South West Yorkshire Partnership **NHS**
NHS Foundation Trust

With all of us in mind

Members' Council
Friday 24 July 2015
10:00 to 12:30
Legends Suite, Oakwell Stadium, Barnsley Football Club, Grove Street, Barnsley, S71 1ET

Agenda

Item	Time	Subject Matter	Presented by		Action
1.	10:00	Welcome, introductions and apologies	Ian Black, Chair	**Verbal**	To receive
2.		Declaration of Interests	Ian Black, Chair	**Verbal**	To receive
3.		Minutes of the previous meeting held on 29 April 2015	Ian Black, Chair	**Paper**	To agree
4.	10:10	Chair's report and feedback from Trust Board	Ian Black, Chair	**Verbal**	To receive
		Chief Executive's comments	Steven Michael, Chief Executive		
5.	10:30	Independent review of the Trust's governance arrangements	Ian Black, Chair	**Verbal**	To receive
6.	10:40	Trust charitable funds	Julie Fox, Chair, Charitable Funds Committee	**Presentation**	To receive
7.	10:50	Consideration of the Trust's annual report and accounts for the period 1 April 2014 to 31 March 2015. The full annual report and accounts can be found on the Trust's website at http://www.southwestyorkshire.nhs.uk/wp-content/uploads/2012/06/Download-the-report-in-full-4MB.pdf	Laurence Campbell, Chair, Audit Committee/Paul Hewitson, Deloitte	**Paper/ presentation**	To receive
8.	11:00	Quality Report 2014/15 external assurance review. The Trust's Quality Report can be found on the Trust's website at http://www.southwestyorkshire.nhs.uk/wp-content/uploads/2012/06/Download-the-report-1MB.pdf	Tim Breedon, Director of Nursing/Paul Hewitson, Deloitte	**Paper/ presentation**	To receive

Item	Time	Subject Matter	Presented by		Action
9.	11:10	Performance report Quarter 1 2015/16. The full performance report for month 2 2015/16 is enclosed with these papers and can also be found on the Trust's website at http://www.southwestyorkshire.nhs.uk/about-us/performance/reports/. The dashboard for Q1 2015/16 will be available at the meeting and summarised in a presentation.	Alex Farrell, Director of Finance	**Paper/ presentation**	To receive
10.	11:40	Quality and safety			
		10.1 Safer staffing	Tim Breedon, Director of Nursing	**Presentation**	To receive
		10.2 Incident management annual report 2014/15	Tim Breedon, Director of Nursing	**Paper/ presentation**	To receive
		10.3 Equality and diversity annual report 2014/15	Dawn Stephenson, Director of Corporate Development	**Presentation**	To receive
11.	12:15	Members' Council business items			
		11.1 Appointment of external auditor	Laurence Campbell, Chair, Audit Committee	**Paper**	To agree
		11.2 Chair remuneration	Alan Davis, Director of Human Resources	**Paper**	To agree
12.	12:30	Date of next meeting	Ian Black, Chair	**Verbal**	

Friday 6 November 2015 afternoon meeting, large conference room, Learning and Development Centre, Fieldhead, Wakefield, WF1 3SP

Dates for 2016

Friday 29 January 2016 AM meeting (to include the joint meeting with Trust Board)

Friday 6 May 2016 AM meeting

Dates for July and October 2016 will follow

Close

Minutes of the Members' Council meeting held on 29 April 2015

Present:	Marios Adamou	Staff – Medicine and pharmacy
	Ian Black	Chair of the Trust
	Stephen Baines	Appointed – Calderdale Council
	Garry Brownbridge	Staff – Psychological Therapies
	Jackie Craven	Public – Wakefield
	Andrew Crossley	Public – Barnsley
	Adrian Deakin	Staff – Nursing
	Michael Fenton	Public – Kirklees
	Claire Girvan	Staff – Allied Health Professionals
	Nasim Hasnie	Public – Kirklees
	John Haworth	Staff – Non-clinical support
	Andrew Hill	Public – Barnsley
	Ruth Mason	Appointed – Calderdale and Huddersfield NHS Foundation Trust
	Bob Mortimer	Public – Kirklees
	Cath O'Halloran	Appointed – University of Huddersfield
	Jules Preston	Appointed – Mid Yorkshire Hospitals NHS Trust
	Daniel Redmond	Public – Calderdale
	Jeremy Smith	Public – Kirklees
	Michael Smith	Public – Calderdale
	Hazel Walker	Public – Wakefield
	Peter Walker	Public – Wakefield
	Tony Wilkinson	Public – Calderdale (Lead Governor)
In attendance:	Adrian Berry	Medical Director
	Tim Breedon	Director of Nursing, Clinical Governance and Safety
	Laurence Campbell	Non-Executive Director
	Nette Carder	Interim District Service Director, CAMHS and forensic services
	Bernie Cherriman-Sykes	Integrated Governance Manager (author)
	Alan Davis	Director of Human Resources and Workforce Development
	Alex Farrell	Deputy Chief Executive/Director of Finance
	Julie Fox	Non-Executive Director
	Chris Hollins	Public – Wakefield (designate)
	Carol Irving	Member of the public
	Steven Michael	Chief Executive
	Sean Rayner	District Service Director, Barnsley and Wakefield
	Diane Smith	Director of Health Intelligence and Innovation
	Dawn Stephenson	Director of Corporate Development
	Karen Taylor	District Service Director, Calderdale, Kirklees and Specialist Services
Apologies:	Jean Askew	Appointed – Wakefield Council
	Hilary Brearley	Appointed – Barnsley Hospital NHS Foundation Trust
	Doug Dale	Public – Wakefield
	Netty Edwards	Staff – Nursing support
	Robert Klaasen	Public – Wakefield
	Manvir Manku	Appointed – staff side organisations
	Margaret Morgan	Appointed – Barnsley Council
	Kevan Riggett	Public – Barnsley
	David Woodhead	Public - Kirklees

MC/15/10   Welcome, introduction and apologies (agenda item 1)

Ian Black, Chair of the Trust, welcomed everyone to the meeting. He particularly welcomed new and returning governors and bade farewell to those standing down. He also marked the retirement of Peter Aspinall as a Non-Executive Director of the Trust. He commented that

he would be much missed and acknowledged his contribution to the Trust. This was wholeheartedly endorsed by the Members' Council.

MC/15/11   Declaration of interests (agenda item 2)

The Members' Council NOTED the individual declarations made as part of the annual declaration exercise and CONFIRMED the changes to the Register of Interests as set out in the paper.

MC/15/12   Minutes of the previous meeting held on 30 January 2015 and the notes from the joint meeting with Trust Board held on 30 January 2015 (agenda item 3)

The Members' Council APPROVED the minutes from the meeting held on 30 January 2015. The action points were noted and there were no matters arising. The Members' Council noted the notes from the joint meeting with Trust Board on the same day.

MC/15/13   Chair's report and feedback from Trust Board/Chief Executive's comments (agenda item 4)

Ian Black began his remarks by commenting that one of his personal objectives for the coming year is to adopt a higher profile nationally. To support this, he is standing for election to the Board of NHS Providers. He went on to make the following points.

➢ Child and adolescent mental health services (CAMHS) in Calderdale and Kirklees are a key risk for the Trust and scrutiny is a standing item on both Trust Board and Clinical Governance and Clinical Safety Committee agendas. At the request of the Members' Council Co-ordination Group, CAMHS forms the topic for group discussion later on the agenda.

➢ On the matter of the forthcoming General Election, Trust plans continue to be relevant and important no matter who wins. Trust Board will review the outcome and implications for the Trust.

➢ Following the Dalton Review and the focus on integration of services, new models of care are being discussed at a local level. In January 2015, the NHS invited individual organisations and partnerships to apply to become 'vanguard' sites for the New Care Models Programme, one of the first steps towards delivering the NHS Five Year Forward View and supporting improvement and integration of services. More than 260 individual organisations and health and social care partnerships expressed an interest in developing a model in one of the areas of care, with the aim of transforming how care is delivered locally. In March, the first wave of 29 vanguard sites were chosen, following a rigorous process, involving workshops and the engagement of key partners and patient representative groups. Each vanguard site will take a lead on the development new care models, which will act as the blueprints for the NHS moving forward and the inspiration to the rest of the health and care system.

Of the 29 sites chosen, three are in the Trust's area (two in Wakefield and one in Calderdale) and the Trust is involved in all three projects. This is a welcome development; however, the Trust is adopting a cautious approach with the key aim of influencing the role and position of mental health and models of service to ensure services are not marginalised. Bob Mortimer asked whether the Trust was aware of the quality of services it would be referring individuals to in an integrated service. Steven Michael responded that this is a huge challenge and the key will be to foster safe pathways with sensible interfaces between all providers. Nasim Hasnie asked if the approach/model had been tested as partnership is not always the best solution. Alex

Farrell responded that one question to be asked is how 'scaleable' models and approaches can be and how they could be adopted on a wider footprint. Ian Black suggested an update on the outcome of the pilots at a future meeting.

Steven Michael went on to comment on the following.

➢ The process for re-procurement of community services in Kirklees continues. The Trust is working with Locala, the Community Interest Company currently providing community services in Kirklees, on a joint bid. The outcome will be known at the end of May. He confirmed that Calderdale and Huddersfield NHS Foundation Trust is working on a bid with Mid-Yorkshire Hospitals NHS Trust.
➢ The Trust's transformation programme is entering a critical phase as work begins at team and service level. Trust plans are aligned to those of commissioners.
➢ He ended by saying that he has been appointed as Chair of the Mental Health Network of the NHS Confederation for a period of three years.

Ian Black ended by mentioning that the Trust has established a customer experience group and would like to invite a governor to be involved. *[It should be noted that Jackie Craven, publicly elected Governor for Wakefield, put herself forward and will join the group.]*

MC/15/14   Performance report Quarter 4 2014/15 (agenda item 5)

Alex Farrell took the Members' Council through the key highlights from the quarter 4 report and the performance dashboard. The full report can be found on the Trust's website.

Andrew Hill asked if there were processes in place to charge people who use Trust services if they are not entitled to free care. Alex Farrell responded that the Department of Health issues guidance to Trusts; however, this is very rare for this Trust's services.

Michael Smith asked whether there were any compulsory redundancies included in the cost improvement programme in the last twelve months. Alan Davis responded that none were included in the programme but those that were made were aimed at reducing management costs not front-line staffing. Alex Farrell added that the Trust reviews each vacancy as it arises and there were about 30 posts during the year where a decision was taken not to recruit or to move people from other posts to fill the vacancy. The Trust works to minimise the numbers to be made redundant.

Alex Farrell was also asked why early intervention in psychosis performance was so high and she responded that the target is out-of-date and will be reviewed next year. She also commented that internal audit has been commissioned to review a series of indicators through the Audit Committee and this is one area where new guidance has been received and the number will come down.

Ian Black commented that all cost improvements and savings are subject to a robust quality impact assessment. Tim Breedon added that the process helps to understand the impact on quality within a service and each proposal is rated and presented by staff who work in that service. This is followed by a series of peer and professional reviews ending with a challenge session before a quality impact rating is agreed. If the cost improvement is too risky or unsafe, it will not be implemented. All cost improvements are then reviewed from a whole system point of view. Ian Black added that Trust Board will monitor and seek assurance on investment, both capital and revenue, in the coming year with the same rigour as it assesses cost savings.

Tony Wilkinson asked whether staff numbers in clinical and nursing posts were increasing or decreasing. Alan Davis responded that they are increasing due to the major investment in

safer staffing, particularly in in-patient areas. Tony Wilkinson also asked if there were any staff on zero hours contracts to which Alan Davis responded that there are not as such but the definition would apply to bank staff as there is no guarantee that an individual will be asked to work. If an individual on the bank is required on a longer-term basis, they would be given a temporary contract rather than continuing through bank arrangements.

Marios Adamou asked if the Trust has a 'reserves' policy and what would happen if reserves were seen as 'too high' by commissioners. Ian Black responded that reserves provide for the Trust's future stability and its surplus is invested in services, which is why Trust Board's focus will also be on investment, whether capital or revenue, in 2015/16. The Trust has plans to spend its money and this reflects the prudent way it is using its resources. Alex Farrell added that the Trust has a financial strategy, which includes its approach to reserves and surpluses.

MC/15/15   Annual plan and budgets 2015/16 (agenda item 6)

Alex Farrell took the Members' Council through the key points of the plan and budgets for 2015/16. She explained that Monitor requires a one-year plan with a first draft submitted on 7 April 2015 and a final plan on 14 May 2015. The submission was delayed as a result of the tariff position and an interim position is in place currently. The Trust is also looking at the impact on future years and will take a five-year plan to Trust Board in June 2015.

Key points
- The plan represents a prudent approach with a recurrent surplus but in-year deficit for 2015/16 due to investment in enablers, such as information management and technology, to achieve future years' plan. This represents a £724,000 deficit with a forecast surplus in 2016/17.
- Capital investment of £16 million, which has been reviewed by Trust Board.
- A financial risk rating of 3 or above.
- Efficiency savings of £9.8 million (3.8%).

Michael Smith asked if the plan had gone to Monitor. Alex Farrell responded that the budget was approved by Trust Board in March 2015 and a first draft was submitted to Monitor on 7 April 2015 with a final submission due on 14 May 2015.

MC/15/15   Unannounced visits annual report (agenda item 7)

Tim Breedon presented the annual report of the unannounced/planned visits programme. Ian Black commented that he was keen that governors are included in the programme for 2015/16.

Steven Michael commented that no mental health trust has yet received an outstanding rating from the Care Quality Commission (CQC) but there are some very good trusts.

Daniel Redmond commented that there is a very strong case for retaining paper records. Ian Black responded that he has a different point of view given the concerns about paper records; however, he acknowledged that the quality of Trust data does need to be improved in some areas. Steven Michael added that the move to electronic records can be made quickly but key to any system is effective management.

Claire Girvan asked if there were any plans to involve service users in the programme. Tim Breedon responded that this would be reviewed for 2015/16 and the intention is to utilise expert and experienced service users.

MC/15/16   Children's/child and adolescent mental health services (agenda item 8)

Steven Michael provided an introduction to the discussion item for this meeting and commented that there are concerns nationally about the provision of CAMHS across all political parties with an intention to increase funding. As a provider, the Trust took the decision it wanted to be involved in providing these services and now does so across all four districts.   Services are provided at four levels as explained in the paper and the Trust provides Tier 3 services in Calderdale, Kirklees, Barnsley and Wakefield (specialist multi-disciplinary outpatient teams providing a specialised service for severe, complex and persistent disorders).

In the last two years, the Trust has provided Tier 3 services in Calderdale and Kirklees following a tender exercise. This has turned out to be a bigger challenge than the Trust original anticipated on taking on the services. An additional £500,000 has been invested above the contract value to support services.   In Wakefield, the Trust encountered similar problems on taking on the services in 2011 but there has been a better level of investment and the service has now been turned round. In Barnsley in April 2013, children's services were transferred to the Trust from Barnsley Council. The current position in Calderdale and Kirklees represents a continued pressure on the Trust to continue to deliver a safe level of provision.

Steven Michael went on to outline the development of Tier 4 CAMHS. The Trust recognised the lack of provision at this level in Yorkshire and the Humber and was approached by Priory Group to work in partnership to develop Tier 4 services forming a joint venture to provide a 32-bedded unit on the Castleford, Normanton and District Hospital site. This provides the Trust will the opportunity to manage the pathway and access at this level and provide a future legacy on the hospital site.

Governors divided into discussion groups covering their own 'district' and also the Tier 4 development. For their own districts, governors were asked to consider what questions the issues raised, particularly in the context of the Trust's values and quality priorities. For the Tier 4 discussion, Governors were briefed on the development and asked to consider the benefits such a development brings the Trust and how it demonstrates the ability of the Trust to reflect and adapt to local service needs.

MC/15/17   Trust museum (agenda item 9)

The Members' Council received a presentation from Cara Sutherland, Museum Curator. Many governors had taken the opportunity to visit the museum prior to the meeting.

MC/15/18   Members' Council business items (agenda item 10)

Non-Executive Director appointments (agenda item 10.1)

In introducing this item, Ian Black commented that the panel had seen three excellent candidates, all of whom would bring skills, experience and expertise in areas that would add value and enhance Trust Board. As the Constitution allows for an additional Non-Executive Director, the interview panel asked the Nominations Committee to consider the appointment of three new Non-Executive Directors given the challenge and volume of work currently. As a result, the Nominations Committee was recommending the appointment of Charlotte Dyson from 1 May 2015, Chris Jones from 1 August 2015 and Rachel Court from either 1 September or 1 October 2015. Michael Smith, who was on the interview panel, added that all three will add value to Trust Board going forward and commended their appointment.

The Members' Council APPROVED the recommendation from the Nominations Committee to appoint Charlotte Dyson from 1 May 2015, Chris Jones from 1 August 2015 and Rachel Court from September/October 2015, each for a period of three years.

Appointment of Deputy Chair/Senior Independent Director (agenda item 10.2)
Julie Fox left the meeting for this item.
The Members' Council APPROVED the recommendation from the Nominations Committee to appoint Julie Fox as Deputy Chair/Senior Independent Director from 1 August 2015 to 31 July 2017.

Members' Council elections (agenda item 10.3)
The Members' Council NOTED the paper.

Dawn Stephenson explained the position in relation to the election for a governor to represent staff in the allied health professional class. Due to an administrative error, Electoral Reform Services advised that the election should be re-run. The election will now close on 28 May 2015.

Lead Governor appointment (agenda item 10.4)
Michael Smith left the meeting for this item.
On behalf of the Members' Council, Ian Black thanked Tony Wilkinson for his support and wise counsel throughout his term as Lead Governor. He often offered a different perspective to his views as Chair, which provided challenge and food for thought.

Following a process managed by the Nominations Committee, one self-nomination was received.

The Members' Council APPROVED the recommendation from the Nominations Committee to appoint Michael Smith as Lead Governor for a period of two years, subject to his re-election as a governor in 2016, from 1 May 2015 to 30 April 2017 with the option to extend the appointment for a further year to 30 April 2018.

Governor reviews with the Chair (agenda item 10.5)
The Chair commented that he found this process, undertaken annually, really useful and that it provides a good review of what Governors are thinking and what they are concerned about. Generally, Governors welcomed the strong attendance by Non-Executive and Executive Directors at meetings, which demonstrates how the Trust values the Members' Council's contribution. Governors were much better prepared for the reviews this year and had given real thought to their contribution and future contribution. He thanked all governors who participated and hoped they also thought the process was worthwhile.

Chair's appraisal (agenda item 10.6)
Ian Black left the meeting for this item.
Julie Fox presented this item on behalf of Helen Wollaston, Deputy Chair. **The Members' Council RECEIVED the report on the Chair's appraisal.**

Monitor well-led framework for governance reviews (agenda item 10.7)
Ian Black began by saying that Trust Board had decided to undertake the independent review at this time, which provides an objective view of the Trust's governance arrangements. Trust Board undertook a self-assessment the previous day and the review will include a session with Governors and an interview with the Lead Governor. Dawn Stephenson added that the review will support the Trust to move from good to excellent and will be a developmental but challenging journey focussing on improvement. The review will

result in a number of recommendations from which Trust Board will develop an action plan, which will be shared with the Members' Council and with Monitor.

MC/15/19   Date of next meeting (agenda item 11)
The next meeting will be held in the morning of Friday 24 July 2015 in the Legends Suite, Oakwell Stadium, Barnsley Football Club, Grove Street, Barnsley, S71 1ET.

Signed …………………………………………..   Date …………………………..

MEMBERS' COUNCIL 29 APRIL 2015 – ACTION POINTS ARISING FROM THE MEETING

Minute ref	Action	Lead	Timescale	Progress
MC/15/13	Update on outcome of Vanguard pilots	AF	To be agreed	
MC/15/15	Ensure Governors are included in the visits programme for 2015	TB	For 2015 visits programme	
MC/15/18	Share outcome and action plan from independent review of governance arrangements	IB	MC July 2015	

Agenda item:	7
Report Title:	Annual report and accounts 2014/15
Report By:	Laurence Campbell and Alex Farrell
Job Title:	Chair, Audit Committee and Deputy Chief Executive/Director of Finance
Action:	To receive

EXECUTIVE SUMMARY

Purpose and format

The purpose of this report is to enable the Members' Council to receive the Trust's annual report and accounts for the period 1 April 2014 to 31 March 2015, which were approved by the Audit Committee, on behalf of Trust Board, on 22 May 2015.

Recommendation

The Members' Council is asked to RECEIVE the annual report and accounts.

Background

As a Foundation Trust, the Trust is required to prepare an annual report and accounts to meet guidance issued by the Regulator, Monitor. The annual report, accounts and Quality Report (see item 8) are audited by the Trust's external auditors, Deloitte. Under its Constitution, the Trust is required to present its annual report and accounts to the Members' Council at a general meeting.

The Audit Committee has delegated authority from Trust Board to review, scrutinise and approve the annual report, accounts and Quality Report. The Committee reviewed and approved the documents for 2014/15 at its meeting on 22 May 2015. The report and accounts with supporting documents were submitted to Monitor in line with the national timetable and were laid before Parliament on 10 June 2015.

Outcome

Annual report 2014/15

The annual report was developed in line with Monitor's requirements and this was confirmed by the Trust's external auditors. The Committee approved the report.

Annual accounts 2014/15

The Audit Committee considered the report from the Director of Finance on the final accounts, the Head of Internal Audit Opinion (see below) and the findings of the external auditors, Deloitte. The Trust met all its financial targets and achieved a Monitor continuity of services risk rating of 4. The Trust received an unqualified audit opinion on the 2014/15 accounts and a positive opinion on the requirement to demonstrate Value for Money.

The Head of Internal Audit Opinion for 2014/15 provided significant assurance with minor improvement opportunities on the overall adequacy and effectiveness of the organisation's framework of governance, risk management and control.

The Committee approved the accounts for 2014/15.

To support this item, the following papers have been sent to the Members' Council and the Trust's external auditor, Deloitte, will make a brief presentation at the meeting on the key points arising from its audit:

➢   the Director of Finance's report on the accounts for 2014/15;
➢   the report from Deloitte to those charged with governance (ISA 260);
➢   The Chief Executive's Annual Governance Statement; and
➢   statements of income, financial position and cash flows for the period.

The report from the Director of Finance gives a summary of the financial position and the Trust's full annual report and accounts for 2014/15 can be found at http://www.southwestyorkshire.nhs.uk/about-us/performance/annual-report/.

**Members' Council 24 July 2015
Director of Finance report to Audit Committee (22 May 2015)**

Annual Accounts Financial Year 2014/15

1.0   Introduction

The Audit Committee has been requested by the Trust Board to scrutinise the Trust's Annual Accounts for the financial year ended 31 March 2015, and to subsequently decide whether to recommend the Trust Board adopt these accounts. The Trust is required to submit its financial position for the period 1 April 2014 to 31 March 2015 to Monitor in the required format.

The following report provides an analysis of the balances within the accounts and links them back to the overall Trust position reported in year to the Trust Board.

The audited accounts, including details of senior managers' remuneration, are presented to this Committee. These accounts are made available to the public as part of the Trust's Annual Report and includes details of the Trust's quality report.

The content of the Annual Report has been reviewed by the Trust's external auditor to ensure it meets disclosure requirements. Trust Board agreed the processes and content of the Annual Report and the Quality Report/Accounts. In addition, the Members' Council has a Quality Group, which is a sub-group of the main Members' Council, and this Group has been actively involved in the compilation of the Quality Report for 2014/15.

2.0   Trust Financial Performance 2014/15 overall

The Trust's planned annual surplus for 2014/15 was £2.58 million; actual surplus was £3.11 million and, overall, was £0.53 million better than planned. Capital expenditure for the year was £6.13 million against an original plan of £11.78 million largely due to delays experienced in existing projects and review of the overall Trust's Estates Strategy.

As at the end of March 2015, Monitor's financial risk rating (Continuity of Service Risk Rating (COSRR)) rated 4 as planned (with 4 being the highest possible rating).

The Trust's cash position remained strong throughout the year with sufficient resources to meet its outgoings. Surplus balances were reviewed in line with the Treasury Management Policy and, as such, have not been externally invested during 2014/15. This presents the maximum financial benefit to the Trust.

Although not a requirement for Monitor, Trust Board supports the NHS Better Payment Practice Code, which sets a target of paying 95% of valid invoices within 30 days of receipt. The Trust paid 92% of invoices within 30 days. In addition, the Government has requested all public sector bodies to pay local small and medium sized suppliers within ten workings days. In response to this, the Trust paid 69% of local suppliers within ten days during 2014/15 to help sustain local communities. Work remains ongoing to maintain and improve these payment rates.

The Trust delivered the 2014/15 cost improvement programme in full, identifying £12.9 million. This included £10.1 million in line with the original plan (78%) with £2.8 million found through mitigations and substitutions. Of the £2.8million, £1.1 million (8%) was identified recurrently and £1.7 million (14%) non-recurrently.

3.0   Background

Foundation Trusts are required to produce annual reports, quality accounts and audited accounts in line with clearly defined timescales set by Monitor as the regulatory body. The format of the accounts is specified by the Secretary of State and broadly adheres to International Financial Reporting Standards commonly referred to as IFRS.

The accounts are included in full in the Annual Report as required by Monitor; these are subject to review by Deloitte as the Trust's External Auditors; who have to give a formal opinion on the accounts.

Deloitte will present their ISA 260 Report – Communication of Audit Matters to Those Charged with Governance to the Audit Committee. The report records any adjustments and audit amendments agreed in finalising the accounts and highlights any issues that have arisen during the audit.

3.1   Annual Accounts

This is the format of accounts made available to the public and presented at the annual members' meeting and to the Members' Council. They are commercial in style and include notes on accounting policies. The accounts presented here are the final version and include agreed audit adjustments.

3.2   Summarisation Schedules (FTCs)

These form the internal Foundation Trust accounts and are consolidated to produce overall accounts for the NHS. They show the in-year and prior year balances and provide additional information for reconciling intra-NHS debtors, creditors, income and expenditure. The figures in these spreadsheets are linked and cross checked to the accounts presented in narrative form.

3.3   Submission Deadlines and Adjustments

For 2014/15, the draft accounts were required to be submitted to Monitor and made available to Audit by noon on 23 April 2015. The accounts were submitted on time. The audited accounts should be received by Monitor no later than 29 May 2015 (uploaded and posted).

The audit commenced on 27 April 2015.

3.4   The Annual Governance Report

The Chief Executive, as Accounting Officer, has a responsibility to consider the adequacy and effectiveness of the Trust's system of internal control. The outcome of this review is reported in a statement in the Annual Report as required.

The Trust is required to disclose any significant matters in the Annual Governance Statement. For this accounting period the key strategic risks outlined in the organisational risk register include meeting the future data quality requirements and optimising the capture of clinical information on clinical systems; ensuring that the implementation of the mental health currency delivers improvement in service quality and outcomes; adverse impact of integrated services following the continued reduction in local authority funding and changes to the benefits system; ensuring momentum and implementation of transformational change within services whilst meeting challenging efficiency requirements; meeting the significant challenge of redesign and quality improvement in child and adolescent mental health services, particularly in Calderdale and Kirklees; achieving service and financial sustainability in the face of changes to national specialist services funding and ongoing national pressures on acute beds.

3.5 Accounting Policies

For 2014/15 the Trust updated its accounting policies in line with changes in accounting standards and associated guidance. Changes to these policies were discussed and approved by Audit Committee in January 2015 before adoption. There was no requirement for any prior period adjustments.

3.6 Major Judgement Areas

Trust Board has approved a challenging cost saving programme for 2015/16 and beyond. As a result, a number of posts are at risk and will result in a number of redundancies. This affects approximately 63 whole time equivalent (wte) posts during 2015/16 and 51 wte further redundancies during 2016/17. The Trust has estimated the associated redundancy costs and made provision for them in the 2014/15 accounts.

4.0 Analysis of the Annual Accounts

4.1 Statement of Comprehensive Income (Income & Expenditure Account)

4.1.1 Income

Total income for the year was £237.7million (£234.4 million for 2013/14). This is split into income from healthcare activities and other operating income.

For 2014/15 the income from healthcare activities remained relatively static, increasing by £1.1 million. Income reduced from the previous year primarily due to tariff deflation applied through contract negotiations (as experienced nationally). Income increases from new income received in-year included non-recurrent System Resilience funding from Local Commissioning Groups.

Other operating income was £16.5 million in 2014/15 (£15.4 million 2013/14). This increased income arises from increased participation in the Trust lease car scheme and therefore higher contributions. This also includes additional funding for hosted budgets such as Altogether Better and specific projects.

4.1.2 Expenditure

Total operating expenditure increased by £1.5 million (0.6%) to £231.9 million (£230.4 million in 2013/14). Expenditure is detailed in note 6 of the accounts. The main changes are:

➢ staffing costs and number of staff employed are in note 7 of the accounts;
➢ staff costs have increased reduced by £2.6 million (1.5%). This increase is primarily due to national cost pressures including staff pay awards and incremental payments;
➢ overall the average wte employed by the Trust has increased during 2014/15;
➢ non-pay costs have remained broadly static, increasing by £0.3 million (0.5%) from 2013/14. The presentation under note 6.1 (Operating Expenditure), in conjunction with the Trust Analytical review of spend, highlights key increases in expenditure against the premises heading, which includes increased rental and rates costs alongside significant additional investment in information management and technology. There has also been additional expenditure on consultancy costs with the two largest areas being work on the Trust Transformation Programme and project specific work within Altogether Better. These have been offset by reductions in non-pay expenditure in most areas/categories.

4.1.3 Operating Surplus

The Trust's 2014/15 operating surplus before dividends and interest is £5.8 million; the surplus in 2013/14 was £5.2 million and is, therefore, an increase of £0.6 million.

4.1.4 Interest

Interest received on bank deposits during the year was £95,000 (£88,000 2013/14). No interest payments were made during the year.

This is in line with the Trust Treasury Management Policy and the amendments to the Public Dividend Capital (PDC) calculation. Whilst higher rates of interest (although not as high as previously experienced) could have been achieved with external investment maintaining funds with the Government Banking Service has realised the greatest overall financial benefit to the Trust.

4.1.5 Public Dividend Capital (PDC)

Public dividend capital dividend payable during the year amounted to £2.8 million (£1.5 million 2013/14). The main reason for this increase is the PDC due for the Barnsley estate transferred to the Trust on 1 April 2013. No PDC was payable against this in 2013/14 in line with national policy.

4.1.6 Retained Surplus

The Trust's retained surplus after interest, taxation, depreciation and amortisation for 2014/15 was £3.1 million (£3.8 million 2013/14). No financial support was provided to the Trust during the year and the Trust received no loans.

4.2 Statement of Financial Position (Balance Sheet)

4.2.1 Non-Current Assets (Fixed Assets)

Non-Current Assets have increased by £2.9 million from 2013/14 (2.7%). This totals £106.6 million. This is representative of the Trust Capital programme in year less depreciation of existing estate.

Intangible Assets

Intangible assets have reduced by £221,000 in year and the assets have been depreciated.

Property, Plant and Equipment – PPE

Note 14 of the accounts provides details of the changes in PPE. In summary the changes reflect an increase for the capital expenditure less any depreciation during the reporting period, and include the impact of any asset revaluation. A total of £6.1 million was included as additions to capital assets during 2014/15. The main schemes included:

➢ completion of the Fieldhead infrastructure scheme;
➢ commencement of the Calderdale and Barnsley hubs;
➢ preparatory work for the Wakefield hub and Fieldhead site development.

Total depreciation for the year was £5.2 million.

Investment Property

The value of Trust Investment Property in year is £0.34 million, a reduction of £0.07 million following the in-year disposal of a Trust Asset.

4.2.2 Stock

Over the twelve-month period there has been a £78,000 reduction in stock. This follows a review of stock within the Barnsley Community Equipment Store. There has been no change in counting or accounting policy around stock.

4.2.3 Trade and Other Receivables (Debtors)

Receivables have increased by £1.2million. Further detail is provided in note 20 of the accounts. The main factor in this increase was a number of debts with other NHS providers, the largest of which have been resolved and paid post year-end.

4.2.4 Cash

Cash at bank and in hand was £32.6 million as at 31 March 2015 (£33.1 million at 31 March 2014).

4.2.5 Trade and Other Payables (Creditors)

Trade and other payables have reduced by £2.6 million overall on last year. Further detail is provided in note 22 of the accounts. The main reason is due to a reduction in NHS payables with the value in the accounts for 2013/14 being higher than normal. This was primarily around charges for Trust Estate from NHS Property Services.

4.2.6 Provisions (Current and Non-Current)

There has been an overall increase of £0.9milliuon in provisions over the period. This mostly relates to the provision for future redundancy costs. The total provision at 31 March 2015 is £8.1 million (£7.2 million 31 March 2014). The remaining provisions relate to pensions and other legal claims liabilities as detailed in note 24 of the accounts.

4.2.7 Other liabilities (Current and Non-Current)

These relate to deferred income which has reduced to £0.75million in 2014/15 (£0.84 million in 2013/14). The majority of this relates to the hosted budgets for Altogether Better.

There are no prior period adjustments.

4.2.8 Statement of Changes in Taxpayers Equity (Capital and Reserves)

Details of all reserve movements for the accounting period are on page 4 of the accounts. The significant movements in-year relate to the retained surplus for the accounting period and the impact of the revaluation exercise.

4.3 Statement of Cash Flow

The Trust has £32.6 million of cash as at 31 March 2015 (£33.1 million at 31 March 2014); this is a reduction of £0.5 million (1.5%). The main reason for this reduction is due to the increase in PDC payments made in year.

The interest received in the period was £95,000.

Cash outflows included capital expenditure £8.2 million and £2.8 million for dividend payments. It also included the movement in debtors and the increase in accruals values.

4.4 Remuneration Report

The Trust is required by its Regulators to make available to the public details of senior managers' remuneration. Full remuneration and pension reports have been included in the Annual Report and in the accounts at note 37.

Directors' Performance Related Pay is yet to be finalised for 2014/15. The disclosure reflects the payment received during 2014/15 which is the values awarded for 2013/14.

Overall the Remuneration ratio has reduced from 7.0 to 6.4.

Alex Farrell
Deputy Chief Executive/Director of Finance

**STATEMENT OF COMPREHENSIVE INCOME FOR THE YEAR ENDED
31 March 2015**

	note	Group Year Ended 31 March 2015 £000	Group Year Ended 31 March 2014 £000	Trust Year Ended 31 March 2015 £000	Trust Year Ended 31 March 2014 £000
Operating Income from continuing operations	5	237,742	235,755	237,677	235,446
Operating Expenses of continuing operations	6	(232,223)	(230,626)	(231,883)	(230,253)
Operating surplus / (deficit)		**5,519**	**5,129**	**5,794**	**5,193**
Finance costs:					
Finance income	10	97	93	95	88
PDC Dividends payable		(2,793)	(1,529)	(2,793)	(1,529)
NET FINANCE COSTS		**(2,696)**	**(1,436)**	**(2,698)**	**(1,441)**
Movement in fair value of investment property and other investments	15	16	0	16	0
SURPLUS/(DEFICIT) FOR THE YEAR		**2,839**	**3,693**	**3,112**	**3,752**
Other comprehensive income					
Will not be reclassified to income and expenditure:					
Gain/(loss) from transfer by absorption from demising bodies		0	35,741	0	35,741
Impairments		0	(3,518)	0	(3,518)
Revaluations		2,098	0	2,098	0
TOTAL COMPREHENSIVE INCOME / (EXPENSE) FOR THE YEAR		**4,937**	**35,916**	**5,210**	**35,975**

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

The notes numbered 1 to 37 form part of these accounts.

South West Yorkshire Partnership NHS Foundation Trust - Annual Accounts 2014/15

		Group		Trust	
STATEMENT OF FINANCIAL POSITION		**31 March 2015**	**31 March 2014**	**31 March 2015**	**31 March 2014**
	note	**£000**	**£000**	**£000**	**£000**
Non-current assets					
Intangible assets	13	552	773	552	773
Property, plant and equipment	14	105,757	102,608	105,757	102,608
Investment Property	15	340	410	340	410
Total non-current assets		**106,649**	**103,791**	**106,649**	**103,791**
Current assets					
Inventories	19	204	282	204	282
Trade and other receivables	20	7,956	7,022	7,978	6,771
Cash and cash equivalents	21	33,159	33,655	32,617	33,114
Total current assets		**41,319**	**40,959**	**40,799**	**40,167**
Current liabilities					
Trade and other payables	22	(20,578)	(23,194)	(20,577)	(23,194)
Provisions	24	(3,781)	(3,507)	(3,781)	(3,507)
Other liabilities	22	(751)	(843)	(751)	(843)
Total current liabilities		**(25,110)**	**(27,544)**	**(25,109)**	**(27,544)**
Total assets less current liabilities		**122,858**	**117,206**	**122,339**	**116,414**
Non-current liabilities					
Provisions	24	(4,323)	(3,703)	(4,323)	(3,703)
Total non-current liabilities		**(4,323)**	**(3,703)**	**(4,323)**	**(3,703)**
Total assets employed		**118,535**	**113,503**	**118,016**	**112,711**
Financed by					
Taxpayers' equity					
Public Dividend Capital		43,492	43,397	43,492	43,397
Revaluation reserve	26	16,781	14,785	16,781	14,785
Other reserves		5,220	5,220	5,220	5,220
Income and expenditure reserve		52,523	49,309	52,523	49,309
Others' equity					
Charitable fund reserves		519	792	0	0
Total taxpayers' and others' equity		**118,535**	**113,503**	**118,016**	**112,711**

The financial statements on pages 2 to 40 were approved by the Board of Directors and authorised for issue on the 22 May 2015 and signed on their behalf by:

....Steven Michael, Chief Executive……...............................Date

STATEMENT OF CASH FLOWS FOR THE YEAR ENDED 31 March 2015		Group		Trust	
	note	Year Ended 31 March 2015 £000	Year Ended 31 March 2014 £000	Year Ended 31 March 2015 £000	Year Ended 31 March 2014 £000
Cash flows from operating activities					
Operating surplus/(deficit) from continuing operations		5,519	5,129	5,794	5,193
Operating surplus/(deficit)		**5,519**	**5,129**	**5,794**	**5,193**
Non-cash income and expense:					
Depreciation and amortisation	6	5,177	5,144	5,177	5,144
Impairments	6	1,802	5,085	1,802	5,085
Reversal of Impairments	5	(2,092)	(2,252)	(2,092)	(2,252)
(Gain)/Loss on Disposal	6	97	0	97	0
(Increase)/Decrease in Trade and Other Receivables	20	(1,189)	(2,193)	(1,207)	(2,192)
(Increase)/Decrease in Inventories	19	78	278	78	278
Increase/(Decrease) in Trade and Other Payables	22	(627)	1,495	(627)	1,494
Increase/(Decrease) in Other Liabilities	22	(92)	57	(92)	57
Increase/(Decrease) in Provisions	24	894	(860)	894	(860)
Movements in operating cash flow in respect of Transforming Community Services transaction		0	(1,573)	0	(1,573)
NHS Charitable Funds - net adjustments for working capital movements, non-cash transactions and non-operating cash flows		256	(255)	0	0
NET CASH GENERATED FROM/(USED IN) OPERATIONS		**9,823**	**10,055**	**9,824**	**10,374**
Cash flows from investing activities					
Interest received		95	93	95	88
Purchase of intangible assets		(10)	(413)	(10)	(413)
Purchase of Property, Plant and Equipment		(8,148)	(6,814)	(8,148)	(6,814)
Sale of property, plant and equipment and Investment Property		401	0	401	0
NHS Charitable Funds - net cash flows from investing activities		2	0	0	0
Net cash generated from/(used in) investing activities		**(7,660)**	**(7,134)**	**(7,662)**	**(7,139)**
Cash flows from financing activities					
Public dividend capital received		95	0	95	0
Public dividend capital received (PDC adjustment for modified absorption transfers of payables/receivables)		0	1,406	0	1,406
PDC Dividend paid		(2,754)	(1,382)	(2,754)	(1,382)
Net cash generated from/(used in) financing activities		**(2,659)**	**24**	**(2,659)**	**24**
Increase/(decrease) in cash and cash equivalents		**(496)**	**2,945**	**(497)**	**3,259**
Cash and Cash equivalents at 1 April		33,655	30,710	33,114	29,855
Cash and Cash equivalents at 31 March		**33,159**	**33,655**	**32,617**	**33,114**

2. Pooled budget

The Group & Trust has no pooled budgets.

3. Operating segments

The Group & Trust has a single operating segment, Healthcare.

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 2015 Total £000**	**Year Ended 31 March 2014 Total £000**
NHS Foundation Trusts	362	129
NHS Trusts	0	0
CCGs and NHS England	197,073	195,449
Local Authorities	22,611	23,140
Department of Health - other	0	0
NHS Other	88	127
Non NHS: Other	1,093	1,248
Total income from activities	**221,227**	**220,093**

5.2 Analysis of income from activities	**Group & Trust**	
	Year Ended 31 March 2015 Total £000	**Year Ended 31 March 2014 Total £000**
Block Contract income - Mental Health Services	159,708	138,209
Income from CCGs & NHS England - Community Services	45,104	66,478
Income not from CCG's, NHS England or PCTs - Community Services	15,543	14,399
Other non-protected clinical income	872	1,007
Total income from activities	**221,227**	**220,093**

5.3 Other Operating Income	**Note**	**Group Year Ended 31 March 2015 Total £000**	**Group Year Ended 31 March 2014 Total £000**	**Trust Year Ended 31 March 2015 Total £000**	**Trust Year Ended 31 March 2014 Total £000**
Other operating income					
Research and development		160	237	160	237
Education and training		2,915	3,011	2,915	3,011
Other		8,037	7,048	8,037	7,048
Reversal of impairments of property, plant and equipment	12	2,092	2,252	2,092	2,252
Income in respect of staff costs where accounted for on a gross basis		3,246	2,805	3,246	2,805
NHS Charitable Funds : Incoming Resources excluding investment income		65	309	0	0
Total other operating income		**16,515**	**15,662**	**16,450**	**15,353**
Total Operating Income		**237,742**	**235,755**	**237,677**	**235,446**

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

5.4 Income from activites from Commissioner Requested Services and all other services	**Group Year Ended 31 March 2015 Total £000**	**Group Year Ended 31 March 2014 Total £000**	**Trust Year Ended 31 March 2015 Total £000**	**Trust Year Ended 31 March 2014 Total £000**
Income from Commissioner Requested Services	221,227	220,093	221,227	220,093
Income from non-Commissioner Requested Services	16,515	15,662	16,450	15,353
Total Income	**237,742**	**235,755**	**237,677**	**235,446**

5.5 Operating lease income

The Group & Trust earned no income from operating leases in 2014/15 or in 2013/14.

6 Operating Expenses

6.1 Operating Expenses

	Note	Group Year Ended 31 March 2015 £000	Group Year Ended 31 March 2014 £000	Trust Year Ended 31 March 2015 £000	Trust Year Ended 31 March 2014 £000
Services from NHS Foundation Trusts		119	191	119	191
Services from NHS Trusts		110	0	110	0
Services from CCGs and NHS England		344	0	344	0
Purchase of healthcare from non NHS bodies		4,021	4,153	4,021	4,153
Employee Expenses - Executive directors		1,434	1,105	1,434	1,105
Employee Expenses - Non-executive directors		131	126	131	126
Employee Expenses - Staff		169,778	168,799	169,778	168,799
NHS Charitable funds - employee expenses		31	32	0	0
Supplies and services - clinical (excluding drug costs)		3,725	3,475	3,725	3,475
Supplies and services - general		4,169	4,272	4,169	4,272
Establishment		6,665	7,110	6,665	7,110
Transport (Business travel only)		177	168	177	168
Transport (other)		766	909	766	909
Premises - Business rates payable to Local Authorities		1,463	1,129	1,463	1,129
Premises - other		12,319	9,349	12,319	9,349
Increase / (decrease) in provision for impairment of receivables		(103)	150	(103)	150
Increase in other provisions		0	0	0	0
Change in provisions discount rate		66	53	66	53
Inventories written down (net, including inventory drugs)		0	0	0	0
Drug Costs (non inventory drugs only)		1,504	1,457	1,504	1,457
Inventories consumed (excluding drugs)		290	486	290	486
Drug Inventories consumed		2,768	2,649	2,768	2,649
Rentals under operating leases - minimum lease payments		7,026	7,103	7,026	7,103
Depreciation on property, plant and equipment		4,946	4,968	4,946	4,968
Amortisation on intangible assets		231	177	231	177
Impairments of property, plant and equipment	12	1,802	5,085	1,802	5,085
Audit services- statutory audit		65	65	65	65
Audit services - charitable fund accounts		2	2	0	0
Other auditor remuneration	6.2	30	94	30	94
Clinical negligence - amounts payable to the NHSLA (premiums)		275	283	275	283
Loss on disposal of land and buildings		97	0	97	0
Loss on disposal of other property, plant and equipment		0	0	0	0
Legal fees		147	302	147	302
Consultancy costs		1,741	878	1,741	878
Training, courses and conferences		738	950	738	950
Patient travel		30	42	30	42
Car parking & Security		6	7	6	7
Redundancy		3,028	1,785	3,028	1,785
Early retirements		44	42	44	42
Hospitality		74	102	74	102
Publishing		67	96	67	96
Insurance		311	305	311	305
Other services, eg external payroll		0	1	0	1
Losses, ex gratia & special payments		4	5	4	5
Other		1,475	2,382	1,475	2,382
NHS Charitable funds: Other resources expended		307	371	0	0
Total Operating Expenses		**232,223**	**230,658**	**231,883**	**230,253**

10. Finance Income	Group Year Ended 31 March 2015 £000	Group Year Ended 31 March 2014 £000	Trust Year Ended 31 March 2015 £000	Trust Year Ended 31 March 2014 £000
Interest on loans and receivables	95	88	95	88
NHS Charitable funds: investment income	2	5	0	0
Total	**97**	**93**	**95**	**88**

The Group & Trust has no interest on impaired financial assets included in finance income in 2014/15 or in 2013/14.

11. Finance Costs - interest expense

The Group & Trust incurred no finance costs in 2014/15 or in 2013/14.

12. Impairment of assets (PPE & intangibles)

	Group & Trust					
	31 March 2015			**31 March 2014**		
	Net Impairment £000	Impairments £000	Reversals £000	Net Impairment £000	Impairments £000	Reversals £000
Impairments charged to operating surplus / deficit:						
Other	**0**	0	0	**396**	396	0
Changes in market price	(290)	1,802	(2,092)	2,437	4,689	(2,252)
Total Impairments charged to operating surplus / deficit	**(290)**	**1,802**	**(2,092)**	**2,833**	**5,085**	**(2,252)**
Impairments charged to the revaluation reserve	0	0	0	3,518	3,518	0
Total Impairments	**(290)**	**1,802**	**(2,092)**	**6,351**	**8,603**	**(2,252)**

In 2014/15 the Trust undertook a desktop revaluation of the Estate, resulting in a net benefit of £290k.

Other impairments in 2013/14 relate to the IT assets transferred from NHS Barnsley on the 1st April 2013. These assets were individual items of IT equipment costing less than £5,000 which under the Trust Accounting Policy are not capitalised.

In 2013/14 the Trust undertook a full revaluation of the Estate. This led to increases in values on existing Trust estate which reversed previous impairments (principally on The majority of the impairment relates to NHS Barnsley Estate which transferred on the 1st April 2013 and was revalued using the same Modern Equivalent Asset (MEA) methodology as the existing Trust estate. This led to an impairment on these assets.

13 Intangible assets

Group & Trust

13.1 Intangible assets 2014/15	**Total**	**Software licences (purchased)**
	£000	**£000**
Gross cost at 1st April 2014	**1,823**	1,823
Additions - purchased	**10**	10
Gross Cost at 31 March 2015	**1,833**	**1,833**
Amortisation at 1st April 2014	**1,050**	1,050
Provided during the year	**231**	231
Amortisation at 31 March 2015	**1,281**	**1,281**
Net book value		
NBV - Purchased at 31 March 2015	**552**	552
NBV total at 31 March 2015	**552**	**552**

Group & Trust

13.2 Intangible assets 2013/14	**Total**	**Software licences (purchased)**
	£000	**£000**
Gross cost at 1st April 2013	**871**	871
Transfers by absorption - Modified	**539**	539
Additions - purchased	**413**	413
Gross Cost at 31 March 2014	**1,823**	**1,823**
Amortisation at 1st April 2013	**414**	414
Transfers by absorption - Modified	**459**	459
Provided during the year	**177**	177
Amortisation at 31 March 2014	**1,050**	**1,050**
Net book value		
NBV - Purchased at 31 March 2014	**773**	773
NBV total at 31 March 2014	**773**	**773**

Transfers by absorption - Modified relate to Software licences transferred to the Trust from NHS Barnsley under the Estate Transfer on 1st April 2013. A summary of these transactions in shown under note 14.2.

13.3 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.

14.1 Property, plant and equipment 31 March 2015

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 1st April 2014	**112,557**	18,569	81,630	2,337	5,065	861	2,624	1,471
Additions - purchased	**6,120**	0	3,747	1,858	305	0	129	81
Impairments charged to operating expenses (note 12)	**0**	0	0	0	0	0	0	0
Impairments charged to the revaluation reserve (note 12)	**0**	0	0	0	0	0	0	0
Reversal of impairments credited to operating income	**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	**0**	0	2,259	(2,259)	0	0	0	0
Revaluations	**(351)**	3	(354)	0	0	0	0	0
Reclassified as held for sale	**0**	0	0	0	0	0	0	0
Disposals	**(663)**	(145)	(195)	0	(301)	0	0	(22)
Cost or Valuation at 31 March 2015	**117,663**	**18,427**	**87,087**	**1,936**	**5,069**	**861**	**2,753**	**1,530**
Accumulated depreciation at 1st April 2014	**9,949**	85	4,207	0	2,886	537	1,761	473
Provided during the year	**4,946**	0	4,019	0	398	88	305	136
Impairments charged to operating expenses	**1,802**	0	1,802	0	0	0	0	0
Reversal of impairments credited to operating income (note 12)	**(2,092)**	0	(2,092)	0	0	0	0	0
Reclassifications	**0**	0	0	0	0	0	0	0
Revaluations	**(2,449)**	(85)	(2,364)	0	0	0	0	0
Reclassified as held for sale	**0**	0	0	0	0	0	0	0
Disposals	**(250)**	0	0	0	(232)	0	0	(18)
Accumulated depreciation at 31 March 2015	**11,906**	**(0)**	**5,572**	**0**	**3,052**	**625**	**2,066**	**591**
Net book value								
Net book value at 31 March 2015								
NBV - Owned at 31 March 2015	**105,757**	18,427	81,515	1,936	2,017	236	687	939
NBV - Donated at 31 March 2015	**0**	0	0	0	0	0	0	0
NBV total at 31 March 2015	**105,757**	**18,427**	**81,515**	**1,936**	**2,017**	**236**	**687**	**939**

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.

14.2 Property, plant and equipment 31 March 2014

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 1st April 2013	**79,024**	11,731	50,891	10,297	3,488	289	1,916	412
Transfers by absorption - Modified	**60,534**	7,686	48,633	0	1,045	546	1,957	667
Additions - purchased	**8,360**	270	4,677	2,337	410	26	248	392
Impairments charged to operating expenses (note 12)	**(396)**	0	0	0	0	0	(396) *	0
Impairments charged to the revaluation reserve (note 12)	**(3,518)**	(790)	(2,728)	0	0	0	0	0
Reversal of impairments credited to operating income	**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	**0**	0	10,175	(10,297)	122	0	0	0
Revaluations	**(31,447)**	(328)	(30,018)	0	0	0	(1,101) *	0
Reclassified as held for sale	**0**	0	0	0	0	0	0	0
Disposals	**0**	0	0	0	0	0	0	0
Cost or Valuation at 31 March 2014	**112,557**	**18,569**	**81,630**	**2,337**	**5,065**	**861**	**2,624**	**1,471**
Accumulated depreciation at 1st April 2013	**10,691**	741	6,758	0	1,696	85	1,179	232
Transfers by absorption - Modified	**23,300**	0	20,605	0	829	360	1,382	124
Provided during the year	**4,968**	0	4,097	0	361	92	301	117
Impairments charged to operating expenses	**4,689**	250	4,439	0	0	0	0	0
Reversal of impairments credited to operating income (note 12)	**(2,252)**	(578)	(1,674)	0	0	0	0	0
Reclassifications	**0**	0	0	0	0	0	0	0
Revaluations	**(31,447)**	(328)	(30,018)	0	0	0	(1,101) *	0
Reclassified as held for sale	**0**	0	0	0	0	0	0	0
Disposals	**0**	0	0	0	0	0	0	0
Accumulated depreciation at 31 March 2014	**9,949**	**85**	**4,207**	**0**	**2,886**	**537**	**1,761**	**473**
Net book value								
Net book value at 31 March 2014								
NBV - Owned at 31 March 2014	**102,608**	18,484	77,423	2,337	2,179	324	863	998
NBV - Donated at 31 March 2014	**0**	0	0	0	0	0	0	0
NBV total at 31 March 2014	**102,608**	**18,484**	**77,423**	**2,337**	**2,179**	**324**	**863**	**998**

Accumulated depreciation on land relates to historic impairments recognised through operating expenditure.

On the 1st April 2013, Estate transferred from NHS Barnsley, a summary of this transaction is shown below (this is the net transaction):

	Property, Plant & Equipment £'000	Intangibles £'000	Total Assets Transferred £'000	Capital Creditors £'000	Total Liabilities Transferred £'000
Transferred from NHS Barnsley	37,234	80	37,314	(1,573)	(1,573)

* The Property, Plant & Equipment transferred from NHS Barnsley,above, included Information Technology assets under £5,000 which did not meet the Trust accounting policy (note 1.7).
As such these assets were transferred to the Trust as shown in the table above and have been subsequently revalued to zero leading to an impairment of £396k in 2013/14.

14.3 Economic Lives of Property, Plant and Equipment

	Group & Trust	
	Min Life Years	Max Life Years
Land	0	0
Buildings excluding dwellings	0	90
Dwellings	0	0
Assets under Construction & POA	0	0
Plant & Machinery	0	10
Transport Equipment	0	7
Information Technology	0	5
Furniture & Fittings	0	10

14.4 Finance Leases

The Group & Trust hold no finance lease assets.

15 Investments

15.1 Investments - Carrying Value

	Group & Trust	
	Property* **31 March 2015** **£000**	**Property*** **31 March 2014** **£000**
At Carrying Value		
Balance at Beginning of Period	410	410
Acquisitions/Reclassifications in year	0	0
Fair value gains (taken to I&E)	16	0
Fair value losses (impairment) (taken to I&E)	0	0
Transfers to/from assets held for sale and assets in disposal groups	0	0
Disposals	(86)	0
Balance at End of Period	**340**	**410**

* 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.

15.2 Investment Property expenses

The Group & Trust incurred £30k on investment property expenses in 2014/15 (£0k in 2013/14). These related to the potential sale of the properties.

15.3 Investments in subsidiaries

The Trust is the Corporate Trustee for the NHS Charity, South West Yorkshire Partnership Foundation Trust and Other Related Charities, registered charity number 1055931.

The following are summary statements before group eliminations which have been consolidated into these accounts in 2014/15.

Summary Statement of Financial Activities

	31 March 2015 **£000**	**31 March 2014** **£000**
Total Incoming Resources	67	314
Staff Costs	(31)	0
Resources expended with bodies outside the NHS	(309)	(373)
Net movement in funds	**(273)**	**(59)**

Summary Statement of Financial Position

	31 March 2015 **£000**	**31 March 2014** **£000**
Cash and cash equivalents	542	541
Trade and other receivables	0	260
Trade and other payables	(23)	(9)
Net Assets	**519**	**792**
Other restricted income funds	0	29
Unrestricted income funds	519	763
Total Charitable Funds	**519**	**792**

Other restricted income funds relate to monies held by the Trust for Spectrum CIC (Community Interest Company), these were fully expended in 2014/15.

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

16.1 Non-current assets held for sale

The Group & Trust has no non-current assets held for sale in 2014/15 or in 2013/14.

16.2 Liabilities in disposal groups

The Group & Trust has no liabilities in disposal groups in 2014/15 or in 2013/14.

17. Other assets

The Group & Trust has no other assets in 2014/15 or in 2013/14.

18. Other Financial Assets

The Group & Trust has no other financial assets in 2014/15 or in 2013/14.

19. Inventories

19.1. Inventory Movements	**Group & Trust**		
	Total	**Drugs**	**Other**
	£000	**£000**	**£000**
Carrying Value at 1 April 2014	**282**	**60**	**222**
Additions	2,980	2,779	201
Inventories recognised in expenses	(3,058)	(2,768)	(290)
Carrying Value at 31 March 2015	**204**	**71**	**133**
	Total	**Drugs**	**Other**
	£000	**£000**	**£000**
Carrying Value at 1 April 2013	**560**	**58**	**502**
Additions	2,857	2,651	206
Inventories recognised in expenses	(3,135)	(2,649)	(486)
Carrying Value at 31 March 2014	**282**	**60**	**222**

Under the Trust accounting policies, inventory is valued at the lower of cost and net realisable value.
Other Inventories is stock held at the Community Equipment Stores (Loans Service) in Barnsley.

20. Trade and other receivables

20.1 Trade and other receivables

	Group 31 March 2015 £000	Group 31 March 2014 £000	Trust 31 March 2015 £000	Trust 31 March 2014 £000
Current				
NHS Receivables	3,015	1,910	3,015	1,910
Receivables due from NHS charities – Revenue	0	0	22	3
Other receivables with related parties	1,031	2,124	1,031	2,124
Provision for impaired receivables	(107)	(277)	(107)	(277)
Prepayments	1,009	1,465	1,009	1,465
Accrued income	2,357	1,083	2,357	1,083
VAT receivable	167	155	167	155
Other receivables	484	307	484	308
NHS Charitable funds: Trade and other receivables	0	255	0	0
TOTAL CURRENT TRADE AND OTHER RECEIVABLES	**7,956**	**7,022**	**7,978**	**6,771**

The Group & Trust have no non current trade and other receivables as at 31 March 2015 (£0 (zero) as at 31 March 2014).

20.2 Provision for impairment of receivables

	Group & Trust 31 March 2015 £000	31 March 2014 £000
Balance at start of period	277	127
Increase in provision	81	163
Amounts utilised	(67)	0
Unused amounts reversed	(184)	(13)
Balance at 31 March	107	277

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.

20.3 Analysis of impaired receivables

	Group & Trust 31 March 2015 £000	31 March 2014 £000
Ageing of impaired receivables		
0 - 30 days	5	80
30-60 Days	2	2
60-90 days	0	0
90- 180 days	13	13
over 180 days	87	182
Total	**107**	**277**

	Group 31 March 2015 £000	Group 31 March 2014 £000	Trust 31 March 2015 £000	Trust 31 March 2014 £000
Ageing of non-impaired receivables past their due date				
0 - 30 days	1,866	2,072	1,941	1,817
30-60 Days	60	649	60	649
60-90 days	82	90	82	90
90- 180 days	255	241	255	241
over 180 days	907	35	907	35
Total	**3,170**	**3,087**	**3,245**	**2,832**

20.4 Finance lease receivables

The Group & Trust has no finance lease receivables.

21. Cash and cash equivalents

	Group 31 March 2015 £000	Group 31 March 2014 £000	Trust 31 March 2015 £000	Trust 31 March 2014 £000
Balance at 1st April	**33,655**	**30,710**	**33,114**	**29,855**
Net change in year	(496)	2,945	(497)	3,259
Balance at 31 March	**33,159**	**33,655**	**32,617**	**33,114**
Broken down into:				
Cash at commercial banks and in hand	632	663	90	122
Cash with the Government Banking Service	32,527	32,992	32,527	32,992
Cash and cash equivalents as in statement of financial position	**33,159**	**33,655**	**32,617**	**33,114**
Cash and cash equivalents as in statement of cash flows	**33,159**	**33,655**	**32,617**	**33,114**

Third party assets (Patient Monies) held by the Trust

	Group & Trust 31 March 2015 £000	31 March 2014 £000
Bank balances	233	234
Monies on deposit	74	90
Total third party assets	**307**	**324**

Third party assets have been excluded from the cash and cash equivalents figure reported in the accounts.

22. Trade and other payables

22.1 Trade and other payables

	Group 31 March 2015 £000	Group 31 March 2014 £000	Trust 31 March 2015 £000	Trust 31 March 2014 £000
Current				
NHS payables - capital	0	232	0	232
NHS payables - revenue	993	3,145	993	3,145
Amounts due to other related parties - revenue	2,787	2,877	2,787	2,877
Other trade payables - capital	770	2,566	770	2,566
Other trade payables - revenue	2,073	3,630	2,073	3,630
Social Security costs	1,879	1,811	1,879	1,811
Other taxes payable	1,522	1,539	1,522	1,539
Other payables	171	65	171	65
Accruals	10,336	7,322	10,336	7,322
PDC dividend payable	46	7	46	7
NHS Charitable funds: Trade and other payables	1	0	0	0
TOTAL CURRENT TRADE AND OTHER PAYABLES	**20,578**	**23,194**	**20,577**	**23,194**

The Group & Trust had no non current trade and other payables as at 31 March 2015 (£0 (zero) as at 31 March 2014).

22.2 Better Payment Practice Code

	Group & Trust	
Better Payment Practice Code - measure of compliance	31 March 2015 Number	31 March 2015 £000
Total Non-NHS trade invoices paid in the year	40,483	52,587
Total Non NHS trade invoices paid within target	37,390	46,060
Percentage of Non-NHS trade invoices paid within target	**92%**	**88%**
Total NHS trade invoices paid in the year	939	15,728
Total NHS trade invoices paid within target	810	13,899
Percentage of NHS trade invoices paid within target	**86%**	**88%**
	31 March 2014 Number	31 March 2014 £000
Total Non-NHS trade invoices paid in the year	43,406	48,993
Total Non NHS trade invoices paid within target	41,222	45,357
Percentage of Non-NHS trade invoices paid within target	**95%**	**93%**
Total NHS trade invoices paid in the year	891	11,351
Total NHS trade invoices paid within target	822	10,544
Percentage of NHS trade invoices paid within target	**92%**	**93%**

The Better Payment Practice Code requires the Trust to aim to pay all undisputed invoices by the due date or within 30 days of receipt of goods or a valid invoice, whichever is later.

22.3 Early retirements detail included in NHS payables

The Group & Trust had no early retirement costs included in payables as at 31 March 2015 (£0 (zero) as at 31 March 2014).

22.4 Other liabilities	**Group & Trust**	
	31 March 2015 **£000**	**31 March 2014** **£000**
Current		
Deferred Income	751	843
TOTAL OTHER CURRENT LIABILITIES	**751**	**843**
Non-current		
Deferred Income	0	0
TOTAL OTHER NON CURRENT LIABILITIES	**0**	**0**

22.5 Other Financial Liabilities

The Group & Trust had no other financial liabilities as at 31 March 2015 (£0 (zero) as at 31 March 2014).

23. Borrowings

The Group & Trust had no borrowings as at 31 March 2015 (£0 (zero) as at 31 March 2014).

24. Provisions	Group & Trust Current		Group & Trust Non-current	
	31 March 2015 £000	31 March 2014 £000	31 March 2015 £000	31 March 2014 £000
Pensions relating to other staff	58	56	589	584
Legal claims	93	77	916	770
Equal Pay	6	6	0	0
Redundancy	3,235	2,240	1,940	1,500
Other				
Injury Benefit	55	54	878	849
Other	334	1,074	0	0
Total	**3,781**	**3,507**	**4,323**	**3,703**

	Total £000	Group & Trust Pensions relating to other staff £000	Legal claims £000	Equal Pay £000	Redundancy £000	Other £000
At 1 April 2014	7,210	640	847	6	3,740	1,977
Change in the discount rate	66	21	0	0	0	45
Arising during the year	6,428	44	269	0	5,934	181
Utilised during the year (accruals)	(29)	(15)	0	0	0	(14)
Utilised during the year (cash)	(2,648)	(43)	(107)	0	(1,593)	(905)
Reversed unused	(2,923)	0	0	0	(2,906)	(17)
At 31 March 2015	**8,104**	**647**	**1,009**	**6**	**5,175**	**1,267**
Expected timing of cash flows:						
Not later than one year;	3,781	58	93	6	3,235	389
Later than one year and not later than five years	3,293	223	916	0	1,940	214
Later than five years (see note 30.3).	1,030	366	0	0	0	664
Total	**8,104**	**647**	**1,009**	**6**	**5,175**	**1,267**

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 £5.2m, relates to approximately 127 posts during 2015 / 2016 and a further 51 redundancies during 2016 / 2017. These are estimates based upon the Trust Annual Plan and Cost Improvement Programme.

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.

Equal pay - this relates to provisions for 6 equal pay claims. The provision is for legal costs only. As per NHS guidance the Trust is not presently making a provision in terms of settlement of the claims.

Other - injury benefits 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.

Other - A £319k provision has been made in relation to a potential liability resulting from HMRC guidance on VAT recovery, this relates to a 4 year potential overclaim by the Trust.

£739K is included in the provisions of the NHS Litigation Authority at 31 March 2015 (£443k at 31 March 2014) in respect of clinical negligence liabilities of the NHS Trust.

25. Contingencies

25.1 Contingent liabilities

The Group & Trust had no contingent liabilities as at 31 March 2015 (none as at 31 March 2014).

25.2 Contingent assets

The Group & Trust had 1 contingent asset as at 31 March 2015 (1 as at 31 March 2014).

The Group & Trust contingent asset relates to the expected sale of non Trust estate for which the Trust is entitled to a proportion of the land receipt.

26. Revaluation reserve   **Group & Trust**

	Total Revaluation Reserve £000	Revaluation Reserve - property, plant and equipment £000
As at 1 April 2014	**14,785**	**14,785**
Impairments	0	0
Revaluations	2,098	2,098
Transfers to other reserves	(102)	(102)
Revaluation reserve at 31 March 2015	**16,781**	**16,781**
	£000	**£000**
As at 1 April 2013	**7,261**	**7,261**
Transfers by absorption - Modified	11,042	11,042
Impairments	(3,518)	(3,518)
Other reserve movements	0	0
Revaluation reserve at 31 March 2014	**14,785**	**14,785**

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.

27. Finance lease obligations
The Group & Trust had no finance lease obligations.

28. Finance lease commitments
The Group & Trust had not entered into any new finance leases during the year.

29. Capital commitments
Contracted capital commitments at the year end not otherwise included in these financial statements:

	Group & Trust	
	31 March 2015 £000	31 March 2014 £000
Property, plant and equipment	4,831	1,925
Intangible assets	0	0
Total	**4,831**	**1,925**

These capital commitments relate to on-going developments for a Calderdale Hub and a Barnsley Hub with the main Trust Contractor.

Annual Governance Statement 2014/15

Scope of responsibility

As Accounting Officer, I have responsibility for maintaining a sound system of internal control that supports the achievement of South West Yorkshire Partnership 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.*

My Annual Governance Statement reflects the challenges and changes facing the Trust over the past year. The complexity and diversity of the services the Trust provides and the geographical areas it covers presents a unique challenge, which is reflected in the Trust's approach to the management of risk.

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 2015 and up to the date of approval of the annual report and accounts.

The attitude of Trust Board to risk is prudent and pragmatic, adopting a flexible approach to risk and determination of its response as the need arises. Trust Board acknowledges that the services provided by the Trust cannot be without risk and it ensures that, as far as is possible, this risk is minimised. The Trust does not seek to take unnecessary risks and will determine its approach and its appetite for risk to suit the circumstances at the time.

Capacity to handle risk

The Trust has robust arrangements and frameworks in place to ensure it has the capacity to handle and manage risk.

One of the Trust's continued strengths is the stability of its Board.

An experienced and long-standing Non-Executive Director came to the end of his term of office in May 2014. One of the key considerations for the Nominations Committee, which has devolved responsibility from the Members' Council to oversee and manage the process to appoint the Chair and Non-Executive Directors, is to ensure effective succession planning. As a result, the Committee supported the Chair's view that the recruitment process should focus on recruiting an individual who could replace the current Chair of the Audit Committee, who leaves office in 2015. The recruitment process was successful and supported by an external recruitment consultant to ensure transparency and independence. The Members' Council approved the appointment of a new Non-Executive Director who joined the Trust on

1 June 2014 and assumed the Chair of the Audit Committee on 1 January 2015. This has been a successful and smooth transition minimising any risk to the organisation.

The Members' Council also approved the re-appointment of the Chair and one other non-executive director for a further three-year term to continue to provide stability and strength within the Board.

The coming year may prove more challenging in terms of changes to Non-Executive Directors on the Board. The Board will lose twelve years of Non-Executive experience during 2015 and the Chair does not under-estimate the gap this may leave as the Trust enters another challenging year. A process has begun, through the Nominations Committee, to appoint two new Non-Executive Directors for approval by the Members' Council in April 2015.

Towards the end of the year, the Board approved the establishment of a non-executive director-led forum to focus on diversity and inclusion to address a potential area of risk. The two existing forums, focusing on estates, and information management and technology, have continued their work through the year. All three forums ensure the Trust's strategy is developed and implemented, and that risk is managed effectively.

During the year, the Trust's Medical Director indicated that she wished to retire. As Chief Executive, and in consultation with the Chair of the Trust, I initiated a recruitment process and handover, which was managed positively and effectively, resulting in the appointment of an experienced clinician and operational Director to take on the role. The new Medical Director's experience at Board level minimised any risk to the organisation at Executive Director level and demonstrates the Trust's ability to foster and utilise skills and experience at senior level.

During the year, the changes initiated in 2013 to the Director structure at operational level to ensure strong and effective strategic and operational management within each BDU whilst maintaining a strong local focus continued to develop. These were strengthened by the appointment of deputy directors to provide operational leadership and management, allowing BDU Directors to focus on building and managing strategic and partner relationships, and to lead the transformation agenda. Through 2014/15, this has been supported by arrangements at service line level to provide a framework where a clinical lead, general manager and practice governance coach work together and carry responsibility at ward, unit and department level to enact the service change required to achieve transformation.

Following an interim appointment at Director-level to cover service improvement, innovation and health intelligence, with the support of the Remuneration and Terms of Service Committee, I created a permanent post to provide a focus on health intelligence and innovation and, following a recruitment process, the interim appointment was made substantive.

Although I have adopted a prudent approach to Director-level appointments over the past year, in consultation with the Chair, the Trust is entering a difficult period to realise its plans for transformation and to deliver its service delivery and financial plans. In the coming year, the Trust Board structure will be reviewed to ensure it has the capacity, skills and experience in place within the parameters of its Constitution to support sustainability and ongoing fitness for purpose.

Trust Board continues to be ably supported by an involved and proactive Members' Council, which forms a key part of the Trust's governance arrangements. Since becoming a Foundation Trust in 2009, the Members' Council has gone from strength-to-strength in its ability to challenge and hold non-executive directors to account for the performance of Trust

Board. The agendas for Members' Council meetings focus on its statutory duties, areas of risk for the Trust and on the Trust's future direction. The Trust continues to develop its approach to training and development to ensure governors have the skills and experience required to fulfil their duties in partnership with the Members' Council Co-ordination Group.

This year has seen the Trust lay the firm foundations for its ambitious transformational service change programme and associated structures to transform the way it delivers services. The programme will ensure the Trust continues to deliver services that meet local need, offer best care and better outcomes, and provide value for money whilst ensuring we remain sustainable and viable. Implementation of this programme as well as maintaining delivery of high quality and safe services has, again, presented the Trust with its biggest challenge in 2014/15. Four workstreams provide the framework, covering mental health services, learning disability services, general community services and forensic services. Each has a Director sponsor and clinical lead and is supported by robust project management arrangements through the Project Management Office. Although the scale and pace has made it hard to effect and enact fundamental change during the year, the work to develop the framework holds the Trust in good stead to achieve the pace of transformational change needed during the coming year.

The strategic framework for the organisational development (based on "What really works: the 4+2 formula for sustained business success" (Nohria, Joyce and Robertson)) continues to support operational delivery. The model provides a framework for principal objectives to be agreed and set by the Board, underpinning the Board assurance framework and implementation objectives determined in line with key executive director accountabilities. These objectives are reviewed by me with individual directors on a quarterly basis. Any resulting amendments to the Assurance Framework are reported directly into the Trust Board including any changes to the organisational risk register.

In October 2014, I developed an articulation of 'How the Organisation Runs', which reiterated our mission and strategic objectives, and clarified the roles and responsibilities at every level to deliver continued success. This was followed by a second phase in March 2015, which sets out a clear and simple model to describe the systems we operate within and how they interact, enabling the organisation to run to best effect. The model is based on the work of Dartmouth Institute in the USA, most notably, Dr Gene Nelson, who, through our ongoing relationship with Jönköping County Council in Sweden, has provided the basis for this model.

The Trust works within a framework that devolves responsibility and accountability throughout the organisation by having robust service delivery arrangements. This year has seen further development and embedding of the BDU operational and governance arrangements, underpinned by service line management and currency development at service delivery level. Development work continues to progress, closely scrutinised by the Audit Committee.

BDUs are supported in their work by the Quality Academy, which provides co-ordinated support services linked to the accountabilities of executive directors. There are six key domains in the Quality Academy:

- financial management;
- information and performance management;
- people management;
- estates management;
- compliance, governance and public involvement; and
- health intelligence and innovation.

As 2014/15 saw the Trust enter a critical point in its development, I commissioned a review of the Quality Academy to ensure it is fit for purpose to support BDUs in the current challenging climate. The review made a number of sensible and constructive recommendations for the development of our approach and these will be taken forward where I believe they can make a difference.

The organisational development framework has allowed work to be tracked in terms of effectiveness and this has been developed further through regular review. From this Framework, a number of workstreams have been developed, launched and implemented to ensure the Trust has a workforce fit for the challenges in the future, such as the Talent Pool, the Magnificent 7 and a values-based recruitment, induction and appraisal programme.

The Trust continues to develop and create additional capacity in the community and different models of delivery and support for service users and carers through initiatives such as Creative Minds, joining the second phase of the Improving Recovery through Organisational Change (ImROC) initiative and developing recovery colleges across our districts, as well as continuing to host Altogether Better, a national initiative which supports development of community champions.

The training needs of staff in relation to risk management are assessed through a formal training needs analysis process and staff receive training appropriate to their authority and duties. The role of individual staff in managing risk is also supported by a framework of policies and procedures that promote learning from experience and sharing of good practice and is set out in the Risk Management Strategy, reviewed and approved by Trust Board on an annual basis. This is supported by risk management training for Trust Board, undertaken annually.

As Chief Executive, I have a duty of partnership to discharge, and therefore work collaboratively with other partner organisations. The Trust recognises that in the medium- and longer-term, services across the local health economy are unsustainable in their current form. Therefore, the Trust has to work in partnership with other organisations to ensure that services are provided in the most effective way and that the Trust remains sustainable and viable.

The Trust has sound and robust partnership arrangements with the four local authorities in Barnsley, Calderdale, Kirklees and Wakefield and the five clinical commissioning groups covering Barnsley, Calderdale, Greater Huddersfield, North Kirklees and Wakefield. Relationships have been fostered, developed and built on with commissioners. The Trust also has good working relationships with Local Area Teams at Director and senior management level. The relationship with the Secure Commissioning Group, covering the Trust's medium and low secure services, has again proved challenging during 2014/15 as national policy affects commissioning intentions locally. This has impacted on the Trust's forensic services, and maintenance of sound relationships locally is a critical factor in supporting the future success of these services.

All Executive Directors are fully engaged in relevant networks, including quality governance boards, nursing, medical, finance and human resources at local and regional level. Both the Chair and I attend national network meetings and I am the NHS Confederation elected Chief Executive representative on the Mental Health Network Board. I am also involved in the Care Quality Commission's new inspection process for mental health trusts, providing invaluable intelligence for the Trust.

As Chief Executive of the Trust, either I or nominated directors attend formal Overview and Scrutiny Committees in each of the local authority areas as requested and meet informally,

on a regular basis, with the Chairs of each of the Committees to update on the Trust's strategic direction.

The risk and control framework

The Trust was awarded a Licence by Monitor on 1 April 2013 with no conditions. There are currently no risks to compliance with the Licence conditions that apply to the Trust, including NHS Foundation Trust condition 4, which applies to Foundation Trusts only. An internal audit undertaken early in 2014, provided an opinion of substantial assurance on the arrangements that the Trust has in place for ensuring compliance with its Licence conditions, which supports assurance of the validity of the Corporate Governance Statement and is backed by a self-assessment at Board level of the arrangements the Trust has in place. This is supported by my Annual Governance Statement, risk management arrangements, and the Trust's annual plan. A review in early 2015/16 will include a risk assessment of the new licence condition in relation to integrated care.

Trust Board has the overall responsibility for probity (standards of public behaviour) within the Trust, and is accountable for monitoring the organisation against the agreed direction and ensuring corrective action is taken where necessary. Its attitude to risk is prudent and pragmatic, adopting a flexible approach to risk and determination of its response as the need arises. Trust Board acknowledges that the services provided by the Trust cannot be without risk and it ensures that, as far as is possible, this risk is minimised. The Trust does not seek to take unnecessary risks and will determine its approach and its appetite for risk to suit the circumstances at the time.

As Chief Executive, I remain accountable, but delegate executive responsibility to the Executive Directors of the Trust for the delivery of the organisational objectives, while ensuring there is a high standard of public accountability, probity and performance management. Central to this process of quality assurance has been the development of the Quality Academy. The personal objectives of each director have clear risk and assurance statements attached to them. The Assurance Framework reflects the strategic objectives assigned to the Executive Directors.

Agenda setting ensures that the Board can be confident that systems and processes are in place to enable individual, corporate and, where appropriate, team accountability for the delivery of high quality person-centred care. The cycle of Trust Board meetings continues to ensure that Trust Board devotes sufficient time to setting and reviewing strategy and monitoring key risks. Within each quarterly cycle, there will be one meeting with a forward-looking focus on centred on business risk and future performance, one meeting focusing on performance and one strategic development session. Trust Board meetings are held in public and the Chair encourages governors to attend each meeting.

Strategic risk is managed in line with the Trust's Risk Management Strategy, which was amended and approved by the Trust Board in January 2015 to ensure it remains fit for purpose. The strategy sets out specific responsibilities and accountabilities for the identification, evaluation, recording, reporting and mitigation of risk in accordance with the principle to reduce risk to as low a level as reasonably practical. The Trust's risk matrix sets out those risks which, under this principle, are tolerable from those which are unacceptable.

The Trust has an organisational risk register in place which outlines the key strategic risks for the organisation and action identified to mitigate these risks. This is reviewed on a monthly basis by the Executive Management Team (EMT) and quarterly by Trust Board, providing leadership for the risk management process. Risk registers are also developed at service delivery level within BDUs and within support directorates, again being subject to

regular reviews in line with Trust's Risk Management Strategy and monitored monthly by EMT. This includes the opportunity to share concerns and good practice.

The Trust's main risks as set out in the organisational risk register are as follows.

1. Data quality and capture of clinical information on RiO will be insufficient to meet future compliance and operational requirements to support service line reporting and the implementation of the mental health currency leading to reputational and financial risk in negotiation of contracts with commissioners. Mitigated by robust project management arrangements, engagement plans with commissioners and implementation plans reflected in contract monitoring agreed and in place, supported by the Data Quality Steering Group chaired by the Director of Nursing and BDU data quality improvement plans.

2. The volatile commissioning climate and its impact on the nature of the system of classification and associated currency currently under review could increase the level of risk for mental health services if cost and pricing mechanisms are not fully understood at local, regional and national level. Mitigated by established project management arrangements and formal working groups linked to commissioners in all areas, work on currency and benchmarking included in the mental health strand of the transformation programme to evidence benefits, and input and participation in Care Packages and Pathways programme nationally to share best practice, benchmark progress and support development.

3. Continued reduction in Local Authority funding and changes in benefits system will result in increased demand of health services due to a potential increase in demand for services and reduced capacity in integrated teams, which could create the risk of a negative impact on the ability of integrated teams to meet performance targets. Mitigated by dialogue with local authorities on solutions that maintain quality, participation in transformation programmes at system level to deliver improvements, creating opportunities to reduce reliance on the public sector through support for third sector providers, and development of the ImROC implementation plan in partnership with service users to promote recovery.

4. The planning and implementation of transformational service change through the transformation programme will increase clinical and reputational risk for delivery in-year through an imbalance of staff skills and capacity between the 'day job' and the 'change job'. Mitigated by additional resources and external consultancy recruited to support the transformation programme, and key deliverables reviewed and monitored by EMT.

5. The Trust's financial viability will be affected as a result of changes to national funding arrangements (such as clinical commissioning group allocation and the Better Care Fund) coupled with emerging intensified local acute Trust pressures. The risk of local re-tendering will increase the risk in the 2015/16 contracting round for the level of savings required to maintain financial viability with potential to fragment pathways and increase clinical risk. Mitigated through active engagement in system transformation programmes, engagement of expertise to ensure capacity is in place and robust EMT review of commissioner intentions and contract management.

6. Bed occupancy is above that expected due to an increase in acuity and admissions and is causing pressures across all bed-based mental health areas across the Trust. Mitigated through development and implementation of a revised Bed Management Protocol with robust monitoring across all BDUs and a clear escalation process and clinical leadership, and robust actions to manage patient flow.

7. The Trust has identified a lack of robust systems and processes to support safe practice within inherited children's and adolescents' mental health services, including timely access and responses, and appropriate clinical interventions, mitigated by development of a robust recovery plan based on best practice and compliance requirements with timescales in place for delivery and with strong commissioner involvement.

8. The ongoing requirement to reduce costs and meet commissioner QIPP will result in the Trust becoming unsustainable clinically, operationally and financially by year four of the five-year plan. Mitigated by a tiered strategy to achieve sustainability, which assumes consolidation of pathways and efficiencies in existing services, substitution of current service models for recovery-based alternative service offers at lower cost, and strategic consolidation of key services to drive savings through critical mass.

The risks outlined above will continue into 2015/16 with mitigating action in place.

Innovation and learning in relation to risk management is critical. The Trust uses an e-based reporting system, DATIX, at Directorate and service line level, so that incidents can be input at source and data can be interrogated through ward, team and locality processes, thus encouraging local ownership and accountability for incident management. The Trust identifies and makes improvements as a result of incidents and near misses in order to ensure it learns lessons and closes the loop by improving safety for service users, staff and visitors. The Trust operates within a just, honest and open culture where staff are assured they will be treated fairly and with openness and honesty when they report adverse incidents or mistakes.

The Trust works closely with the National Patient Safety Agency (NPSA) patient safety manager and uses Root Cause Analysis (RCA) as a tool to undertake structured investigation into serious incidents with the aim of identifying the true cause of what happened, to identify the actions necessary to prevent recurrence and to ensure that the Trust takes every opportunity to learn and develop from an incident. The Trust has a number of Serious Incidents Investigators in place to provide capacity for, and independence in, undertaking investigations into serious incidents. The Trust also appointed Practice Governance Coaches to work within BDUs to learn lessons, implement best practice and address areas of weakness and development.

The Trust works hard to deliver the highest standards of healthcare to all its service users. The promotion of a culture of openness is a prerequisite to improving patient safety and the quality of healthcare systems. This communication is open, honest and occurs as soon as possible following a patient safety event. The Trust's duty of candour is taken extremely seriously and a robust approach is in place to ensure staff understand their role in relation to duty of candour, that they have the support required to comply with the duty and to raise concerns, that the duty of candour is met through meaningful and sensitive engagement with relevant people, and all staff understand the consequences of non-compliance.

The Clinical Governance and Clinical Safety Committee monitors the implementation of recommendations arising from external agencies, such as the Francis Report and the Government's response, and Winterbourne View, independent inquiries and external reviews until actions have been completed and closed. The Clinical Review Group, chaired by the Director of Nursing, provides an organisational overview of the incident review, action planning and learning processes to improve patient safety and provide assurance on the performance management of the serious incident review process, associated learning, and subsequent impact within the organisation.

The provision of mental health services carries a significant inherent risk, resulting, on occasion, in serious incidents, which require robust and well governed organisational controls. During 2014/15, there were 106 SIs across the Trust compared to 101 SIs in

2013/14. The underlying trend for SIs is stable. 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.

The independent review process in relation to three cases in Kirklees and a thematic analysis review to cover the learning outcomes from three previous Kirklees homicides that took place in 2007/08 is now complete. The report and action plan was published by NHS England, commissioners and the Trust on 23 January 2015 and the action plan will be implemented and monitored by the Clinical Governance and Clinical Safety Committee and by commissioners their Quality Board.

The Trust works closely with public stakeholders to involve them in understanding and supporting the management of risks that impact upon them. Stakeholders are able to influence the Trust in a number of ways, including patient involvement groups, public involvement in the activities of our Trust, membership of the Trust and its Members' Council, and regular dialogue with MPs and other partners. The engagement events held by the Trust during 2014/15 to support its transformation programme have also provided an opportunity to involve service users, carers and stakeholders in the management of risk.

Control measures are in place to ensure that all the organisation's obligations under equality, diversity and human rights legislation are complied with through Trust policies, training and audit processes, ensuring equality impact assessments are undertaken and published for all new and revised policies and services. Any new or revised polices, strategies, service re-design and projects must undertake an Equality Impact Assessment before approval. This ensures that equality, diversity and human rights issues, and service user involvement are systematically considered and delivered on core Trust business. All commissioned services also have an Equality Impact Assessment. The Equality and Inclusion into Action Group ensures EIAs are fully mainstreamed into BDUs' performance framework.

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.

South West Yorkshire Partners NHS Foundation Trust has undertaken risk assessments and Carbon Reduction Delivery Plans are in place in accordance with emergency preparedness and civil contingency requirements, as based on UKCIP 2009 weather projects, to ensure that this organisation's obligations under the Climate Change Act and the Adaptation Reporting requirements are complied with.

The Foundation Trust is fully compliant with the registration requirements of the Care Quality Commission. The Trust continues to assess its compliance with CQC registration requirements through an internal regulatory compliance review process and a regular programme of unannounced visits. The experience gained from visits in 2013/14 has reinforced the organisational value of conducting the programme. Visit team findings have facilitated learning and provided teams with useful experience of an inspection process. Feedback reports are received and reviewed by BDUs with direction for action focused through BDU governance functions. Lessons learned from the process have been used to inform changes to the next planned visit programme. In 2014/15 the visit programme focused on assessment against both the CQC essential standards and the Trust's quality priorities. The focus of unannounced visits in 2014/15 has been on areas of risk and to follow up findings of previous visits. The programme has visited a range of services, both community and in-patient.

The Trust assessed itself against the NHS Constitution and a report was presented to Trust Board in September 2014. This covered all areas of the Trust. The Trust meets all the rights and pledges with the exception of the pledge "The NHS commits to make the transition as smooth as possible when you are referred between services, and to include you in the relevant discussions". It meets this partly as the Trust endeavours to consult and involve all service users and, where appropriate, their carers, in decisions about their care; however, there are occasions when the nature of an individual's illness makes this inappropriate.

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 safe, person-centred, efficient and effective. The Quality Improvement Strategy outlines the responsibilities held by individuals, BDUs, the Executive Management Team and Trust Board, co-ordinated under the Quality Academy. The Clinical Governance and Clinical Safety Committee is the lead committee for quality governance.
➢ There are quarterly quality reports for Trust Board and the Executive Management Team as well as monthly compliance reporting against quality indicators within performance reports. Trust Board also receives a quarterly report on complaints.
➢ CQC regulation leads monitor performance against CQC regulations and the Trust undertakes regular self-assessments.
➢ External validation, accreditation, assessment and quality schemes support self-assessment (for example, accreditation of ECT, PICU and Memory Services; CQC Mental Health Act Visits, NHSLARMS status, national surveys (staff and service user), implementation of Essence of Care and Productive Ward, etc.)
➢ Trust Action Groups provide organisational overview and performance monitoring against key areas of governance such as SIs, Infection Prevention and Control, Information Governance, Management of Aggression and Violence, Drugs and Therapeutics and Practice Effectiveness.
➢ 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. A number of initiatives have been established to strengthen customer insight arrangements, including the following.

➢ Systematising the collection of service user and care feedback through kiosks and hand held tablets, with a consistent approach to action planning and communication of the response to feedback, including assessment against the Department of Health's Friends and Family Test.
➢ Review and implementation of the '15 Steps Challenge' in Barnsley involving service users and carers, and stakeholders, including staff.
➢ Production of 'How was it for you today' working with service users and staff toolkit to receive service user carer feedback of their experience in out-patient clinics.
➢ Series of engagement events for staff, service users and carers, and stakeholders on mission and values, and transformation programme.
➢ Quantitative and qualitative local and national surveys undertaken on a regular basis and actions taken.
➢ Principle of co-production being embedded throughout the Trust, such as co-production of training in Recovery Colleges.

This has resulted in an increase in the number of issues raised and in the number of compliments received, which is a positive development in the context of the encouragement the Trust gives to people to offer feedback in all its forms.

The Trust maintained its Customer Service Excellence award for all areas in 2014.

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

The governance framework of the Trust is determined by 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 Audit and Remuneration and Terms of Service Committees, and the Nominations Committee, which is a sub-group of the Members' Council. The Trust complies with Monitor's Code of Governance and further information is included in the Trust's annual report.

The Executive Management Team has a robust governance structure ensuring monitoring and control of the efficient and effective use of the Trust's resources. Financial monitoring, service performance, quality and workforce information is scrutinised at meetings of the Trust Board, Delivery EMT, BDU management teams and at various operational team meetings. The Trust is a member of the NHS Benchmarking Network and participates in a number of benchmarking exercises annually. This information is used alongside reference cost and other benchmarking metrics to review specific areas of service in an attempt to target future efficiency savings. Work has continued with BDUs to implement and utilise service line reporting. In 2014/15, work also continued to develop the Trust's health intelligence function to support development of existing and new services. Work also continues both internally and with partners on the quality, innovation, productivity and prevention (QIPP) agenda.

The Trust has a well-developed annual planning process which considers the resources required to deliver the organisation's service plans in support of the Trust's strategic objectives and quality priorities. These annual plans detail the workforce and financial resources required to deliver the service objectives and include the identification of cost savings. The achievement of the Trust's financial plan is dependent upon the delivery of these savings.

The Trust's financial plan for 2014/15 was externally and independently reviewed by the Trust's external auditors, Deloitte, and a number of recommendations made. The report and actions arising from it were presented to Trust Board and progress against these recommendations monitored at each meeting. To support implementation of the 2014/15 plan and to ensure robust operational management is in place to manage Trust resources and to meet the plan, as Chief Executive, I established an Operational Requirement Group attended by Executive and operational Directors and their Deputies. The Group meets weekly and is chaired by myself. The Group supports the assurance provided to EMT and to Trust Board that there is strong management control over the Trust's resources and that risk is managed and mitigated.

A robust process is undertaken to assess the impact on quality and risks associated with cost improvements both prior to inclusion in the annual plan and during the year to ensure circumstances have not changed. The process and its effectiveness are monitored by the Clinical Governance and Clinical Safety Committee. Quality Impact Assessments take an objective view of cost improvements developed by BDUs of the impact on the quality of services in relation to the Trust's seven quality priorities (access, listening to and involving service users, care and care planning, recording and evaluating care, working in partnership, ensuring staff are fit and well to care, and safeguarding). The Assessments are led by the Director of Nursing and the Medical Director with BDU Directors and senior BDU staff,

particularly clinicians. This process and its outcome was also reviewed as part of the review by Deloitte.

In consultation with the Board, I asked Deloitte to review progress against the recommendations made for the 2014/15 plan and to review the financial plan for 2015/16. Deloitte found that, overall, the process had significantly improved. Development of the cost improvement programme showed a clear bottom/up approach with clear ownership within and by BDUs. The risk assessment was thorough, was a good process, and was seen to be balanced. The depth and detail of the quality impact assessment and quality of challenge was commended and was seen to be rigorous, particularly compared with other organisations. The Quality Impact Assessment process was seen as a well-developed methodology for the Trust to understand the level of risk involved with each proposed cost saving.

In terms of the follow up to the 2014/15 review, the recommendations had been substantially implemented and completed or partially completed. Where only partially completed, this presented no material weaknesses. For the review of the 2015/16 plan, for the majority of schemes, Deloitte concurred with the Trust's assessment of risk to delivery in terms of outcome; however, by value of savings to be realised, Deloitte considers the risk to delivery to be higher.

During 2015, the arrangements for external and internal audit come to an end. In October 2014, the Audit Committee reviewed the Trust's current. For external audit, Deloitte was awarded a two-year extension to its contract from 1 October 2013. As this was all that was allowed for in the original tender, the Trust would be unable to negotiate a further extension with Deloitte and must re-tender for external audit services. The Committee was of the view that tendering for both internal and external audit services at the same time would present a risk to the organisation and agreed to an extension to the contract for KPMG as the Trust's internal auditors for one year and to re-tender for external audit services.

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.

Information Governance

Information governance is a key compliance area for the Trust. Control measures are in place 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 SIRO (senior information risk owner). 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 achieved the target of 95% of staff completing training on information governance by 31 March 2015 and messages on compliance with Trust policy have been backed up by regular items in the weekly staff news. Incidents and risks are reviewed by the Information Management and Technology Trust Action Group chaired by the Director lead for information governance, 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 Commissioners Office (ICO). Three incidents have been reported as meeting the threshold for external reporting under the new reporting requirements. One of these involved a wrongly addressed Compulsory Treatment Order in Kirklees and this is currently being followed up by the Information Commissioner's Office.

Annual Quality Report

The directors are required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations 2010 (as amended) to prepare Quality Accounts for each financial year. Monitor has issued guidance to NHS Foundation Trust boards on the form and content of annual Quality Reports which incorporate the above legal requirements in the *NHS Foundation Trust Annual Reporting Manual*.

The following steps have been put in place to assure Trust Board that the Quality Report presents a balanced view and that there are appropriate quality governance arrangements in place to ensure the quality and accuracy of performance information. Quality metrics are reviewed monthly by Trust Board and the Executive Management Team and form a key part of the performance reviews undertaken by Business Delivery Units as part of their governance structures. The Clinical Governance and Clinical Safety Committee has delegated authority from Trust Board to oversee the development of and approve the Quality Report.

Governance and leadership
There is clear corporate leadership of data quality through the Deputy Chief Executive/Director of Finance with data quality objectives linked to business objectives, supported by the Trust's data quality policy and evidenced through the Trust's Information Assurance Framework, Information Governance Toolkit action plans and updates. The commitment to, and responsibility for, data quality by all staff is clearly communicated through Trust induction, Information Management and Technology Strategy, Data Quality Policy and RiO training.

The Director of Nursing chairs the Trust's Data Quality Steering Group. 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 and that this is supported by appropriate polices or procedures to secure the quality of the data recorded and used for reporting. It is also tasked with the Trust has in place arrangements to ensure that staff have the knowledge, competencies and capacity for their roles in relation to data quality.

Role of policies and plans in ensuring quality of care provided
The Trust firmly believes that good clinical recording is part of good clinical practice and provision of quality care to service users. 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 Information Management and Technology TAG and annual 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
Roles and responsibilities in relation to data quality are clearly defined and documented, with data quality responsibilities referenced within the Trust's induction programme. There is a

clear RiO training strategy 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 Performance EMT and Trust Board, with KPIs set at both service and Board level. This includes identification of any issues in relation to data collection and reporting and focussed action to address such issues.

The Trust's external auditor, Deloitte, provides external assurance on the Quality Report and the findings are presented to the Audit Committee, Clinical Governance and Clinical Safety Committee, Trust Board and the Members' Council.

Review of effectiveness

As Accounting Officer, I have responsibility for reviewing the effectiveness of the system of internal control. My review of the effectiveness of the system of internal control is informed by the work of the internal auditors, clinical audit and the executive managers and clinical leads within South West Yorkshire Partnership NHS Foundation Trust who have responsibility for the development and maintenance of the internal control framework. I have drawn on the content of the quality report attached to this Annual Report and other performance information available to me. My review is also informed by comments made by the external auditors in their management letter and other reports. I have been advised on the implications of the result of my review of the effectiveness of the system of internal control by Trust 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 Assurance Framework provides me with evidence that the effectiveness of controls put in place to manage the risks to the organisation achieving its principal objectives have been reviewed. The Assurance Framework is approved by Trust Board on an annual basis and reviewed and updated on a quarterly basis throughout the past year. There were no significant gaps identified in the Assurance Framework.

Directors' appraisal is conducted by me as Chief Executive. Objectives are reviewed on a quarterly basis, prioritised in line with the performance-related pay structure agreed by the Remuneration and Terms of Service Committee. This has provided a strong discipline and focus for Director performance. Non-Executive Director appraisals are undertaken by the Chair of the Trust.

The Trust has developed a values-based appraisal system for staff, which was introduced across the Trust in 2013. The Trust set a target of all staff in bands 6 and above having an appraisal in the first quarter of the year and the remainder of staff by the end of the second quarter. Although this is a challenging, managers and staff work hard to achieve the target within operational capacity. The Trust has also introduced values-based recruitment and selection.

As a result of an inspection visit to the Fieldhead site by the Care Quality Commission, the Trust was issued with two compliance actions in July 2013. Locations visited were Trinity 2, Newton Lodge and Bretton. The CQC found that overall patients were receiving a good level of service; however, there were some concerns regarding the design and layout of some of the hospital's seclusion rooms and the general décor and environment of Hepworth ward (within Newton Lodge). The CQC also identified some concern regarding how some patients' seclusions had been reviewed and continued. A detailed action plan was submitted to address the compliance issues, which was fully completed in June 2014.

The CQC has yet to return to the Trust to review the compliance actions.

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. This structure ensures that the performance of the organisation is fully scrutinised. The Committee structure supports the necessary control mechanisms throughout the Trust. The Committees have met regularly throughout the year and their minutes and annual reports are received by the Board. Further information on Trust Board Committees is contained in the annual report and in the Trust's Risk Management Strategy.

The Audit Committee is charged with monitoring the effectiveness of internal control systems on behalf of the Board and has done so as part of its annual work programme and reported through its Annual Report to the Board. The Audit Committee is able to provide assurance to Trust Board that, in terms of the effectiveness and integration of risk Committees, risk is effectively managed and mitigated through assurance that Committees meet the requirements of their Terms of Reference, that Committee workplans are aligned to the risks and objectives of the organisation, which would be in the scope of their remit, and that Committees can demonstrate added value to the organisation.

The role of internal audit at the Trust is to provide an independent and objective opinion to me, my managers and Trust Board on the system of control. 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 is provided by KPMG.

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

From April 2014 to January 2015, twelve internal audit reports were presented to the Audit Committee. Significant assurance was received for three reports and significant assurance with minor improvement opportunities given in six areas. Three reports were given partial assurance in relation to patients' property, bed management and data quality.

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 partial and no assurance reports, a further audit is undertaken within six months.

Three reviews are ongoing at the end of the year and are due to report to the Audit Committee in July 2015.

The Head of Internal Audit's overall opinion for 2014/15 is one of substantial assurance.

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 Data Quality Steering Group and, where data quality standards are identified as a risk factor, these will be reported to the Trust's Senior Information Risk Owner (SIRO) for further investigation. Business Delivery Units and the Executive Management Team are also responsible for reviewing and assessing the quality of data and for ensuring mitigating action is in place to ensure any areas of weakness are addressed. Trust Board, through its Committees, also considers data quality from both an operational and analytical perspective. The principles supporting the Trust's approach to data quality are contained in its Data Quality Strategy and Policy.

As Chief Executive, I am supported by the Executive Management Team. The EMT supports me in co-ordination and prioritisation of activity in the Trust ensuring that the strategic direction, set by a unitary Trust Board, is delivered. It is jointly responsible for ensuring that agreed leadership and management arrangements are in place, supported by robust and clear governance and accountability processes. It ensures the organisation champions equality and that the Trust is 'diversity competent'.

Conclusion

I have reviewed the relevant evidence and assurances in respect of internal control. The Trust and its executive managers 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.

With the exception of the internal control issues that I have outlined in this statement, which are not considered significant, my review confirms that the Trust has a generally sound system of internal control that supports the achievement of its policies, aims and objectives and that those control issues have been or are being addressed.

Over the past year, the Trust has undergone significant change; however, it is my view that the system of internal control has remained robust and enabled change and risk to be managed effectively.

…………………………………………………..

Steven Michael
Chief Executive
22 May 2015

Members' Council
24 July 2015

Agenda item:	8
Report Title:	Quality Accounts 2014/15
Report By:	Tim Breedon
Job Title:	Director of Nursing, Clinical Governance and Safety
Action:	To receive

EXECUTIVE SUMMARY

Purpose and format

The purpose of this report is to enable the Members' Council to receive the Quality Report and the report from Deloitte on the external review of the Trust's Quality Report for 2014/15.

Recommendation

The Members' Council is asked to RECEIVE the Quality Report and the report from Deloitte on the external review of the Trust's Quality Report for 2014/15.

Background

All Foundation Trusts are required to produce a Quality Report based on guidance issued by Monitor and the Department of Health. From 2011, Monitor also required external assurance of Quality Reports and that the auditor's report is presented to the Members' Council. As requested by Trust Board, the Quality Report was scrutinised in detail by the Clinical Governance and Clinical Safety Committee prior to presentation to the Audit Committee where it was formally approved. The Quality Report was published on the NHS Choices website by the required deadline of the end of June 2015.

Outcome

As requested by Trust Board, the Quality Report was scrutinised in detail by the Clinical Governance and Clinical Safety Committee prior to its presentation to the Audit Committee and a recommendation made for it to be formally approved. The Quality Report will be published on the NHS Choices website at the end of June 2015.

The external assurance review conducted by Deloitte was received by the Audit Committee on 22 May 2015 (included in these papers for the Members' Council). Deloitte was satisfied with the content and consistency of the report.

Deloitte also undertook a data quality review of two nationally mandated indicators (delayed transfers of care and CPA seven-day follow up). One minor discrepancy was found in relation to CPA seven-day follow up and one recommendation made in relation to the accuracy of recording the contact date. A 'B' rating was given due to the minor discrepancies. For delayed transfers of care (DToC), the position was fairly stated with no errors in quarter 4. It was considered, however, that there is scope for improvement and a recommendation made in relation to date recording in-patients' notes. A 'B' rating was given. A limited assurance opinion was issued by Deloitte.

Deloitte also undertook a review of the local indicator chosen by the Members' Council for pressure ulcers and Waterlow assessments. Deloitte found a lack of precision around the definition and a mis-

match between the data and the definition. The data and definition were clarified and re-tested with one recommendation around the timing of assessment.

Deloitte will present the key findings and its audit report to the Members' Council at this meeting.

The Committee approved the Quality Report for 2014/15 and the full Quality Report can be found on the Trust's website at http://www.southwestyorkshire.nhs.uk/quality-innovation/quality-account/.

South West Yorkshire Partnership
NHS Foundation Trust
NHS

Quality Performance Report

Strategic Overview

May 2015

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Introduction

Dear Board Member/Reader

Welcome to the Trust's Integrated Performance Report: Strategic Overview for May 2015 information unless stated. The integrated performance strategic overview report is a key tool to provide assurance to the Board that the strategic objectives are being delivered and to direct the Board's attention to significant risks, issues and exceptions.

The Trust continues to improve its performance framework to deliver the Trust IM&T strategy of right information in the right format at the right time. Performance reports are now available as electronic documents that allow the reader to look at performance from different perspectives and at different levels within the organisation.

Performance is reported through a number of key performance indicators (KPIs) using the Trust's balanced score card to enable performance to be discussed and assessed with respect to

• Business Strategic Performance – Impact & Delivery
• Customer Focus
• Operational Effectiveness – Process Effectiveness
• Fit for the Future - Workforce

KPIs provide a high level view of actual performance against target and assurance to the Board about the delivery of the strategic objectives and adhere to the following principles:

• Makes a difference to measure each month
• Focus on change areas
• Focus on risk
• Key to organisational reputation
• Variation matters

Strategic Overview Dashboard 2015/16

Business Strategic Performance Impact & Delivery

Section	KPI	Source	Target	Quarter 1 14/15	Quarter 2 14/15	Quarter 3 14/15	Quarter 4 14/15	Apr-15	May-15	Jun-15	QTD	Year End Forecast
Monitor Compliance	Monitor Governance Risk Rating (FT)	M	Green	Green	Green	Green	Green	Green				4
	Monitor Finance Risk Rating (FT)	M	4	4	4	4	4	4				4
CQC	CQC Quality Regulations (compliance breach)	CQC	Green	Green	Green	Green	Green	Green				4
CQUIN	CQUIN Barnsley	C	Green	Amber/G	Amber/G	Amber/G	Amber/G	Amber/G				3
	CQUIN Calderdale	C	Green	Amber/G	Amber/G	Amber/G	Amber/G	Amber/G				3
	CQUIN Kirklees	C	Green	Amber/G	Amber/G	Amber/G	Amber/G	Amber/G				3
	CQUIN Wakefield	C	Green	Amber/G	Amber/G	Amber/G	Amber/G	Amber/G				3
	CQUIN Forensic	C	Green	Amber/G	Amber/G	Amber/G	Amber/G	Amber/G				3
IAPT	IAPT Kirklees: % Who Moved to Recovery	C	52%	41.48%	49.21%	55.15%	54.17%	64.03%	57.78%		60.95%	4
	IAPT Outcomes - Barnsley	C (FP)	90%	97.42%	99.00%	98.02%	98.96%	99.24%				4
	IAPT Outcomes - Calderdale	C (FP)	90%	96.00%	78.79%	100%	94.29%	95.12%				4
	IAPT Outcomes - Kirklees	C (FP)	90%	95.81%	95.75%	97.24%	100%	99.35%				4
Infection Prevention	Infection Prevention (MRSA & C.Diff) All Cases	C	8	0	2	0	0					4
C-Diff	C Diff avoidable cases	C	0	0	0	0	0					4
PSA Outcomes	% SU on CPA in Employment	L	10%	6.60%	7.47%	7.47%	7.43%	7.23%	7.27%		7.23%	3
	% SU on CPA in Settled Accommodation	L	60%	72.20%	70.66%	66.91%	66.08%	65.82%	63.66%		65.82%	4

Customer Focus

Section	KPI	Source	Target	Quarter 1 14/15	Quarter 2 14/15	Quarter 3 14/15	Quarter 4 14/15	Apr-15	May-15	Jun-15	QTD	Year End Forecast
Complaints	% Complaints with Staff Attitude as an Issue	L	< 25%	13% (8/61)	13% 23/180	15%24/160	18%29/159	12% 8/66	14% 6/44		14% 14/110	4
MAV	Physical Violence - Against Patient by Patient	L	14-20	Above ER	Above ER	Above ER	Above ER	Above ER				4
	Physical Violence - Against Staff by Patient	L	50-64	Above ER	Within ER	Above ER	Above ER	Above ER				4
FOI	% of Requests for Information Under the Act Processed in 20 Working Days	L	100%	100%	100%	100%	100%	100% 24/24	100% 17/17		100% 41/41	4
Media	% of Positive Media Coverage Relating to the Trust and its Services	L	60%	83.00%	73.00%	75.00%	92.00%	92.00%	92.00%			4
Member's Council	% of Publicly Elected Council Members Actively Engaged in Trust Activity	L	50%	30.00%	56.00%	50.00%	50.00%	50.00%	50.00%			4
	% of Quorate Council Meetings	L	100%	100%	100%	100%	100%	100%	100%			4
Membership	% of Population Served Recruited as Members of the Trust	M	1%	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%			4
	% of 'Active' Members Engaged in Trust Initiatives	M	50%	40.00%	40.00%	40.00%	40.00%	40.00%	40.00%			4
Befriending services	% of Service Users Allocated a Befriender Within 16 Weeks	L	70%	75.00%	80.00%	50.00%	50.00%	50.00%	50.00%			4
	% of Service Users Requesting a Befriender Assessed Within 20 Working Days	L	80%	88.00%	80.00%	80.00%	100.00%	100.00%	100.00%			4
	% of Potential Volunteer Befriender Applications Processed in 20 Working Days	L	90%	100%	100%	100%	100%	100%	100%			4

Strategic Overview Dashboard 2015/16

Operational Effectiveness: Process Effectiveness

Section	KPI	Source	Target	Quarter 1 14/15	Quarter 2 14/15	Quarter 3 14/15	Quarter 4 14/15	Apr-15	May-15	Jun-15	QTD	Year End Forecast
Monitor Risk Assessment Framework	Max time of 18 weeks from point of referral to treatment - non-admitted	M	95%	99.10%	98.92%	99.33%	99.49%	99.11%	100%		99.11%	4
	Max time of 18 weeks from point of referral to treatment - incomplete pathway	M	92%	98.50%	97.31%	97.95%	98.25%	98.06%	97.09%		98.06%	4
	Delayed Transfers Of Care (DTOC) (Monitor)	M	7.50%	4.18%	4.97%	4.59%	3.20%	2.50%	1.49%		2.50%	4
	% Admissions Gatekept by CRS Teams (Monitor)	M	95%	96.50%	95.06%	100%	100%	98.39%			98.39%	4
	% SU on CPA Followed up Within 7 Days of Discharge (Monitor)	M	95%	96.84%	95.36%	96.33%	98.41%	98.20%	100%		98.20%	4
	% SU on CPA Having Formal Review Within 12 Months (Monitor)	M	95%	96.50%	98.06%	98.64%	98.59%	96.37%	95.18%		95.77%	4
	Meeting commitment to serve new psychosis cases by early intervention teams QTD	M	95%	186.19%	179.49%	200.84%	177.82%					4
	Data completeness: comm services - Referral to treatment information	M	50%	100%	100%	100%	100%	100%	100%		100%	4
	Data completeness: comm services - Referral information	M	50%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%		94%	4
	Data completeness: comm services - Treatment activity information	M	50%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%		94%	4
	Data completeness: Identifiers (mental health) (Monitor)	M	97%	99.40%	99.54%	99.58%	99.59%	99.70%	99.64%		99.67%	4
	Data completeness: Outcomes for patients on CPA (Monitor)	M	50%	84.40%	83.20%	80.04%	80.27%	78.83%	79.07%		78.95%	4
	Compliance with access to health care for people with a learning disability	M	Compliant	Compliant	Compliant	Compliant	Compliant	Compliant	Compliant			4
Data Quality	% Inpatients (All Discharged Clients) with Valid Diagnosis Code	L	99%	81.71%	100%	100%	99.46%	99.51%	100%		99.75%	4
	% Valid NHS Number	C (FP)	99%	99.94%	99.94%	99.65%	99.88%	99.87%				4
	% Valid Ethnic Coding	C (FP)	90%	93.34%	94.87%	95.32%	95.11%	99.05%				4
Mental Health PbR	% of eligible cases assigned a cluster	L	100%	95.90%	95.90%	95.81%	95.48%	95.30%	95.48%		95.30%	3
	% of eligible cases assigned a cluster within previous 12 months	L	100%	80.10%	79.10%	78.56%	76.64%	76.60%	77.62%		76.60%	3

Fit for the future Workplace

Section	KPI	Source	Target	Quarter 1 14/15	Quarter 2 14/15	Quarter 3 14/15	Quarter 4 14/15	Apr-15	May-15	Jun-15	QTD	Year End Forecast
Sickness	Sickness Absence Rate (YTD)	L	4%	4.50%	4.50%	4.70%	4.80%	4.80%	5.30%		5.30%	1
Vacancy	Vacancy Rate	L	10%	4.60%	4.70%							4
Appraisal	Appraisal Rate Band 6 and above	L	95%	54.10%	88.50%	95.90%	96.45%	Avail M6	Avail M6		Avail M6	4
	Appraisal Rate Band 5 and below	L	95%	17.00%	78.30%	96.30%	97.07%	Avail M3	Avail M3		Avail M3	4
Mandatory Training	Aggression Management	L	80%	56.60%	62.60%	67.30%	72.95%	73.70%	73.65%		73.65%	1
	Equality, Diversity & Inclusion	L	80%	62.30%	70.20%	74.70%	81.43%	82.30%	84.55%		84.55%	4
	Fire Safety	L	80%	76.74%	82.70%	84.30%	86.28%	86.50%	86.24%		86.24%	4
	Infection, Prevention & Control & Hand Hygiene	L	80%	63.00%	71.30%	76.70%	80.90%	80.60%	82.09%		82.09%	4
	Information Governance	M	95%	89.91%	89.80%	85.70%	96.04%	91.90%	92.55%		92.55%	4
	Safeguarding Adults	L	80%	74.20%	78.60%	78.40%	82.19%	82.80%	82.60%		82.60%	4
	Safeguarding Children	L	80%	69.70%	77.30%	81.50%	84.38%	84.70%	85.22%		85.22%	4
	Food Safety	L	80%	41.80%	48.40%	57.70%	63.66%	65.20%	66.89%		66.89%	1
	Moving & Handling	L	80%	36.10%	52.40%	62.00%	70.14%	71.80%	73.66%		73.66%	1

KEY

4	Forecast met, no plan required/plan in place likely to deliver
3	Forecast risk not met, plan in place but unlikely to deliver
2	Forecast high risk not met, plan in place but vey unlikely to deliver
1	Forecast Not met, no plan / plan will not deliver
CQC	Care Quality Commission
M	Monitor
C	Contract
C (FP)	Contract (Financial Penalty)
L	Local (Internal Target)
ER	Expected Range
N/A	Not Applicable
Above ER	Bold Itallic means figure represents the last month in a quarter not a quarter figure

Overall Financial Performance 2015 / 2016

Performance Indicator		Month 2 Performance	Annual Forecast	Trend from last month	Last 3 Months - Most recent		
Trust Targets					1	-	-
1	Monitor Risk Rating	🟢	🟢	↑	🟢		
2	£0.74m Deficit on Income & Expenditure	🟢	🟢	↑	🟢		
3	Cash Position	🟠	🟢	↓	🟠		
4	Capital Expenditure	🔴	🟢	↓	🔴		
5	Delivery of CIP	🔴	🔴	↓	🟠		
6	Better Payment Practice Code	🟠	🟠	↔	🟠		

Key

🟢	In line, or greater than plan
🟠	Variance from plan ranging from 5% to 15%
🔴	Variance from plan greater than 15%

Summary Financial Performance

These Key Performance Indicators (KPI's) help the Trust to monitor progress against each element of our financial strategy.

1. The Trust Financial Risk Rating is 4 against a plan level of 4. (A score of 4 is the highest possible) The forecast is that the Trust will retain a rating of 4 at 31st March 2016.

2. The year to date position, as at May 2015, is a net surplus of £0.20m which is £0.67m ahead of plan.

   The forecast for the year remains consistent with plan at a deficit of £0.74m

3. At May 2015 the cash position is £29.35m which is £3.15m behind plan. This is primarily due to higher than planned debtors and further progress has been made to reduce this in June 2015.

4. Capital spend to May 2015 is £1.24m which is £0.22m (15%) behind the Trust capital plan.

5. At month 2 the Cost Improvement Programme is £0.28m (21%) behind plan. Currently £2.3m (23%) of the Annual Plan has been rated as red which means there is currently low confidence in delivery.

6. As at 31st May 2015 (Month 2) 85% of NHS and 97% of non NHS invoices have achieved the 30 day payment target (95%).

Contracting

Trust Summary by BDU - Current Contract Performance

Contract Variations	
BBDU NHSE H&J: Liaison & Diversion Service - awaited	£290.2

CQUIN Performance

Quarter	Quarter 1 £000s	Achieved	Variance	Q1 Forecast based on M1 Performance	Vari
Barnsley	£371.5			£353.8	-£17.6
Wakefield	£185.7			£176.9	-£8.9
Kirklees	£206.4			£197.2	-£9.1
Calderdale	£92.6			£88.5	-£4.1
Specialised	£73.1			£73.1	£0.0
Forensics	£22.5			£22.5	£0.0
Trust Total	£951.8	£0.0	£0.0	£912.1	-£39.7

CQUIN Performance Year-end Forecast

Quarter	Annual £000s	Forecast Achievement	Variance
Barnsley	£1,795.8	£1,621.8	-£174.0
Wakefield	£793.9	£581.4	-£212.6
Kirklees	£878.2	£648.0	-£230.3
Calderdale	£394.1	£290.8	-£103.3
Specialised	£292.6	£254.8	-£37.8
Forensics	£562.3	£453.6	-£108.7
Trust Total	£4,717.0	£3,850.3	-£866.7

CQUIN Performance - see narrative on next page

CQUIN Performance Q1 Hotspots
West CCGs Improving Urgent & Emergency Care, Reduction in A&E MH reattendances Scheme still tbc with Commissioners and risk share agreed
BBDU MH Clustering - Clustering Initial Referrals
Other Contracts Performance areas
CAMHS C&K: Commissioners more assured about data quality and what is being reported.The service has received positive feedback from arranged Commissioner visits into the service.
CAMHS W:Data being pulled via RiO continues to not reflect service delivery.This is being picked-up internally. Commissioner/Service relations are extremely good.
LD:
Forensics:- National procurement identified during 2015/16 Medium & LSS MH Services Joint Commissioner / Provider review of Outreach services & pathways to verify funding Joint Review of Service Unit Prices to inform future Commissioning and service delivery.

QIPP Targets & Delivery for 2015/16

CCG	Target £000s	Planned £000s	Remainder £000s	RAG
Wakefield*	£1,790.0	£1,339.5	-£450.5	
Kirklees**	£500.0	£0.0	-£500.0	
Calderdale	£0.0	£0.0	£0.0	
TOTAL £000s	£2,290.0	£1,339.5	-£950.5	

* W target is cumulative covering 2014/15 & 2015/16: ** K includes Specialist LD scheme

Proposals under the QIPP scheme -
W:- £1.79m in total. OOA Bed Mgt - above plan: OPS Reconfiguration (Savile Park): MH Contract reduction - delivered: OAPs for LD & CHC (CCG held budgets)- high risk: Castle Lodge (CCG budget) - delivered: Repricing LD beds - nearly complete: **C**:- 15/16 Schemes to be identified by end of Q1   **K:-** £1m in total: 1) Reduction on OOA spend for Specialist Rehabilitation & Recovery placements £500k, 2) Reduction in OOA LD Specialist placements £500k (CCG budgets), both schemes required to generate in excess of £1m, for reinvestment in new service models

KPIs and Penalties

Commissioner	Penalty £000s	Comment
Barnsley CCG	£10.0	MSK month 1

Contract Performance Information - based on month 1

Key areas where performance is above contracted levels
· Acute MH Inpatient services for adults of working age across W,K,C BDUs
· MH PICU Inpatient services for adullts of working age in Calderdale
· Older People's MH inpatients services in Wakefield
· Older People's Memory services across W &K
· Intermediate Care in Barnsley
Key areas where performance is below contracted levels
· MH PICU Inpatient services for adullts of working age in W & K
· MH Adult Crisis Resolution services in Wakefield
· MH Adult Rehabilitation services in Wakefield & Calderdale
· Diabetes nursing and MSK in Barnsley
Key areas where performance is back on target
· IAPT: Kirklees - remains above 52% target

Health and Well Being Contracts Performance Issues
Both Sheffield & Barnsley Stop Smoking will have to reduce costs due to the reduction in funding in the revised contracts

Mental Health Currency Development

The Trust continues to work with other organisations to develop National Currencies and Local Tariffs for Mental Health.

The currency for most mental health services for working age adults and older people has been defined as the 'clusters'. That means that service users have to be assessed and allocated to a cluster by their mental health provider, and that this assessment must be regularly reviewed in line with the timing and protocols. Cluster data can be used to support the measurement of quality of service and outcomes.

The scope of clustering is now being extended into other areas of Mental Health such as Learning Disabilities, Forensic, IAPT and Children and Adolescent Mental Health Services.

The Trust have been successful in agreeing a CQUIN related to MH Clustering in the two main commissioning contracts and this will assist greatly in the data quality preparatory work that needs to be undertaken in advance of April 2016.

The CQUINs have 3 common elements:
Clustering of Initial Referral Assessments - 98% to be clustered within 8 weeks of 'eligible' initial referral assessments
Review of Service Users and Clusters - agreed % to be reviewed by March 2016.
Adherence to Red Rules (assurance that the cluster is accurate, complete and of high quality)
The West contract includes the development of a PbR Dashboard and this will be an interactive reporting tool. Developments are on track and April requirements have been met.

As part of the Mental Health Transformation work stream, the clusters and care packages are being used to feed into demand and capacity modelling.

MH Currency Indicators - May 2015
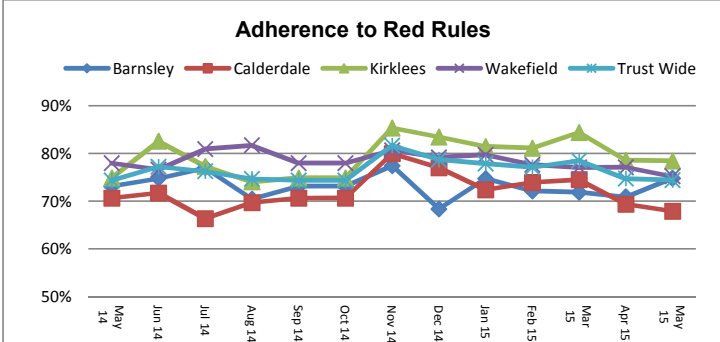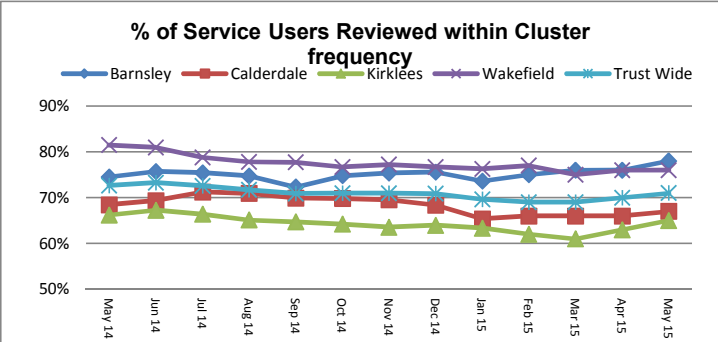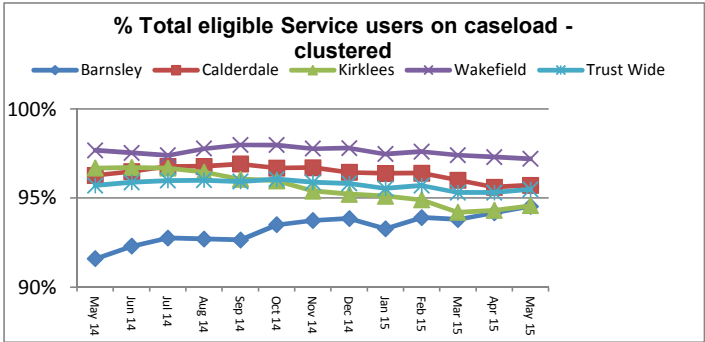
IAPT & Forensic Secure Services and Clustering
The final Reference Cost Guidance for 2014/15 removed the requirement included in the draft guidance for IAPT and Forensics to reported by cluster. However, all IAPT clients entering treatment from 1st April 2015 must be clustered. The new Forensic Mental Health Clustering tool (MHCT) has been added to RiO with effect from 16th March to enable more robust reporting to be made for inclusion into the Forensic PbR Pilot submission. The datasets have the facility to flow the data from April 15.

Learning Disabilities
The implementation of Clustering for Learning Disabilities service users, in relation to the CP&PP LD pilot, has been slower than anticipated, focus will be placed within the service to ensure this data begins to flow.

Workforce
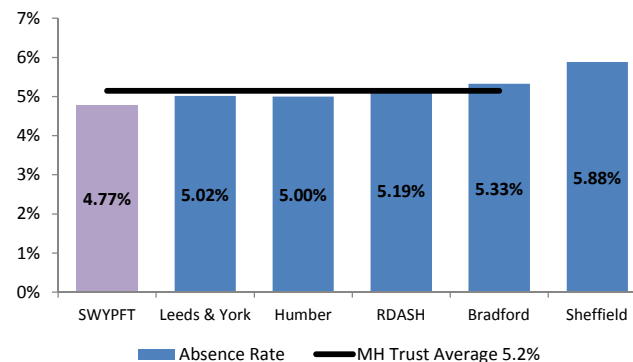
Human Resources Performance Dashboard - May 2015

Sickness Absence

|	Barn	Cal/Kir	Fore	Spec	Wake	Supp	SWYPFT
Rate	4.8%	5.1%	8.3%	5.6%	5.6%	4.2%	5.3%
Trend	↓	↓	↑	↓	↓	↓	↓
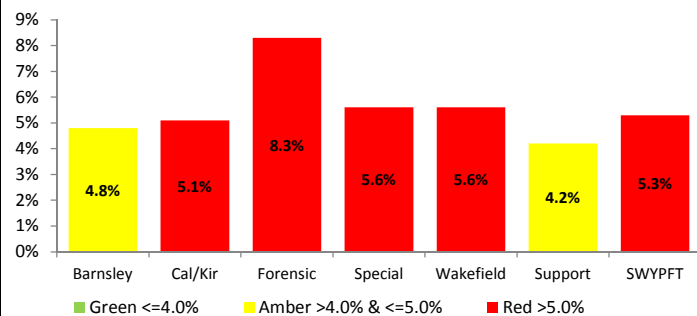
Current Absence Position - April 2015

The Trust YTD absence levels in April 2015 (chart above) were above the 4% target at 5.3%


The above chart shows absence levels in MH/LD Trusts in our region to the end of Q3 2014/15. During this time the Trust's absence rate was 4.8% which is below the regional average of 5.2%.

Mandatory Training
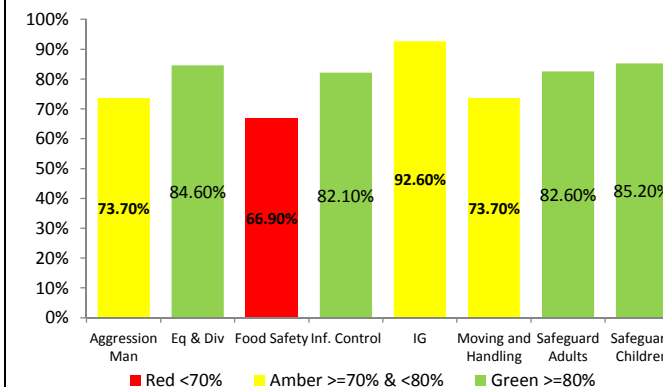
The above chart shows the mandatory training rates for the Trust. Apart from Information Governance (IG), mandatory training has a target of above 80%; IG has a target of above 95%; all are based on a rolling year.

All training rates have shown a continuous improvement over the last months.

Turnover and Stability Rate Benchmark
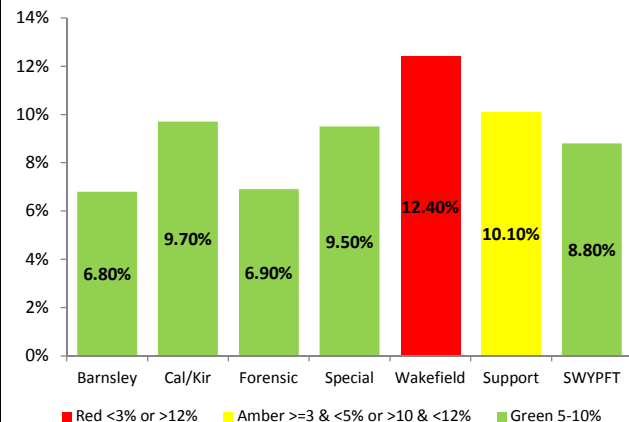
This chart shows Turnover levels up to the end of May 2015.

Turnover figures may look high but this due to the small amount of data, the above figures will level out over the new reporting year.
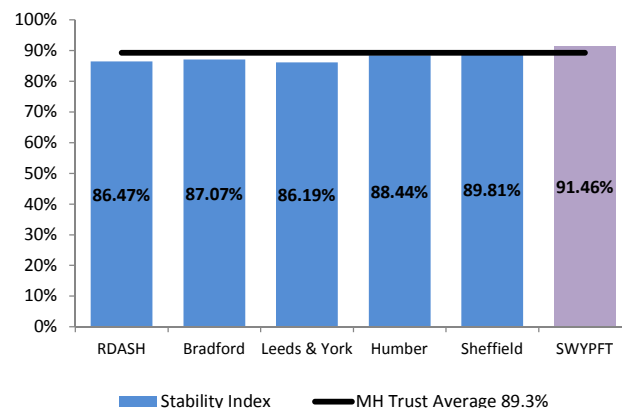
This chart shows stability levels in MH Trusts in the region for the 12 months ending in Jan 2015. The stability rate shows the percentage of staff employed with over a years' service. It shows that the Trust has the best stability rate compared with other MH/LD Trusts in our region.

Fire Lecture Attendance

The Trust continues to achieve its 80% target for fire lecture training, with all areas having maintained their figures above target for several months.

Trust Performance Wall

Month		Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15
Sickness (YTD)	<=4%	4.6%	4.7%	4.8%	4.8%	4.8%	5.3%
Sickness (Monthly)	<=4%	5.1%	5.3%	5.4%	5.0%	5.3%	5.6%
Appraisals (Band 6 and above)	>=95%	95.9%	96.2%	96.5%	96.5%	4.0%	13.1%
Appraisals (Band 5 and below)	>=95%	96.3%	96.9%	97.0%	97.1%	2.7%	5.4%
Aggression Management	>=80%	67.3%	68.6%	70.9%	72.9%	73.7%	73.7%
Equality and Diversity	>=80%	74.7%	77.0%	78.9%	81.4%	82.3%	84.5%
Fire Safety	>=80%	84.3%	84.1%	85.0%	86.3%	86.5%	86.2%
Food Safety	>=80%	57.7%	58.0%	62.4%	63.7%	65.2%	66.9%
Infection Control and Hand Hygiene	>=80%	76.7%	77.1%	78.7%	80.9%	80.6%	82.1%
Information Governance	>=95%	85.7%	83.8%	86.1%	96.0%	91.9%	92.6%
Moving and Handling	>=80%	62.0%	65.0%	67.4%	70.1%	71.8%	73.7%
Safeguarding Adults	>=80%	78.4%	79.5%	81.0%	82.2%	82.8%	82.6%
Safeguarding Children	>=80%	81.5%	82.5%	83.4%	84.4%	84.7%	85.2%
Bank Cost		£320k	£334k	£363k	£502k	£412k	£360k
Agency Cost		£358k	£269k	£383k	£517k	£296k	£720k
Overtime Cost		£11k	£12k	£14k	£11k	£12k	£13k
Additional Hours Cost		£76k	£70k	£89k	£93k	£104K	£76k
Sickness Cost (Monthly)		£539k	£585k	£581k	£481k	£567k	£540k
Vacancies (Non-Medical) (WTE)		371.42	381.86	408.27	404.26	308.42	343.02
Business Miles		308k	306k	314k	310k	295k	304k

Barnsley District

Month		Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15
Sickness (YTD)	<=4%	4.2%	4.3%	4.4%	4.4%	4.5%	4.8%
Sickness (Monthly)	<=4%	4.7%	5.1%	4.9%	5.0%	5.3%	4.9%
Appraisals (Band 6 and above)	>=95%	97.1%	96.9%	96.9%	96.7%	4.7%	18.1%
Appraisals (Band 5 and below)	>=95%	95.6%	96.5%	96.5%	96.8%	3.1%	5.8%
Aggression Management	>=80%	76.7%	74.2%	82.7%	83.7%	85.3%	79.9%
Equality and Diversity	>=80%	79.9%	81.4%	82.6%	83.8%	84.6%	86.9%
Fire Safety	>=80%	84.2%	82.8%	83.6%	83.7%	82.6%	83.6%
Food Safety	>=80%	66.2%	65.8%	69.9%	70.4%	74.4%	76.3%
Infection Control and Hand Hygiene	>=80%	81.3%	80.1%	81.3%	83.2%	82.4%	83.9%
Information Governance	>=95%	89.2%	84.1%	84.8%	93.2%	90.1%	90.2%
Moving and Handling	>=80%	65.8%	69.4%	70.8%	72.1%	73.4%	76.0%
Safeguarding Adults	>=80%	84.2%	83.8%	84.0%	85.4%	85.2%	86.1%
Safeguarding Children	>=80%	82.1%	82.7%	84.1%	84.5%	84.7%	85.1%
Bank Cost		£34k	£44k	£54k	£64k	£57K	£67k
Agency Cost		£134k	£12k	£109k	£181k	£46k	£259k
Overtime Cost		£4k	£3k	£5k	£6k	£9k	£10k
Additional Hours Cost		£37k	£33k	£46k	£48k	£56k	£43k
Sickness Cost (Monthly)		£180k	£197k	£181k	£158k	£201k	£182k
Vacancies (Non-Medical) (WTE)		118.0	119.5	119.5	122.4	110.6	120.4
Business Miles		131k	134k	138k	129k	135k	134k

Calderdale and Kirklees District

Month		Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15
Sickness (Monthly)	<=4%	4.2%	4.4%	4.9%	4.8%	5.4%	5.1%
Appraisals (Band 6 and above)	>=95%	99.7%	100.0%	100.0%	100.0%	2.4%	4.7%
Appraisals (Band 5 and below)	>=95%	98.9%	98.9%	98.7%	98.4%	5.1%	7.3%
Aggression Management	>=80%	67.0%	66.9%	67.8%	71.1%	75.4%	77.9%
Equality and Diversity	>=80%	75.9%	77.3%	80.4%	82.5%	83.1%	85.0%
Fire Safety	>=80%	86.5%	87.9%	88.0%	90.4%	90.0%	86.9%
Food Safety	>=80%	42.2%	42.4%	52.8%	54.5%	58.7%	59.5%
Infection Control and Hand Hygiene	>=80%	74.4%	76.8%	78.4%	80.6%	81.2%	82.9%
Information Governance	>=95%	86.6%	90.0%	92.3%	98.7%	92.6%	94.8%
Moving and Handling	>=80%	62.8%	65.2%	66.0%	67.4%	68.8%	70.4%
Safeguarding Adults	>=80%	75.1%	78.3%	80.2%	81.0%	81.2%	79.7%
Safeguarding Children	>=80%	79.0%	80.9%	81.7%	82.0%	83.1%	84.6%
Bank Cost		£73k	£89k	£105k	£120k	£117k	£108k
Agency Cost		£68k	£59k	£40k	£83k	£59k	£157K
Overtime Cost		£4k	£7k	£6k	£3k	£1k	£0K
Additional Hours Cost		£3k	£6k	£4k	£3k	£3k	£2K
Sickness Cost (Monthly)		£94k	£105k	£105k	£99k	£113k	£101K
Vacancies (Non-Medical) (WTE)		60.12	61	89.55	89.24	75.76	79.76
Business Miles		70k	59k	61k	63k	58k	66K

Forensic Services

Month		Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15
Sickness (YTD)	<=4%	7.1%	7.2%	7.3%	7.4%	7.4%	8.3%
Sickness (Monthly)	<=4%	8.0%	7.9%	8.4%	7.5%	7.7%	8.3%
Appraisals (Band 6 and above)	>=95%	96.2%	98.2%	98.1%	98.1%	3.1%	6.0%
Appraisals (Band 5 and below)	>=95%	92.7%	93.4%	94.1%	93.9%	1.0%	2.3%
Aggression Management	>=80%	71.9%	72.6%	74.7%	76.4%	77.6%	76.3%
Equality and Diversity	>=80%	74.7%	78.6%	84.0%	85.8%	87.7%	88.7%
Fire Safety	>=80%	86.7%	86.0%	88.5%	89.6%	91.8%	90.3%
Food Safety	>=80%	50.7%	50.3%	50.0%	51.0%	52.9%	55.8%
Infection Control and Hand Hygiene	>=80%	73.8%	77.1%	80.4%	83.2%	83.5%	84.2%
Information Governance	>=95%	88.5%	84.5%	95.7%	98.4%	94.1%	94.4%
Moving and Handling	>=80%	64.8%	68.4%	74.3%	76.6%	78.2%	79.2%
Safeguarding Adults	>=80%	73.1%	76.6%	83.9%	85.6%	86.4%	86.9%
Safeguarding Children	>=80%	76.5%	77.9%	79.4%	81.5%	83.1%	84.6%
Bank Cost		£95k	£92k	£83k	£137k	£93k	£61K
Agency Cost		£33k	£61k	£96k	£56k	£58k	£116K
Additional Hours Cost		£1k	£0k	£0k	£3k	£0k	£1K
Sickness Cost (Monthly)		£68k	£71k	£76k	£63k	£70k	£74K
Vacancies (Non-Medical) (WTE)		45.31	46.46	41.9	39.5	16.26	16.94
Business Miles		4k	4k	4k	7k	3k	4k

Specialist Services

Month		Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15
Sickness (YTD)	<=4%	5.5%	5.5%	5.7%	5.7%	5.7%	5.6%
Sickness (Monthly)	<=4%	6.4%	5.8%	6.9%	6.0%	5.3%	5.7%
Appraisals (Band 6 and above)	>=95%	80.1%	82.2%	84.9%	84.7%	4.8%	12.7%
Appraisals (Band 5 and below)	>=95%	83.8%	86.8%	89.0%	88.8%	1.4%	3.9%
Aggression Management	>=80%	58.6%	66.3%	71.6%	74.3%	67.5%	69.3%
Equality and Diversity	>=80%	68.7%	73.4%	75.3%	82.5%	83.7%	86.7%
Fire Safety	>=80%	74.2%	76.1%	78.4%	84.0%	86.2%	86.0%
Food Safety	>=80%	79.0%	78.7%	79.3%	83.9%	70.2%	72.2%
Infection Control and Hand Hygiene	>=80%	68.6%	68.5%	72.7%	77.6%	78.6%	79.5%
Information Governance	>=95%	82.8%	79.4%	75.4%	94.8%	88.4%	89.2%
Moving and Handling	>=80%	55.5%	57.3%	60.9%	66.3%	69.6%	72.5%
Safeguarding Adults	>=80%	66.4%	70.0%	72.1%	75.1%	77.5%	78.1%
Safeguarding Children	>=80%	74.7%	76.3%	78.8%	83.4%	82.2%	81.8%
Bank Cost		£26k	£29k	£25k	£34k	£24k	£31K
Agency Cost		£96k	£114k	£69k	£152k	£92k	£145K
Overtime Cost		£2k	£1k	£2k	£2k	£2k	£2K
Additional Hours Cost		£6k	£5k	£7k	£6k	£9k	£7K
Sickness Cost (Monthly)		£70k	£69k	£84k	£62k	£58k	£60K
Vacancies (Non-Medical) (WTE)		35.92	37.5	36.48	33.44	42.31	52.51
Business Miles		32k	30k	31k	31k	29k	29K

Wakefield District

Month		Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15
Sickness (YTD)	<=4%	4.4%	4.4%	4.5%	4.5%	4.6%	5.6%
Sickness (Monthly)	<=4%	4.9%	4.8%	4.8%	4.8%	5.6%	5.7%
Appraisals (Band 6 and above)	>=95%	97.7%	97.7%	97.7%	97.7%	6.8%	19.2%
Appraisals (Band 5 and below)	>=95%	98.5%	98.5%	98.1%	98.1%	1.1%	7.6%
Aggression Management	>=80%	74.0%	75.6%	75.6%	78.8%	77.8%	77.7%
Equality and Diversity	>=80%	80.1%	82.0%	83.2%	87.0%	87.9%	89.4%
Fire Safety	>=80%	85.2%	85.5%	87.4%	83.7%	85.2%	88.2%
Food Safety	>=80%	51.4%	53.4%	58.7%	59.5%	61.5%	62.6%
Infection Control and Hand Hygiene	>=80%	78.9%	77.1%	80.5%	82.3%	79.4%	80.7%
Information Governance	>=95%	85.7%	84.6%	87.2%	98.0%	95.4%	94.0%
Moving and Handling	>=80%	59.0%	60.4%	62.8%	65.8%	68.6%	69.6%
Safeguarding Adults	>=80%	81.3%	80.2%	81.6%	77.6%	80.5%	81.0%
Safeguarding Children	>=80%	84.5%	85.4%	85.1%	85.3%	85.9%	86.5%
Bank Cost		£58k	£64k	£65k	£100k	£79k	£69K
Agency Cost		£16k	£19k	£46k	£20k	£24k	£18K
Additional Hours Cost		£11k	£12k	£12k	£12k	£15k	£6K
Sickness Cost (Monthly)		£53k	£56k	£56k	£52k	£66k	£59K
Vacancies (Non-Medical) (WTE)		34.53	37.51	34.65	33.16	43.09	48.87
Business Miles		30k	41k	37k	34k	32k	39K

Support Services

Month		Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15
Sickness (YTD)	<=4%	3.9%	4.1%	4.2%	4.2%	4.1%	4.2%
Sickness (Monthly)	<=4%	5.1%	5.4%	5.0%	3.6%	3.8%	4.2%
Appraisals (Band 6 and above)	>=95%	99.0%	100.0%	99.5%	99.5%	1.5%	9.5%
Appraisals (Band 5 and below)	>=95%	99.2%	99.4%	99.6%	99.6%	1.9%	4.0%
Aggression Management	>=80%	49.5%	51.9%	49.6%	49.2%	49.2%	51.0%
Equality and Diversity	>=80%	62.5%	65.0%	65.9%	68.6%	69.2%	72.4%
Fire Safety	>=80%	85.4%	85.1%	84.9%	88.3%	88.9%	88.0%
Food Safety	>=80%	95.4%	94.5%	96.2%	97.1%	87.7%	89.3%
Infection Control and Hand Hygiene	>=80%	74.8%	75.5%	74.9%	76.0%	76.5%	78.6%
Information Governance	>=95%	77.7%	77.7%	82.2%	97.1%	93.6%	94.8%
Moving and Handling	>=80%	57.4%	60.9%	65.0%	70.8%	72.1%	72.8%
Safeguarding Adults	>=80%	77.8%	77.9%	78.6%	81.7%	81.7%	79.7%
Safeguarding Children	>=80%	87.2%	87.7%	87.0%	88.2%	88.0%	87.6%
Bank Cost		£33k	£16k	£31k	£47k	£42k	£25K
Agency Cost		£11k	£3k	£23k	£23k	£16k	£25K
Overtime Cost		£0k	£1k	£1k	£0k	£0k	£0K
Additional Hours Cost		£17k	£14k	£19k	£20k	£21k	£17K
Sickness Cost (Monthly)		£73k	£88k	£80k	£47k	£59k	£63K
Vacancies (Non-Medical) (WTE)		38.94	45.78	47.33	49.43	21.26	26.51
Business Miles		41k	37k	42k	45k	38k	32K

Publication Summary

This section of the report identifies up and coming items that are likely to impact on the Trust.

Monitor
Consultation on changes to the risk assessment framework: June 2015
This consultation proposes a number of measures to strengthen Monitor's regulatory regime so that foundation trusts live within their means and support improvements in financial efficiency across the sector. These changes will enable Monitor to take regulatory action earlier if a foundation trust is in deficit, failing to deliver its financial plan, or not providing value for money.
Click here for link

Smoking cessation in secondary care: mental health settings (The King's Fund)
This guidance and self-assessment framework for NHS mental health trusts to develop local action to reduce smoking prevalence and the use of tobacco. Click here for link

This section of the report identifies publications that may be of interest to the Trust and it's members.

Hospital activity data, March 2015
NHS foundation trust bulletin, May 2015
Seasonal flu vaccine uptake in healthcare workers in England: winter season 2014 to 2015
Direct access audiology waiting times, March 2015
Bed availability and occupancy: quarter ending March 2015
Diagnostic imaging dataset, May 2015
Staff friends and family test, Q4 2014-15
2015 local health profiles
Sentinel Stroke National Audit Programme, post-acute national audit 2015
Diagnostics waiting times and activity data, April 2015 and Q4 2014-15
Referral to treatment waiting times statistics, April 2015
NHS safety thermometer report - May 2014 to May 2015
Performance of the foundation trust sector: year ended 31 March 2015 (Monitor)

Glossary

ADHD	Attention deficit hyperactivity disorder		MAV	Management of Aggression and Violence
ASD	Autism spectrum disorder		MBC	Metropolitan Borough Council
AWA	Adults of Working Age		MH	Mental Health
AWOL	Absent Without Leave		MHCT	Mental Health Clustering Tool
B/C/K/W	Barnsley, Calderdale, Kirklees, Wakefield		MRSA	Methicillin-resistant Staphylococcus aureus
BDU	Business Delivery Unit		MSK	Musculoskeletal
C. Diff	Clostridium difficile		MT	Mandatory Training
CAMHS	Child and Adolescent Mental Health Services		NCI	National Confidential Inquiries
CAPA	Choice and Partnership Approach		NICE	National Institute for Clinical Excellence
CCG	Clinical Commissioning Group		NHSE	National Health Service England
CGCSC	Clinical Governance Clinical Safety Committee		NHS TDA	National Health Service Trust Development Authority
CIP	Cost Improvement Programme		NK	North Kirklees
CPA	Care Programme Approach		OPS	Older People's Services
CPPP	Care Packages and Pathways Project		OOA	Out of Area
CQC	Care Quality Commission		PCT	Primary Care Trust
CQUIN	Commissioning for Quality and Innovation		PICU	Psychiatric Intensive Care Unit
CROM	Clinician Rated Outcome Measure		PREM	Patient Reported Experience Measures
CRS	Crisis Resolution Service		PROM	Patient Reported Outcome Measures
CTLD	Community Team Learning Disability		PSA	Public Service Agreement
DTOC	Delayed Transfers of Care		PTS	Post Traumatic Stress
DQ	Data Quality		QIA	Quality Impact Assessment
EIA	Equality Impact Assessment		QIPP	Quality, Innovation, Productivity and Prevention
EIP/EIS	Early Intervention in Psychosis Service		QTD	Quarter to Date
EMT	Executive Management Team		RAG	Red, Amber, Green
FOI	Freedom of Information		RiO	Trusts Mental Health Clinical Information System
FT	Foundation Trust		Sis	Serious Incidents
HONOS	Health of the Nation Outcome Scales		SK	South Kirklees
HSCIC	Health and Social Care Information Centre		SMU	Substance Misuse Unit
HV	Health Visiting		SWYFT	South West Yorkshire Foundation Trust
IAPT	Improving Access to Psychological Therapies		SYBAT	South Yorkshire and Bassetlaw local area team
IG	Information Governance		SU	Service Users
IM&T	Information Management & Technology		TBD	To Be Decided/Determined
Inf Prevent	Infection Prevention		WTE	Whole Time Equivalent
IWMS	Integrated Weight Management Service		Y&H	Yorkshire & Humber
KPIs	Key Performance Indicators		YTD	Year to Date
LD	Learning Disability			

Agenda item:	10.2
Report Title:	Incident management annual report 2014/15
Report By:	Tim Breedon
Job Title:	Director of Nursing, Clinical Governance and Safety
Action:	To receive

EXECUTIVE SUMMARY

Purpose and format

The purpose of the paper is to provide the Members' Council with a report on the Trust's incident management arrangements and to provide an overview of all incidents that take place within the Trust.

Recommendation

The Members' Council is asked to RECEIVE the annual report and accounts.

Summary

This report was presented to Trust Board at its meeting on 30 June 2015 and provides an overview of **all** incidents reported by the Trust during 2014/15, a summary of serious incidents and of the themes from recommendations of completed serious incident reports that have been sent to the Commissioners between April 2014 and March 2015. Tim Breedon will make a brief presentation summarising the main findings of the report.

The Clinical Governance and Clinical Safety Committee, on behalf of Trust Board, will monitor and review action arising from the annual report and further analysis of the data; at this stage, the Members' Council is asked to note the following.

➢ Incident reporting levels are higher than last year with over 1,000 additional incidents being reported. An organisation with a culture of high reporting is positive. The distribution of these incidents in terms of severity is pyramid-shaped, serious incidents being fewest in number, with most incidents (84.7%) resulting in no/low harm.

➢ There were no 'Never Events' reported in 2014/15.

➢ There were no homicides reported during 2014/15.

➢ There were 106 serious incidents reported during 2014/15.

➢ There were 34 pressure ulcers reported. Of these, 29 were grade 3 and five grade 4. Following further investigation, six pressure ulcers were seen as avoidable.

➢ In 2014/15, 56 deaths were reported 45 of which were suspected suicides and eleven unexpected deaths. Suspected suicides have increased on previous years (2013/14 = 23, 2012/13 =31 and 2011/12 = 28). (The Members' Council is asked to note that the data is the category at the time of reporting from information the Trust is aware of and not the verdict by the Coroner, which is what is used in the National Confidential Enquiry.)

➢ Analysis of suspected suicides using population size and National Confidential Enquiry data shows that a Trust of this size would expect to see between 31 to 36 potential deaths by suicide.

> The four-year average is 31.

➢ The Trust will not be able to compare national data for this year until July 2017 when that data is published.

➢ There was a spike in serious incidents in May 2014. This was reviewed at the time and no themes were found in terms of services or teams, or of themes. Similarly, a thematic review of seven suicides in Barnsley did not find any trends or themes to suggest systemic care or service delivery problems.

Next steps

Recent years have seen substantial developments in the framework, personnel and processes supporting the investigation, management and learning from incidents in the Trust. This provides a secure platform from which to develop further, particularly with an emphasis on learning.

Plans for 2015/16 include the following.

➢ In response to elevation in suicide risk nationally and locally, and as part of the Trust's Patient Safety Strategy, the Trust is developing an overarching suicide prevention strategy. It will complement suicide prevention strategies of local authorities, which are tasked nationally with taking a lead on suicide prevention. It will be based on elements of the National Suicide Prevention Strategy and incorporate important recommendations from other bodies, such as the National Confidential Enquiry into Suicides and Homicides by People with Mental Illness (NCISH).

➢ Further analysis of suicides will be conducted as part of the Trust's annual undetermined deaths audit, which will be monitored through the Clinical Reference Group and reviewed by the Clinical Governance and Clinical Safety Committee.

➢ The Trust will continue to implement its Patient Safety Strategy, which will include meeting the national *Sign up to Safety* initiative, ensuring the duty of candour is embedded and Safewards.

➢ There will be continued development of practice governance posts for each service line to ensure learning closer to frontline staff and provide greater opportunities to capture the impact of learning.

➢ The Trust will develop ways of capturing the impact of lessons learned and action plans implemented.

➢ Greater support will be provided to investigate lower level incidents.

➢ Continue to support incident management research.

➢ Examining how front line managers can be added to dashboard reports enabling them to use real time incident data following a successful business case.

➢ Implement Datix upgrade and exploit the features available to support safety.

Summary Review of Incident Management Annual Report 2014/15
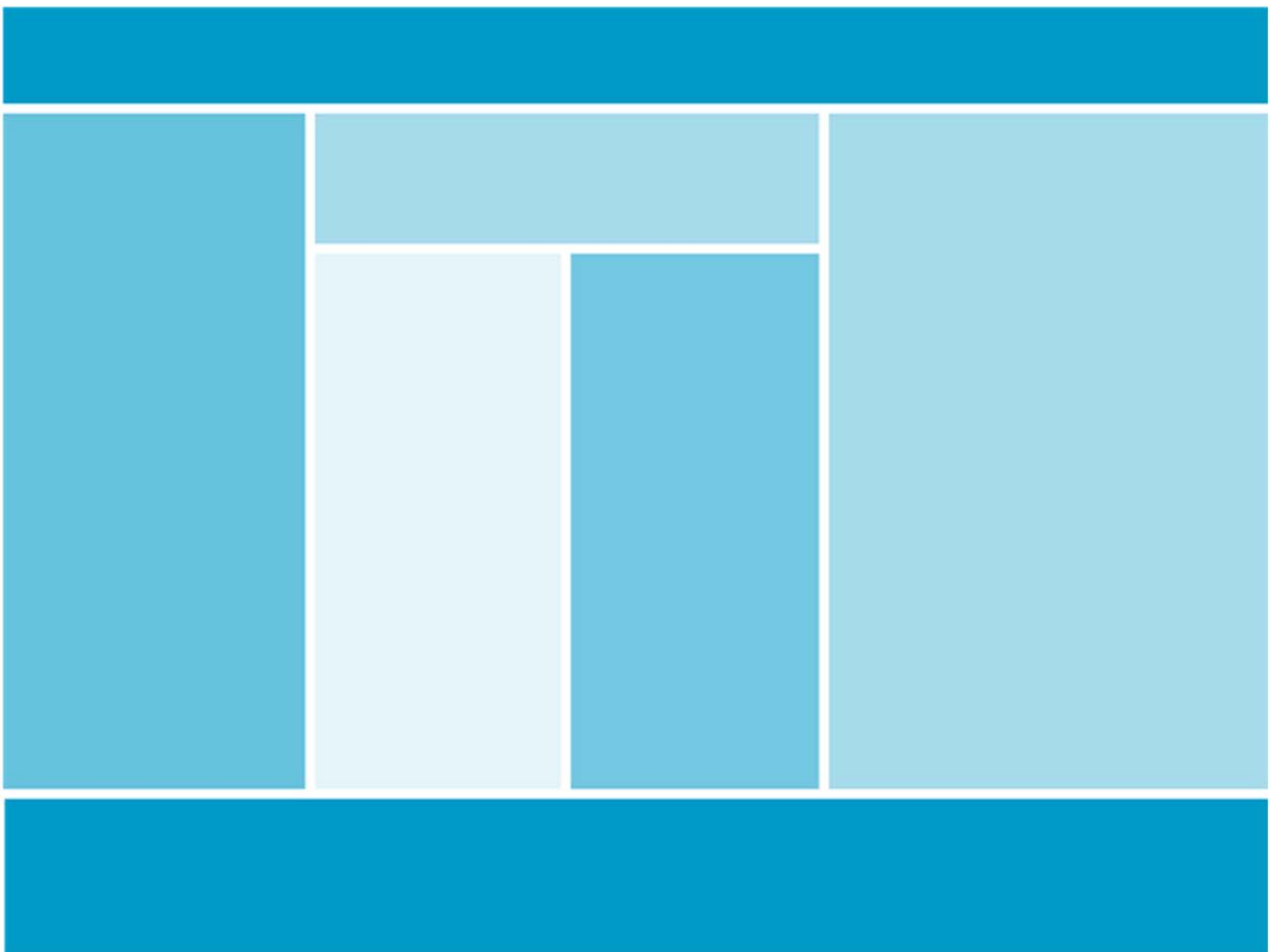
Full details are available in Incident Management Annual Report April 2014 to March 2015

1. Introduction

This report provides a summary of the detailed incident management annual report April 2014 to March 2015. The report will present headline data, brief analysis and some of the key next steps planned for 2015/16.

In recent years the Trust has ensured that all services and teams acquired have been added to Datix (incident management recording tool) and have access to reports and training made available by the Patient Safety Support Team. The team have worked with both internal and external partners to ensure the Trust has a robust system to enable reporting, investigation and analysis of incidents. This report need to be reviewed with the undetermined death audit (once available) that provides detailed information matching data collected by the National Confidential Inquiry.

2. External scrutiny and feedback

A number of questions are asked within the **national staff survey 2014** which provided direct feedback on staff views with regards to the incident reporting system. The 2014 staff survey published in 2015 reported that the Trust was better than average for Mental Health Trusts in the percentage witnessing potentially harmful errors, near misses or incidents in last month. National figure was 26% and Trust figure was 23%. It also reported that the Trust was similar to other Trusts for the percentage of staff agreeing that they would feel secure raising concerns about unsafe clinical practice.

One area that requires further examination with the Business Delivery Units (BDUs) is the percentage of staff reporting errors, near misses or incidents witnessed in the last month. The survey highlighted that only 88% of staff had reported incidents, this is 4% below the national average. The report does show this improved within the Trust from the previous year by 1% and some team responses were so low that the data could not be included.

The Patient Safety Support Team has produced video guidance to support staff in reporting incidents along with a wider variety of short training sessions. Locally we have seen over 1000 additional incident reports this year.

Datix was able to provide all of the information required for the quality account following a piece of work to enable the Trust to report the same data as the National Patient Safety Agency in relation to degree of harm arising out incidents.

An improvement target of 5% was set from the time an incident was reported to being reviewed by managers. The patient safety support team communicated with managers and set up additional monitoring tools to support this. The target was met. This was again externally audited.

Under Department of Health guidance HSG (94) 27, an independent investigation must be undertaken when a homicide has been committed by a person in receipt of specialist mental health services under the Care Programme Approach in the six months prior to the event. Such investigations are to provide "an external verification and quality assurance review of the internal investigation with limited further investigation".

This year the Trust has been involved with 3 independent investigations. The investigations commissioned through NHS England are an independent review of 3 homicide cases that took place in the Trust between July 2010 and June 2011. One of these has already been subject to a domestic homicide review which was reviewed as adequate by the Home Office. A fourth report will also cover the implementation of learning from 3 earlier incidents which took place between March 2007 and December 2008. The reports have been received and an action plan has been developed which is being reviewed through the clinical governance and clinical safety committee and with the clinical commissioning groups through the quality board. Good progress is being made against the action plan.

3. Headline data

The Trust reported 10990 incidents of all severity during the year, over a 1000 additional incidents compared to previous year. The range within a quarter is 2666-2854 incidents. The distribution of these incidents in terms of severity is pyramid-shaped, serious incidents being fewest in number, with most incidents (84.7%) resulting in no/low harm.

Serious incidents are defined by NHS England and include suspected suicide of service users, homicide by service users, never events, serious assaults and confidentiality breaches as well as attempted suicide (life threat/serious injury), and the unexpected death of an inpatient.

106 (72 excluding pressure ulcers) serious incidents were reported to the commissioning CCGs via the Department of Health database, STEIS/Unify.

34 pressure ulcers were reported. 29 were grade 3, and 5 grade 4. Following further investigation 6 pressure ulcers were seen as avoidable.

There were no homicides reported in 2014/15.

Never Events are serious, largely preventable patient safety incidents that should not occur if the available preventative measures have been implemented. No 'never event' incidents were reported by SWYPFT in 2014/15.

3.1. External comparison

There are limited opportunities to compare the Trust data. The National Reporting and Learning Service produce six-monthly reports comparing mental health trusts. There are limitations with this data, in that SWYPFT is compared with Trusts providing only mental health services, whereas the Trust also provides community services and has a large forensic component. Subject to this caveat, the latest report for April–September 2014 shows the Trust in the middle 50% of reporters, with a reporting pattern for numbers of incidents in particular categories similar to other Trusts. The Trust was also part of a national benchmark in relation to restraint and overall the figures for the Trust were positive.

3.2. Internal comparison

The patient safety support team has undertaken analysis of serious incidents by category, team, month and year within the full report. There are no obvious trends by teams or category from previous years.
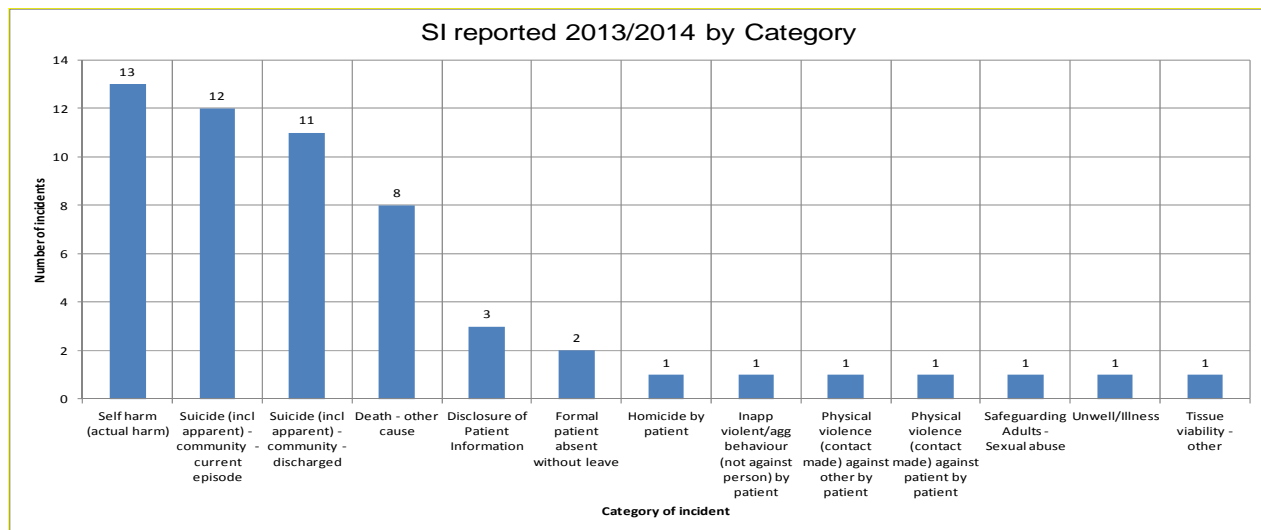
In 2014/15 there were 72 serious incidents (not including pressure ulcers) in comparison to 56 the previous year.

Chart 4 shows the number per 100,000 population of all serious incidents reported by the Trust. 4.44 -6.78 dependent on the BDU.

Chart 1-SI by type 2014/15
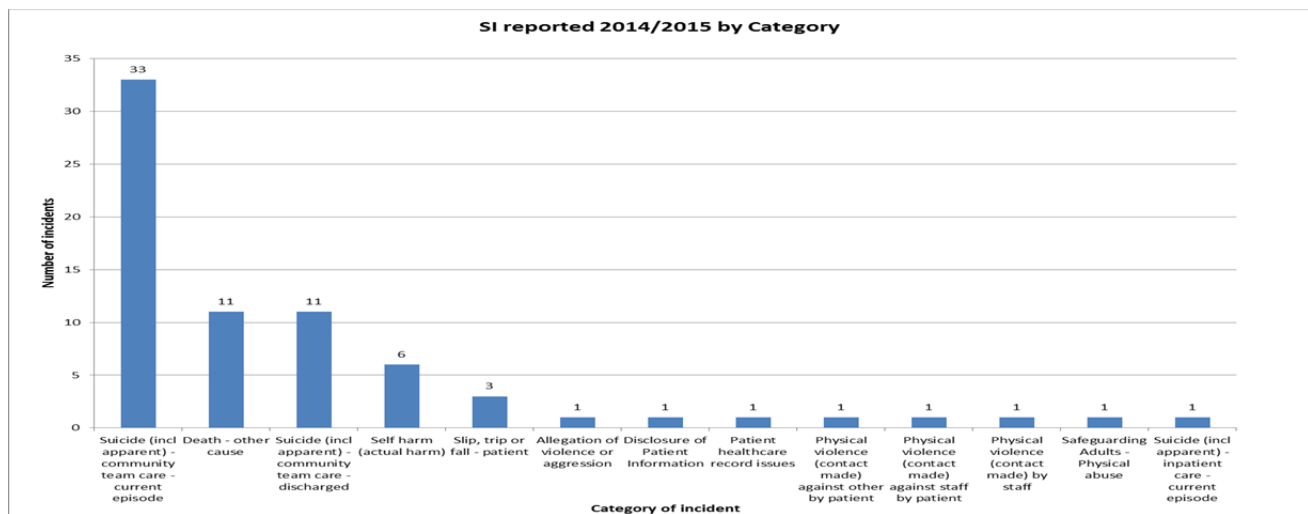
Chart 2- SI by type in 2013/14

i)   **Suspected and actual suicide**

The largest single category at the time of reporting the incident was suspected suicide, with 45. This is higher than previous years (2011/12=28, 2012/13=31, 2013/14 =23 (22 as 1 due to natural causes). The reporting criteria are incidents which include current patients or someone who has been discharged within the last 12 months. These criteria have been the same for the last two years.

The Trust will not know for a few years if this increase is in line with a national picture, as National Confidential Inquiry is based on data two years behind and the latest information covered 2012. It is of note that there is likely to be an increase in suicide nationally and locally due to prevailing socio-economic factors (Coroners statistics, 2011; NCI, 2014).

The increase has been across BDUs and not in any particular team. This type of SI was most frequent in working aged adult services, and most suicides were by service users in contact with community services or discharged from services. This is consistent with national findings (NCI data). The main method of suicide is hanging, which again is in line with the national data.

4

Chart 3 2014/15 - Suspected suicides broken down by BDU and method indicated at time of reporting.

	Barnsley MH&SMS	Calderdale	Kirklees	Wakefield	Total
Hanging - self injury	8	4	5	6	23
Contact with moving vehicle (car, train) - self injury	0	0	2	1	3
Method unknown - self injury	0	1	1	1	3
Over the counter medication - self poisoning	1	1	1	0	3
Illicit drug - self poisoning	0	1	0	1	2
Jumping from height	0	1	1	0	2
Other - self poisoning	0	0	2	0	2
Other self-injury	1	0	1	0	2
Carbon monoxide - self poisoning	0	0	1	0	1
Cutting - self injury	0	0	1	0	1
Drowning - self injury	1	0	0	0	1
Prescription medication - self poisoning	0	0	0	1	1
Suffocation - self injury	0	0	1	0	1
Total	11	8	16	10	45

Using population size and national confidential inquiry data only, based on SWYPFT geographical area and population would expect between 31-36 patient deaths by suicide per year. The annual report breaks this down by BDU and type and shows the previous year for comparison. The suspected suicides over the last four years average out at 31 per year.

Chart 4

District	Population ONS – population estimates Mid 2013	General population suicide rate (NCI)	Patient suicide rate (28% general pop) (NCI)	Suspected suicide reported on STEIS 2013/14	Suspected suicide reported on STEIS 2014/15	All SI Incident figures per 100, 000 population for 2013/14	All SI Incident figures per 100, 000 population for 2014/15
Barnsley	235,757	22-25	6-7	5	11	5.17	6.36
Calderdale	206,355	19-22	5-6	7	8	4.4	6.78
Kirklees	428,279	40-45	11-13	9	16	3.07	4.44
Wakefield	329,708	30-35	8-10	2	10	4.29	5.76
Trustwide	1,200,099	111-128	31-36	23	45		

ONS – Office of National Statistics
NCI – National Confidential Inquiry into Suicide and Homicide by people with Mental Illness

Again this information must be viewed with caution, because the Trust does not have access to the local actual general population data. The table shows the reported expected incidence of suicide in SWYPFT by BDU based on BDU populations and the NCI data. These NCI figures do not reflect socio-economic or other factors that might influence suicide rates and are simply averages of the data collected. NCI 'patient' data includes all cases where the coroner gave a verdict of suicide or an open verdict for any person who had been in current contact with mental

health services or in contact in the preceding 12 months. The numbers for each BDU with the exception of Wakefield are above the number expected and higher overall.

Further analysis of 56 deaths this includes suspected suicide and unexpected deaths at point of reporting on STEIS/Unify

Current service user	45
Discharged service user	11

Care programme approach

CPA	19
Standard Care	21
N/A	11
Not recorded	5

Detained under the mental health act

Detained under MHA	1

Note -a further 2 serious incidents involved detained patients; these are coded to slips, trips and falls. The new serious incident framework now captures whether the person is subject to mental health act or other healthcare related restrictions so reporting on this will be easier in future years.
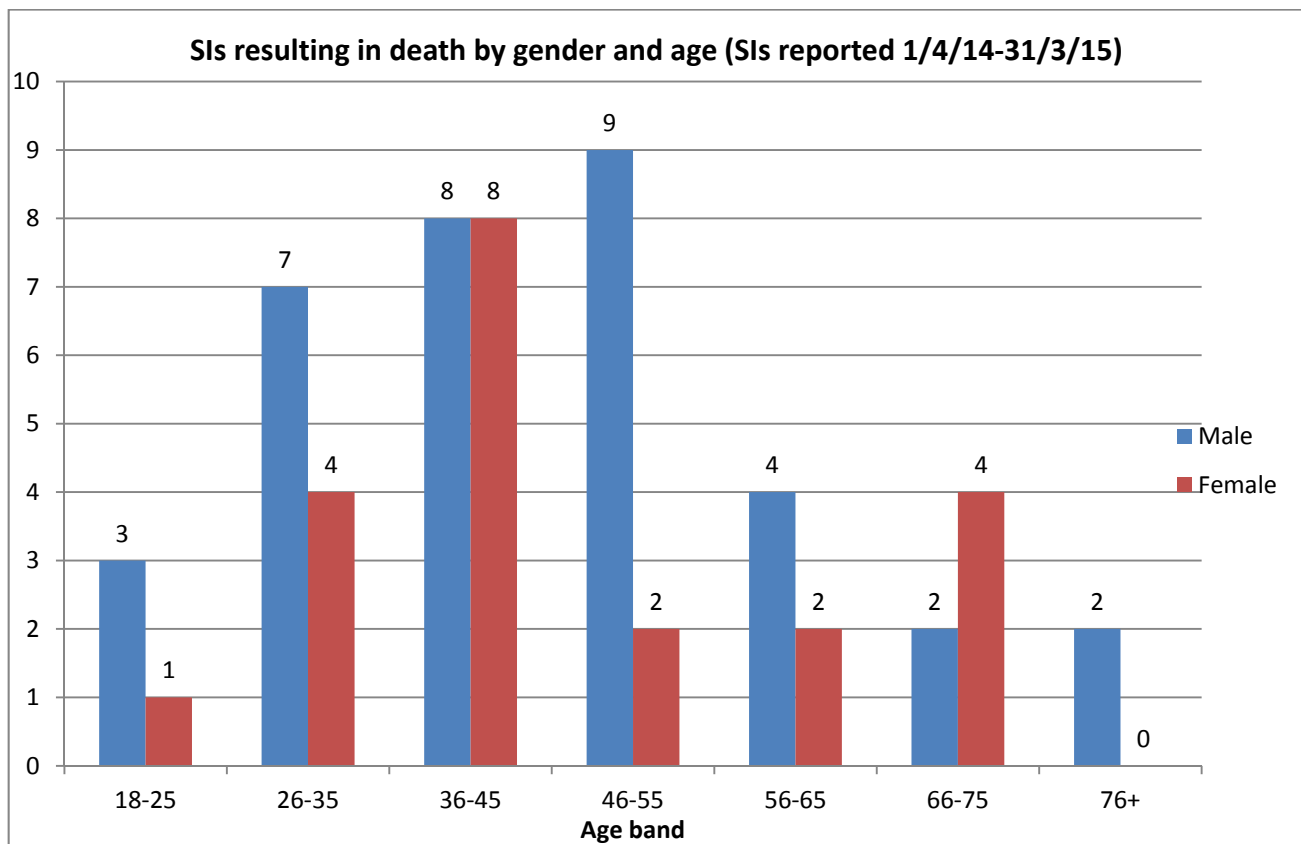
This chart shows the gender and age distribution of all serious incidents relating to death. Overall, of the 56 deaths, there were 35 male deaths and 21 female deaths. Based on the National Confidential Inquiry data from July 2014, we would expect 25 deaths by suicide for males and seven for females (data up to 2011), a total of 32. It is of note that not all 56 deaths in the chart above are suicides or suspected suicides. It is likely that a maximum of 45 reported

The National Confidential Inquiry July 2014 also showed number of suicides in male and female patients aged 25-34 fell in the report period. There was an increase in the number of male suicides in those aged 45-54, 55-64 and 65+. The Trust highest figure for males is in the age group 46-55 but almost as high was the 36-45 age range.

Service users not in contact with services at time of death

Days	Number
0-30	4
31-60	2
61-90	1
91-120	1
121-150	2
151-180	0
181-210	1
Data missing	1

For the past two years the Trust has reported deaths of individuals who are current service users or discharged patients up to twelve months were we are informed. The Trust has developed good relationships with Coroners officers to support this reporting.

Thematic review of deaths in Quarter 1
In Q1 2014/15 there were 20 SIs (excluding pressure ulcers), a higher than expected number based on the pattern observed in previous years and in Q4 of 2013/14 (from 2010/11 to 2013/14 there were 14, 12, 15 and 14 SIs in Q1 respectively).

In Q1 2014/15 these comprised 12 suspected (including apparent) suicides, five deaths due to causes unknown, one incident of serious violence against staff, and two of self-harm.

One of the deaths of unknown cause occurred in December 2013 but was included in Q1 2014/15 due to new information coming to light about the cause of death in that quarter.

The data relating to these deaths and incidents was reviewed to determine whether there was a particular trend, in terms of mode of death/harm or identifying any service that had a higher proportion of deaths of service users under their care.

Data reviewed included Datix reports, which gave an indication of the mode of death (although not a detailed account since there had been no detailed investigation at that stage) and tables relating to the services in which the incident occurred.

The 12 apparent suicides were spread fairly evenly across teams in the Trust. Of these, 11 were in current contact with services. 5 (42%) were by hanging (one self-harm SI was by hanging also). This proportion is roughly in line with nationally published figures for patient suicides. 1 apparent suicide was by contact with a train, 3 by self-poisoning and 1 by cutting. The deaths of other cause were also spread evenly across services.

Three services had more than one SI in the quarter reviewed. Of these three, CMHT Lower Valley Calderdale had 2 suicides, CMHT Care Management Team Kirklees one suicide and one death of unknown cause, and Pontefract CMHT four had one suicide and one death other cause.

On the basis of these data and the small numbers involved, there did not appear to be an unexpected pattern or trend to either the mode of death or the service in which the incident occurred.

Barnsley thematic review of suicides

The Trust conducted a thematic review of seven cases of suicide reported in Barnsley between July 2014 and December 2014. When undertaking a review of the care and delivery issues, the investigation team examine the information that is available at that time and whether the decisions followed policy and guidance and whether these need to change.

All but one of the individuals was in the community at the time of the incident; four had been discharged from the service at the time. The services do not know what had occurred from the time of discharge to the time of death. None were re-referred to services.

The investigators identified the need to review clinical risk training in three of the incidents and other recommendations were linked to risk factors –communication on the ward, handover of risk in previous 24 hours and risk assessment form needing reviewing.

One case is an IAPT case where the assessment is much briefer as this is high volume, low risk referrals and the service was trying to engage with the individual at the time of the incident. The investigators did have a view that the referral should have been sent to alcohol services or CMHT, this may have occurred following assessment. None of the incidents were seen as preventable but the investigation provided time to review and reflect on opportunities to improve practice in the future. Action has been taken in relation to these recommendations.

The Trust is reviewing the risk assessments being used and a Trust wide piece of work is taking place in relation to risk training. In the short term the immediate review highlighted the need to more time to be spent on risk formulation and this has already been actioned. The BDU review the incident recommendations at least twice a year to examine themes from recommendations. These recommendations also feed into Trust wide analysis of themes.

In conclusion, there were no obvious trends emerging from the review of the seven cases, although lessons have been learned from the reviews and are being implemented to improve practice.

ii)   Homicides

There has been 0 homicide reported in 2014/15.

iii)   Death– other causes

11 incidents were reported in this category an increase from the previous two years which both recorded 8 incidents. This has included patients that the cause of death is unclear or accidental e.g. a client recovered from a river by police, a suspected morphine overdose which was being used for pain management. It can take a significant amount of time for the cause of death to be clear but this does not prevent the investigation being completed. The cause of death may not be a patient safety issue and be natural causes, of the 11 reported incidents:-

3 - Cause of death was found to be cardiac related deaths
2- Found to be overdoses but not known if accidental or deliberate
2 -Still unknown to the Trust
1-Narrative
1- Accidental
1 –Suicide
1 –Found in car with probable self-harm.

iv)   Self-harm/attempted suicide

During 2014/15 there were 6 serious self-harm incidents, this is a significant reduction from the previous year when 13 were reported. In 2012/13 there were 3 incidents. The incidents included cutting –self injury (2), self-poisoning (2), jumping from a height (1) and hanging (1)

v)   Information governance

Information Governance incidents which have a score of 2 or above on the Department of Health table are graded as red and managed as a Serious Incident (SIRI) by the Trust.

vi)   Pressure ulcers

During 2013/14 the requirement to report grade 3 and 4 pressure ulcer incidents as Serious Incidents was introduced (**May 2013**). As anticipated, the reporting requirement for pressure ulcers changed in early 2015. The revised criteria to report only avoidable pressure ulcers came into effect in in February 2015.

Prior to February 2015
The Trust reported all incidents that were attributable whether or not they were avoidable.

From February 2015
The Trust reports incidents that are attributable and avoidable. This is confirmed at a monthly meeting against standard good practice criteria. 34 pressure ulcers were reported (29 grade 3 and 5 grade 4); following investigation 6 were found to be avoidable.

The Tissue Viability action plan for 2014-15 was completed on time except for purchase of Repose mattresses as business case submitted to the CCG was unsuccessful. Reducing the frequency and severity of harm resulting from pressure ulcers has been identified as one of the five priorities for the Trust's Sign up to Safety Improvement Plan for 2015-2018.

3.3. Duty of candour

Duty of candour became a statutory requirement in November 2014 for health providers. The patient safety support team had already undertaken work and been reporting to Clinical Commissioning Groups from April 2014. Duty of candour is applicable to all incidents that result in moderate harm or above.

132 incidents were applicable 2014/15. The Trust is undertaking an audit against the requirements of duty of candour in 2015/16.

4.   Performance feedback as of 15.5.15

During the period 1 April 2014 to 31 March 2015, 111 serious incident investigation reports were submitted to the relevant commissioners (please note this is not the same data as those reported in this period).

Feedback to date has been received on 105 of these investigations.

60 reports were submitted to Barnsley CCG, which does not formally grade the quality of the investigations. Barnsley CCG provides narrative feedback that the investigation will be closed on STEIS or request additional information. Feedback on two investigations is awaited.

Of the remaining 51 Serious Incident investigations submitted to other commissioners, feedback has been received on 47 investigations. Feedback is awaited on 4 investigations. Two of these investigations were ungraded. Of the remaining 45 investigation reports, they all received a feedback rating. 96% (43) (note - same figures as last year) resulted in a quality rating of good or excellent. 2% (1) resulted in a fair rating. 2% (1) resulted in a weak rating. The weak grading was due to the action plan not being submitted in time not the quality of the investigation report. Further clarification was provided to the commissioners on 28 investigations.

5. Governance structure

Reporting, analysis and learning from incidents is managed through a clear governance structure. The Director of Nursing, Compliance and Governance works closely with the Medical Director to ensure there are robust processes in place. This is supported by an Assistant Director for patient safety and an Associate Medical Director (AMD) for patient safety. The patient safety support team provides support to all BDUs and Quality Academy teams. Investigation of serious incidents is undertaken by full-time lead investigators, supported by dedicated medical investigators. A list of co-opted experts within the Trust has been developed from a variety of specialties and disciplines to provide specialist support to SI investigators where necessary.

The Clinical Governance and Clinical Safety Committee ensure robust scrutiny on behalf of the Board. The Committee receives performance information.

Bi-monthly patient safety clinical reference group meetings are now established. Chaired by the AMD for patient safety, it is a forum for collecting and disseminating ideas and information between a core group of individuals directly involved in developing, implementing and monitoring systems to improve patient safety. There is a particular emphasis on investigations, recommendations and action plans arising from serious incidents and on how learning is disseminated both locally and trust-wide.

Each BDU has developed governance groups whose function includes examining trends and learning from incidents and ensuring action plans are delivered. Each BDU facilitates local learning events for frontline staff, led by practice governance coaches.

The Patient Safety Support Team also supports research and development proposals relevant to incident management. This year a member of the team has undertaken research on the effectiveness of the investigation process, the results will be shared in July 2015.

6. Findings from investigations

A majority of the recommendations from serious incident investigations apply directly to the team or BDU involved. Each BDU lead investigator is working with the BDUs in producing a report on learning from recommendations. A total of 176 recommendations were made from the reports submitted, these were all related to care and delivery but not seen as a direct cause of the incident. There were 16 reports that had no care and delivery issues and therefore no recommendations. This is a positive sign that services are learning from incidents and ensuring care delivery is safe and of a high standard despite the outcome.

 In 2014-15 the most frequent three recommendation types were:

Staff education, training and supervision — is the most frequent recommendation however during the year we noted that district nursing service had a repeated recommendation of sharing the learning so during the year another code of sharing learning was added to separate this recommendation. It accounted for 19 recommendations. This section covered a wide level of training requirements, some of which are on the mandatory training list for others training has been arranged or review of current training is taking place. This year highlighted

the need to ensure Doctors were clear about the training they need to attend and how Doctors in training are clear about key Trust practices around Care Programme Approach and did not attend policies.

Organisational systems, management issues — issues arose around clear implementation plans for polices and procedural changes in a number of incidents. Work had to take place on the emergency bag equipment for CPR following a discrepancy that came to light during an investigation. Staff do not always escalate issue to senior staff or use the risk register to record these. The clinical recording system –RiO has had some recommendations in relation to use. Need to be clear were next of kin is recorded and monitor this, a number of issue have arisen about contacting families after serious incidents as this has not been recorded. Some records have been cut and paste and not updated.

Record keeping — this has been in the top three recommendations for the last four years. Most recommendations have been in relation to accuracy of record and clear recording of clinical decisions. As recorded in the organisation issues above there were recommendations about not recording next of kin in this category also. Not always validating records or recording the reason for cancellation of record. There needs to be clear recording of medication in medical care plans and on discharge.

Last year a piece of work was undertaken in ensuring timely monitoring and implementation of action plans. The position at the end of this year is significantly improved.

7. Learning lessons and Safety Culture

All care providers must put patient safety at the forefront of the delivery of healthcare. The Francis report, and the government response, *Hard Truths*, among others have highlighted the need for trusts to develop a proactive and positive safety culture and robust systems and processes to monitor safety and implement change on the basis of lessons learned. The Trust has engaged with a number of opportunities initiatives towards fulfilling this aim, including the new Patient Safety Collaborative and the *Sign up to Safety* initiative. The completion of an overarching Trust patient safety strategy has provided a framework to support such initiatives.

Each BDU now has a practice governance coach (or personnel with a similar role) to assist in the dissemination of learning arising from SIs. Every SI investigation is followed by a learning event for the individual team or service involved. In addition, BDUs have held wider learning events for staff to highlight themes and trends from incidents (both serious and otherwise) along with lessons learned. The workshops have been attended by a broad cross-section of staff and have been well evaluated. However, the Trust still needs to develop further its processes for measuring the subsequent impact of these action plans and learning events by capturing evidence of positive change, whether that be in terms of the quality of care provided, a measurable change in safety culture or a reduction in the frequency or severity of incidents.

8. Next steps

Recent years have seen substantial developments in the framework, personnel and processes supporting the investigation, management and learning from incidents in the Trust. This provides a secure platform from which to develop further, particularly with an emphasis on learning.

Plans for 2015-16 include:

- **Suicide Prevention Strategy**: In response to elevation in suicide risk nationally and locally, and as part of the Trusts Patient Safety Strategy, the Trust is developing an overarching suicide prevention strategy. It will complement suicide prevention strategies of local authorities, which are tasked nationally with taking a lead on suicide prevention. It will be based on elements of the National Suicide Prevention Strategy and

incorporate important recommendations from other bodies, such as the National Confidential Enquiry into Suicides and Homicides by People with Mental Illness (NCISH).

One strand of the strategy will include addressing the needs of individual service users, ensuring that when present, risk is recognised and responded to, both in terms of clinical treatment and support, but also helping to tackle other contributory factors, such as housing, financial and legal problems. This will necessarily be underpinned by ensuring that staff are appropriately trained and that the right resources and clinical pathways exist to provide this care. Clinical risk training for staff is also being reviewed across the Trust to support the suicide prevention strategy

Another strand will involve addressing the needs of the population and stakeholders with whom the Trust has contact more generally, and will include promotion of engagement with mental health services and strengthening links with partner agencies which have a role in the prevention of suicide to develop a holistic approach to suicide prevention. A further element, linked to the Trust patient safety strategy, will be to track self-harm, suicides or suspected to try and identify trends or themes, from which the Trust can learn and implement change to reduce future risk where possible.

- Further analysis of suicides will be conducted as part of the Trust annual undetermined deaths audit, which will be monitored via the Clinical Reference Group and reviewed by the CGSC.
- Implementation of patient safety strategy including:-
    - national *Sign up to Safety* initiative
    - ensure duty of candour is embedded
    - Safewards
- Continued development of practice governance posts for each service line (or individuals in similar roles) to ensure learning closer to frontline staff and provide greater opportunities to capture the impact of learning.
- Developing ways of capturing the impact of lessons learned and action plans implemented.
- Greater support in investigating lower level incidents.
- Continue to support research.
- Examining how front line managers can be added to dashboard reports enabling them to use real time incident data following a successful business case.
- Implement Datix upgrade and exploit the features available to support safety

**Members' Council
24 July 2015**

Agenda item:	11.1
Report Title:	Appointment of external auditor
Report By:	Laurence Campbell
Job Title:	Chair, Audit Committee
Action:	To approve

EXECUTIVE SUMMARY

Purpose

The purpose of this paper is to advise the Members' Council of the recommendation from the Audit Committee on the proposed contract for the provision of external audit services and the tendering process undertaken.

Recommendation

The Members' Council is asked to APPROVE the recommendation from the Audit Committee.

Background and current position

One of the duties of the Members' Council is to approve the appointment of the Trust's external auditors.

The Trust is in its final year of a five-year contract with Deloitte LLP for the provision of external audit services and the contract is due to expire on 30 September 2015. In April 2015, the Audit Committee agreed to tender for this service and approved a new tender specification and contract timetable at its meeting on 7 April 2015. A small project team was established to carry out the tender process and to conduct the formal evaluation of the bids received. This included:

- Michael Smith, publicly elected governor for Calderdale and Lead Governor;
- Andrew Crossley, publicly elected governor for Barnsley;
- Laurence Campbell, Non-Executive Director and Chair of the Audit Committee;
- Jonathan Jones, Non-Executive Director and member of the Audit Committee; and
- Alex Farrell, Deputy Chief Executive/Director of Finance.

Support and advice was provided by the Deputy Director of Finance and the Head of Procurement.

Tender Process

Due to the total value of the contract, the Trust used the Crown Commercial Services (CCS) Framework to seek competitive bids through a mini-tender exercise with the suppliers listed on the framework. The tender opportunity was published on 22 April 2015 and issued to all nine suppliers on the framework with a tender return date of 18 May 2015. The suppliers invited to bid were:

1. Baker Tilly Tax & Accounting Limited
2. BDO LLP
3. Deloitte LLP
4. Ernst & Young LLP
5. Grant Thornton UK LLP
6. Insight MSC Limited
7. KPMG LLP

8.   Moore Stephens LLP
9.   PricewaterhouseCoopers LLP

The Trust received bids from the following two suppliers:

1. Deloitte LLP
2. PricewaterhouseCoopers LLP

The two tenders were evaluated against the following criteria.

1. Cost (40%)
2. NHS/Foundation Trust experience (20%)
3. Client relationship (20%)
4. Quality, innovation and best practice (20%)

Bids were requested for an initial three-year term with an option to extend for a further two twelve-month periods. Bidders were also asked to reflect a cost improvement on their pricing over the full contract period.

Both suppliers were invited to present their bid to the evaluation panel on 10 June 2015 and asked to provide answers to a number of clarification questions raised by the panel within their presentation. Following the presentations, the panel reviewed and confirmed their initial evaluation.

Conclusion

At its meeting on 7 July 2015, the Audit Committee will consider a recommendation from the panel on the award of the contract. The Chair of the Audit Committee will make a recommendation to the Members' Council on 24 July 2015.

Members' Council
24 July 2015

Agenda item:	11.2
Report Title:	Chair's remuneration
Report By:	Alan Davis on behalf of the Members' Council sub-group
Job Title:	Director of Human Resources and Workforce Development
Action:	To agree

EXECUTIVE SUMMARY

Purpose
The purpose of this report is to support the Members' Council in its consideration of a proposal in relation to the Chair's remuneration.

Recommendation
The Members' Council will be asked to CONSIDER a recommendation proposal from the sub-group at the meeting.

Background
The Members Council is responsible for determining and reviewing the remuneration arrangements for the Chair and Non-Executive Directors.

In April 2014, the Members' Council considered a proposal in relation to Non-Executive Directors' remuneration. This included a proposal not to change the Chair's remuneration given the complex position of Chair remuneration generally due to the variability of rates paid across the NHS. It was also noted the Chair had received accelerated incremental progression in 2013 following his review. The Members' Council, therefore, agreed to ask CAPITA to undertake a further review later in 2014 of Chair remuneration. This review was postponed for presentation at July's meeting to allow for consideration of the Chair's re-appointment and the outcome of his annual appraisal.

Process
The Members' Council sub-group met on 7 July 2015 to consider the report from CAPITA. The Group is made up of:

- Marios Adamou, staff elected governor, Medical and Pharmacy (who was unable to attend the meeting on 7 July 2015);
- Nasim Hasnie, publicly elected governor, Kirklees;
- Michael Smith, Lead Governor and publicly elected governor, Calderdale; and
- Tony Wilkinson, publicly elected governor, Calderdale.

Outcome
Following discussion of the report from CAPITA, a recommendation will be made to the Members' Council at the meeting.