	554	6,328	540
Provided during the year	**6,166**	0	4,112	0	229	4	1,762	59
Impairments charged to operating expenses(note 12)	**1,411**	0	1,411	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	**(22)**	0	(22)	0	0	0	0	0
Revaluations	**(4,347)**	(65)	(4,282)	0	0	0	0	0
Reclassifications	**(290)**	0	0	0	(290)	0	0	0
Reclassified as held for sale	**0**	0	0	0	0	0	0	0
Disposals	**(270)**	0	0	0	(52)	0	(60)	(158)
Accumulated depreciation at 31 March 2021	**24,901**	**(0)**	**12,015**	**0**	**3,856**	**558**	**8,030**	**441**
Net book value								
Net book value at 31 March 2021								
NBV - Owned at 31 March 2021	**102,731**	8,594	87,212	0	1,305	10	5,343	267
NBV - Donated at 31 March 2021	**0**	0	0	0	0	0	0	0
NBV total at 31 March 2021	**102,731**	**8,594**	**87,212**	**0**	**1,305**	**10**	**5,343**	**267**

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 2020. This resulted in an decrease of asset valuation and a number of impairment reversals were made. The valuation uses the BCIS (building cost information service) and Location Factor indices. This is reviewed as at 31st March 2021; no material movement was noted.

15.2 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 income (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.

15.3 Economic Lives of Property, Plant and Equipment

	Group & Trust	
	Min Life Years	**Max Life Years**
Land		
Buildings excluding dwellings	2	104
Plant & Machinery	2	10
Transport Equipment	0	7
Information Technology	3	6
Furniture & Fittings	4	10

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 2021	31 March 2020
	£000	£000
At Carrying Value		
Balance at Beginning of Period	115	160
Fair value losses (impairment) (taken to I&E)	0	(45)
Disposals	(115)	0
Balance at End of Period	**0**	**115**

* 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 2020/21 (£1k in 2019/20).

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 2020/21.

Summary Statement of Financial Activities

	31 March 2021	31 March 2020
	£000	£000
Total Incoming Resources	872	492
Staff Costs	(330)	(275)
Resources expended with bodies outside the NHS	(235)	(177)
Net movement in funds	**307**	**40**

Summary Statement of Financial Position	31 March 2021	31 March 2020
	£000	£000
Cash and cash equivalents	841	604
Trade and other receivables	57	0
Trade and other payables	(32)	(45)
Net Assets	**866**	**559**
Other restricted income funds	666	359
Unrestricted income funds	200	200
Total Charitable Funds	**866**	**559**

Restricted income funds include NHS Charities Together funds, the linked charities of Creative Minds, Mental Health Museum and Sprit in Mind. The majority of the restricted funds relate to Creative Minds (£487k).

17. Non-current assets held for sale and assets in disposal groups

17.1 Non-current assets held for sale

	Group & Trust	
	Land*	Land*
	31 March 2021	31 March 2020
	£000	£000
NBV of non-current assets for sale and assets in disposal groups at 1 April 2020 - brought forward	0	0
Plus assets classified as available for sale in the year	345	0
Disposals	0	0
Balance at End of Period	**345**	**0**

* The Group & Trust has no other assets held for sale.

This asset relates to land at Mount Vernon hospital which was completed in April 2021.

17.2 Liabilities in disposal groups

The Group & Trust has no liabilities in disposal groups in 2020/21 or in 2019/20.

18. Other assets

The Group & Trust has no other assets in 2020/21 or in 2019/20.

19. Other Financial Assets

The Group & Trust has no other financial assets in 2020/21 or in 2019/20.

20. Inventories

20.1. Inventory Movements

	Group & Trust		
	Total	Drugs	Other
	£000	£000	£000
Carrying Value at 1 April 2020	**238**	**178**	**60**
Additions	3,794	3,305	489
Inventories recognised in expenses	(3,859)	(3,352)	(507)
Carrying Value at 31 March 2021	**173**	**131**	**42**

	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**

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 2021 £000	Group 31 March 2020 £000	Trust 31 March 2021 £000	Trust 31 March 2020 £000
Current				
Contract receivables (IFRS 15): invoiced	3,551	6,606	3,551	6,606
Contract receivables (IFRS 15): not yet invoiced / non-invoiced	3,090	2,825	3,090	2,825
Allowance for impaired contract receivables / assets	(30)	(19)	(30)	(19)
Prepayments	2,001	1,458	2,001	1,458
PDC dividend receivable	684	53	684	53
VAT receivable	347	248	347	248
Other receivables	8	4	11	6
NHS Charitable funds: Trade and other receivables	7	0	0	0
TOTAL CURRENT TRADE AND OTHER RECEIVABLES	**9,658**	**11,175**	**9,654**	**11,177**
Non-current				
Clinician pension tax provision reimbursement funding from NHSE	620	528	620	528
TOTAL NON-CURRENT TRADE AND OTHER RECEIVABLES	**620**	**528**	**620**	**528**
TOTAL RECEIVABLES	**10,278**	**11,703**	**10,274**	**11,705**
Of which receivable from NHS and DHSC group bodies:				
Current	4,831	7,926	4,831	7,926
Non-Current	620	528	620	528

21.2 Allowances for credit losses (doubtful debts)	Group & Trust Total 2020/21 £000	Contract receivables and contract assets 2020/21 £000
Allowance for credit losses at 1 April 2020- brought forward	19	19
New allowances arising	8	8
Changes in the calculation of existing allowances	9	9
Reversals of allowances	(6)	(6)
Utilisation of allowances	0	0
Balance at 31 March	**30**	**30**
Loss/(gain) recognised in expenditure	**11**	**11**

	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)**	(47)

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 have no finance lease receivables.

22. Cash and cash equivalents	Group 31 March 2021 £000	Group 31 March 2020 £000	Trust 31 March 2021 £000	Trust 31 March 2020 £000
Balance at 1st April	**37,021**	**28,371**	**36,417**	**27,823**
Net change in year	20,479	8,650	20,242	8,594
Balance at 31 March	**57,500**	**37,021**	**56,659**	**36,417**
Broken down into:				
Cash at commercial banks and in hand	955	766	114	162
Cash with the Government Banking Service	56,545	36,255	56,545	36,255
Cash and cash equivalents as in statement of financial position	**57,500**	**37,021**	**56,659**	**36,417**
Cash and cash equivalents as in statement of cash flows	**57,500**	**37,021**	**56,659**	**36,417**

Third party assets (Patient Monies) held by the Trust

	Group & Trust 31 March 2021 £000	31 March 2020 £000
Bank balances	414	323
Monies on deposit	141	132
Total third party assets	**555**	**455**

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 31 March 2021 £000	Group 31 March 2020 £000	Trust 31 March 2021 £000	Trust 31 March 2020 £000
Current				
Trade payables	1,749	4,152	1,799	4,152
Capital payables (including capital accruals)	585	272	585	272
Accruals	19,717	10,438	19,717	10,438
Annual leave accrual	3,613	432	3,613	432
Social Security costs	2,536	2,469	2,536	2,469
Other taxes payable	1,705	1,474	1,705	1,474
Other payables	2,548	2,370	2,548	2,370
NHS Charitable funds: Trade and other payables	29	43	0	0
TOTAL CURRENT TRADE AND OTHER PAYABLES	**32,482**	**21,650**	**32,503**	**21,607**
Of which payable to NHS and DHSC group bodies				
Current	1,233	2,496	1,233	2,496

Table 23.1 has been restated to seperately identify the annual leave accrual from the accruals line.

The Group & Trust had no non-current trade and other payables as at 31 March 2021 (£0 (zero) as at 31 March 2020).

23.2 Early retirements detail included in NHS payables

The Group & Trust had no early retirement costs included in payables as at 31 March 2021 (£0 (zero) as at 31 March 2020).

23.3 Other liabilities

	Group & Trust	
	31 March 2021 £000	31 March 2020 £000
Current		
Deferred Income: contract liability (IFRS 15)	3,981	1,462
Deferred Income: other (non-IFRS 15)	0	0
TOTAL OTHER CURRENT LIABILITIES	**3,981**	**1,462**
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 2021 (£0 (zero) as at 31 March 2020).

24. Borrowings

The Group & Trust had no borrowings as at 31 March 2021 (£0 (zero) as at 31 March 2020).

25. Provisions

	Group & Trust Current		Group & Trust Non-current	
	31 March 2021	31 March 2020	31 March 2021	31 March 2020
	£000	£000	£000	£000

	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 2020	8,723	429	987	968	3,631	528	2,180
Change in the discount rate	137	8	37	0	0	92	0
Arising during the year	1,467	83	119	378	887	0	0
Utilised during the year (accruals)	(28)	(12)	(16)	0	0	0	0
Utilised during the year (cash)	(332)	(38)	(47)	(34)	(213)	0	0
Reversed unused	(2,619)	0	0	(401)	(1,117)	0	(1,101)
At 31 March 2021	**7,348**	**470**	**1,080**	**911**	**3,188**	**620**	**1,079**
Expected timing of cash flows:							
Not later than one year;	3,593	52	64	21	2,877	0	579
Later than one year and not later than five years;	2,329	212	261	890	311	155	500
Later than five years (see note 31.3).	1,426	206	755	0	0	465	0
Total	**7,348**	**470**	**1,080**	**911**	**3,188**	**620**	**1,079**

Group & Trust

	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 £3.2m, relates to approximately 45 posts during 2021/2022 and a further 6 redundancies during 2022/2023. 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 2 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. In 2019/20 there was a £1,101k provision relating to the legal Flowers case, this has been reversed and reprovided as an accrual following updated guidance.

£1,487K is included in the provisions of the NHS Resolution at 31 March 2021 (£2,363k at 31 March 2020) 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 2021 (none as at 31 March 2020).

26.2 Contingent assets

The Group & Trust had no contingent asset as at 31 March 2021 (none as at 31 March 2020).

27. Revaluation reserve **Group & Trust**

	Total Revaluation Reserve	Revaluation Reserve - property, plant and equipment
	£000	£000
As at 1 April 2020	**12,397**	**12,397**
Impairments	(1,342)	(1,342)
Revaluations	(0)	(0)
Transfers to other reserves	(458)	(458)
Asset disposals	0	0
Revaluation reserve at 31 March 2021	**10,597**	**10,597**
	£000	**£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**

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

The Group & Trust had no contracted capital commitments as at 31 March 2021 (£0 (zero) as at 31 March 2020) not otherwise included in these financial statements.

31. Financial Instruments

31.1 Financial assets

	Group Total £000	Group Held at amortised cost £000	Trust Total £000	Trust Held at amortised cost £000
Assets as per SoFP				
Receivables (excluding non-financial asses) - with DHSC bodies	**4,767**	4,767	**4,767**	4,767
Receivables (excluding non-financial asses) - with other bodies bodies	**2,464**	2,464	**2,464**	2,464
Cash and cash equivalents	**56,659**	56,659	**56,659**	56,659
NHS Charitable funds: financial assets	**841**	841	**0**	0
Total at 31 March 2021	**64,731**	**64,731**	**63,890**	**63,890**
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**

There is no difference between carrying amount and fair value.

31.2 Financial liabilities

	Group Total £000	Group Held at amortised cost £000	Trust Total £000	Trust Held at amortised cost £000
Liabilities as per SoFP				
Trade and other payables (excluding non-financial liabilities) - with DHSC bodies	**1,233**	1,233	**1,233**	1,233
Trade and other payables (excluding non-financial liabilities) - with other bodies	**26,949**	26,949	**26,949**	26,949
IAS 37 provisions which are financial liabilities	**7,348**	7,348	**7,348**	7,348
NHS Charitable funds: financial liabilities	**29**	29	**0**	0
Total at 31 March 2021	**35,559**	**35,559**	**35,530**	**35,530**
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**

31.3 Maturity of Financial liabilities

	Group 31 March 2021 £000	Group 31 March 2020 £000	Trust 31 March 2021 £000	Trust 31 March 2020 £000
In one year or less	31,802	19,096	31,773	19,053
In more than one year but not more than five years	2,312	3,350	2,312	3,350
In more than five years	1,330	1,330	1,330	1,330
Total	**35,444**	**23,776**	**35,415**	**23,733**

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 auditor.

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 2021 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 have no events after the reporting period.

34. Private Finance Initiative contracts

The Group & Trust have 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. Chair, Stakeholder Advisory Board for Rapid Service Evaluation Team, Nuffield Trust, 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), Member of the NHS Assembly, Member of the National People Board, Member of the Equality and Diversity Council, Member of the Advisory Board for National Centre for Creative Health. Son is Mencap Ambassador, Parkinson UK Ambassador.

Angela Monaghan, Chair of the Trust. Spouse is Non-Executive Director of the National Association for Neighbourhood Management.

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.

Erfana Mahmood, Non-Executive Director. Non Executive Director for Riverside Group, Non-Executive Director for Omega / Plexus part of Mears Group. Sister is employed by Mind in Bradford.

Kate Quail, Non-Executive Director. Owner / Director of The Lunniagh Partnership Ltd, Health and Care Consultancy.

Sam Young, Non-Executive Director. Owner / Director of ISAY Consulting Limited. 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) Homelessness Charity

Carol Harris, Director of Operations. Spouse - Engineering Company has contracts with NHS providers including Mid Yorkshire Hospitals NHS Trust. Son, registered with the Trust Bank.

Dr Subha Thiyagesh, Medical Director. Spouse, Trustee, Hollybank Trust Hospital, Consultant and Clinical Director, Calderdale & Huddersfield NHS Foundation Trust.

The wider DHSC (Department of Health and Social Care) group has also prepared a register of interests. The Trust has reviewed transactions with these bodies, these are reflected in the tables below and are for the following companies:

Tesco PLC (£22k 20/21, £30k 19/20). This relates to provision of stop smoking drugs through their pharmacy
Centre for Mental Health (£0k 20/21, £1k 19/20) relating to provision of training courses

35.1 Related Party Transactions

	Group & Trust	
	Income	**Expenditure**
	£000	**£000**
Value of transactions with other related parties in 2020/21		
Department of Health and Social Care	20	0
Other NHS Bodies	241,140	10,647
Other	0	22
Total	**241,160**	**10,669**

	Income	**Expenditure**
Value of transactions with other related parties in 2019/20	**£000**	**£000**
Department of Health and Social Care	20	0
Other NHS Bodies	217,029	14,877
Other	0	31
Total	**217,049**	**14,908**

35.2 Related Party Balances

	Group & Trust	
	Receivables	**Payables**
	£000	**£000**
Value of transactions with other related parties in 2020/21		
Department of Health and Social Care	0	0
Other NHS Bodies	4,146	1,218
Other	0	0
Total	**4,146**	**1,218**

	Receivables	**Payables**
Value of transactions with other related parties in 2019/20	**£000**	**£000**
Department of Health and Social Care	0	0
Other NHS Bodies	7,871	2,495
Other	0	0
Total	**7,871**	**2,495**

36. Losses and Special Payments

	Group & Trust			
	Year Ended 31 March 2021 Total number of cases Numbers	Year Ended 31 March 2021 Total value of cases £000s	Year Ended 31 March 2020 Total number of cases Numbers	Year Ended 31 March 2020 Total value of cases £000s
Losses:				
1. Losses of cash due to:				
a. theft, fraud etc.	0	0	3	1
b. overpayment of salaries etc.	0	0	3	7
c. other causes	5	0	4	1
2. Fruitless payments and constructive losses	0	0	0	0
3. Bad debts and claims abandoned	6	7	12	7
4. Damages to buildings, property etc. (including stores losses)	0	0	0	0
Total Losses	**11**	**7**	**22**	**16**
Special Payments				
5. Compensation under legal obligation	0	0	2	1
6. Extra contractual to contractors	0	0	0	0
7. Ex gratia payments				
a. loss of personal effects	24	2	34	2
d. other negligence and injury	0	0	0	0
e. other employment payments	0	0	0	0
g. other	4	0	2	0
8. Special severance payments	0	0	0	0
9. Extra statutory and regulatory	0	0	0	0
Total Special Payments	**28**	**2**	**38**	**3**
Total Losses and Special Payments	**39**	**9**	**60**	**19**

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 2020/21 (0 (zero) in 2019/20).

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 and anticipate continued delivery of the Trusts services in the public sector. 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. The NHS planning process has been amended to enable focus on the response to Covid-19. The Trust has developed a financial plan for the first half of 2021/22 and conducted an internal review of funding, expenditure run rate and potential cost pressures. This has been reviewed by the Trust Board and a resultant financial control total agreed within the ICS. This takes into account the financial arrangements currently set for April to September 2021 which includes block contract income with commissioners.