

# Annual Report and Accounts

for the period 1 April 2012 to 31  
March 2013





**SOUTH WEST YORKSHIRE PARTNERSHIP NHS FOUNDATION  
TRUST**

**ANNUAL REPORT AND ACCOUNTS FOR THE PERIOD 1 APRIL  
2012 TO 31 MARCH 2013**

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



## Chair's introduction

Welcome to the Trust's annual report for the year 1 April 2012 to 31 March 2013.

This year has seen one of the greatest challenges for the NHS since its inception. The combination of financial and technological pressures requires a change to the way services are commissioned and delivered. The challenge set by Sir David Nicholson, Chief Executive of NHS England, equates to a £20 billion efficiency saving across the health service. This position is compounded by the pressure of a changing demographic, seeing an increase in the elderly population placing extra demand on an already hard-pressed system. Local authorities have continued to see budgets squeezed and under increasing pressure, making system integration and partnership working more difficult. The implementation of the Health and Social Care Act has seen some radical changes to the NHS.

The Trust is no exception to the challenges, but we start from a strong position, both in terms of service performance and governance, and from a financial perspective. This means that, despite significant pressure, this year has been one of continued growth and success.

In his introduction to the Directors' report, Steven highlights four key themes that have defined the past year.

- Quality underpins everything we do.
- Working in partnership is key to our success and our future.
- We need to look at the way we provide services, achieving real transformation in the way we deliver the best services we can to the people who use our services. Our sustainability and viability depend on this transformation.
- We must deliver on our values. Our mission and values provide the basis for and underpin the culture of our organisation.

Our Members' Council continues to develop and goes from strength to strength. Our governors have embraced the changes required by the Health and Social Care Act with enthusiasm, albeit tempered with slight trepidation. The support of our governors both for me personally and for the Board has been constructive and effective, providing an excellent basis for governors' enhanced role in holding the Board to account. Governors are the Board's link with our local communities and our membership and provide an excellent opportunity for members of the public to influence what the Trust does.

Our staff, as always, have worked hard over the last year to deliver care of the highest quality. It is through their loyalty and commitment, and because of the high standards they set themselves, that our service users and carers receive the best possible care and support. During the year, we held our celebration event for staff, 'Excellence 12', which recognised the excellent work our staff do with over 120 services recognised for their work. The 'Excellence' awards will continue to be an annual event to recognise and celebrate our staff achievements.

In November, we recognised 56 individuals and teams who had been nominated as NHS Heroes by colleagues, service users, carers or members of the public. NHS Heroes recognises staff who go the extra mile and who deserve recognition for the work they do and the effort that they put in.

On a personal level, I was appointed as Trust Chair on 1 May 2012. I have used the period since to look at our Board, our Members' Council and our relationship with our regulator,

Monitor, and have introduced a number of changes, which increase and enhance the effectiveness of the Board. This work will continue in the coming year.

Looking forward, I intend to visit more areas of our services not only to listen to the views of service users, their carers and our staff but also to ensure the services we provide are the very best they can be.

The coming year will be one of great challenge, requiring transformation in all areas of the services we provide. I look forward to leading the Trust through this challenge.

Thank you for taking the time to read this report; we hope you find it interesting and informative.



A handwritten signature in black ink, appearing to read 'I. Black', written in a cursive style.

**Ian Black**  
**Chair**

**23 May 2013**

## Introduction from the Chief Executive

Welcome to our annual report. Last year was one of significant challenge and change, both for us as a Trust and for the NHS as a whole. Our annual members' meeting in October 2012 was themed around our journey and this past year has been no different, although the hectic pace of change has brought its own challenges and complexities to the health and social care system.

My introduction for the annual report focuses on four themes that have defined our Trust in the past year.

### Quality underpins everything we do.

Improved quality of our services remains our top priority over the past year, particularly given the scale of the financial challenge facing the Trust. We continue to work with the Care Quality Commission and have maintained a strong governance rating with our independent regulator, Monitor, having ended the year with a green rating and maintaining a green rating for finance throughout the year.

Our emphasis on improved quality and safety is reflected through the number of serious incidents, which has remained stable, and the introduction of Practice Governance Coaches to support front-line services, as well as creating a new system for measuring the clinical impact of service change and efficiency savings, which was led by the Director of Nursing and the Medical Director.

### Working in partnership is key to our success and our future.

The changes as a result of the Health and Social Care Act became more visible during the year. As well as maintaining and developing our existing partnerships, we forged new relationships with clinical commissioning groups and Health and Wellbeing Boards as they emerged against a climate where resources are scarce. The past year has called for sound partnership working not only with new commissioning bodies but also with partners in the provision of services. Challenges in the current environment necessitate system-based leadership approach and response rather than one that involves individual organisations.

As an example, we have fostered strong working relationships with our acute partners as well as developing relationships with newer organisations, such as social enterprises. These partnerships will be strengthened over the coming year but 2012/13 has seen us build a strong platform from which to develop.

### We need to look at the way we provide services, achieving real transformation in the way we deliver the best services we can to the people who use our services. Our sustainability and viability depend on this transformation.

Over the past year, it has become increasingly apparent that purely improving service efficiency will not be enough to ensure we are making a viable and sustainable offer in the long term. What is called for is a greater sense of service transformation. This year has been a year of building the foundation for the transformation of services in four key areas:

- mental health services;
- learning disability services;
- forensic services; and
- general community services.

Working with partners in a spirit of co-production and mutual benefit will see a new model of service provision emerging that will be fit for the 21st century. Our links with Jönköping in Sweden remain strong and have helped improve understanding of how whole systems

approaches to service development and improvement can yield significant results. The continued relationship is helpful in informing us of best practice in terms of service transformation.

Provision of services through area-based business delivery units, and the service-based forensic business delivery unit, has been a strength in the past year, and the role of the Quality Academy has become clearer in defining the role and support of corporate services in the support of service change.

Innovative ways of delivering our services, such as Creative Minds, go from strength to strength and have been supported by our Innovation Fund to support staff to develop and encourage innovative approaches to supporting service users and their carers.

2012/13 has also seen work intensifying around the Estates Strategy, development of information management and technology solutions, and re-design of the workforce. In support of this, we continue to enjoy strong partnerships with staff side colleagues.

**We must deliver on our values. Our mission and values provide the basis for and underpin the culture of our organisation.**

The transfer of services under the Transforming Community Services agenda early in 2011 has resulted in a changing identity for the Trust. On completion, we saw a fundamental shift in core identity and purpose from a specialist mental health and learning disability provider to a more integrated and partnership-based provider of community and mental health services. This has called for a re-evaluation of our core purpose and values. Over the past year, I have worked directly with service users and carers, and staff to establish a new mission and set of values with the aim of promoting the concept of co-production and ownership of everything we do. More about this outcome of this work can be found in the Directors' report.

Very sadly, after a long illness, our former Director of Nursing, Noreen Young, died in early March. She will be clearly missed by all of her colleagues and we are working with her family to determine a fitting tribute to Noreen's memory.

Lastly, over the past year, I have enjoyed a strong working relationship with the Trust's Chair, Ian Black, and with other members of our Board. I look forward to working with them as we take the Trust on the next step of its journey.



A handwritten signature in dark ink, which appears to read 'S. Michael'. The signature is fluid and cursive, written on a light-colored background.

Steven Michael  
**Chief Executive**

**23 May 2013**



## Contents

<b>Directors' report</b>	<b>11</b>
- Our mission, vision and values	11
- Our strategic priorities	12
- Our achievements	13
- External strategic risks	15
<b>The way we work</b>	<b>18</b>
- Our Trust Board	19
- Our Trust Board Committees	30
- Audit Committee	30
- Clinical Governance and Clinical Safety Committee	34
- Mental Health Act Committee	34
- Committee assurance	35
<b>Remuneration report</b>	<b>36</b>
- Performance related pay	36
- Pay framework	37
- Off-payroll arrangements	37
- Directors' remuneration and pension	39
<b>Membership</b>	<b>41</b>
<b>Our Members' Council</b>	<b>43</b>
- Lead Governor	43
- Members' Council structure	44
- Our governors	44
- Elections	46
- Members' Council involvement and engagement	47
<b>Nominations Committee</b>	<b>49</b>
<b>Operating and financial review</b>	<b>51</b>
- Quality review	51
- Quality governance arrangements	54
- Our response to the Francis Report	54
- Regulatory compliance	55
- Performance review and analysis of key performance indicators	56
<b>Our staff</b>	<b>58</b>
- Staff survey	59
<b>Financial position</b>	<b>63</b>
<b>Other disclosures</b>	
- Sustainability	67
- Equality and inclusion	67

## **Contents (continued)**

- Research and development	67
- Health and safety	69
- Fraud and bribery	69
- Consultations completed	70
- Local consultations	71
- Serious incidents involving data loss and confidentiality	71

<b>Looking ahead</b>	<b>73</b>
----------------------	-----------

<b>Statement of Chief Executive's responsibility as Accounting Officer</b>	<b>76</b>
--	-----------

<b>Annual Governance Statement</b>	<b>77</b>
------------------------------------	-----------

## Directors' report

### Background

The Trust's journey since it was established in April 2002 has seen great change, growth and achievement. In May 2009, we became an NHS Foundation Trust and in April 2011, we saw a fundamental shift in core identity and purpose as the Trust moved from a specialist mental health and learning disability provider to a more integrated and partnership-based provider of community and mental health services. This followed the transfer of substance misuse and health and wellbeing services in Calderdale, and children and adolescent mental health and health and wellbeing services in Wakefield. This was followed in May 2011 by the transfer of all community and mental health services in Barnsley. Services are provided to a population of approximately 1.1 million people across the Yorkshire districts of Barnsley, Calderdale, Kirklees and Wakefield. The area-based business delivery units (BDUs) provide the foundation for the provision of services to a diverse population, which has:

- a combination of urban and rural communities;
- high unemployment in some areas;
- pockets of deprivation and areas of relative wealth;
- communities with a high proportion of people from Black and Minority Ethnic (BME) groups including first generation immigrants, refugees and asylum seekers.

We also provide medium and low secure forensic services to a population of five million across the Yorkshire and Humber region.

The transfer of services from Barnsley, Calderdale and Kirklees saw the Trust double in size in terms of staff and increase its income by 71%. At 31 March 2013, the Trust employed around 4,771 staff, providing services from over 50 main sites. The majority (98%) of the care we provide is in the local community, working with people in their own homes or in community-based locations.

The key to our success is partnership working and we work closely with other local NHS organisations to provide comprehensive health care to the communities we serve. We also have strong partnerships with local authorities and are building, developing and maintaining relationships with new bodies, such as clinical commissioning groups and social enterprises, to ensure we continue to provide high quality services appropriate to the needs of our service users and local people.

### Our Mission, Vision, Values and Goals

Our values help us create the common sense of purpose, which unites our services. They guide us each day to ensure we provide the best possible care for local people and they underpin the approach of our staff in providing this care.

We officially launched our revised mission and values on 1 March 2013. Throughout the autumn and winter of 2012, we talked to over 300 service users, carers, staff and partners about our mission and values to ensure they support our organisation moving forward. We also gathered views through surveys on the intranet and website and received over 1,000 responses. There was broad agreement that our mission should be broadened to focus on reaching potential rather than living life to the full and that we should take account of the need to support people to maintain their link with their lives and communities.

As a result, our Board supported a change to our mission “**enabling people to reach their potential and live well in their community**”.

Our values still reflect the openness and transparency of the organisation but are now clearer and more succinct.

- **Honest, open and transparent.**
- **Respectful.**
- **Person first and in the centre.**
- **Improve and be outstanding.**
- **Relevant today, ready for tomorrow.**
- **Families and carers matter.**

### **Our strategic priorities**

Our strategic priorities were reviewed by the Board to provide the organisational focus to support our strategic direction and to be clear where we need to concentrate our efforts to remain a successful and sustainable organisation. For 2012/13, our strategic priorities are set out below.

1. Consolidation and expansion of local pathways remains a priority, with a strong emphasis on consolidation. This includes sub-specialisation in all areas of Trust services.
2. Exploring opportunities for Forensic Service expansion remains a strategic priority in its own right and includes sub-specialisation within the Forensic offer.
3. Thought leadership will be given clearer definition going forward with greater emphasis on the creative approaches the Trust is gaining reputation for, such as, Change Lab, Creative Minds, and teleheath.
4. Geographical expansion will not be a priority for 2012/13, given the emphasis on local consolidation. Expansion within the existing geographical footprint or where the area is discrete and governable will still be explored.

During the year, delivery of our strategy was measured and monitored through corporate objectives, cascaded throughout the Trust in the form of team and individual objectives.

<b>Strategy</b>	Ensure the Trust continues to identify the key strategic priorities required to maintain organisational success in a rapidly changing environment.
<b>Flawless Execution</b>	Ensure the Trust identifies the best possible means to support the flawless execution of its strategy.
<b>Culture</b>	To create and sustain a culture of continuous quality improvement focussed on delivering the best possible outcomes for service users, staff and commissioners, in line with the Trust's stated Mission and Vision, within a viable and sustainable system.
<b>Structure</b>	Achieve the best possible structure for the Trust's leadership and management through Business Delivery Unit and Quality Academy development.
<b>Partnerships</b>	To maximise the benefit of both external and internal partnerships in support of improving the service offer and delivering ongoing value for money.
<b>Innovation</b>	Drive a commitment to innovation at all levels within the Trust with a view to SWYPFT being viewed as a "Brand leader in the leadership of systems and the provision of mental health and community services.
<b>Talent Management</b>	Create an organisational approach which harnesses the best talents available.
<b>Leadership</b>	To foster a progressive approach to leadership development across all levels and disciplines within the Trust.

## Our achievements

### Consolidation and expansion of local pathways, including sub-specialisation

This year has been very much one of consolidation of our local pathways and increasing the specialisation of the services we provide. An example of this was our successful tender for Tier 3 Child and Adolescent Mental Health Services (CAMHS) in Calderdale and Kirklees from 1 April 2013. These services cover children and young people experiencing mental health difficulties of a severe nature and also meet the needs of young people with additional complex needs. With the addition of these services, we now provide CAMHS across the Trust footprint. The first priority is to ensure the safe transfer of services and consolidation with existing services. Over time, we will implement a programme of service transformation to improve and develop the service, learning from our experience and practice in Barnsley and Wakefield.

At the same time, we entered into a contract with Calderdale and Huddersfield Foundation Trust (CHFT) for the provision of the Calderdale Tier 2 CAMHS and the secondment of associated staff to the Trust, which further enhances our offer.

Building on the transfer of services from NHS Barnsley in May 2011, we reviewed new national guidance in relation to the transfer of estate owned by primary care trusts that was not included in the original transfer of services. This new guidance issued during 2011 allowed the transfer of estate from 1 April 2013. The Trust concluded that we should agree to the transfer as it crucially underpins the services provided in Barnsley and is seen as a key enabler in reconfiguring services to improve the service offer and delivery model to deliver care as close to home as possible. It also underpins the BDUs' financial plans. Following a robust review and due diligence exercise, including submission of a business case to our regulator, Monitor, the estate transferred to the Trust on 1 April 2013.

In late 2012, non-recurrent funding was made available by commissioners to support service improvement and development. We were successful in bidding for funds to support the development of an e-learning package and securing external marketing expertise for Portrait of a Life, which is an award winning innovative initiative to support individuals, family carers and care staff to undertake life story work through a toolkit, first launched in 2010, which helps individuals understand the importance of stories. Portrait of a Life is also an example of the Trust's innovative approach to enhancing and supporting its services.

We were also successful in attracting funding for Creative Minds projects in Calderdale and Kirklees and for additional funds to support capacity to further develop consistent and systematic reporting and use of service user and carer feedback. This funding will also be used to improve the environment and facilities, such as service user art, based on service user feedback.

We also received funding to enable the continued development of Change Lab prototypes in Calderdale and Kirklees.

In partnership with Calderdale and Huddersfield NHS Foundation Trust, we submitted a business case for the establishment of a Mental Health Rapid Assessment Interface and Discharge (RAID) Service. This is a multi-disciplinary mental health service working within acute hospitals. The aim is to follow a service user's journey through rapid assessment, interface and discharge from start to finish for anyone over the age of 16 who has reason to attend accident and emergency or is a hospital in-patient who might be suffering from mental health problems. This will be developed by clinicians from both organisations working together on an appropriate service model. This will include learning from best practice across the country in the development of a local model. Colleagues from Mid-Yorkshire Hospitals NHS Trust and Wakefield commissioners are also engaged in the process, with a similar business case in development.

We were also successful in expanding our community podiatry services as a preferred provider in Nottingham City, Manchester and York and North Yorkshire, and in providing IAPT (improving access to psychological therapies) services in Calderdale based on our existing service in Kirklees.

#### Explore opportunities for forensic service expansion

In the summer of 2011, work began on an extensive re-development of the Newton Lodge medium secure mental health unit. This is due for completion in August 2013 and represents a total investment of £11.8 million. The re-development includes the re-location of our five female rehabilitation beds to the existing female service to improve privacy and dignity, and the development of ten new beds to provide geographically appropriate, high quality care for female service users across Yorkshire and the Humber. The refurbishment of Bronte (intensive care) and Priestley (male) wards and the re-provision of a new therapy area will allow the development of new ways of working as well as improving the living environment for patients. The scheme particularly enables the expansion of our specialist women's service, which already receives national recognition and will enable women to receive the care they need locally.

The first phase of the re-development was completed in spring 2012 with the opening of an improved, dedicated activity centre to provide structured, person-centred care alongside the opening of the first new bedroom block, Waterton. The first part of the second phase is also complete with the opening of the new Johnson ward, a purpose-built ward designed for use as a ten-bed acute female ward and five-bed rehabilitation ward. Currently, these additional beds are being used to care for existing service users whilst their wards are re-developed and extended. In the summer of 2013, the Johnson ward means that we will be able to increase the number of female medium secure beds by an additional ten to improve access and the care we provide. It will also enable us to improve the efficiency of bed usage within the wards and, therefore, reduce the average length of stay for patients, and increase the availability of our beds.

#### Become a thought leader

Altogether Better is just one example of the Trust's innovative approach to delivering services and providing support for our service users and their carers. Started in 2008 with funding from the Big Lottery, Altogether Better supports community health champions to make a positive difference to the lives of their families, friends and communities.

The Trust was approached by NHS Yorkshire and the Humber to host Altogether Better following its demise early in 2013. As its principles are closely aligned with the Trust's own vision and values, hosting Altogether Better was considered by our Board to be mutually beneficial. Altogether Better successfully transferred on 1 July 2012 and is hosted within the Quality Academy.

Altogether Better aims to work in partnership to harness the full potential of community health champions to improve the health and wellbeing of their communities. With over 17,000 community and workplace champions across Yorkshire and the Humber, Altogether Better reaches and supports over 100,000 people to get more active, eat well and feel better in their communities and workplaces. As a measure of its success, Altogether Better has been asked by the Big Lottery Fund to submit new bids in respect of community champion development both within and outside our region and the outcome of the bids should be known in June 2013.

Creative Minds has gone from strength to strength during 2011/13. We formally launched Creative Minds late in 2011 to show our commitment to fostering and developing a creative

approach to delivering our services. Creative Minds challenges the traditional way health services are provided as well as building and supporting a community of people committed to developing creative approaches. It also exemplifies our partnership approach to helping people reach their full potential in a way that best suits them in the very heart of our local communities.

During 2012/13, Creative Minds has supported hydrotherapy in Wakefield, the Breathing Space programme in partnership with Hoot Creative Arts in Kirklees, a framing project as part of the Calderdale Inclusion Support Service in the centre of Halifax, a range of sporting activities in support of the Olympic and Paralympic Games in the summer of 2012 across the Trust, and an allotment project in Barnsley to boost welling amongst men.

Creative Minds live took place at the end of 2012 and celebrated the successful projects and partnerships that have been developed during the first twelve months of the Creative Minds Strategy. Events were held in Barnsley, Calderdale, Kirklees and Wakefield. A full programme of events was organised at each event, including interactive workshops, performances and presentations. A special learning disability event, Bipinz Muzikal Xtravaganza, was held at Fieldhead in November 2012. This was attended by more than 50 service users and carers who were treated to a disco and talent show.

The Trust was also pleased to welcome the Princess Royal to Shepley Bridge Marina in the autumn of 2012 to mark the official launch of a boat supported under the Wellbeing through Waterways project developed in partnership with the Safe Anchor Trust, based in Mirfield, in Kirklees. This offers people who use Trust services a supportive environment to enjoy local waterways.

Creative Minds is altering perceptions of how we deliver our services and has started to extend our service pathways. Throughout the coming year, we will develop a business case to put Creative Minds on a more sustainable footing so it can continue to grow and develop.

#### Expansion within the existing geographical footprint

Our Board agreed that this would not be a key priority this year and the year very much saw the continued integration of staff and services following the transfer of services under Transforming Community Services in 2011, particularly in Barnsley.

One area where the Trust has looked outside of its boundaries is telehealth, delivery of health-related services and information through telecommunications technologies, and care navigation, providing help and advice to patients with long-term conditions. We currently run a successful service, in partnership with Barnsley Council, in Barnsley and we plan to expand this offer across Calderdale, Kirklees and Wakefield in the coming year.

We were asked by Bassetlaw Clinical Commissioning Group to implement a twelve-month telehealth pilot working with local GP practices. The initial pilot has gone well and discussions on developing the scope of provision beyond September 2013 have begun. The Trust is also working in partnership to bid for European funding to develop our offer further afield.

#### **External strategic risks**

In our annual plan to Monitor in May 2012, we identified a number of risks as a result of regular market analysis and assessment. Mitigating action is in place to address or lessen the impact of these risks.



The Health and Social Care Act 2012 and the subsequent significant commissioner reforms, including the development of the 'Any Qualified Provider' arrangements.

- We have worked hard during the year to maintain existing commissioner relationships and to build new relationships with emerging clinical commissioning groups. A measure of

the success of our approach is that we have agreed the contractual basis for provision of services with commissioners for 2013/14.

- In terms of the changes to governance arrangements brought about by the Act, led by the Chair, we set up a working group of our Members' Council to look at the implications of the provisions in the Act and any changes required to the Trust's Constitution, membership of the Members' Council and governance arrangements to ensure the Trust fulfils its duties under the Act. The Group made a number of recommendations to the Board and Members' Council, which have been implemented during the year. This included a revised structure for the Members' Council (see page 43). The group was tasked with ensuring the changes to the Constitution were implemented in a timely manner and that processes and action were in place to enable the Trust, Trust Board and the Members' Council to meet their obligations under the Act.

The current economic climate and the financial challenges this brings.

- During 2012/13, we embarked on an ambitious service transformation programme (see page 72) which will provide the Trust with a sound base to remain viable and sustainable into the future. A robust budget, including a cost improvement programme, was approved by our Board in March 2012. A summary of our financial performance can be found at page 62.

The increase in regulation in the NHS, particularly the developing role of the Care Quality Commission and including the publication of the Francis Report.

- The impact of this risk was not as great as was anticipated. The Trust has a process in place, led by the Director of Nursing, to develop a clinically-led, cross-Trust response to the Francis Report, which will be monitored by the Clinical Governance and Clinical Safety Committee.

The potential impact of Payment by Results for mental health services.

- Service line reporting and currency development are two priority areas for the Trust. A costing model and reporting tool are in place and roll-out has begun to BDUs for completion in June 2013. Progress towards implementation is monitored by the Audit Committee.
- A memorandum of understanding was agreed with commissioners in 2012/13 to minimise the impact on the Trust's stability through the introduction of a currency for mental health based on the experience of acute trusts.

Acute care providers in the local environment who are having difficulties within the current financial environment.

- The Trust is working in partnership at strategic, director level to ensure that the Trust continues to support the local health economy.

The position with PCT estate.

- A robust plan, including due diligence work, assessment by Monitor and self-certification by the Board resulted in the transfer of estate from NHS Barnsley on 1 April 2013.

The impact of both demographics and the recession, which will lead to increased demand.

- The Trust has begun to see a change in the demand for its services and continues dialogue and negotiation with commissioners.



The increased availability of telehealth and telecare solutions.

- The Trust has successfully contracted for provision of its telehealth service in other areas and continues to develop its own solution across the Trust.

Our approach to mitigation and management of risk is outlined in the Annual Governance Statement, which is part of this report.

## The Way We Work

Our Trust Board and our Members' Council have clearly defined and very different roles. The Members' Council's role is to make sure that Trust Board, which retains responsibility for the day to day running of the Trust, is accountable to the local community. The role of the Members' Council is different from that of our Board, which is to ensure the business runs effectively through:

- establishing the vision, mission and values;
- setting the strategy and structure to achieve the strategy;
- delegating to management implementation of the strategy with regular reviews of effectiveness, determination of monitoring criteria, establishment of effective controls and clear and consistent communication;
- exercising accountability to local communities, stakeholders and members, including staff.

The responsibility for community representation lies with our Members' Council through our membership. Therefore, the prime role of the Members' Council is to ensure Trust Board is accountable to the community and to represent the interests of members and partnership organisations in the governance of the Trust. Its role can be summarised as follows.

- **Guardianship** – making sure the Trust complies with the terms of its authorisation by Monitor and that corporate objectives are met.
- **Advisory** – act as a channel for the flow of information to and from members of the community.
- **Strategic** – advise on the future strategic direction of the Trust and provide stakeholder input.

Specifically, the duties of the Members' Council, as laid out in the Trust's Constitution and the National Health Service Act 2006, are to:

- appoint and remove the Chair and other Non-Executive Directors;
- agree the remuneration and allowances, and other terms and conditions of office, of the Chair and other Non-Executive Directors;
- approve the appointment (by Non-Executive Directors) of the Chief Executive;
- appoint and remove the Trust's financial auditors;
- be presented with the annual accounts, any report of the financial auditors on them and the annual report.
- provide views to Trust Board when it is preparing any document containing information about the Trust's forward planning. (This is an influencing role and it is not telling the Trust Board what it should do or setting strategy.)
- respond, as appropriate, when consulted by Trust Board;
- prepare and, from time to time, review the Trust's membership strategy and its policy for the composition of the Members' Council and of the Non-Executive Directors, and, when appropriate, make recommendations for the revision of the constitution.

The Members' Council is also expected to inform the Independent Regulator if concerns about the performance of Trust Board cannot be resolved at local level.

During 2012/13, we worked with the Members' Council to ensure that the requirements of the Health and Social Care Act 2012 are implemented. Led by the Chair, we set up a working group of governors and members of the Board to look at the implications of the provisions in the Act and any changes required to the Trust's Constitution, membership of the Members' Council and governance arrangements to ensure the Trust fulfils its duties

under the Act. The Group made a number of recommendations to the Board and Members' Council, which have been implemented during the year. This included a revised structure for the Members' Council (see below). The group was tasked with ensuring the changes to the Constitution were implemented in a timely manner and that processes and action were in place to enable the Trust, Trust Board and the Members' Council to meet their obligations under the Act.

## **Our Trust Board**

Our Board is responsible for setting the strategic direction for the organisation to enable it to deliver appropriate, high quality, safe, effective and efficient services to our service users, their carers and stakeholders whilst remaining effective, sustainable and viable. The Board has the overall responsibility for probity (standards of public behaviour) within the Trust and is accountable for monitoring the organisation against the agreed strategic direction and ensuring corrective action is taken where necessary.

The Scheme of Delegation describes those powers that are reserved to Trust Board and these are generally those matters for which the Trust remains accountable to the Secretary of State, to Monitor and to the Care Quality Commission, as well as describing the delegation of the detailed application of Trust policies and procedures to the appropriate level. Trust Board remains accountable for all its functions, even those delegated to the Chair, individual directors or officers and has in place arrangements to receive information about the exercise of delegated functions to enable it to maintain a monitoring role.

The composition of the Trust Board is in accordance with the Trust's Constitution in order to fulfil its statutory duties and functions, and remain within Monitor's Terms of Authorisation. All Non-Executive Directors are considered to be independent.

The Chair is responsible for ensuring that Trust Board focuses on the strategic development of the Trust and for ensuring robust governance and accountability arrangements are in place, as well as undertaking an evaluation of the performance of the Board, its committees and individual Non-Executive Directors. The Chair also chairs the Trust's Members' Council meetings, ensures that there is effective communication between the Trust Board and the Members' Council, and that the views of the Members' Council are sought and listened to.

The Chair and Non-Executive Directors are appointed by the Members' Council following a recruitment and selection process managed on its behalf by the Nominations Committee (see below). The Nominations Committee makes recommendations on the appointment or re-appointment of Non-Executive Directors to the Members' Council. The Members' Council also has the ability to remove Non-Executive Directors and the Chair from post.

Trust Board has a variety of individual skills and experience, which they bring to bear on the work of the Trust. Each director's experience is described below, along with any declaration of interest as at the end of March 2013.

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



Name/role/appointment	Declaration of interests	Experience
<b>Chair</b> <b><u>Ian Black</u></b>  Appointed as designate 20 March 2008 Substantive from 1 May 2008 to 30 April 2012 Deputy Chair from 1 June 2010 to 31 January 2012 Acting Chair 1 February 2012 to 30 April 2012 Chair 1 May 2012 to 30 April 2015	<ul style="list-style-type: none"> <li>➤ Non-Executive Director, MacKeith Press Ltd. (ends October 2013)</li> <li>➤ Non-Executive Director, Trustee and Treasurer, Scope (charity) (ends October 2013)</li> <li>➤ Governor, Beaumont College, Lancaster (ends October 2013)</li> <li>➤ Non-Executive Director, Benenden Healthcare (mutual)</li> <li>➤ Non-Executive Director, Seedrs (with small shareholding)</li> <li>➤ Private shareholding in Lloyds Banking Group PLC (retired member of staff)</li> <li>➤ Chair, Family Fund</li> </ul>	<ul style="list-style-type: none"> <li>➤ Chartered accountant and management consultant.</li> <li>➤ 20 years at Halifax plc/HBoS with a series of director roles in finance, operations, risk and customer service in the UK, Ireland, Continental Europe and Australia.</li> <li>➤ Particular areas of experience are financial management, risk and funding/investment</li> <li>➤ Treasurer (and ex-chair) of Scope (UK disability charity).</li> <li>➤ Chair of Family Fund UK</li> <li>➤ Non-Executive Director of McKeith Press Limited</li> <li>➤ Variety of charitable interests nationally and locally.</li> <li>➤ School Governor for 6 years.</li> <li>➤ Former pension fund Trustee</li> <li>➤ Governor, Beaumont FE College, Lancaster</li> </ul>
<b>Non-Executive Director (Chair of Audit Committee)</b> <b><u>Peter Aspinall</u></b>  Appointed as designate 1 November 2008 for an initial period of 12 months. Appointed by Members' Council from 1 May 2009 to 30 April 2012 Re-appointed from 1 May 2012 to 30 April 2015	Directorships held in: <ul style="list-style-type: none"> <li>➤ Primrose Mill Ltd.</li> <li>➤ Honley Show Society Ltd.</li> </ul>	<ul style="list-style-type: none"> <li>➤ Over 20 years of Board and Leadership Team experience.</li> <li>➤ Finance Director in a number of significant manufacturing and commercial organisations including complex multinational environments.</li> <li>➤ Membership of integration and change management experience gained resultant to significant merger.</li> </ul>
<b>Non-Executive Director</b> <b><u>Bernard Fee</u></b>  Appointed as designate 20 March 2008 Substantive from 26 May 2008 to 26 May 2011 Re-appointed 27 May 2011 to 26 May 2014	No interests declared	<ul style="list-style-type: none"> <li>➤ 30 years management experience with Marks and Spencer.</li> <li>➤ Strong commercial background across a number of functional areas including finance and operations roles in buying and selling.</li> <li>➤ Significant marketing experience in both research and deliver.</li> <li>➤ Strong leadership and development background.</li> <li>➤ Leading large teams at different levels through strong, focused performance management.</li> <li>➤ Driving results through people and encouraging individuals to maximise potential.</li> </ul>
<b>Non-Executive Director</b> <b><u>Julie Fox</u></b>  Appointed 1 August 2011 to 31 July 2014	No interests declared; however, does work with the Care Quality Commission in work and inspection with children and young people who offend. This is not likely to conflict with the Non-Executive Director role.	<ul style="list-style-type: none"> <li>➤ 30 years operational and management experience in criminal justice.</li> <li>➤ Significant experience in partnership working and management of contracts for services.</li> <li>➤ Senior manager in residential offender services.</li> </ul>

Name/role/appointment	Declaration of interests	Experience
		<ul style="list-style-type: none"> <li>➤ Positive diversity achievements both strategic and operational.</li> <li>➤ Nine years in probation and youth justice inspection, (working closely with other inspectorates such as HM Inspectorate of Constabulary, HMI Prisons, Ofsted and the Care Quality Commission)</li> <li>➤ Considerable HR experience in recruitment and staff development.</li> <li>➤ Four years in restaurant ownership</li> </ul>
<b>Non-Executive Director</b> <b><u>Jonathan Jones</u></b>  Appointed 1 June 2010 to 31 May 2013 Re-appointed 1 June 2013 to 31 May 2016	<ul style="list-style-type: none"> <li>➤ Director, Squire Sanders International Association</li> <li>➤ Member, Squire Sanders (UK) LLP</li> <li>➤ Member, Squire Sanders MENA LLP</li> <li>➤ Spouse, shareholder in Accelerate Holdings Limited (holding company of Zenith Vehicle Contracts Limited)</li> </ul>	<ul style="list-style-type: none"> <li>➤ Member of the Global Board of Squire Sanders, a major international law firm.</li> <li>➤ Office Managing Partner for Leeds, and specialises in corporate finance law (with particular experience in private equity).</li> <li>➤ Clients come from a variety of sectors including healthcare.</li> <li>➤ Issues confronting the legal profession at present include estates, people and technology and he has applied his experience of those to his involvement in the trust.</li> </ul>
<b>Non-Executive Director</b> <b><u>Helen Wollaston</u></b>  1 August 2009 to 31 July 2012 Re-appointed from 1 August 2012 to 31 July 2015 Interim Deputy Chair/Senior Independent Director 1 February 2012 to 30 April 2012. Interim period extended from 1 May 2012 to 31 July 2012 Deputy Chair/Senior Independent Director 1 August 2012 to 31 July 2015	<ul style="list-style-type: none"> <li>➤ Director, Equal to the Occasion (consultancy)</li> <li>➤ Director, WISE (Women in Science and Engineering)</li> <li>➤ Partner is Associate of General Medical Council</li> </ul>	<ul style="list-style-type: none"> <li>➤ Over 20 years experience in the public and voluntary sectors, including executive and non-executive roles.</li> <li>➤ Founder/Director Equal to the Occasion, a consultancy to support equality and diversity projects.</li> <li>➤ 7 years as Director of Campaigns at Equal Opportunities Commission.</li> <li>➤ 3 years as Regional Manager of National Lottery Charities Board in Yorkshire and the Humber.</li> <li>➤ Strong track record in working with marginalised communities.</li> <li>➤ Contacts in science and technology sector through current role as Director of the WISE campaign.</li> </ul>
<b>Chief Executive</b> <b><u>Steven Michael</u></b>  Appointed 1 April 2002 Acting Chief Executive from 4 September 2006 Chief Executive from 12 February 2007 (Secondment to DoH 1 October 2010 to 31 January	<ul style="list-style-type: none"> <li>➤ Member of Huddersfield University Business School Advisory Board</li> <li>➤ Member, Leeds University International Fellowship Scheme</li> <li>➤ Partner, NHS Interim Management and Support</li> <li>➤ Trustee, Spectrum People</li> <li>➤ NHS Confederation elected Chief Executive</li> </ul>	<ul style="list-style-type: none"> <li>➤ Occupied role of Accountable/Accounting Officer from February 2007 leading the Trust to Foundation Trust status in May 2009</li> <li>➤ Three decades experience of working in the NHS with Executive Director experience since 2000</li> <li>➤ Significant clinical leadership experience both as nurse leader and clinical director at key points in</li> </ul>

Name/role/appointment	Declaration of interests	Experience
2011)	representative, Mental Health Network Board	<ul style="list-style-type: none"> <li>career</li> <li>➤ Experience in working in not for profit sector at senior management level</li> <li>➤ Partnership working over two decades including chairing of partnership boards</li> <li>➤ Track record in project management including large and complex capital projects</li> <li>➤ Strong record in contract and planning negotiation with commissioners</li> <li>➤ Experience in working at both regional and national level including recent secondment as Regional Director of Provider Development for Yorkshire and the Humber and project work for the Department of Health</li> <li>➤ Long history of effective engagement with service users and carers</li> <li>➤ Record in working with a range of universities including Newcastle-upon-Tyne, Northumbria, Huddersfield and Leeds</li> </ul>
<b>Deputy Chief Executive/Director of Finance</b> <b><u>Alex Farrell</u></b>  Appointed 7 September 2009 (Acting Chief Executive 1 October 2010 to 31 January 2011)	<ul style="list-style-type: none"> <li>➤ Spouse is general practitioner based in Beeston, Leeds</li> </ul>	<ul style="list-style-type: none"> <li>➤ Qualified medical doctor</li> <li>➤ Retrained in private sector as Chartered Accountant</li> <li>➤ Rejoined NHS in acute sector and has worked in acute trust, health authority, PCG and PCTs in senior management</li> <li>➤ 8 years experience as a Director of Finance. Portfolio experience in strategic financial planning and management; contract negotiation and healthcare tenders; developing Estates Strategy and capital business cases ;developing IM&amp;T Strategy and implementation of performance framework based on Balanced scorecard; implementation of Integrated Governance and Change Management.</li> <li>➤ Bring a drive for continual improvement ,integrated working and change management linked to good understanding of Commissioning, business development ,performance management and governance to support the development of the FT.</li> </ul>
<b>Medical Director</b> <b><u>Nisreen Booya</u></b>	<ul style="list-style-type: none"> <li>➤ Honorary President, Support to Recovery</li> <li>➤ Secondary Care Doctor Member (Designate), Bassetlaw Clinical Commissioning Group</li> </ul>	<ul style="list-style-type: none"> <li>➤ Trust's Responsible Officer</li> <li>➤ Trust's Clinical Safety Officer</li> <li>➤ Clinical experience as Consultant Psychiatrist</li> </ul>

Name/role/appointment	Declaration of interests	Experience
<p>Appointed 29 January 2004</p>	<ul style="list-style-type: none"> <li>➤ Panellist, Medical Practitioners Tribunal Service</li> </ul>	<ul style="list-style-type: none"> <li>since 1985 in both WAA and OPS</li> <li>➤ Senior Clinical Lecturer, Leeds University since 1997</li> <li>➤ Experience in medical education, training, assessment and appraisal with 17 years' experience as a college tutor</li> <li>➤ Royal College of Psychiatrists examiner since 1998</li> <li>➤ Experience in Clinical Governance including national level as Clinical Governance investigator and reviewer for the CHI and Health Care Commission Associate</li> <li>➤ GMC Associate 1997-2013</li> <li>➤ GMC – MPTS Fitness to Practice Panellist since 2013</li> <li>➤ Honorary President to Support to Recovery</li> <li>➤ Secondary care doctor on the Bassetlaw CCG</li> <li>➤ Experience in service planning, development and innovative service models (won national award Doctor of the Year for Dementia Service 2001)</li> <li>➤ Contributed to the development of Integrated care Pathways and Package which underpins the PbR in mental health</li> </ul>
<p><b>Director of Nursing, Clinical Governance and Safety</b>  <b><u>Tim Breedon</u></b></p> <p>Appointed District Director for Wakefield 1 November 2010  Acting Director of Nursing from 16 July 2012  Director of Nursing from 17 December 2012</p>	<ul style="list-style-type: none"> <li>➤ Member, Mental Health Network Board, NHS Confederation and Chair of Learning Disabilities Steering Group</li> </ul>	<ul style="list-style-type: none"> <li>➤ Over 25 years experience in the health and social care market with both public and private sector experience.</li> <li>➤ Executive Director experience in both public and private sector environments, including Managing Director of a Long Term Health Care PLC.</li> <li>➤ Significant senior management experience in both local authority and charitable sector at key points in career.</li> <li>➤ Five years experience as a self-employed management and training consultant.</li> <li>➤ Director level responsibility for PLC acquisition and merger plan.</li> <li>➤ Significant experience in contract negotiation and delivery on contracts, including the delivery of capital investment programme to support growth.</li> <li>➤ Lead professional adviser on learning disability policy, strategy and commissioning for both PCT and local authority.</li> </ul>



Name/role/appointment	Declaration of interests	Experience
		<ul style="list-style-type: none"> <li>➤ Well documented history of partnership working, including the chairing of multi-agency partnership boards.</li> <li>➤ Nurse leadership roles in a variety of care and support settings</li> </ul>
<b>Director of Human Resources and Workforce Development</b> <b><u>Alan Davis</u></b>  Appointed 1 April 2002	No interests declared	<ul style="list-style-type: none"> <li>➤ 28 years' experience of HR in the NHS</li> <li>➤ 19 years as an Executive Director of Trust</li> <li>➤ Human Resource Management</li> <li>➤ Leadership and Workforce Development</li> <li>➤ Business Planning</li> <li>➤ Staff Side/Staff Engagement/Consultation</li> <li>➤ Chair Childcare Information Service Ltd 10 years (charity providing services to local authorities)</li> <li>➤ Employee Relations</li> <li>➤ Investor in People</li> <li>➤ Member of the Director team leading FT application SWYPFT</li> <li>➤ 2009 runner up in NHS HR Director of the Year: nominated by Chief Executive and Staff Side Organisations</li> </ul>
<b>Director of Corporate Development (Company Secretary) non-voting</b> <b><u>Dawn Stephenson</u></b>  Secondment 8 February 2010 Substantive appointment from 1 April 2011	<ul style="list-style-type: none"> <li>➤ Voluntary Trustee for Kirklees Active Leisure</li> <li>➤ Voluntary Trustee for Dr. Jackson Cancer Fund</li> </ul>	<ul style="list-style-type: none"> <li>➤ 18 years experience at Board level as an NHS Director.</li> <li>➤ Knowledge of community, primary care and acute through previous experience as Director of Finance, Contracting and Information and Chief Executive in an integrated trust and primary care trust.</li> <li>➤ Experience in strategic financial management, contracting and IM&amp;T strategy.</li> <li>➤ Experience in Board governance and risk management.</li> <li>➤ Experience in public involvement, communications and partnership working.</li> <li>➤ Experience in acquisitions.</li> </ul>
<b>District Service Director – Calderdale and Kirklees (non-voting)</b> <b><u>Anna Basford</u></b>  Appointed 1 November 2010	No interests declared	<ul style="list-style-type: none"> <li>➤ Ten years' experience of working at Board level in NHS director roles with a breadth of knowledge, achievement and skills across corporate, commissioning and operational service provision.</li> <li>➤ Experience of working in primary care, community, general acute, mental health and regional office organisations.</li> <li>➤ Experience of leading strategic commissioning of</li> </ul>

Name/role/appointment	Declaration of interests	Experience
		<p>services as Deputy Chief Executive in a PCT and Chief Executive of a Primary Care Group.</p> <ul style="list-style-type: none"> <li>➤ Significant experience of leading the provision of community physical health services</li> <li>➤ Extensive experience of implementing clinical service redesign and innovation across a range of community nursing, therapy and mental health services to improve productivity and quality of services.</li> <li>➤ A proven track record of effective whole system partnership working delivering major organisational change and service innovation through collaboration with staff, partners and the public.</li> <li>➤ Experience of winning competitive tenders and securing growth in income</li> </ul>
<p><b>Director of Forensic Services (non-voting)</b>  <b><u>Adrian Berry</u></b></p> <p>Appointed 1 November 2010</p>	<p>No interests declared</p>	<ul style="list-style-type: none"> <li>➤ 15 years experience of clinical care as consultant forensic psychiatrist and of training specialist registrars</li> <li>➤ Leader of clinical management team 1999-2003</li> <li>➤ Associate medical director and Trust Board member 2003-2005</li> <li>➤ Program director for specialist forensic training in Yorkshire and Humber 2006-2009</li> <li>➤ Clinical project lead for a number of capital projects and service developments</li> <li>➤ Contract management and negotiation experience with specialist commissioning team</li> </ul>
<p><b>District Service Director – Barnsley (non-voting)</b>  <b><u>Sean Rayner</u></b></p> <p>Transitional post as District Director, Barnsley from 22 February 2011  Substantive from 1 April 2012</p>	<ul style="list-style-type: none"> <li>➤ Member, Independent Monitoring Board for HMP Wealstun</li> <li>➤ Trustee, Barnsley Premier Leisure</li> </ul>	<ul style="list-style-type: none"> <li>➤ 25 years experience in the NHS, with 12 years experience as an Executive Director.</li> <li>➤ Barnsley Transition Director in support of SWYPFT acquisition process.</li> <li>➤ Significant experience in leadership, business planning, and contract management in multi-agency environments.</li> <li>➤ Partnership working over 20 years, including chairing and leading service user/carer Partnership Boards.</li> <li>➤ Experience in project management, including capital projects and LIFT as a premises procurement vehicle.</li> <li>➤ Strong record in GP engagement and accountable</li> </ul>

Name/role/appointment	Declaration of interests	Experience
		<p>officer in a Primary Care Group.</p> <ul style="list-style-type: none"> <li>➤ Experience of working in a voluntary capacity in not for profit sector, and a member of HMP Wealstun Independent Monitoring Board (IMB).</li> </ul>
<p><b>Director of Service Improvement and Development (non-voting)</b>  <b><u>Karen Taylor</u></b></p> <p>Interim appointment 9 January 2012  Substantive from 1 April 2012</p>	No interests declared	<ul style="list-style-type: none"> <li>➤ In excess of 30 years NHS experience in clinical and managerial roles.</li> <li>➤ Director level positions held since 2007.</li> <li>➤ Experience of establishing and managing partnership arrangements with the local authority and third sector organisations.</li> <li>➤ Strong operational management background up to Director level.</li> </ul>

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

The following member of Trust Board left office during 2012/13.

Name/role/appointment	Declaration of interests	Experience
<p><b>Director of Nursing, Clinical Governance and Safety</b>  <b><u>Noreen Young</u></b></p> <p>Appointed 1 November 2007  Retired 31 October 2012</p>	No interests declared	<ul style="list-style-type: none"> <li>➤ 33 years experience in Mental Health care, also regional and national working</li> <li>➤ 8 years working as an Executive Director of Nursing plus Deputy CEO/COO experience</li> <li>➤ 2 years general manager responsible for city-wide older persons' services.</li> <li>➤ Experience in operational management, professional development leading culture change, research and education</li> <li>➤ Experience in governance, risk management, quality, organisational development and service redesign systems</li> <li>➤ Experience in managing patient safety systems</li> <li>➤ Experience in developing service user/carer engagement</li> <li>➤ National leadership/ward manager development facilitator</li> <li>➤ Royal College of Nursing leadership facilitation</li> <li>➤ Regional leading and empowering organisation facilitator</li> </ul>

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

- The Deputy Chair/Senior Independent Director, with support from Non-Executive and Executive Directors and the Members' Council, has a process in place to appraise the Chair annually. The outcome of this appraisal is reported to the Members' Council. The outcome of the process to appraise the current Chair, Ian Black, was reported to the Members' Council in May 2013.
- The Chair of the Trust undertakes quarterly reviews with Non-Executive Directors.
- The Chair of the Trust also undertakes quarterly reviews with the Chief Executive.
- The Chair and the Chief Executive have undertaken 'pairs' coaching' with an external facilitator aimed at enhancing the working relationship between them.
- The Chief Executive undertakes quarterly reviews of performance against objectives with Executive Directors and his Executive Management Team.

We developed a comprehensive and detailed board development plan as part of our application to become a foundation trust. As we enter the next phase of our journey, this has been reviewed and, following an externally facilitated development session in May 2013, a revised development plan will be developed to ensure Trust Board remains effective and has the balance of skills and experience to take the Trust into the next challenging phase.

### Attendance at Board meetings 2012/13

Name	24/04	29/05	26/06	31/07	25/09	30/10	27/11	18/12	29/01	01/03	26/03
BLACK, Ian	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
ASPINALL, Peter	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
FEE, Bernard	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
FOX, Julie	x	✓	✓	x	✓	✓	✓	✓	✓	✓	✓
JONES, Jonathan	✓	x	✓	x	✓	✓	✓	✓	✓	x	✓
WOLLASTON, Helen	✓	x	✓	✓	✓	✓	✓	✓	✓	✓	✓
MICHAEL, Steven	✓	✓	✓	✓	✓	✓	✓	✓	x	✓	✓
BOOYA, Nisreen	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
BREEDON, Tim **		✓		✓	✓	✓	✓	✓	✓	x	✓
DAVIS, Alan	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
FARRELL, Alex	x	✓	✓	x	✓	✓	✓	✓	✓	✓	✓
YOUNG, Noreen	✓	✓	x	x	x	x					
STEPHENSON, Dawn	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
BASFORD, Anna *						x			✓		
BERRY, Adrian *		✓				x			x		
RAYNER, Sean *		✓				✓			✓		
TAYLOR, Karen *		✓				x			✓		

\* NB from March 2012, only voting Directors and the Director of Corporate Development, in her role as Company Secretary, attend all Trust Board meetings. District Service Directors and the Director of Service Improvement and Development are only required to attend board meetings quarterly.

\*\* NB Tim Breedon was appointed as Acting Director of Nursing from July 2012. Before July 2012, his attendance relates to his previous role of District Service Director, Wakefield.

## Our Trust Board Committees

Trust Board discharges its responsibilities through a number of Committees. The membership and work of the Trust's risk committees are outlined below.

The Director of Corporate Development attends all Committee meetings, with the exception of the Remuneration and Terms of Service Committee, as part of her role as Company Secretary. The Chair of the Trust and the Chair of the Audit Committee attend at least one meeting of each Committee per year as part of the review of the effectiveness of Non-Executive Directors individually and of the Committees. The Audit Committee reviews the effectiveness and integration of Trust Board Committees on annual basis and presents the outcome of this review in its annual report to Trust Board. This was presented to Trust Board in April 2013. The Committee was 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 the 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 are within the scope of their remit, and that Committees can demonstrate added value to the organisation.

Information on the Remuneration and Terms of Service Committee is contained in the remuneration report.

### Audit Committee

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

#### Members during 2012/13

Peter Aspinall, Non-Executive Director (Chair)	Attended five out of five meetings
Bernard Fee, Non-Executive Director	Attended five out of five meetings
Jonathan Jones, Non-Executive Director	Attended four out of five meeting

The Audit Committee produces an annual report each year, which provides assurance to Trust Board that it has fulfilled its roles and responsibilities under its terms of reference. The following is an outline of how the Committee has done this in 2012/13.

#### 1. Internal Audit

The Committee ensures that there is an effective internal audit function, established by management, that meets mandatory NHS Internal Audit Standards and provides appropriate independent assurance to the Audit Committee, Chief Executive and Board as follows.

Consideration of the provision of the Internal Audit service, the cost of the audit and any questions of resignation and dismissal.

#### **Progress**

Following the decision to give notice to both internal audit suppliers (West Yorkshire Audit Consortium and South Yorkshire and North Derbyshire Audit Service) from the end of May 2011, the provision of an internal audit service was tendered during April/May 2012. Following a robust evaluation process, KPMG was awarded the internal audit service contract from 1 July 2012.

Review and approval of the Internal Audit An outline draft Internal Audit Annual Plan for

strategy, programme of work, ensuring that this is consistent with the audit needs of the organisation as identified in the Assurance Framework.

Consideration of the major findings of internal audit work (and management's response) and ensure co-ordination between the Internal and External Auditors to optimise audit resources.

Ensure the Internal Audit function is adequately resourced and has appropriate standing in the organisation.

An annual review of the effectiveness of internal audit.

### **Progress**

2012/13 was agreed by the Audit Committee in April 2012. Following the appointment of KPMG as the Trust's internal auditors, a revised programme of work was presented to the Committee in July 2012 and final approval for the plan given in October 2012. The plan reflects the Trust's corporate objectives, priorities and areas identified for improvement. Progress against the plan is reviewed at every meeting. The Trust, supported by KPMG, also reports on outstanding actions and recommendations made by the previous internal audit function. Regular meetings are held with the Director of Finance to monitor progress against the work plan.

The Committee receives the audit reports and audit findings in line with the audit plan. The recommendations are followed up to ensure actions are taken in line with the action plans agreed. There have been six limited assurance reports and management action has been agreed for all recommended actions, reported to the Committee and, where appropriate, progressed by KPMG. There are no significant outstanding actions.

The Audit Committee reviewed and received the Head of Internal Audit Opinion as part of the final accounts process for 2011/12.

The level of resources was assessed and agreed at the time of the tender process. The ongoing adequacy of resources is assessed through review of the plan and monitoring rate of achievement. No significant issues have been raised in-year.

The Committee received the annual report from West Yorkshire Audit Consortium in July 2012 for 2011/12. There was no review of the effectiveness of internal audit during the year given the tender for the internal audit service.

KPMG has identified a number of performance areas against which the Committee can assess its performance and the timing of this assessment will be agreed with the Chair of the Committee.

## **2. Counter Fraud**

The Committee ensures that there is an effective counter fraud service, established by management that meets mandatory NHS Internal Audit Standards and provides appropriate independent assurance to the Audit Committee, Chief Executive and Board.

Consideration of the provision of the Counter Fraud service, the cost of the audit and any questions of resignation and dismissal.

### **Progress**

Following the decision to give notice to both internal audit suppliers (West Yorkshire Audit Consortium and South Yorkshire and North Derbyshire Audit Service) from the end of May 2011, the provision of an internal audit service was tendered during April/May 2012. Following a robust evaluation process, KPMG was awarded the internal audit service contract from 1 July 2012. This includes the

Review and approval of the Counter Fraud strategy, programme of work, ensuring that this is consistent with the audit needs of the organisation as identified in the Assurance Framework.

Consideration of the major findings of Counter Fraud (and management's response) and ensure co-ordination between the Internal and External Auditors to optimise audit resources.

An annual review of the effectiveness of Counter Fraud Services.

### **Progress**

provision for counter fraud services.

KPMG presented a draft programme of work to the Committee in July 2012 and final approval for the plan was given in October 2012. Progress against plan is reviewed at every meeting.

The Committee receives the Counter Fraud update report at each meeting to identify progress and any significant issues for action. The number of referrals and investigations continues to increase in 2011/12, which indicates an ongoing awareness of counter fraud both within the organisation and independent contractors.

The Trust received a rating of 3 out of 4 from the external evaluation of Compound Indicators for 2011/12 (qualitative assessment), which supports adequate performance in this area. This was reported to the Audit Committee in April 2012. Although the system for assessment has changed in 2012/13, the Committee is committed to consolidation of progress and will continue to look for assurance that a counter fraud culture is embedded in the organisation.

### **3. External Audit**

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

Consideration of the appointment and performance of the External Auditor, as far as Monitor's rules permit.

### **Progress**

Deloitte was awarded a three-year contract in October 2010. The Audit Committee will undertake an assessment of Deloitte's performance in April 2013 to come to a view of the recommendation to make to the Trust's Members' Council in relation to the external audit function.

To date, the Committee is generally satisfied that Deloitte undertakes its functions, particularly the audit of the Trust's accounts, in an appropriate and robust manner and that relationships with internal audit and Trust staff are good.

The Audit Committee has received and approved the Annual Audit Plan (July 2012). Progress against plan is monitored at each meeting.

Discussion and agreement with the External Auditor, before the audit commences, of the nature and scope of the audit as set out in the Annual Plan, and ensure coordination, as appropriate, with other External Auditors in the local health economy.

Discussion with the External Auditors of their local evaluation of audit risks and assessment of the Trust and associated impact on the audit fee.

Review all External Audit reports, including agreement of the annual audit letter before submission to the Board and any work carried outside the annual audit plan, together with the appropriateness of management responses.

The Audit Plan and fee for Deloitte was approved by the Committee in July 2012.

The Audit Committee received and approved:

- the statement for those with responsibility for governance in relation to 2011/12 accounts;
- final reports and recommendations as scheduled in the annual plan.



The Committee reported on the following as standing items at each meeting to provide assurance to the Board that the Trust complies with its regulations and Standing Orders.

- Review of internal audit progress reports.
- Review of losses and special payments.
- Review of counter fraud progress report.
- Review of external audit activity.
- Treasury management report.
- Procurement report, which monitors non-pay spend and progress on tenders.
- Triangulation report of risk, performance and governance.
- Review of progress towards implementation of service line reporting and currency development.

The Committee is also required to receive a report on any waiver of Standing Orders. During 2012/13, there have been no waivers of the Standing Orders.

In discharging its duties in relation to financial reporting the Committee has received the following reports.

- Received and approved the annual report, annual accounts and Quality Accounts for 2011/12.
- Received and approved the annual accounts and annual report for Charitable Funds for 2011/12.
- Received the report from External Audit for those charged with governance, which outlines findings of the annual report and accounts audit.
- Review of the external audit report on the production of Quality Accounts for 2011/12. The scrutiny of the Quality Accounts themselves is a responsibility of the Clinical Governance and Clinical Safety Committee.
- Reviewed the Use of Resources Assessment for 2011/12.
- Reviewed the Treasury Management Policy and maintained an overview of the Trust's treasury management (which is also a standing item at each meeting).
- Reviewed the process for the development of the Assurance Framework.
- Reviewed the processes in place for clinical audit (in conjunction with the Clinical Governance and Clinical Safety Committee, which has robustly reviewed the content and progress of the clinical audit function throughout 2012/13).
- Reviewed the Procurement Strategy, priorities and progress against achievement of cost savings.

The Chair of the Audit Committee ensures any issues are brought to the attention of Trust Board. In particular, this could include any major breakdown in internal control that has led to significant loss or any major weaknesses in the governance systems that exposes the organisation to unacceptable risk. There have been no such issues during this financial year.

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

- The Annual Governance Statement is consistent with the view of the Committee.
- Whilst the committee is not responsible for overall risk management within the Trust, it is satisfied that the system of risk management in the organisation is adequate.
- The Assurance Framework is reviewed by Trust Board quarterly and is considered to be fit for purpose. The Committee can assure Trust Board that it believes the processes for consideration and approval to be adequate.

- There are no areas of significant duplication or omissions in the systems of governance in the organisation that have come to the Committee's attention, which have not been adequately resolved.

The Trust's external auditor, Deloitte, has supported the Trust in 2012/13 to develop its forensic service strategy. It has also undertaken a review of the Trust's business case to Monitor in relation to the transfer of estate from NHS Barnsley, has undertaken a due diligence review for the transfer of Altogether Better from NHS Yorkshire and the Humber, and has provided advice on an appropriate organisational structure for Creative Minds. To maintain auditor objectivity, independence and probity, this work was carried out by Deloitte staff who are not involved in the Trust statutory audits, nor do the audit staff have any involvement with the findings, which are reported directly to the Trust and not via the audit partner.

### Clinical Governance and Clinical Safety Committee

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

#### Members during 2012/13

Bernard Fee, Non-Executive Director (Chair)	Attended six out of six meetings
Julie Fox, Non-Executive Director	Attended five out of six meetings
Helen Wollaston, Non-Executive Director	Attended six out of six meetings
Nisreen Booya, Medical Director	Attended five out of six meetings
Tim Breedon, Director of Nursing, Clinical Governance and Safety (lead Director from September 2012)	Attended three out of three meetings
Alan Davis, Director of Human Resources and Workforce Development	Attended four out of six meetings
Dawn Stephenson, Director of Corporate Development (in role as Company Secretary)	Attended six out of six meetings
Noreen Young, Director of Nursing, Clinical Governance and Safety (lead Director to September 2012)	Attended three out of four meetings

### Mental Health Act Committee

The Mental Health Act Committee is responsible for ensuring the organisation is working within the legal requirements of the Mental Health Act (1983), as amended by the 2007 Act and Mental Capacity Act 2005, and with reference to guiding principles as set out in the Code of Practice and associated legislation as it applies to the Mental Health Act, the Mental Capacity Act and Deprivation of Liberty.

Julie Fox, Non-Executive Director	Attended three out of four meetings
Jonathan Jones, Non-Executive Director	Attended two out of four meetings
Helen Wollaston, Non-Executive Director (Chair)	Attended four out of four meetings
Nisreen Booya, Medical Director	Attended two out of four meetings
Tim Breedon, Director of Nursing, Clinical Governance and Safety (lead Director from September 2012)	Attended three out of three meetings
Dawn Stephenson, Director of Corporate Development (in role as Company Secretary)	Attended three out of four meetings
Noreen Young, Director of Nursing, Clinical Governance and Safety (lead Director to September 2012)	Attended one out of two meetings

## Committee assurance

An internal audit of corporate governance arrangements was undertaken by KPMG in autumn 2012 and reported to the Audit Committee in October 2012. The audit focussed on Trust Board Committees and an opinion of substantial assurance was given. Five recommendations were made, all of which were considered to be low priority. These are outlined below. The audit provides further assurance of the effectiveness and impact of Committees in meeting their terms of reference.

Recommendation	Response and update
1. Consider development of a cover sheet for each paper, which clearly sets out a summary of the key points and implications for the Trust, any actions or review undertaken to date, and what is required of the committee (i.e. approval, discussion or action).	This will be discussed with Committee chairs bearing in the mind the wish of the Chair of the Trust to reduce the number and length of papers to Trust Board and Committees.
2. Timeliness and accessibility of papers for the Remuneration and Terms of Service Committee.	This recommendation was made following a comment made in the questionnaire for Committee members. The Remuneration and Terms of Service Committee was asked (at its meeting in October 2012) and the Committee agreed it was content with the timeliness of papers now and that the issue raised had been resolved.
3. Size of Mental Health Act Committee.	<p>The Committee formed a Reference Group to discuss issues in more detail to enable the Committee to focus on key strategic matters. The effectiveness of this Group will be reviewed by the Chair of the Committee and the lead Director on an ongoing basis.</p> <p>The number of attendees invited to Committee meetings has been reviewed and continues to be the subject to regular review by the Chair of the Committee and the lead Director. The Director of Nursing, Clinical Governance and Safety is planning a review of the support available to the Committee and will liaise with the Trust Chair and Chair of the Committee to ensure appropriate support is provided on an ongoing basis.</p>
4. Follow up actions.	An action log for all Committees has been established. This log informs agenda setting for future meetings.
5. Quoracy of meetings.	It was recommended that, whilst meetings of Committees may go ahead if not quorate, any decisions made should be pending formal approval at the next quorate meeting. This was accepted by the Trust.

## Remuneration report

The Remuneration and Terms of Service Committee has delegated authority for developing and determining appropriate pay and reward packages for the Chief Executive and Executive Directors and a local pay framework for senior managers that actively contribute to the achievement of the Trust's aims and objectives. The Committee also has delegated authority to approve any termination payments for the Chief Executive and Executive Directors. Additionally, the Committee is responsible for ratifying Clinical Excellence Awards for Consultant Medical Staff.

The Committee also supports the strategic development of human resources and workforce development, and considers issues and risks relating to the broader workforce strategy. On behalf of Trust Board, it reviews in detail key workforce performance issues.

Ian Black, Chair of the Trust (Chair)	Attended four out of four meetings
Jonathan Jones, Non-Executive Director	Attended three out of four meetings
Helen Wollaston, Non-Executive Director	Attended four out of four meetings
Steven Michael, Chief Executive (non-voting member)	Attended four out of four meetings

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

Alan Davis, Director of Human Resources and Workforce Development, provides advice and guidance to the Committee, and the Committee is provided with administrative support by the Integrated Governance Manager. The Trust's external auditor, Deloitte, was asked to comment on a business case for an application by an Executive Director under the Mutually Agreed Resignation Scheme (MARS). No other external support or advice was sought by the Committee during 2012/13.

### Performance related pay scheme

The Committee approved the continuation of the performance related pay scheme for Directors for 2012/13. This was based on the achievement of a mix of key corporate and challenging individual objectives agreed between the Chief Executive and Directors individually, and, in the case of the Chief Executive, between the Chair and Chief Executive, designed to recognise the overall performance of the Trust combined with the performance of individual Directors. The criteria for these performance measures were approved by the Committee and monitored quarterly through individual performance reviews undertaken by the Chief Executive and the Chair. The scheme was set in a clear framework within pay arrangements for Directors identified by the HAY Group review 2010.

The scheme comprised two elements. Firstly, three gateway corporate objectives against which the Trust's performance is assessed and, secondly, nine personal objectives for each director against which their individual performance is assessed. All three gateway corporate objectives must be achieved before any performance awards can be made and the achievement of all three objectives above would give a performance award of 1.5% of base salary for each director. In addition to the corporate award, individual directors could receive an additional performance award based on achievement of personal objectives. A set of nine personal objectives have been agreed for directors (including the Chief Executive), which could attract either 0.5% or 0.25% of base salary for each objective where performance is assessed as either outstanding or exceeding expectations respectively.

The Chair informed Trust Board in March 2013 that the three gateway objectives were expected to be achieved and it was, therefore, likely that the Committee would approve payments to Directors under the scheme. The three gateway objectives were:

- achievement of the agreed Monitor financial risk rating;
- achievement of a green Monitor governance rating;
- maintain a positive Care Quality Commission Quality Risk Profile rating of green or neutral against essential standards and no enforcement actions incurred.

In May 2013, the Committee will consider a report from the Chief Executive on the outcome of his end-of-year reviews with Directors in relation to the nine personal objectives as well as a report from the Chair on the Chief Executive's performance.

### **Pay framework**

The pay policy framework remains that the terms and conditions for staff reflect nationally determined arrangements under Agenda for Change. The Committee has agreed to wait for the outcome of the national review of the employer-based Clinical Excellence Award scheme before taking any decisions about the Trust's approach in 2012/13. The Committee's wish that the scheme develops stronger connections with Trust priorities remains.

In February 2013, the Committee approved the introduction of a senior managers' local pay framework for implementation from July 2013. The aim of the framework is to support the achievement of the Trust's objectives, attract, retain and motivate high calibre staff, link reward to performance and support delivery of high quality care, and ensure pay is fair, justifiable and meets equal pay principles.

During the year, the Committee approved one business cases for termination of employment on the grounds of redundancy at a senior level. This was in line with the approach to synergies following the transfer of services from NHS Barnsley in May 2011. There were no significant awards made to past senior managers.

The Committee also approved a business case for an application by an Executive Director under the Mutually Agreed Resignation Scheme (MARS). This enabled the individual concerned to retire for reasons of ill health and for the Trust to ensure the portfolio covered by the Director was effectively managed.

Details of the appointment dates for Non-Executive and Executive Directors of the Trust are included in the table under the Trust Board section above. Non-Executive Directors are usually appointed for a three-year term and can be re-appointed for further terms up to a maximum of nine years. There are no Executive Directors appointed on fixed term contracts. All Executive Directors are subject to a three-month notice period. No provision for compensation for early termination is included in staff contracts and any provision for compensation for termination would be considered on an individual basis by the Committee.

Accounting policies for pensions and other retirement benefits and details of senior employees' remuneration can be found below and are also set out in note 38 to the accounts.

### **Off payroll arrangements**

The Trust is required to disclose any off-payroll arrangements with a cost of over £58,200 in place as at 31 January 2012 and any new arrangements between 23 August 2012 and 31 March 2013 with a rate of more than £220 per day and more than six months in length with a

cost of over £58,200 in place at 31 January 2012. This information is contained in the tabled below.

<b>Off-payroll engagements at a cost of over £58,200 per annum in place as at 31 January 2012</b>	
Number in place on 31 January 2012	8
Of which:	
- number that have since come onto the organisation's payroll	0
Of which:	
- number that have since been re-negotiated/re-engaged to include contractual clauses allowing the (department) to seek assurance as to their tax obligations	3
Number that have not been re-negotiated and, therefore, continue without contractual clauses allowing the (department) to seek assurance as to their tax obligations	0
Number that have come to an end.	5
<b>TOTAL</b>	<b>8</b>

<b>For all new off-payroll engagements between 23 August 2012 and 31 March 2013, for more than £220 per day and more than six months</b>	
Number of new engagements	1
Of which:	
- number of new engagements which include contractual clauses giving the (department) the right to request assurance in relation to tax and National Insurance obligations	1
Of which:	
- number for whom assurance has been accepted and received	0
Of which:	
- number for whom assurance has been accepted and not received	1
Number that have been terminated as a result of assurance not being received	0
<b>TOTAL</b>	<b>1</b>



Steven Michael  
Chief Executive

### 38 Salary and Pension entitlements of senior managers

#### 38.1 Remuneration

The Salary and Pension entitlements of senior managers are set by the 'Remuneration and Terms of Services Committee' which is a sub-committee of the Trust Board. The members of this committee in 2012/13 were: Ian Black (Chair of the Committee, Chair of the Trust ), Jonathan Jones (Non-Executive Director of the Trust), Helen Wollaston (Non-Executive Director of the Trust), Steven Michael (Chief Executive) with Alan Davis (Director of Human Resources & Workforce Development) in attendance and Bernie Cherriman-Sykes who is committee secretary. The Trust follows national guidance on pay and terms and conditions for Senior Managers and the contracts are substantive contracts with NHS termination arrangements.

Name and Title	31/03/2013				31/03/2012			
	Salary (bands of £5000) £000	Other Remuneration (bands of £5000) £000	Expenses Rounded to 1 decimal place £000	Benefits in Kind Rounded to 1 decimal place £000	Salary (bands of £5000) £000	Other Remuneration (bands of £5000) £000	Expenses Rounded to 1 decimal place £000	Benefits in Kind Rounded to 1 decimal place £000
Ian Black, Chair	40 - 45		3.7		20 - 25		2.7	
Joyce Margaret Catterick, Chair (left 31/01/2012)					35 - 40		0.7	
Bernard Fee, Non-Executive Director	10 - 15		1.5		10 - 15		1.2	
Peter Aspinall, Non-Executive Director	15 - 20		1.1		15 - 20		1.8	
Jonathan Jones, Non-Executive Director	10 - 15				10 - 15			
Helen Wollaston , Non-Executive Director	15 - 20		1.4		10 - 15		1.3	
Julie Fox, Non-Executive Director	10 - 15				5 - 10			
Steven Peter Michael, Chief Executive	155 - 160		1.0	3.2	155 - 160		0.8	3.5
Nisreen Hanna Booya, Medical Director	25 - 30	85 - 90			20 - 25	85 - 90		
Alan George Davis, Director of Human Resources and Workforce Development	95 - 100			2.8	100 - 105			0.9
Alexandra Farrell, Deputy Chief Executive/Director of Finance	110 - 115		1.6		110 - 115		1.6	
Dawn Stephenson, Director of Corporate Development	120 - 125		1.4	0.6	120 - 125			0.4
Gillian Green, Acting Director of Nursing, Compliance and Innovation (left 31/07/2011)					30 - 35		0.2	0.1
Noreen Young, Director of Nursing, Compliance and Innovation (left 31/10/2012)	55 - 60	90 - 95	1.4		85 - 90		2.1	
Timothy Breedon, Director of Nursing, Clinical Governance and Safety	90 - 95		0.4	2.7	80 - 85		0.2	0.3
Anna Basford, District Service Director, Calderdale and Kirklees	90 - 95		1.0	3.6	90 - 95		1.1	3.5
Adrian Berry, Director of Forensic Services	25 - 30	100 - 105		8.0	25 - 30	100 - 105		5.2
Sean Rayner, District Service Director, Barnsley	100 - 105		0.9		90 - 95		0.2	
Karen Taylor, Director of Service Improvement and Development	100 - 105		1.1	0.1	20 - 25			
Band of Highest Paid Director's Total Remuneration (£000's)	190 - 195			160 - 165				
Median Total Remuneration* £'s	27,346			26,659				
Remuneration Ratio	7.0			6.1				

The benefits in kind relate to child care vouchers, relocation expenses, cycle to work scheme, staff lease cars, NHS Phone Scheme or expenses paid in accordance with the Trust's Removal Expenses Policy (which includes provision of accommodation).

Other remuneration for 2012/13 for Noreen Young includes £90k of termination benefit.

The Trust operated a Performance Related Pay scheme (PRP) for Directors. The award is a one off bonus, which is non attributable and non pensionable and has a maximum value of 6%. Eligibility for PRP requires the Trust to achieve 3 gateway objectives which entitle the Director to 1.5% performance award. PRP above 1.5% is recommended by the Chief Executive, based on the appraisal of individual Director performance and approved by the remuneration committee.

In 2012-13 no PRP was awarded, as the Trust did not meet the gateway objectives; therefore no PRP earnings are disclosed in the table above.

For 2012-13 the accounts include £100k accrual as an estimate for the award of PRP which related to 2012 -13 performance, the PRP award will be considered in 2013-14 by the remuneration committee and disclosed in detail as earnings in the 2013-14 accounts.

\* The median remuneration is the total remuneration of Trust staff member(s) lying in the middle of the linear distribution of the total staff, excluding the highest paid director. This is based on annualised, full-time equivalent remuneration as at the reporting period date.

..........Chief Executive..... 23-May-13

**38.2 Pension Benefits**

Name and title		Real increase/ (decrease) in pension and related lump sum at age 60	Total accrued pension and related lump sum at age 60 at 31 March 2013	Cash Equivalent Transfer Value at 31 March 2013	Cash Equivalent Transfer Value at 31 March 2012	Real Increase (Decrease) in Cash Equivalent Transfer Value	Employers Contribution to Stakeholder Pension
		(bands of £5000) £000	(bands of £5000) £000	£000	£000	£000	Rounded to 1 decimal place £000
Steven Peter Michael, Chief Executive		10 - 15	220 - 225	997	925	72	0
Alan George Davis, Director of Human Resources and Workforce Development		10 - 15	155 - 160	763	711	52	0
Noreen Young, Director of Nursing, Compliance and Innovation (left 31/10/2012)			195 - 200		888	-	0
Nisreen Hanna Booya, Medical Director *		-	-	-	-	-	0
Alexandra Farrell, Deputy Chief Executive/Director of Finance		10 - 15	115 - 120	544	499	45	0
Gillian Green, Acting Director of Nursing, Compliance and Innovation (Left 31/07/2011)					610	-	0
Timothy Breedon, Director of Nursing, Clinical Governance and Safety		10 - 15	70 - 75	361	296	65	0
Anna Basford, District Service Director, Calderdale and Kirklees		10 - 15	70 - 75	307	280	27	0
Adrian Berry, Director of Forensic Services		10 - 15	185 - 190	824	755	69	0
Dawn Stephenson, Director of Corporate Development		10 - 15	190 - 195	903	843	60	0
Sean Rayner, District Service Director, Barnsley		10 - 15	135 - 140	593	553	40	0
Karen Taylor, Director of Service Improvement and Development		15 - 20	160 - 165	714	642	72	0

\* Nisreen Booya was in receipt of pension from 30/09/11 and so the pension, related lump sum and CETV is nil.

As Non-Executive members do not receive pensionable remuneration, there will be no entries in respect of pensions for Non-Executive members.

A Cash Equivalent Transfer Value (CETV) is the actuarially assessed capital value of the pension scheme benefits accrued by a member at a particular point in time. The benefits valued are the member's accrued benefits and any contingent spouse's pension payable from the scheme. A CETV is a payment made by a pension scheme, or arrangement to secure pension benefits in another pension scheme or arrangement when the member leaves a scheme and chooses to transfer the benefits accrued in their former scheme. The pension figures shown relate to the benefits that the individual has accrued as a consequence of their total membership of the pension scheme, not just their service in a senior capacity to which the disclosure applies. The CETV figures, and from 2004-05 the other pension details, include the value of any pension benefits in another scheme or arrangement which the individual has transferred to the NHS pension scheme. They also include any additional pension benefit accrued to the member as a result of their purchasing additional years of pension service in the scheme at their own cost. CETVs are calculated within the guidelines and framework prescribed by the Institute and Faculty of Actuaries.

Real Increase in CETV - This reflects the increase in CETV effectively funded by the employer. It takes account of the increase in accrued pension due to inflation, contributions paid by the employee (including the value of any benefits transferred from another pension scheme or arrangement) and uses common market valuation factors for the start and end of the period.

..........Chief Executive..... 23-May-13



## Membership

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

Any individual who lives in Barnsley, Calderdale, Kirklees and Wakefield may become or continue as a member of the Trust. Membership is restricted to those aged 11 years and older, and is not permitted for individuals who, within the last five years, have been involved as a perpetrator in a serious incident of violence at any of the Trust's hospitals or facilities or against any of employees or other persons who exercise functions for the purposes of the organisation.

As at 31 March 2013, we had 12,328 public members and 4,765 staff members. This is broken down as follows.

Barnsley	1,733
Calderdale	1,922
Kirklees	4,763
Wakefield	3,135

We also have 775 members from the wider Yorkshire and Humber region.

Becoming a member of the Trust offers local people a unique opportunity to have their say, be involved in and influence how the Trust and its services are developed. During 2012/13, the Trust's membership strategy focused on two areas. Firstly, the Trust has committed to maintaining the level of membership at 1% of the population of Calderdale, Kirklees and Wakefield to ensure that this membership is representative of the communities within these local authority areas, and to work towards an engaged and committed membership. Secondly, the Trust aims to recruit and retain 1% of the population of Barnsley as members. At the end of year, membership was at 1.1% of the population it serves with more work to be done in Barnsley to recruit to 1%. Involvement of members who have expressed an interest in being involved in the Trust stands at 40% against a target of 50%.

The Trust measures its membership by ethnicity, gender, age and socio-economic group and, in all areas, with the exception of young people aged between 11 and 14, older people over 85, and socio-economic group E, the Trust is over-represented when compared with the makeup of its local communities. The Trust has a good track record of reflecting the ethnic diversity of the communities it serves in its membership.

Recruitment initiatives have included working with community and faith groups and developing an educational programme for young people linked to the health and social care curriculum, which will explain mental health issues and promote an anti-stigma message. This has been piloted in participating high schools during the year.

The Trust's Members' Council plays a role in determining the future membership strategy and agreeing necessary actions. An updated strategy was approved by the Members' Council in October 2012. The Strategy will be reviewed during 2013/14 in consultation with the Members' Council.

The Strategy also sets out how the Trust evaluates the successful implementation of the strategy in terms of:

- regular measurement of activity against the targets set for membership and a focus on areas where membership is under-represented;
- benchmarking progress against other comparable Foundation Trusts;
- seeking feedback from our members and Members' Council on our communication methods and the clarity and timing of the information we share;
- monitoring the number of members participating in events, meetings and elections;
- ensuring the Members' Council reviews our strategy for membership and to ensure an on-going commitment to developing, maintaining, extending and communicating with an active membership of our Foundation Trust.

Performance against these criteria is reported to the membership by the Members' Council to the annual members' meeting.

Trust staff automatically become members of our Trust; however, they can choose to opt out of membership should they wish to do so. As members, they can influence future plans, use their vote to elect a representative onto the Members' Council or stand for election themselves. Staff are encouraged to be actively involved as members of the Trust, to promote membership to friends and family, and to help reduce the stigma associated with mental health and learning disability issues. Staff membership is broken down as follows:

Allied Health Professionals	603
Medicine and Pharmacy	205
Non-clinical support	1,122
Nursing	1,619
Nursing support	1,102
Psychological Therapies	186
Social care staff working in integrated teams	76

When people join us as a member of the Trust, they have the option to choose the level of involvement that's right for them. This can be:

- receiving information about the Trust and its services through the Trust's member magazine, Like Minds, and voting in elections to the Members' Council;
- attending events and meetings that might be of interest;
- participating in specific projects;
- standing for election to the Members' Council.

The Trust held its third annual members' meeting in October 2012. Over 150 people attended the event at the Civic in Barnsley. The meeting provided a chance to reflect on the Trust's journey during 2011/12 and where we are heading in 2013/13. It offered people the opportunity to hear how we work with local people during their own journey towards recovery. Attendees not only heard about Creative Minds and Change Lab but also about the important role of our Members' Council. Two short films about the Trust were premiered and attendees were also able to browse a showcase of Trust services before the meeting began.

During the year the Trust has continued its successful series of educational insight events, which provide an opportunity for members to find out more about mental and other health problems. These events are led by the Trust's Medical Director and provide an opportunity to listen to an educational talk on a particular condition, followed by time for questions. These focused on insight into attention deficit hyperactivity disorder (ADHD) and psychosis.

## Our Members' Council

The Members' Council is made up of elected public representatives of members from Barnsley, Calderdale, Kirklees and Wakefield, elected staff representatives, and appointed members from key local partner organisations. It provides an important link between the Trust, local communities and key organisations, sharing information and views that can be used to develop and improve services. The Members' Council is chaired by the Chair of the Trust, who ensures appropriate links between the Members' Council and the Trust Board.

From 1 May 2012, there were 43 places on the Members' Council. This was made up as follows.

<u>Publicly elected</u>		<u>Staff elected</u> (one place each)
Barnsley	4	Medicine and pharmacy
Calderdale	4	Nursing
Kirklees	8	Nursing support
Wakefield	6	Allied health professionals
		Psychological therapies
		Non-clinical support
		Social care staff
<u>Appointed</u>		
NHS Calderdale		Wakefield Council
NHS Barnsley		Barnsley Hospital NHS Foundation Trust
NHS Kirklees		Calderdale and Huddersfield NHS Foundation Trust
NHS Wakefield		Mid-Yorkshire Hospitals NHS Trust
Barnsley Council		University of Huddersfield
Calderdale Council		Staff side organisations
Kirklees Council		Forensic consortium

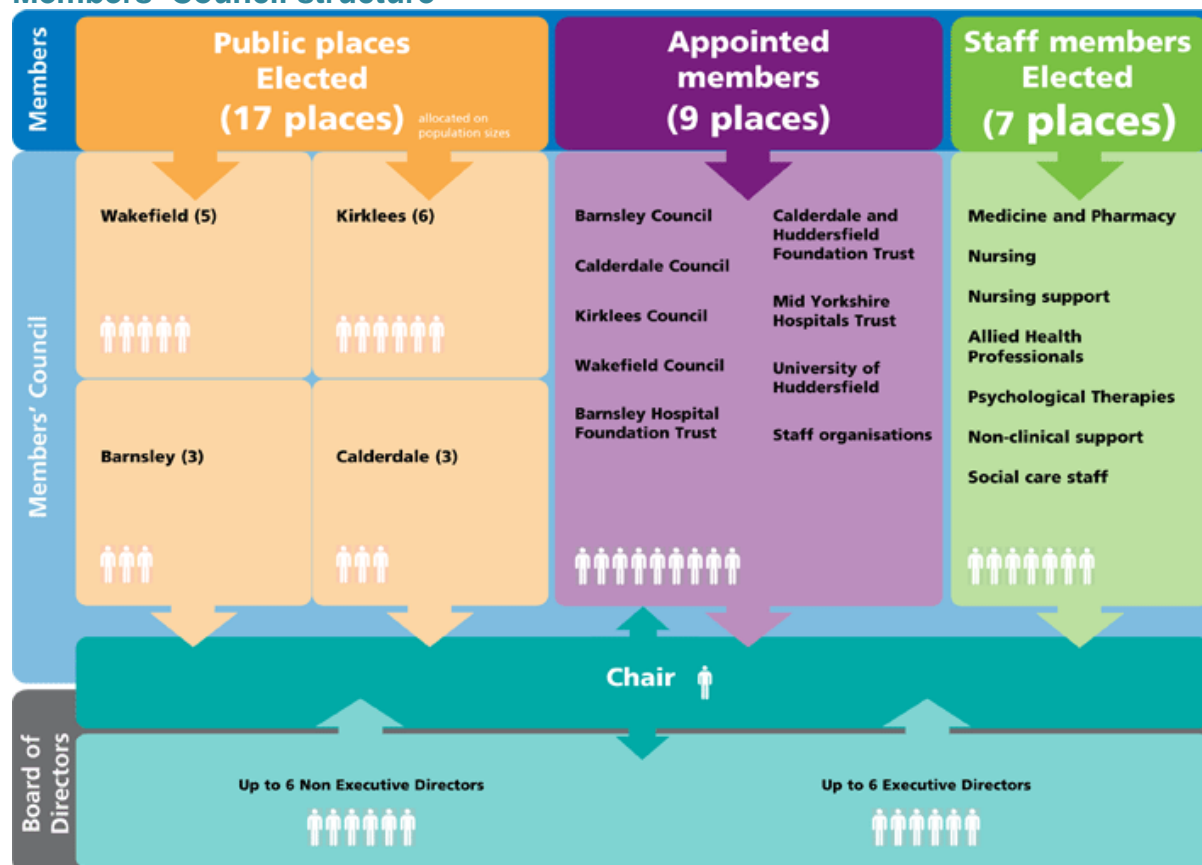
A number of changes to governance arrangements were brought about by the Health and Social Care Act 2012. Led by the Chair, we set up a working group of our Members' Council to look at the implications of the provisions in the Act and any changes required to the Trust's Constitution, membership of the Members' Council and governance arrangements to ensure the Trust fulfils its duties under the Act. Under the Act, there was no longer a requirement to include commissioners on the Members' Council. This provided an opportunity to review the structure to ensure it remained representative of local communities but also reflected key partnerships. The working group recommended that, due to the conflict of interest inherent in the new commissioning arrangements, the existing seats allocated to primary care trusts and the secure commissioning group were removed. A smaller, more focused structure was proposed. The revised structure was supported by both the full Members' Council and the Board. This structure is outlined below.

### Lead Governor

The role of the Lead Governor is to act as the communication channel for direct contact between Monitor and the Members' Council, should the need arise, to chair any parts of Members' Council meetings that cannot be chaired by the person presiding (i.e. the Chair or Deputy Chair of the Trust) due to a conflict of interest in relation to the business being discussed, to be a member of Nominations Committee (except when the appointment of the Lead Governor is being considered), to be involved in the assessment of the Chair and Non-Executive Directors' performance, and to be a member of the Development Group to assist in the planning and setting of the Members' Council agenda.

Tony Wilkinson, publicly elected governor for Calderdale, was appointed as Lead Governor in January 2012. He was re-appointed by the Members' Council from 1 May 2013 following successful re-election as a governor.

### Members' Council structure



### Our governors

The table below sets out the governors in place as at 31 March 2013. Information on the elections held early in 2013 can be found in the next section.

Name/representing	Term of office	Attendance during 2012/13
<b>ADAM, Shaun</b> Elected – public Barnsley	1 August 2011 for 2.5 years	Attended no meetings out of four
<b>ADAMOU, Marios</b> Elected – staff medicine and pharmacy	1 May 2012 for three years	Attended three out of three meetings
<b>BENNETT, Inara</b> Appointed staff side organisations	1 May 2009	Attended three out of four meetings
<b>BREARLEY, Hilary</b> Appointed Barnsley Hospital NHS Foundation Trust	17 July 2012	Attended two out of three meetings
<b>DALE, Doug</b> Elected – public Wakefield	1 May 2009 for three years. Re-elected 1 May 2012 for three years	Attended four out of four meetings
<b>DEAKIN, Adrian</b> Elected – staff nursing	1 May 2012 for three years	Attended two out of four meetings
<b>EDWARDS, Netty</b> Elected – staff nursing support	1 May 2012 for three years	Attended one out of three meetings
<b>GILL, David</b> Elected – public Kirklees	1 May 2010 for three years	Attended two out of four meetings
<b>GIRVAN, Claire</b> Elected – staff allied health professionals	1 May 2012 for three years	Attended three out of three meetings

Name/representing	Term of office	Attendance during 2012/13
<b>HASNIE, Nasim</b> Elected – public Kirklees	1 May 2011 for three years	Attended four out of four meetings
<b>HAWORTH, John</b> Elected – staff non-clinical support	1 May 2012 for three years	Attended three out of three meetings
<b>HILL, Andrew</b> Elected – public Barnsley	1 August 2011 for 2.5 years	Attended two out of four meetings
<b>HORSFALL, Grenville</b> Elected – public Calderdale	1 May 2010 for three years	Attended one out of four meetings
<b>ISHERWOOD, Margaret</b> Appointed Wakefield Council	23 May 2012	Attended one out of three meetings
<b>KERRY, Richard</b> Elected – staff Psychological therapies	1 May 2011 for three years	Attended no meetings out of four
<b>KLAASEN, Robert</b> Elected – public Wakefield	1 May 2012 for three years	Attended one out of three meetings
<b>LOGUSH, Roman</b> Elected – staff social care staff	1 May 2012 for three years	Attended one out of three meetings
<b>MASON, Ruth</b> Appointed Calderdale and Huddersfield NHS Foundation Trust	8 November 2011	Attended three out of three meetings
<b>MORGAN, Margaret</b> Appointed Barnsley Council	1 January 2012	Attended two out of four meetings
<b>MORTIMER, Bob</b> Elected – public Kirklees	1 May 2009 for three years. Re-elected 1 May 2012 for three years	Attended four out of four meetings
<b>PADGETT, Kath</b> Appointed University of Huddersfield	1 May 2009	Attended two out of four meetings
<b>RIGBY, Dave</b> Elected – public Kirklees	1 May 2009 for two years, Re-elected 1 May 2011 for three years	Attended four out of four meetings
<b>SMITH, Jeremy</b> Elected – public Kirklees	1 May 2009 for three years. Re-elected 1 May 2012 for three years	Attended three out of four meetings
<b>SMITH, Michael</b> Elected – public Calderdale	1 May 2010 for three years	Attended three out of four meetings
<b>TENNANT, Gordon</b> Elected – public Wakefield	1 May 2010 for three years	Attended four out of four meetings
<b>WALKER, Hazel</b> Elected – public Wakefield	1 May 2011 for three years	Attended four out of three meetings
<b>WALKER, Peter</b> Elected – public Wakefield	1 May 2010 for three years	Attended two out of four meetings
<b>WALKER, Susan</b> Appointed Mid-Yorkshire Hospitals NHS Trust	20 July 2011	Attended three out of four meetings
<b>WILKINSON, Tony</b> Elected – public Calderdale	1 May 2010 for three years	Attended four out of four meetings
<b>WOODHEAD, David</b> Elected – public Kirklees	1 May 2010 for three years	Attended one out of four meetings

The following governors left the Members' Council during 2011/12.

Name/representing	Term of office ended/reason
<b>BASU, Ranjan</b> Elected – staff Medicine and Pharmacy	30 April 2012 Did not stand for re-election
<b>BURNS, Mick</b> Appointed, secure commissioning consortium	31 March 2013 Resigned
<b>CANNON, Sue</b> Appointed, NHS Calderdale	31 March 2013 PCTs ceased to exist from 1 April 2013
<b>HANWELL, Dawn</b> Appointed Barnsley Hospital NHS Foundation Trust	16 July 2012 Resigned
<b>HYDE, Alison</b> Appointed NHS Kirklees	19 April 2012 Resigned
<b>LOWE, Mary</b> Elected – public Wakefield	30 April 2012 Did not stand for re-election
<b>PLUMMER, Simon</b> Elected – staff Allied Health Professionals	30 April 2012 Did not stand for re-election
<b>PLUMMER, Wendy</b> Elected – public Wakefield	30 April 2012 Did not stand for re-election

<b>Name/representing</b>	<b>Term of office ended/reason</b>
<b>REASON, Graham</b> Appointed Calderdale Council	1 September 2012 Resigned
<b>SHEARD, Tom</b> Appointed NHS Barnsley	31 March 2013 PCTs ceased to exist from 1 April 2013
<b>SILCOCK, Paul</b> Elected – public Calderdale	30 April 2012 Did not stand for re-election
<b>SMITH, George</b> Elected – staff Nursing	30 April 2012 Did not stand for re-election
<b>SPENCER, Julie</b> Elected – staff non-clinical support staff	30 April 2012 Did not stand for re-election
<b>TENNANT, Clive</b> Appointed Wakefield Council	22 May 2012 Resigned

Interests declared by governors can be found on the Trust's website at <http://www.southwestyorkshire.nhs.uk/about-us/members-council/register-of-interests/>. Contact can also be made with our governors through the website at <http://www.southwestyorkshire.nhs.uk/about-us/members-council/contact/>

Our governors receive no payment for their involvement with the Trust on Members' Council business. We are required by Monitor to indicate in our annual report the expenses paid to our governors in the financial year and the sum for 2012/13 was £1,997.48.

## Elections

Nominations for election to the Members' Council were sought in early 2012 for terms of office beginning 1 May 2013. The number of seats up for election reflected the new structure to be adopted from 1 May 2013 following legal advice sought by the Trust.

The following seats were offered for election.

- Barnsley – one seat (vacancy)
- Calderdale – three seats (all retirement by rotation)
- Kirklees – two seats (both retirement by rotation)
- Wakefield – two seats (both retirement by rotation)
- Social care staff working in integrated teams – one seat (vacancy)

In Barnsley, there were two candidates and an election is underway, which ends at 12 noon on 29 April 2013. In Calderdale, there were two candidates who were elected unopposed from 1 May 2013 for a three-year term. One vacancy remains.

- Michael Smith (re-elected for a second term)
- Tony Wilkinson (re-elected for a second term)

In Kirklees, there were two candidates who were elected unopposed from 1 May 2013 for a three-year term.

- Barry Seal
- David Woodhead (re-elected for a second term)

In Wakefield, there was one candidate who was elected unopposed from 1 May 2013 for a three-year term. One vacancy remains.

- Peter Walker (re-elected for a second term)

There were no candidates for the staff seat, therefore, a vacancy remains.

## **Members' Council involvement and engagement**

The Trust continues to have regard to the reviews of its Members' Council in a number of ways by offering a range of events and opportunities for governors to share their views and engage with Trust Board, particularly in the development of the Trust's annual plan. This will hold us in good stead as the role and responsibilities of the Members' Council changes as a result of the Health and Social Care Act 2012.

At each meeting of the Members' Council, the Chair and Chief Executive present an overview of the key issues arising from Trust Board meetings together with a strategic overview of national, regional and local developments and the potential impact on the Trust, followed by a number of round table discussions on key areas.

A joint meeting is held annually between Trust Board and the Members Council to look at the Trust's forward strategy. At the meeting in January 2013, the focus was on the Trust's service transformation programme and the implications and challenges for the Trust as a result in the coming year. In groups, governors and Directors looked at the four strands of the programme (mental health services, learning disability services, forensic services and general community services) and the contribution from governors has informed and contributed to development of the Trust's annual plan for 2013/14, in particular the following themes.

- The Trust needs to understand people's needs and provide responsive services.
- The Trust should offer personalised responses and consider how it communicates with people, how services are provided and how the Trust signposts. The Trust must be an enabler.
- Co-production with service users on the road to their recovery is essential and the Trust should review its perception and management of risk.
- The Trust should put people in control and reflect this in the design of pathways.
- The Trust should demonstrate value for money and evidence how it uses resources and meets business needs.
- Dialogue with commissioners is important and will become increasingly so.
- The Trust should proactively develop links with housing providers.

The Members' Council also supported the principles behind the revised mission.

During the year the Members' Council was involved in a number of other projects, including the following areas.

### Strategy and forward plans

- Developing Quality Accounts
- Forward plan for 2013/14 (joint meeting with Trust Board) in January 2013.
- Development of the Members' Council objectives for 2013.
- Appointment of the Trust's internal auditor.

### Statutory duties

- The Trust's approach to the implementation of governance arrangements from the Health and Social Care Act 2012.
- Appointment of the Chair.
- Appointment of Non-Executive Directors.
- Foundation Trust Network training for the appointment of Non-Executive Directors.
- Determination of the Chair and Non-Executive Directors' remuneration.

### Trust activity

- Engagement on the future of mental health services in Kirklees.
- Involvement in judging for Excellence 2012.



- Review of the mission and values.
- Review of 'did not attend' and cancelled clinics in Kirklees.
- Attendance at dialogue groups across the Trust.
- Attendance at members' education events.

#### Personal development

- Evaluation of the contribution of the Members' Council and governors both individually and collectively.
- Attendance at Foundation Trust Governors' Association meetings.
- Attendance at FTGA/Foundation Trust Network and regional governors' meetings.

There are three standing working groups.

- The Nominations Committee is responsible for overseeing the process to appoint the Chair, Non-Executive Directors, Deputy Chair/Senior Independent Director and Lead Governor.
- The Co-ordination Group co-ordinates the work and development of the Members' Council.
- The last group works with the Trust to review and develop its Quality Accounts.

Short-life and subject focussed groups are set up as and when required, such as the group set up to look at the Members' Council objectives, the Trust's approach to the Health and Social Care Act 2012 and the approach to elections.

Governors are also encouraged to attend public Trust Board meetings and there has been good attendance during the year.



## Nominations Committee

The Nominations Committee's prime purpose is two-fold. Firstly, to ensure the right composition and balance of the Board and, secondly, to oversee the process for the identification, nomination and appointment the Chair and Non-Executive Directors of the Trust, to oversee the process for the identification, nomination and appointment of the Deputy Chair and Senior Independent Director of the Board, and to oversee the process to identify, nominate and appoint the Lead Governor of the Members' Council. The Committee met three times in the period covered and its membership was as follows.

Ian Black (Trust Chair) Chair of the Committee	Attended two meetings *
Kath Padgett, Members' Council (appointed – University of Huddersfield)	Attended two meetings
Steven Michael (Trust Chief Executive)	Attended two meetings
Michael Smith, Members' Council (publicly elected – Calderdale)	Attended three meetings
Tony Wilkinson, Members' Council (publicly elected – Calderdale)	Attended two meetings

\* The Chair of the Trust did not attend the meeting on 23 April 2013 as this meeting related to his appointment as Chair.

The Nominations Committee works in accordance with the Trust's Constitution and the following process is followed for the appointment of the Chair and Non-Executive Directors.

- The Nominations Committee, on behalf of the Members' Council, reviews the balance of skills, experience and knowledge on the Board to ensure it remains fit for purpose as a unitary board of a foundation trust. This takes into account the needs of the organisation, the skills and experience within the Executive Director function and future developments that would affect the skills and experience required. This is reviewed regularly and not less than every three years.
- As appropriate, the Nominations Committee works with external organisations recognised as experts at appointments to identify candidates with appropriate skills and experience required for the Chair and Non-Executive Director vacancies.
- Appropriate candidates are identified by the Nominations Committee through a process of open competition, which takes account of the above approach and the skills and experience required.
- The Nominations Committee is made up of the Chair of the Trust (or, when a Chair is being appointed, another Non-Executive Director), the Chief Executive, a minimum of two governors selected by the Members' Council (currently two), and the Lead Governor. The Nominations Committee has the power to co-opt other governors, to appoint external organisations or individuals to offer advice and/or support to the Committee, and to co-opt individuals to act as independent assessors.

Following the decision by the previous Chair not to seek re-appointment at the end of her term of office, the Nominations Committee oversaw the process, supported by Veredus, to appoint a new Chair. Following a robust and open recruitment process, the Members' Council approved a recommendation from the Nominations Committee to appoint Ian Black as Chair from 1 May 2012 for a period of three years. This followed an interim appointment for three months from 1 February to 30 April 2013. During this time, Helen Wollaston was appointed by the Members' Council as Interim Deputy Chair/Senior Independent Director. This interim appointment was extended for a further three months with the approval of the Members' Council and made substantive from 1 August 2012 to 31 July 2015.

During 2012/13, the Nominations Committee considered the re-appointment of two Non-Executive Directors. A recommendation to re-appoint Helen Wollaston for a further three years from 1 August 2012 was approved by the Members' Council in April 2012 and a

recommendation to re-appoint Jonathan Jones for a further three years from 1 June 2013 was approved by the Members' Council in January 2013.

During the year, the Nominations Committee considered a recommendation from the Chair to re-appoint Tony Wilkinson as Lead Governor should he be re-elected as a governor from 1 May 2013. This was approved and supported by the Members' Council in January 2013.

## Operating and Financial Review

### Quality Review

Our commitment to delivering quality services is at the heart of everything we do. Our Quality Accounts provide an opportunity to reflect on our performance over the past year and to agree our quality priorities for the year ahead. Towards the end of 2011/12 we worked with service users, carers, partners and staff across the Trust to define our priorities for year 2012/13. We identified seven quality priorities to focus on.

- Priority 1** Service users are central to what we do
- Priority 2** Access
- Priority 3** Improving care planning
- Priority 4** Improving recording and evaluation of care
- Priority 5** Improve transfers of care by working in partnership across the care pathway
- Priority 6** Ensure that our staff are professionally, physically and mentally fit to undertake their duties
- Priority 7** Improve the safety of our service users, carers, staff and visitors

Throughout 2012/13 we have undertaken activity against each of the quality priorities and have reported to our Board on a quarterly basis. A summary of our progress can be found below and further detail is provided in the full Quality Accounts for 2012/13.

Quality priorities	2011-12	2012-13	Progress made in 2012-13? (position at quarter 4 / month 12)	Will we continue this priority in 2013-14?
Listen & act	✓	✓	Green	✓
Access	✓	✓	Green/ Amber	✓
Care & care planning	✓	✓	Green	✓
Recording care	NA	✓	Green/Amber	✓
Care pathways	✓	✓	Green	✓
Fit and well to care	NA	✓	Amber	✓
Safety	✓	✓	Green	✓

In February and March 2013 we consulted with our partners, staff and people who use our services on quality priorities for 2013/14. We asked them to review our 2012/13 quality priorities and comment on their relevance for 2013/14. We also asked them what actions they thought we should focus on against each priority. We have used the consultation feedback to influence our planned activity in 2013/14. We will use the quality priorities as a framework against which to plan and report on our activity to improve quality services into the forthcoming years.

Quality priority	Aim	Why?	What will we do?	How will we measure our progress?
<b>Priority 1: To listen to our service users and carers and act on their feedback</b>	Listen and act on service user feedback, with the aim of making demonstrable improvements to our services.	A key element of our approach to quality is that people who use our services say that their experience is excellent.	Develop a portfolio of improvements made as a result of feedback.  Develop and undertake a carers survey.	% of people (inpatient) rating care as excellent or good.  % of people (community) rating our care as excellent or good.  % complaints including staff attitude as an issue.
<b>Priority 2: Access to services</b>	Improve the access times for people who are referred into our services to ensure the right support from the right service at the right time.	Access to, and response from, our services is central to the safety and effectiveness of care. It is therefore essential that people can access the most appropriate service that will meet their needs in a timely way.	Increase the number of survey questions relating to access.  Review our Single Point of Access services and implement any recommendations.	Monitor performance goals for access: 1. for people experiencing acute mental health problems, crisis and routine 2. access to psychological treatment 3. times between referral and treatment - % who have had their admission gate kept. 4. referral to treatment time within 18 weeks.
<b>Priority 3: Improve care and care planning</b>	Ensure that each service user has appropriate assessment, care plans and treatment options to enable them to achieve their goals	In every service, care planning is fundamental to a person's recovery.  Each person should have an appropriate assessment of their needs and individualised care plans that support them in achieving their goals.	Monitor and report on progress of the Implementing Recovery through Organisational Change (IMRoC) project. Implement actions from clinical audits that help provide personalised recovery based care across all services. Develop outcome based services. Achieve the goals we have agreed with our commissioners.	% of people with a formal review within the previous 12 months.  % of people offered a copy of their care plan.
<b>Priority 4: Improve the recording and evaluation of care</b>	Ensure each intervention is accurately recorded in a timely manner so that there is appropriate communication across the care team.	Our review of complaints, incidents, investigations and CQC visit reports has indicated that we do not have consistent quality across our services in the way we record and	Implementation of Trust-wide record keeping audit.  Implementation of record keeping action plans.  Monitor reports on clinical performance data.  Implementation of clinical	% of care reviews within 12 months.  Adherence to cluster review periods.  % of people with a crisis plan.

Quality priority	Aim	Why?	What will we do?	How will we measure our progress?
		evaluate care that we provide.	performance data action plans.	
<b>Priority 5 : Improve transfers of care by working in partnership across the care pathway</b>	Ensure service users who are ready to move along the care pathway are supported across service boundaries in a timely way or those services that are seeing the same person communicate effectively to prevent duplication or gaps in service provision.	<p>We know that when someone is transferred from one service to another or from one team to another there is a greater risk for the person.</p> <p>We want to ensure people are transferred to the most appropriate service and team in a safe and effective way and that there are no delays between services.</p>	<p>Review our DToC processes to ensure we have consistent reporting across our services.</p> <p>Commence a Trust-wide transformation programme to ensure our care pathways efficiently meet needs.</p>	<p>% of people followed up within 7 days of discharge from inpatient care</p> <p>% of people whose care is delayed</p>
<b>Priority 6 Ensure that our staff are professionally, physically and mentally fit to undertake their duties.</b>	To ensure we have appropriately qualified, skilled, competent and professional staff to undertake the role that they are required to do and to support their health and wellbeing.	<p>Our staff are our most valuable asset.</p> <p>By ensuring our staff feel valued and fit and well to care we know they are more likely to provide consistently excellent care.</p>	<p>Evaluation of appraisal system.</p> <p>Trust wide clinical supervision audit.</p> <p>National and local staff audits.</p> <p>Develop and Implement the staff survey action plan.</p>	<p>Sickness rate</p> <p>Appraisal rate</p> <p>Identify a measure from the staff survey (to be confirmed).</p>
<b>Priority 7: Improve the safety of our service users, carers, staff and visitors.</b>	To ensure that the people who work with us and visit us are safe from harm	We have a duty of care to our staff, service users and visitors to ensure no undue harm comes to them.	Implementation of Root Cause Analysis training Continue to strengthen the governance arrangements to support patient safety (BDU governance groups, Incident review sub-committee, clinical reference group. Research and evaluate tools to support decision making in risk assessment and	<p>% never events</p> <p>Compliance with NICE guidance</p> <p>Medication errors</p> <p>Safeguarding referrals</p>

Quality priority	Aim	Why?	What will we do?	How will we measure our progress?
			management	

### Quality governance arrangements

The Trust has robust quality governance arrangements in place and our approach to quality reinforces the commitment to quality care that is safe, person-centred, efficient and effective. Our approach specifies the responsibilities held by individuals, business delivery units, the Executive Management Team and Trust Board, co-ordinated by the Quality Academy. The Clinical Governance and Clinical Safety Committee is the lead committee for quality governance. Trust Board and the Executive Management Team receive quarterly quality performance reports as well as monthly compliance reporting against quality indicators. We monitor performance against Care Quality Commission regulations through a quarterly self-assessment. External validation, accreditation, assessment and quality schemes support self-assessment (for example, accreditation of areas of Trust services, Care Quality Commission Mental Health Act visits, achievement of level 1 NHS litigation authority risk management standards NHSLARMS status, and implementation of Essence of Care and Productive Ward). 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.

During 2012/13, the Trust has built 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.

- Facilitation of a six-month secondment to look at 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. This includes an initial assessment against the Department of Health's Friends and Family Test.
- Development of 'What Matters' linked to the Trust's seven quality priorities
- Review and implementation of a pilot exercise for the '15 Steps Challenge'.
- 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.

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 was also awarded Customer Service Excellence in the Forensic Business Delivery Unit and Corporate Development Directorate during 2012, which has been rolled out across the Trust for assessment in early 2013.

### Our response to the Francis Report

The Trust must and does take the Francis Report findings extremely seriously and is not in any way complacent about risks within its own systems; however, the Trust must integrate the Francis Report with the findings from other national reports, such as Winterbourne View, and work to enhance, not reinvent, governance processes. The response that the Trust takes is, therefore, an appropriately measured one and, wherever possible, proposed action

will be integrated with existing and planned organisational processes. Only where there is no obvious 'placement' for an action will a new workstream be identified.

The Trust has taken the following action in response to the Francis Report.

1. The Executive Management Team conducted a high level review of the strategic themes to provide an initial indication of where greater assurance may be required.
2. A summary briefing was circulated to all Trust staff.
3. A presentation was made to Trust Board in March 2013 where the report was considered in detail and approval of the high level response agreed.
4. Each department/directorate is completing a self-assessment against the appropriate recommendations in the report.
5. Professional leaders are discussing the report within their networks.
6. A gap analysis is being completed by a cross-section of staff at all levels at a Trust-wide workshop to be held on 26 April 2013 including:
  - a review of the different report themes and recommendations by identified Trust personnel;
  - involvement of a cross-section of staff in a workshop on 26 April 2013, particularly focused on the recommendations related to:
    - training and education;
    - openness, transparency and candour;
    - nursing (expanded to look across all professional groups);
    - care for the elderly;
    - common information practices.
7. Once this analysis is complete, a detailed action plan will be developed, which will be monitored by the Clinical Governance and Clinical Safety Committee and Trust Board.

## Regulatory Compliance

The Trust ensures it has ongoing regulatory compliance, with the relevant processes, procedures, assurance and oversight in place to allow the early identification of potential breaches, taking action where necessary. This will include, but is not limited to:

- service performance;
- clinical quality and governance;
- governance processes and procedures;
- financial stability, profitability and liquidity;
- risk to the compliance with the Terms of Authorisation and, from 1 April 2013, with its Licence, including provision of mandatory services;
- NHS Constitution;
- ongoing registration with the Care Quality Commission.

During 2012/13, there have been four visits by the Care Quality Commission as part of its role as independent regulator of health and social care services.

- A return visit to Fox View in May 2012 lifted previous compliance actions.
- A visit to the Poplars in July 2012 judged the unit to be compliant against all outcomes assessed.
- The Care Quality Commission visited Mount Vernon (wards 4 and 5) in Barnsley in July 2012 and both were judged to be compliant against all outcomes assessed.
- A return visit to Kirklees Intensive Home-based Treatment Team in August 2012 lifted the outstanding compliance action.



The Trust has carried no compliance actions since August 2012 and all actions arising out of Care Quality Commission visits in 2011/12 have been implemented.

Mental Health Act visits occur regularly and following each visit an action plan is submitted to the Care Quality Commission to address any issues raised. Local actions have also been implemented in relation to any identified concerns arising out of the Trust's own unannounced visit programme, involving the Board and Members' Council.

Performance in terms of Monitor's governance and financial risk ratings during 2012/12 is as follows.

2012/13	Q1		Q2		Q3		Q4	
	Plan	Actual	Plan	Actual	Plan	Actual	Plan	Actual
Finance	Green	Green	Green	Green	Green	Green	Green	Green
Governance	Am/Grn	Am/Grn	Green	Green	Green	Green	Green	Green

2011/12	Q1		Q2		Q3		Q4	
	Plan	Actual	Plan	Actual	Plan	Actual	Plan	Actual
Finance	Green	Green	Green	Green	Green	Green	Green	Green
Governance	Green	Amber/red	Green	Amber/red	Green	Amber/red	Green	Green

The Trust's governance rating for the first quarter of the year was Amber/Green. This was due to the non-achievement of the target in relation to Care Programme Approach patients having a formal review within twelve months. The risk of achieving this target was identified in the Trust's annual plan to Monitor and mitigating action put in place to ensure achievement by quarter 2 of 2012/13.

There were no formal interventions in 2012/13.

### Performance review and analysis of key performance indicators

Trust Board identified a number of key performance indicators for 2012/13, which relate to key areas of Trust activity. More detailed information on the Trust's performance against national, local and Monitor targets can be found in the Quality Accounts and on the Trust's website. The following is a summary of the position at 31 March 2013.

Business Strategic Performance – impact and delivery			
	KPI	Target	Month 12 position
Monitor Compliance	Monitor Governance risk rating (FT)	Green	Green
	Monitor Finance risk rating (FT)	3.6	4.3
CQC	CQC quality regulations (compliance breach)	0	0
CQUIN	CQUIN and contract compliance Barnsley	Green	Amber/Green
	CQUIN and contract compliance Calderdale	Green	Amber/Green
	CQUIN and contract compliance Kirklees	Green	Amber/Green
	CQUIN and contract compliance Wakefield	Green	Amber/Green
	CQUIN and contract compliance Forensic	Green	Green
	% SU assessed within 4 hours of referral (urgent)	85%	86.2%
	% SU assessed within 14 days (routine)	65%	70.8%
	% new referrals to PTS assessed within 14 days	90%	84.2%
IAPT	% new referrals to PTS treated within 18 weeks	90%	94.2%
	Number of referrals	10,418	6,666
	Total number of people entering treatment	7,293	4,427
	% who 'moved to recovery'	50%	55%
Infection prevention	Infection prevention	0	0
PSA outcomes	% service users on CPA in employment	10%	8%
	% of service users in settled accommodation	60%	65.7%



Customer focus			
	KPI	Target	Month 12 position
<b>Complaints</b>	% complaints with staff attitude as an issue	<30%	5% 1/31
<b>MAV</b>	Physical violence – against patient by patient	22-30	Within ER
	Physical violence – against staff by patient	65-85	Within ER
<b>FOI</b>	% of requests for information under the act processed in 20 working days	100%	100%
<b>Media</b>	% of positive media coverage relating to the Trust and its services	>60%	85%
<b>Members' Council</b>	% of publicly elected governors actively engaged in Trust activity	>50%	30%
	% of quorate council meetings	100%	100%
<b>Membership</b>	% of population served recruited as members of the Trust	1%	1.1%
	% of 'active' members engaged in Trust initiatives	>50%	40%
<b>Befriending services</b>	% of service users allocated befriender within 16 weeks	>70%	55.5%
	% of service users requesting a befriender assessed within 20 working days	>80%	87.5%
	% of potential volunteer befriender applications processed within in 20 working days	>90%	100%

Operational effectiveness: process effectiveness			
	KPI	Target	Month 12 position
<b>Inpatients</b>	Delayed transfers of care (DToc) (Monitor)	< = 7.5%	4.4%
	% admissions gatekept by Crisis teams (Monitor)	>90%	100%
	% SU on CPA followed up within 7 days of a discharge (Monitor)	95%	95.7%
	% SU on CPA having formal review within 12 months (Monitor)	95%	97.8%
	EIP Service – new cases (PCT) (Monitor)	95%	204.9%
<b>Breastfeeding</b>	Prevalence of children breastfed at 6-8 weeks (Barnsley)	31.5%	28.1%
<b>Data quality</b>	% inpatients (CPA) discharged with valid diagnosis code	99%	97%
	Data completeness: community services (Monitor)	50%	83%
	Data completeness: identifiers (mental health) (Monitor)	97%	99.5%
	Data completeness: outcomes for patients on CPA (Monitor)	50%	77.5%
<b>Mental health clustering</b>	% of eligible cases assigned a cluster	100%	96.5%
	% of eligible cases assigned a cluster within the previous 12 months	100%	79.4%
<b>C-Diff</b>	C Diff avoidable cases	0	0
<b>Smoking</b>	Number of 4 week smoking quitters (Barnsley only)	1,718	1,976

Fit for the future: workforce			
	KPI	Target	Month 12 position
<b>Appraisal</b>	% of staff who have had an appraisal in the last 12 months	> = 80%	84.7%
<b>Sickness</b>	Sickness absence rate (YTD)	< = 4.25%	5.31
<b>Vacancy</b>	Vacancy rate	10%	2.38%
<b>Safeguarding</b>	Adult safeguarding training	80%	82.1%
<b>Fire</b>	Fire attendance	>=80%	73.9%
<b>Info Governance</b>	Information Governance training	95%	97.4%

NB Where an area of Trust performance is covered by a number of KPIs, the overall rating of green, amber or red is based on the weighting applied to each component part.

Action plans are in place to address underperformance.

## Our staff

The Trust's workforce is by far the largest area of expenditure and therefore represents our most important resource. This means a well engaged and motivated workforce will make the biggest difference to the lives of the people who use our service. It is their dedication, commitment and professionalism which enables the Trust to deliver services which enable people to live life to the full.

Therefore, the Trust's aim is to develop a value-based culture which makes our staff feel able and capable to deliver the best quality services possible within the resources available. This requires investment to ensure we recruit, retain, develop and motivate a representative workforce that has the right skills to continue to provide responsive, effective and safe mental health, learning disability and community services.

The table below shows the staff in post by the different occupation groups as at 31 March 2013.

Staff in post by occupation group	2012/13 FTE	2012/13 Heads
Add professional, scientific and technical	221.58	269
Additional clinical services	933.51	1,103
Administration and clerical	796.25	955
Allied health professions	257.17	306
Estates and ancillary	278.45	365
Medical and dental	160.34	182
Nursing and midwifery registered	1,403.33	1,571
Students	15.77	20
<b>Total</b>	<b>4,066.40</b>	<b>4,771</b>

Equality and diversity			Staff as at 31.03.13
Age Band	Females	Males	Total
19 and Under	2	1	3
20 - 24	113	28	141
25 - 29	313	78	391
30 - 34	399	106	505
35 - 39	402	131	533
40 - 44	509	165	674
45 - 49	615	211	826
50 - 54	645	185	830
55 - 59	414	113	527
60 - 64	179	61	240
65 - 69	65	21	86
70+	8	7	15
<b>Total:</b>	<b>3664</b>	<b>1107</b>	<b>4771</b>

Census Group	Grand Total
Asian	3.36%
Black	1.87%
Chinese or Other	0.82%
Mixed	0.84%
White	93.10%
<b>Grand Total</b>	<b>100.00%</b>

The staff turnover rate for the Trust for 2012/13 was 7.6%, which is within the target range of 5 to 10%. Trust Board set a target sickness absence rate of 4.25% for 2012/13; the end of year rate was 5.28%. Although the Trust did not meet its target, performance compared favourably with other mental health and learning disability Trusts in Yorkshire and the Humber where the average sickness level was 5.4%. Staff sickness data as required by the Cabinet Office will be published on the Trust's website.

The Trust recognises that well-being and engagement of staff is a key factor in improving organisational performance and delivering high quality services. In support of the regular team meetings and staff briefing, the Trust has run phase 3 of its Middleground Programme where nearly 400 clinicians and managers came together to explore the challenges ahead and be part of developing the way forward. This included engagement with members of the Trust Board on future developments, opportunities and challenges.

The Trust has worked on a number of initiatives to support staff and develop staff in the last 12 months, including the following.

- The Trust achieved Investors in People (IiP) re-accreditation in June for the whole organisation and following this has developed an action plan to progress to Gold status.
- The Trust held its second annual celebration of positive practice event, 'Excellence 12'. The event recognised the Trust's continued success in delivering high quality services by committed and dedicated staff and offers the chance to share good practice across districts. There was an excellent response to the awards scheme from across all services and geographical localities. Judges included service users and carers, Trust staff (from clinical and non-clinical services), Members' Council representatives, non-executive directors and external partners from our local health economy.
- The Trust continued to promote and support leadership training and development and launch a talent pool with over 100 members of staff applying. The talent pool is designed to harness the abilities of staff at all levels of the Trust to support both personal and organisational development.
- The Trust has also worked in conjunction with Right Management to update its leadership competencies to reflect the new challenges ahead.
- The 'Well-being at Work' Partnership Group continued to be active and is made up of senior managers, clinical staff and staff side representatives to develop the well-being agenda. The Trust launched its own pilot staff survey to ensure that we are able to obtain direct and regular feedback from staff.
- The Trust achieved its appraisal target and piloted a new value based appraisal scheme which will become fully operational in 2013/2014.

### Staff survey

The annual national staff survey, which aims to improve the working experience in the NHS, was carried out in October 2012. The survey was sent to a randomly selected sample of 850 Trust staff. The response rate was 53%, which is above average compared with similar NHS organisations. The survey results are presented across 28 key findings.

The Trust's results were in the best 20% in three key findings:

- % recommending the Trust as a place to work or receive treatment;
- work pressure felt by staff;
- % believing the Trust provides equal opportunities for career progression or promotion.

### Response rate

2011		2012		Trust position
Trust	National Average	Trust	National Average	
51%	54%	53%	51%	Above Average

### Top 5 ranking scores

Top four ranking scores	2011		2012		Trust position
	Trust	National average	Trust	National average	
Staff recommendation of the Trust as a place to work or receive treatment	3.64	3.42	3.70 scale score	3.54 scale score	Best 20%
% Staff believing the Trust provides equal opportunities for career progression or promotion	94%	90%	93%	90%	Best 20%
% of staff appraised in the last 12 months	79%	83%	90%	87%	Above Average
% of staff working extra hours	56%	65%	66%	70%	Better than Average
Work pressure felt by staff	2.96	3.08	2.92 scale score	3.02	Best 20%

There were three key findings where the Trust was in the worst 20%:

- staff receiving equality and diversity training;
- % staff receiving health and safety training in the last 12 months;
- staff motivation at work.

### Bottom 5 ranking scores

Worse four ranking scores	2011		2012		Trust position
	Trust	National average	Trust	National Average	
Staff receiving equality and diversity training	47%	53%	39%	33%	Worst 20%
% staff receiving health and safety training in the last 12 months	91%	83%	59%	73%	Worst 20%
Staff motivation at Work	3.78	3.81	3.72	3.84	Worst 20%
Support from immediate managers	3.80	3.79	3.73	3.77	Below average
% of staff witnessing harmful errors, near misses or incidents in the last month	26%	27%	31%	27%	Worse than average

### Changes in the results since 2011

The Trust improved in the following areas:

- % staff appraised;
- % able to contribute to improvements at work.

The Trust results have worsened in the following areas:

- % staff working extra hours;

- % receiving health and safety training in the last 12 months;
- % suffering work related stress in the last 12 months;
- % staff witnessing potential harmful errors, near misses or incidents in the last month;
- fairness and effectiveness of incident reporting;
- % staff feeling pressure to attend when unwell during the last three months.

#### Actions 2012 NHS Staff Survey

The Trust will develop an action plan in response to the NHS Staff Survey 2012, which will be overseen by the Wellbeing at Work Partnership Group. The group will also monitor progress in delivery of the action plan. The Trust-wide action plan links with two key workforce initiatives within the Trust, namely the Investors in People Standard and the Wellbeing at Work Partnership. Business Delivery Units and support services will also receive a breakdown of the results to identify actions, which will be incorporated into their workforce plans.

The action plan will focus on three key areas where the feedback from staff identified that the Trust needed to improve and where the results were in the bottom 20% of Trusts. The three areas are as follows.

- **Health and Safety training**  
A joint management/staff side approach was agreed at the Health and Safety Trust Action Group for the investigation and formulation of an action plan in response to this issue. There were 6,639 recorded safety-related training sessions provided to staff and partners of all grades during 2012. Further actions will include health and safety-related training to be publicised in weekly communications. In addition, delivery of health and safety training is to be widened and will include a bespoke e-learning package for Trust staff and a work book provided for staff without easy access to IT facilities.
- **Equality and Diversity training**  
All staff are required to access equality and diversity awareness training every three years as detailed in the Mandatory Training Policy. The NHS Staff Survey question asks if staff have accessed this training in the last twelve months. The Trust will review the equality and diversity training figures to ensure that sufficient numbers of staff are being trained annually.
- **Staff Motivation**  
The Investors in People process, which involves staff interviews and focus groups, will be used to explore further the issue of staff motivation to develop recommendations for Business Delivery Units and support services. The 2013 Wellbeing at Work ('Pulse') survey will also be used to provide more detailed feedback around staff motivation.

There were also some areas where the Trust was below average compared to other similar NHS organisations; however, the results are very similar to the national average and are not felt to be statistically significant. These areas will also be reviewed by the relevant Trust working groups.

Scores below the national average were:

- KF9. support from immediate managers, scale 3.73 scale score, 3.77 national average;
- KF11. % suffering work-related stress in last twelve months 43%, national average 41%;
- KF20. % feeling pressure in last three months to attend work when feeling unwell 24%, national average 22%;
- KF23. staff job satisfaction 3.64 scale score, 3.66 national average;
- KF28. % experiencing discrimination at work in last twelve months 15%, 13% national average.

#### Other local surveys/related workforce initiatives

The NHS Staff Survey results will be reviewed alongside the Trust's Wellbeing at Work survey results, which will be available in May/June 2013. The Wellbeing at Work ('Pulse') survey has been administered in partnership with Robertson Cooper, Occupational Psychologists. Wellbeing at work surveys were also undertaken in 2009 and 2011 and, therefore, progress can be reviewed across a four-year period. In addition, the NHS Staff Survey results will also be used by the Trust towards its commitment to achieve gold standard Investors in People accreditation. The Trust was assessed in 2012 in a whole organisation review.

## Financial Position

### Introduction

This section and the accounts have been prepared in line with appropriate guidance including the Annual Reporting Manual for NHS Foundation Trusts 2012/13.

There have been no significant transactions during the financial year 2012/13; however, Trust Board approved the business case for the transfer of £42 million of estate and buildings from Barnsley PCT to the Trust. The assets transferred are those which relate to the provision of community and mental health services in Barnsley. A review was undertaken by Monitor of the transaction which supported the Board's decision.

### Overview of Financial Performance 2012/13

- The Trust had an annual turnover of £232.4 million for 2012/13 and an overall surplus of £6.0 million (2.6%) for the year.
- Of the total income, 88% is generated by healthcare contracts with local Health commissioners (NHS Barnsley, NHS Calderdale, NHS Kirklees and NHS Wakefield District) and 6% is with local authorities. The majority of contract income is commissioned as a fixed payment; however, 2.5% (£5.3 million planned for 2012/13) is based on the achievement of key quality indicators. The Trust achieved 87% of the performance indicators and improvement in the remaining 13%.
- These results met the requirements of the Annual Plan.
- The financial performance is scored by the regulator Monitor using the Financial Risk Rating. The score in the Annual Plan was 3.6; the score achieved was 4.3. The maximum score achievable is 5. The result for 2012/13 is a good result for the Trust in terms of managing its financial resources.
- The Trust achieved a recurrent savings target of £9.3 million during the year which represents a 5% efficiency target. This is consistent with national guidance and commissioner requirements.
- The capital budget for the year was £10.4 million. The actual expenditure was £9.2 million.
- The underspend of £1.2 million was linked to two main areas in respect of capital investment in the mental health clinical information system and investment on the Fieldhead site. Both these schemes will be undertaken in 2013/14.
- The Trust planned and maintained a healthy cash balance throughout the year with an average balance of £27 million overall. The cash funds have been built up over time to fund the future investment in estates and technology which are key to providing sustainable services.
- The Trust achieved the Better Payment Practice Code for NHS Trusts by paying over 96% of valid invoices within 30 days for non-NHS invoices and paid 95% on NHS invoices within 30 days. The Trust also complied with the principles of the CBI Prompt Payment Code by paying 83% of local suppliers within ten days.

- The Trust was not required to make any payments to suppliers under the late payment of commercial debts (interest) Act 1998.

<b>Income &amp; Expenditure Performance for 2012/13</b>		
	<b>2011/12</b>	<b>2012/13</b>
	<b>Full Year</b>	<b>Full Year</b>
	£k	£k
Income from Activities	219,361	219,300
Other Operating Income	11,694	13,146
Total Income	231,055	232,446
LESS		
Operating Expenses	(223,465)	(224,981)
Interest Received	273	374
Public Dividend	(1,522)	(1,538)
Asset Impairment	(21)	(256)
Surplus	6,320	6,045

## Evidence of Good Practice in Financial Management

### Treasury Management

As a Foundation Trust, the organisation is able to generate income by investing cash. The Trust manages its working capital balances making payments on due dates in line with the NHS better payment practice code. The increase in cash held by the Trust, as noted above, was invested during the year and generated additional interest income of £0.4 million.

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

The Trust has a working capital facility, effectively an overdraft arrangement, with a commercial bank which would allow drawdown of £9.2 million should the Trust at any time require cash to meet its obligations. The long-term financial plan indicates the Trust has sufficient cash to fund all its outgoings without using this facility. The facility was not used during the financial year.

### International Financial Reporting Standards – IFRS

As part of its annual work programme, the Audit Committee has reviewed the accounting policies applicable in 2012/13. The accounting policies were updated for any changes in national guidance. There were no significant changes which impacted on the Trust's reporting requirements or disclosure in the 2012/13 accounts.

### Valuation of Assets

As part of the review of accounting policies the valuation of assets on the balance sheet was reviewed and there were no material adjustments required in the accounts for 2012/13.

### Recording of Investment Property

Estate which the Trust Board has declared surplus to requirements is recorded as investment property under IFRS and its value is updated annually to the current market value. As at 31 March 2013 these assets are Aberford Field, Southmoor and Hyde Park. There was an impairment of £256,000 in year; the majority of which related to Hyde Park.



### **Pension Liabilities**

The accounting policy for pensions is detailed in note 8 of the Accounts and details of pensions paid to senior managers for the Trust are contained in Note 38.2 (the remuneration report) as well as in the Remuneration Report section of the annual report. This report also contains details of benefits in kind made to senior managers.

### **Auditors' Remuneration**

Audit fees were £68,000; this covers both the Annual Accounts and the audit of the Quality Accounts. A further £84,000 was expended for additional work around Forensics.

### **Directors' Statement**

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

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

### **Going concern**

The Trust prepares an Annual plan each year which is approved by the Board and submitted to Monitor for review. The plan covers a three-year time scale from 2012/13 to 2014/15. As part of the plan preparation and approval process the Trust Board has considered, in detail, the Trust's position, reviewing the financial viability of the organisation in the challenging economic climate. On the basis of this review the Trust continues to adopt the Going Concern basis in preparing the accounts.

### **Key Financial Issues for the Future**

The key issues for the Trust which will impact on future financial viability include the following.

- The continuing impact of reduced levels of funding for public sector services caused by the economic downturn both in health and social care which creates the requirement for ongoing efficiency savings of 4% to 5% for the foreseeable future.
- The need to undertake transformational change in services to deliver different service models which maintain quality at reduced cost as creating further efficiencies and productivity gains in current service models will not be enough to meet the ongoing challenge.
- Work with CCG commissioners and other providers to create sustainable pathways of care across providers which are patient centred, offer good outcomes and value for money.
- Sustained improvement in clinical record keeping and data quality to ensure clinical IT systems support evidence of good quality care and value for money through the introduction of Payment By results for mental health services.

As part of the preparation to meet the challenges of delivering 'more for less', the Trust, in its medium term plan, will develop a series of downside scenarios. The scenarios model the

impact of changes to the Trust's income and expenditure and test whether the planned mitigation is sufficient to maintain financial viability.

The Trust continues to work in partnership with key stakeholders to develop a joint approach to delivering improved quality, innovation and productivity in services and prevention of ill health and to make best use of resources in a period of significant economic challenge. Our partnerships include Clinical Commissioning Groups, PCTs, local authorities and other NHS and non- NHS providers including social enterprises.

The Trust has developed an internal Transformation programme with key workstreams in:

Mental Health  
Forensic services  
Learning Disability and  
Community and wellbeing services.

The aim of the Transformation Programme is to:

Improve Outcomes  
Deliver good services and achieve  
Best use of resources.

Through the Quality Improvement Strategy in 2012/13 the Trust has made strong connection between the evidence base that delivery of good quality services supports value for money and the ability to provide "more for less" in the future. This is reflected in the annual planning process which places quality as the driving force for everything we do.

## Other disclosures

### Sustainability

In 2012/13, the Trust built on the work undertaken during 2011/12 when it participated in the Carbon Trust's NHS Carbon Management Programme, building on our existing work around sustainability. Our Sustainable Development and Carbon Plan commits the Trust to a target of reducing CO2 by 18% by 2015/16 in absolute terms from a baseline year of 2010/11; a reduction of 2407 tonnes. Based on the value at stake calculations and taking into account the assumed increase in prices the organisation will save approximately £1.4million cumulatively over this period if we reduce our emissions by 18%, against business as usual figures.

### Equality and Inclusion

We are fully committed to supporting and promoting diversity and equality both in the way we provide services and as an employer. We aim to ensure that all our services are designed and managed to respect and value difference. Our Equality First strategy and other policies recognise that diversity and equality is core to the way we work and provide services and that we must maximise people's potential through valuing their diversity and treating them equally. It also acknowledges that people who come into contact with our services, or who work for us, are individuals and are not defined by one aspect of their lives, whether that is their race, gender, sexual orientation, religion or any other categorisation.

Over the past 12 months we have been updating our strategies and policies to take into account the amendments to the Equality Act and the Department of Health's new Equality Delivery System (EDS). This will help us to continue to promote a culture where the individuality of our service users and staff is respected and we continue on our journey to become a 'diversity competent' organisation.

To be diversity competent, we need to:

- meet the needs of people from diverse backgrounds – paying particular attention to the nine protected characteristics of the Equality Act;
- recognise what those needs are and have the skills and resources to provide the right services;
- not make decisions or mistakes based on stereotypes and ignorance.

Only by valuing diversity and recognising its importance in our services, our approach and our workforce will we be able to meet the positive challenges associated with equality in the 21st century and maximise people's potential.

The Trust has policies in place to ensure that full and fair consideration is given to applications for employment made by disabled persons, having regard for their particular aptitudes and abilities. This includes the continuity of employment of, and arranging appropriate training for, employees who become disabled whilst in Trust employment, and for the training, career development and promotion of disabled employees. Details of the Trust's human resources policies can be found on its website.

### Research and development

Research and development performance is measured using a number of targets from the West Yorkshire Comprehensive Local Research Network (WYCLRN), National Institute for Health Research (NIHR) and the Trust. These are outlined below.

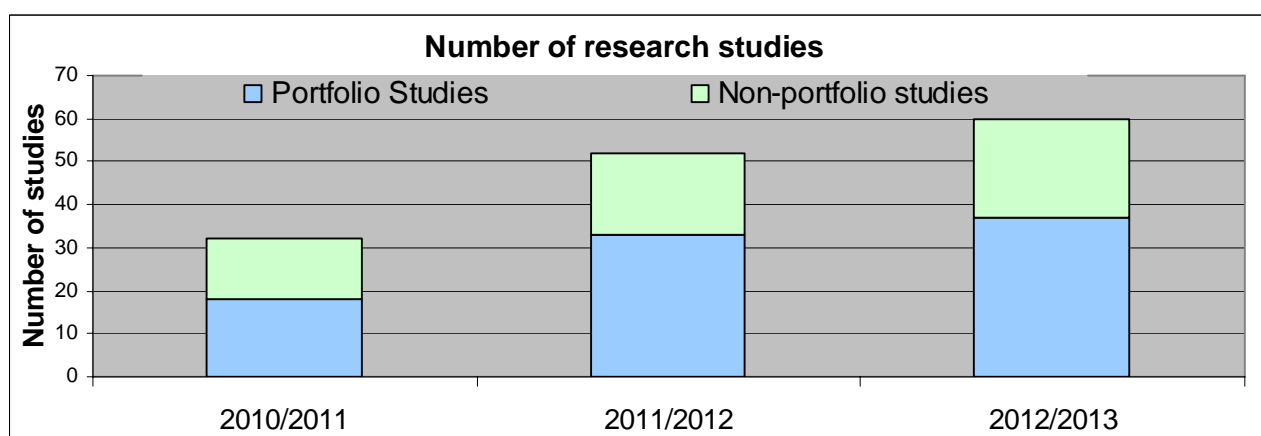
## 1. Timely approval of research

Target: From the receipt of a valid research application, the median number of calendar days to issuing the NHS permission letter should be no more than 30. We have achieved a median of 13.5 days which gives a green status for NHS permission.

## 2. Increase research activity

In line with the R&D strategy and the expanded service and geographical areas of the Trust, each year the R&D department aims to support increased research activity within the Trust. This is measured in three areas:

1. number of research studies;
2. number of research active staff;
3. number of participants recruited into research projects.



The increase in the number of research studies has led to a **23% increase** in the number of research active staff. Although the number of participants recruited to research has remained consistently high, the recruitment to portfolio studies has decreased significantly. Two high recruiting portfolio studies have ended within this year and there have been less portfolio studies that involve high recruitment numbers. Non-portfolio recruitment has significantly increased due to two high recruiting staff studies.

## 3. Increase recruitment to portfolio studies

Target: To recruit 664 participants to portfolio studies. The actual number recruited was 450 which is a shortfall of 32%. This is because there were more interventional research studies (with small sample sizes) and less high sample size observational studies within the year. In comparison with other mental health trust in West Yorkshire, this Trust is still the highest recruiter for portfolio studies.

## 4. Recruitment to time and target

Target: all studies should recruit to time and target where possible and of the 13 portfolio studies that closed within 12/13, 85% achieved their recruitment target.

## 5. Create a balanced portfolio of research studies

Last year we aimed to increase the number of interventional studies the trust takes part in (for example clinical trials). This is so that patients can be offered a choice of treatment or new treatment options through research. Two examples of this are a clinical trial called OCTET, which offers patients on the waiting list for therapy two new low intensity interventions for OCD, and a clinical trial called MIFCOG, which offers patients access to a licensed drug for a new indication: mifepristone for males receiving inpatient alcohol detoxification to test if this helps with cognition.

## 6. Increase funding available for research

The R&D spend has increased by 41% from last year. Mainly this is due to an increase in the R&D team (from five to seven members of staff) due to the increase in funding from WYCLRN for clinical studies officers (research assistants) and funded principal investigator time to work on clinical trials by the WYCLRN. The increase in external funding has meant the overall trust funding has been reduced by 12% (£7,997) from last year.

### Health and safety

The Trust Board continues to recognise that the health, safety and welfare of our staff, patients, partners, clients, residents, visitors and external contractors is of paramount importance. The Trust regularly reviews its health and safety policies to ensure that everyone understands their role in the provision of a safe working environment and also that, wherever staff work, the Trust has a responsibility towards their health and safety while they are at work either within Trust premises or at any other location.

Our Health and Safety Policy was reviewed to ensure it reflects the Trust's mission, vision, values and goals and the commitment to balance risks, rights and responsibilities and ensuring working environments are as safe as possible. Integral to the policy is the Trust's goals of establishing clear and effective ways to manage and develop health and safety in the Trust and ensuring this is supported through clear organisational policies, framework, communication and standards.

The policy reflects the Trust's ethos of ensuring equal opportunities and a safe, secure environment as far as reasonably practicable for stakeholders regardless of race, nationality, gender, culture, beliefs, sexual orientation, age or any disability including mental health problems. This policy ensures the Trust adheres to Health and Safety Executive guidelines and meets its statutory and regulatory obligations in relation to health and safety.

There have been no enforcement or prohibition notices against the Trust in 2012/13.

Information on the Trust's policies on health and safety can be found on its website.

The Trust offers an occupational health service to its staff in partnership with Leeds Partnerships NHS Foundation Trust.

### Fraud and bribery

The Trust is committed to preventing fraud and bribery and carries out work to create and maintain an anti fraud and bribery culture, to deter fraud, to prevent fraud, to detect fraud, to investigate fraud and to seek sanction and redress wherever it occurs. These key generic action areas are laid down in the national strategy document '*Countering Fraud in the NHS*'.

The Trust commissions Local Counter Fraud Specialist (LCFS) expertise from its internal auditor, KPMG. KPMG has been providing the counter fraud services since 1 July 2012. During the nine months to 31 March 2013, the nominated LCFS has undertaken work to deliver the counter fraud plan.

During the year, the LCFS has reviewed the following policies and protocols as part of the annual work plan, which is approved and monitored by the Audit Committee.

- Fraud and Corruption Policy;
- Local Counter Fraud Specialist/Human Resources Protocol;
- Counter Fraud Communications Strategy;
- Standards of business conduct.

A total of 40 counter fraud days were agreed for the 2012/13 proactive work plan across four strategic areas which included inform and involve, prevent and deter, detect, and hold to account. The LCFS has provided the audit committee with progress reports covering each of these areas in addition to arrangements in place to manage the counter fraud plan and delivery.

<b>Inform and Involve</b>	<p><b><u>Fraud Awareness Week (FAW)</u></b></p> <p>A focused fraud awareness week was undertaken in January 2013. During this week we distributed information about fraud in the NHS and we carried out a staff survey following FAW.</p> <p>KPMG also published two newsletters during 2012/13 which included articles about fraud in the NHS, case studies and top tips for preventing fraud. The newsletters were available electronically and printed versions.</p>
<b>Prevent and Deter</b>	<p>As part of the counter fraud plan, KPMG conducted a bribery act risk assessment. This review considered each of the principles of the Ministry of Justice in respect of the Bribery Act 2010 and its impact on organisations. We made a number of recommendations to strengthen controls in place around business conduct.</p> <p>KPMG also reviewed the processes in place around pre-employment screening which is a key strategic area in respect of fraud risks.</p> <p>Four fraud alerts were issued to the Trust and the LCFS responded to queries from staff in relation to cases and referrals.</p>
<b>Detect</b>	<p>The Trust took part in the National Fraud Initiative (NFI) and the results of this data matching exercise were published in February 2013. The LCFS is working with the Trust to review the matches and identify any cases where further work may be required.</p> <p>The LCFS dealt with a number of fraud referrals in some cases fraud was not proven but there remain some open cases under investigation as of March 2013.</p>
<b>Hold to account</b>	<p>There is a protocol in place which sets out the responsibilities of the LCFS and HR when investigations are underway. The Trust is committed to seeking appropriate sanctions where fraud is proven and seeking redress where possible.</p>

A Qualitative Assessment (QA) was not undertaken in 2012/13 as the process was suspended by NHS Protect prior to rolling out a revised process in 2013/14. The Trust will be undertaking a self assessment in May 2013 alongside completion of the 2012/13 annual report which will summarise all counter fraud carried out during 2012/13.

### **Consultations completed in previous year (2011/12), consultations during 2012/13 and any planned consultations in 2013/14**

No formal consultations were undertaken during the past two financial years and there are no consultations in progress at the date of this report. However, the Trust has in place processes for ongoing update and engagement with people who use services and their carers through dialogue groups in each area and through groups established to secure involvement in specific projects. In 2013/14, the Trust will continue to review the service offer, revising the model to improve access and ensure a more person centred approach to delivery. Service users and carers will influence this work through a range of involvement activity.

## **Consultation with local groups and organisations, including local authority Overview and Scrutiny Committees covering membership areas and other involvement activities**

The Trust has developed a model of good practice around how we consult with service users, carers and our broader membership on new projects and larger developments as follows.

- Initial ideas and discussions are taken to the relevant service user or carer dialogue groups.
- Following this, people who attend dialogue groups and people from our membership involvement database are invited to a more detailed focus group. This group reviews the proposal in more detail and starts to develop work streams for the different parts of the project. The people who attend the focus group are offered places on the different work streams.
- Updates on progress are presented at dialogue groups at regular intervals.
- In parallel to this process, Equality Impact Assessments are started and service users and carers are involved in any action plans developed from the equality issues identified.

This model has proved effective in managing anxieties, issues and ensuring processes are service user and carer-led. This model, driven through the local Equality and Inclusion Action Groups, will be used for all future service development.

During 2012/13, a similar process was adopted for the ongoing development of our Creative Minds Strategy and the Trust's approach to capturing insight about service user experience. The Trust used a collaborative approach to achieve shared ownership of the agenda and to agree the Trust's quality priorities, those things important to our service users and carers, and reported through the Trust's 'What Matters' 'you said, we did'.

## **Details of any serious incidents involving data loss or confidentiality breach**

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). The SIRO changed during 2012/13 from the Director of Nursing to the Deputy Chief Executive/Director of Finance following a change of lead director for information governance. The Director of Finance has undertaken the necessary training to undertake this role.

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 2013 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 Governance Trust Action Group chaired by the Director lead for information governance, which informs policy changes and reminders to staff.

An information governance incident graded level 3 or above was reported earlier in the year by the Trust to NHS Yorkshire and the Humber and the Information Commissioner's Office in accordance with procedure; however, the incident related to a shared service with a local authority and the local authority has now accepted responsibility for this SI. The Trust is required to report any incidents graded 1-5 (with 5 being the most serious) and between April and December 2012 there were three level 1 incidents and one level 2 incident. The

level 1 incidents were categorised as 'unauthorised access' and the level 2 incident was categorised 'other'.



## Looking Ahead

We continue our commitment to provide the best quality services that are safe and effective and focus on improving the experience of people who need our care and on delivering maximum value for money. We actively promote a culture of commitment to achieving the best possible service outcomes and improvements for service users – delivering the right services, of the right quality at the right time to support recovery and wellbeing.

Our Board has supported the continuation of our strategic direction in 2013/14.

1. Consolidation and expansion of local pathways remains a priority, with a strong emphasis on consolidation. This includes sub-specialisation.
2. Exploring opportunities for Forensic Service expansion remains a strategic priority and includes sub-specialisation within the forensic offer.
3. Thought leadership will continue to have a more strategic and clearer definition with greater emphasis on creative and innovative approaches, such as Change Lab, Creative Minds and telehealth.
4. Geographical expansion will not be a priority for 2013/14, given the emphasis on local consolidation. Expansion within the existing geographical footprint or where the area is discrete and governable will continue to be explored.

To ensure we continue to deliver services that meet local need, offer best care and better outcomes and are value for money, we are embarking on a programme to transform the way we deliver our services. Services will need to change as more and more is demanded of the NHS at a time of restrained government spending. There are changing patterns in ethnicity, demographics, work and lifestyle patterns, resulting in greater demand for services. The challenge for health services is to adapt and transform to ensure resources are focussed on areas of most need, in line with local Joint Strategic Needs assessments.

The transformation of our services will be aligned with, and enable the delivery of, our mission and values. It will take account of the changes in our communities, widening health inequalities, and make best and effective use of resources given the significant financial challenge across the health and social care economy.

We need to change the way we provide our services in order to:

- respond to what people have told us is important to them – care closer to home and avoiding hospital admission wherever possible;
- provide the best care and outcomes for local people, underpinned by evidence based practice;
- ensure that when people need to use our services, they have the best experience they can;
- to make the most of the latest treatments and technologies to help people through illness and to recovery;
- to help people stay healthy, to take charge of their health and, wherever possible, self manage their care and retain their independence;
- to make the best use of taxpayers' money – improving quality at reduced cost;
- to invest in direct service delivery, spending less on buildings;
- to develop through real partnerships with mutual accountability.

We will continue the process begun in 2012/13 to review all our services to ensure they meet the high quality standards that local people should expect from their community and mental health services. We have shaped our transformation programme to deliver excellent services in the following areas:

- mental health – acute care, community mental health, rehabilitation and recovery and older people;
- general community services, including long term conditions, end of life care, health and wellbeing and children's services;
- learning disability services – inpatient services, community assessment and treatment, mental health interface and cross agency links;
- forensic services – inpatients, step down and community and links to rehabilitation and recovery.

Clinical specialists in each area are leading our reviews and involving clinicians and managers who work in services and we are making plans to engage extensively with people who use our services, Trust members, colleagues and commissioners of our services to fully involve them in each stage of the process. We are making clear links to good governance to make sure proposed models:

- are safe and person centred;
- encourage greater control for individuals;
- emphasise recovery and positive outcomes;
- improve quality at reduced cost making us more efficient;
- increase links to alternative community based services, promoting partnership working;
- optimise the use of technology;
- use evidence based best practice;
- reflect the organisation's quality priorities.

The service changes will also inform the way we use our current facilities and which buildings we work from. We will ensure that we effectively engage and have 'sign up' for the direction of travel for services, with service models determining the types of building we need and how best to use them to support high quality services. The Trust will ensure a property portfolio that addresses quality, equity, access, occupancy levels, value for money and flexibility. Our use of buildings will be aligned to our service offer and will likely include the development of a community infrastructure, with a hub and spoke model to improve access to services and supporting the delivery of care closer to home.

## Future risks

In the coming year, the Trust will raise a number of challenges in terms of achieving its cost improvement programme whilst maintaining the quality and standard of service to our service users; however, we are well-placed financially and in our planning for the future to face these challenges. The Quality Impact Assessment, formally introduced this year and led by the Director of Nursing and Medical Director, has enabled robust challenge to the impact on our services of efficiency, productivity and cost savings and will form a key part of the transformation agenda outlined above to ensure that what we do does not affect the quality of the services we provide. We will continue to ensure that our services remain patient-centred and that the outcomes from the Quality Impact Assessment are monitored routinely at the highest level of the organisation, aligned with performance reports, service user and carer feedback and feedback from commissioners.

The coming year will also present external risks and challenges to the Trust in terms of the following.

1. Reduction in local authority funding and changes to the benefits system will result in increased demand for health services (due to the potential increase in demand for services and reduced capacity in integrated teams), which will create a risks of a negative impact on the ability of integrated teams to meet performance targets. This will be 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 Implementing Recovery through Organisational Change implementation plan in partnership with service users to promote recovery.

2. Risk that the expectations of emerging Clinical Commissioning Groups (CCGs) for mental health and community services will create a potential reputational risk for the Trust. This will be mitigated by contract terms agreed with commissioners, building relationships through contract and quality Board meetings, development of team-to-team meetings to strengthen partnership working, and development of a marketing strategy to ensure good communications and understanding of the service offer.
3. Risk that the planning and implementation of transformational change through the 'big ticket' programmes will increase clinical and reputational risk through an imbalance of staff skills and capacity between the 'day job' and the 'change job'. This will be mitigated by additional resources and external consultancy recruited to support the transformation programme, and key deliverables reviewed and monitored by EMT and a robust review through the Quality Impact Assessment.
4. Risk that the Trust does not have a clear marketing approach to enable it to maximise opportunities and mitigate threats in an increasingly competitive market. This will be mitigated by engagement of specialist resource to shape a strong marketing strategy, supported by a robust implementation plan for 2013/14, and key intelligence and actions reflected in the Trust's plan to Monitor (May 2013) and October (2013).

## **Statement of the Chief Executive's responsibilities as the Accounting Officer of South West Yorkshire Partnership NHS Foundation Trust**

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

Under the NHS Act 2006, Monitor has directed South West Yorkshire Partnership NHS Foundation Trust to prepare for each financial year a statement of accounts in the form and on the basis set out in the Accounts Direction. The accounts are prepared on an accruals basis and must give a true and fair view of the state of affairs of South West Yorkshire Partnership NHS Foundation Trust and of its income and expenditure, total recognised gains and losses and cash flows for the financial year.

In preparing the accounts, the Accounting Officer is required to comply with the requirements of the *NHS Foundation Trust Annual Reporting Manual* and in particular to:

- observe the Accounts Direction issued by Monitor, including the relevant accounting and disclosure requirements, and apply suitable accounting policies on a consistent basis;
- make judgements and estimates on a reasonable basis;
- state whether applicable accounting standards as set out in the *NHS Foundation Trust Annual Reporting Manual* have been followed, and disclose and explain any material departures in the financial statements; and
- prepare the financial statements on a going concern basis.

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

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

Signed... 

**Chief Executive  
23 May 2013**

## Annual Governance Statement 2012/13

### Scope of responsibility

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

Following the transfer of services to the Trust under the Government's Transforming Community Services programme in 2011, the Trust has continued to consolidate and integrate mental health and community services previously provided by NHS Barnsley together with health and wellbeing services that transferred from NHS Calderdale and NHS Wakefield, and Children's and Adolescent Mental Health Services in Wakefield. This has presented challenges in terms of the diversity of services the Trust provides, the geographical area it covers and the risks presented in terms of continuing to provide safe, secure and effective services to the same high quality standard to all service users.

In 2012/13, this also included due process to ensure estate transferred from NHS Barnsley to the Trust on 1 April 2013. A robust due diligence exercise was undertaken and legal advice sought to ensure any risks to the Trust as a result of the transfer could be mitigated adequately. The Trust was also required to provide a business case to Monitor to demonstrate fit with Trust strategy and the impact on the Trust. Following robust analysis, Monitor made an indicative evaluation of the Trust's risk ratings in that the financial risk rating would be 3 and the governance risk rating remain as green. Both were acceptable to Trust Board and the transfer was approved in March 2013.

During 2012/13, the Trust embarked on an ambitious transformational change programme to transform the way it delivers services. This is to make sure that the Trust continues to deliver services that meet local need, offer best care and better outcomes, and are value for money whilst ensuring that the Trust remains sustainable and viable. Implementation of this programme whilst maintaining delivery of high quality and safe services will present the Trust with its biggest challenge in 2013/14.

The Trust has taken the Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry findings extremely seriously and is not in any way complacent about risks within its own systems; however, the Trust must integrate the recommendations with the findings from other national reports, such as Winterbourne View, and work to enhance, not reinvent, governance processes. The response taken, therefore, is an appropriately measured one and, wherever possible, proposed action will be integrated with existing and planned organisational processes. Only where there is no obvious 'placement' for an action will a new workstream be identified.

The Trust started the year with an interim Chair in place. Following a robust and open recruitment process overseen by the Nominations Committee, a sub-group of the Members' Council, the interim Chair was appointed substantively from 1 May 2012 for a period of three years. During the year, the Chair has effected a number of changes to Trust Board, which has improved its effectiveness. The end of 2012, also saw the appointment of a substantive Director of Nursing, Clinical Governance and Safety, which has strengthened the Executive Management Team and ensured quality improvement and safety remain at the heart of Trust Board; however, this has presented a risk in terms of leadership and management in the Wakefield Business Delivery Unit (BDU) and, as Chief Executive, I have put interim

arrangements in place to address this utilising the skills and experience of an existing BDU Director in relation to building and maintaining strategic relationships and an existing senior operational manager to ensure day-to-day operations continue effectively.

My Annual Governance Statement reflects the challenges and changes outlined above over the past year. It is also reflected in the Corporate Governance Statement made by Trust Board.

I have a duty of partnership to discharge, and therefore work collaboratively with other partner organisations. The Trust is fully involved in sound and robust partnership arrangements with the four Local Authorities in Barnsley, Calderdale, Kirklees and Wakefield and the Calderdale, Kirklees and Wakefield District, and South Yorkshire and Bassetlaw PCT Clusters. Relationships have been fostered, developed and built on with partners in existing commissioning arrangements and with new commissioning partners as they emerge. Sound relationships continue to exist with the Secure Commissioning Group, covering the Trust's medium and low secure services. This is a critical factor in supporting the Trust's future success.

Good links continued with NHS Yorkshire and the Humber, part of NHS North of England, through the Chief Executives' and Chairs' forums and regular Chief Executive to Chief Executive contact. All Executive Directors are fully engaged in relevant networks, including nursing, medical, finance and human resources.

The Trust has also been fully involved in developing new partnerships and forums to reflect the arrangements to be introduced from 1 April 2013 under the Health and Social Care Act 2012.

As Chief Executive of the Trust, either I or nominated directors have attended formal Overview and Scrutiny Committees in each of the local authority areas and have met informally with the Chairs of each of the Committees to update on the Trust's strategic direction.

### **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 2013 and up to the date of approval of the annual report and accounts.

### **Capacity to handle risk**

During 2012/13, I have continued to embed the evidence-based framework for organisational development and internal control: "What really works: the 4+2 formula for sustained business success" (Nohria, Joyce and Robertson). This is based on an extensive piece of research undertaken through Harvard Business School identifying critical success factors in over a hundred US companies. The use of this model has since been advocated by the NHS Leadership Centre. The framework identifies four essential primary practices (strategy, flawless execution of strategy, culture and structure) and two of four secondary practices (innovation, partnerships, leadership and talent development) at which the

organisation must excel. At this point in the Trust's organisational development, the Trust Board had utilised the framework to determine strategic priorities, including an increased emphasis on leadership and talent management.

The model provides a framework for principal objectives to be agreed and set by the Board underpinning the Board assurance framework and implementation objectives to be 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.

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 BDUs covering Barnsley, Calderdale, Wakefield, Kirklees and Forensics, underpinned by service line management and currency development at service delivery level. Development work has progressed well during the year, closely scrutinised by the Audit Committee. BDUs are led by District Service Directors directly accountable to the Chief Executive to ensure accountability and responsibility as structures and processes for devolvment continue to embed.

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 and governance; and
- service improvement and development.

This process has been overseen and co-ordinated by me as Chief Executive, reviewing Quality Academy development with a formal link to appraisal, ensuring both support to and quality assurance of systems development.

Given the significant changes the Trust has undertaken in the past two years, significant emphasis has been placed on organisational development. An organisational framework was developed, which has allowed organisational development work to be tracked in terms of effectiveness. This has been developed further through regular review and assessment led by me as Chief Executive. From this Framework, a number of initiatives have been developed and launched to ensure the Trust has a workforce fit for the challenges in the future, such as the Talent Pool, Middleground III and a values-based recruitment, induction and appraisal programme. A key part of the organisational development framework in 2012/13 was the review of the mission and values for the organisation following a piece of work undertaken by Leeds Metropolitan University Business School. This involved consultation and engagement with over 300 staff, with over 400 responses through a survey, and over 200 service users and carers. The new mission and values were launched in early 2013.

The projects developed through the Change Lab have been consolidated into existing services and processes, where appropriate, or, as with the museum project, have been allowed to develop as stand-alone initiatives. The Trust also continues to develop additional capacity in the community and different models of delivery and support for service users and carers through initiatives such as Creative Minds and Altogether Better, a national initiative which the Trust now hosts following a request from NHS Yorkshire and the Humber to do so.



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 which 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.

The Trust has a 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 to 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 risk and control framework**

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.

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 as described earlier. 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 is 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, reviewed in 2012 by the new Trust Chair, has continued to ensure the Board devotes sufficient time to setting and reviewing strategy and monitoring key risks. Within each quarterly cycle, there will be one meeting with a focus on business risk and performance, one formal public meeting and one strategic development session. As required by the Health and Social Care Act 2012, Trust Board meetings have been held in public since October 2012.

Strategic risk is managed in line with the Trust's Risk Management Strategy, which was amended and approved by the Trust Board in December 2012 to reflect challenges in the external environment and the need to manage risk associated with devolution of responsibility into BDUs and integration of policies and processes in Barnsley. The strategy sets out specific responsibilities and accountabilities for the identification, evaluation, recording, reporting and mitigation of risk in accordance with the ALARM principle to reduce risk to as low 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'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 for implementation of mental health currency, engagement plan for 2013/14 for commissioners in place, engagement and resource plan in place to support



implementation of currency internally, baseline reports produced to communicate where teams are not meeting standards and need to focus efforts.

2. The Care Packages and Pathways project will not deliver an improvement in service quality and outcomes through the roll out of clustering and mental health currency, mitigated by project management arrangements established and working groups linked to commissioners in Calderdale/Kirklees/Wakefield formalised, 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 to share best practice and benchmark progress.
3. Reduction in local authority funding and changes to the benefits system will result in increased demand for health services (due to the potential increase in demand for services and reduced capacity in integrated teams), which will create a 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 ImROC implementation plan in partnership with service users to promote recovery.
4. Risk that the expectations of emerging Clinical Commissioning Groups (CCGs) for mental health and community services will create a potential reputational risk for the Trust, mitigated by contract terms agreed with commissioners, building relationships through contract and quality Board meetings, development of team-to-team meetings to strengthen partnership working, and development of a marketing strategy to ensure good communications and understanding of the service offer.
5. Risk that the planning and implementation of transformational change through the 'big ticket' programmes will increase clinical and reputational risk 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.
6. Risk that the Trust does not have a clear marketing approach to enable it to maximise opportunities and mitigate threats in an increasingly competitive market, mitigated by engagement of specialist resource to shape a strong marketing strategy, supported by a robust implementation plan for 2013/14, and key intelligence and actions reflected in the Trust's plan to Monitor (May 2013) and to Trust Board (October 2013).

In its annual plan to Monitor in May 2012, the Trust also identified a number of risks as a result of regular market analysis and assessment. Mitigating action is in place to address or lessen the impact of these risks.

- The Health and Social Care Act 2012 and the subsequent significant commissioner reforms, including the development of the 'Any Qualified Provider' arrangements. (See 5. above.)
- The current economic climate and the financial challenges this brings. (See 3. and 6. above.)
- The increase in regulation in the NHS, particularly the developing role of the Care Quality Commission. (To be reviewed following the publication of the Francis Report.)
- The potential impact of Payment by Results for mental health services. (See 2. above.)
- Acute care providers in the local environment who are having difficulties within the current financial environment. (Included in 6. above.)

- The position with PCT estate. (Resolved during 2012/13 with the transfer of estate on 1 April 2013.)
- The impact of both demographics and the recession, which will lead to increased demand. (See 3., 5. and 6. above.)
- The increased availability of telehealth and telecare solutions. (Included in 6. above.)

In terms of future risk, the risks outlined above and in the organisational risk register will continue into 2013/14 and the mitigating action will remain in place.

Innovation and learning in relation to risk management is critical. During 2012, the Trust's e-based reporting system, DATIX, was rolled out to all clinical and non-clinical areas in the organisation 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. The Trust 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 the Trust takes every opportunity to learn and develop from an incident. During 2012, the Trust strengthened these arrangements by appointing a number of Serious Incidents Investigators to provide capacity for and independence in undertaking investigations into serious incidents. The Trust also appointed Practice Governance Coaches to work closely with BDUs to learn lessons, implement best practice and address areas of weakness and development.

The Clinical Governance and Clinical Safety Committee monitors the implementation of recommendations arising from external agencies, such as the Francis Report and Winterbourne View, independent inquiries and external reviews until actions have been completed and closed. A sub-group of the Committee was established in 2010 to provide an organisational overview of RCA reviews, action plans and learning from serious incidents, providing clinical expertise in the process and assurance to the Committee that lessons have been learnt throughout the organisation from serious incidents. The terms of reference were reviewed in 2012 to strengthen the role and remit of the group and its focus remains on taking an organisational view of the incident review, action planning and learning process, and to ensure a learning framework is in place and implemented aligned to the Trust's organisational development framework.

The provision of Mental Health Services carries a significant inherent risk, which results on occasion in serious incidents, which require robust and well governed organisational controls. During 2012/13 there were 45 SIs across the Trust compared to 49 SIs in 2011/12. 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.

There are three SIs subject to independent review. With regard to a homicide in Kirklees in 2010, there is still no indication whether an independent review will be required. An internal investigation was completed in February 2011 and the action plan to address the recommendations has been implemented by the BDU. Two homicides in Kirklees in 2011, there is no indication of whether an independent review will be commissioned. The internal Trust investigations into both cases are complete and action plans implemented. A multi-

agency review has been set up in relation to domestic homicide. A homicide that took place in Barnsley in 2011, prior to the transfer of services to the Trust has been subject to an independent review. The Trust has received a draft report and has provided comments to NHS Yorkshire and the Humber. The publication date of the report is not known; however, based on the draft report, the Trust has reviewed the action plan put in place following the internal action plan.

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). The SIRO changed during 2012/13 from the Director of Nursing to the Deputy Chief Executive/Director of Finance following a change of lead director for information governance. The Director of Finance has undertaken the necessary training to undertake this role.

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 2013 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 Governance Trust Action Group chaired by the Director lead for information governance, which informs policy changes and reminders to staff.

An information governance incident graded level 3 or above was reported earlier in the year by the Trust to NHS Yorkshire and the Humber and the Information Commissioner's Office in accordance with procedure; however, the incident related to a shared service with a local authority and the local authority has now accepted responsibility for this SI. The Trust is required to report any incidents graded 1-5 (with 5 being the most serious) and between April and December 2012 there were three level 1 incidents and one level 2 incident. The level 1 incidents were categorised as 'unauthorised access' and the level 2 incident was categorised 'other'.

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.

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. The Trust has adopted the approach that new or revised policies, strategies, service redesign and projects must be required to undertake an Equality Impact Assessment before approval. This has ensured that equality, diversity and human rights issues and service user involvement are being systematically considered and delivered on core Trust business. At the end of March 2013, all commissioned services have had an Equality Impact Assessment. Through the newly established Equality and Inclusion into Action Group, the Trust will ensure 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.

The foundation trust has undertaken risk assessments and Carbon Reduction Delivery Plans are in place in accordance with emergency preparedness and civil contingency requirements, as based on 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 Trust continues to assess its compliance with CQC registration requirements through regular internal regulatory compliance review processes and a regular programme of unannounced visits.

The Trust has assessed itself against the NHS Constitution and a report was presented to Trust Board in September 2012. This covered all areas of the Trust. The Trust meets all the rights and the 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. Following publication of the Francis Report and changes to the Constitution, a further review will be undertaken for presentation to Trust Board in June 2013.

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

- The Trust's approach to quality reinforces the commitment to quality care that is safe, person-centred, efficient and effective. The strategy specifies 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 Executive Management Team as well as monthly compliance reporting against quality indicators within performance reports
- CQC regulation leads monitor performance against CQC regulations and the Trust undertakes a quarterly self-assessment.
- 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.

During 2012/13, the Trust has built 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.

- Facilitation of a six-month secondment to look at 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. This includes an initial assessment against the Department of Health's Friends and Family Test.

- Development of 'What Matters' linked to the Trust's 7 quality priorities.
- Review and implementation of a pilot exercise for the '15 Steps Challenge'.
- 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.

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 was also awarded Customer Service Excellence in the Forensic BDU and Corporate Development Directorate during 2012, which has been rolled out across the Trust for assessment in early 2013.

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

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, Performance 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. In 2012/13, work has continued to develop and prepare BDUs and support services for the introduction of service line reporting. Work has also continued 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 strategic objectives. 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. As part of the planning process for 2013/14, a review was undertaken of the Trust's approach to the assessment of risk in relation to cost improvements and a more robust process put in place, the Quality Impact Assessment. This process was approved by the Executive Management Team, supported by Trust Board and was reported to the Audit Committee in terms of process. Its effectiveness will be monitored throughout the coming year by the Clinical Governance and Clinical Safety Committee.

The Quality Impact Assessment takes an objective view of cost improvements developed by BDUs in terms 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 were led by the Director of Nursing and the Medical Director with BDU Directors and senior BDU staff, particularly clinicians. As a result of the process, a number of areas were identified as presenting risk to the safe delivery of services, which have not been included in the programme as a result.

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.

In 2013, KPMG, the Trust's internal auditor, began a series of value for money assessments of 'back office' functions, starting with facilities. The outcome of these reviews will be used to improve the support corporate functions provide to BDUs and to achieve efficiencies and improve effectiveness for support functions.

### **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 (the data). 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.

➤ **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, IM&T Strategy, Data Quality Policy and RiO training.

➤ **Policies**

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 IM&T policies. There are performance and information procedures for all internal and external reporting. Mechanisms are in place to ensure compliance through the Information Governance 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. Through the roll-out of DATIX in Barnsley, 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. This has been extended to staff in Barnsley through the roll-out of DATIX.

➤ 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.

The Trust's external auditor, Deloitte, will provide external assurance on the Quality Report and the findings will be 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.

The Trust has developed a values-based appraisal system for staff, which was piloted in the organisation during 2012 for introduction across the Trust from 1 April 2013. The Trust has set a target of 80% of staff having an appraisal in the first quarter of 2013. This presents a significant challenge to the Trust in terms of ensuring staff and managers are trained in the new process and appraisals are undertaken.

My review is also informed by reports from external inspecting bodies including external audit and the PEAT audit. In addition, the effectiveness of internal control and risk management systems has been subject to external scrutiny and validation through the Monitor assessment process for the transfer of estate from NHS Barnsley, which included external scrutiny by the independent accounting firm KPMG and Hempsons solicitors.

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.

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.

Further information on Trust Board Committees is contained in the annual report and in the Trust's Risk Management Strategy.

The role of internal audit at the Trust is to provide an independent and objective opinion to me and my managers on the system of control and also the Trust Board. 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 Trust undertook a tender process for its internal audit function and, in June 2012, the function transferred from the West Yorkshire Audit Consortium to KPMG.

The work undertaken by internal audit is detailed in an annual audit plan and approved by the Audit Committee. The audit programme includes a risk assessment of the Trust, based on the Trust's assurance framework, an evaluation of other risks identified in the Trust's risk register and through discussion with management. Internal audit reports 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 significant. 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 June 2012, KPMG presented 17 internal audit reports to the Audit Committee. Substantial assurance was received for ten reports and moderate assurance given in five areas. Two reports were given limited assurance in relation to financial management: payroll and adult safeguarding. A limited progress opinion was given to a follow up report on the stewardship of financial affairs of community patients.

Limited assurance opinions tend to reflect the approach taken by EMT to identify priority areas for internal audit to focus on risk and improvement areas.

Action plans were developed for all internal reports. The Audit Committee invites the lead Director for each limited or no assurance report to attend and provide assurance on actions taken to implement recommendations. For all limited and no assurance reports, a further audit is undertaken within six months.

Four reviews are ongoing at the end of the year, three of which are advisory-based. One advisory review on the Trust's commercial strategy has been completed.

The Head of Internal Audit's overall opinion for 2012/13 is one of significant assurance.

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 the 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. The Trust has had in place throughout the year an assurance framework, aligned to both our corporate objectives and healthcare standards to assist the Board in the identification and management of 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 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 continues to undertake significant change; however, it is my view that the system of internal control has remained robust and enabled change to be managed effectively.



.....

**Steven Michael**  
**Chief Executive**  
**23 May 2013**



With all of us in mind

South West Yorkshire Partnership



NHS Foundation Trust

# Quality Account 2012-2013

---

***Improve and be Outstanding***

## Contents

---

<b>Part 1: Our commitment to quality</b>	<b>Page no.</b>
Chairman's welcome	4
A statement from our chief executive	4
How we will transform our services	6
<b>Part 2: Priorities for improvement and statements of assurance from the board</b>	<b>7</b>
<b>Part 2a: Priorities for Improvement:</b>	
Quality priorities across the years	8
Priority 1: Listen and act- the people who use our service are central to everything we do	9
Priority 2: Timely access to services	11
Priority 3: Improve care and care planning	13
Priority 4: Improve the recording and evaluation of care	17
Priority 5: Improve transfers of care by working in partnerships across the care pathway	19
Priority 6: Ensure that our staff are professionally , physically fit & well to care	21
Priority 7: Improve the safety of our service users, carers, staff and visitors	26
Quality Priorities for 2013-14	29
<b>Part 2b:Statement of Assurance</b>	<b>33</b>
Review of services	33
Participation in clinical audit & national confidential inquiry	33
Participation in clinical research	37
Goals we agreed with our commissioners	38
Quality of data	39
Information Governance	40

Clinical coding error rate	40
Performance against national mandated items <ul style="list-style-type: none"> <li>➤ Patients on Care Programme Approach who were followed up in 7 days</li> <li>➤ Percentage of admissions to acute wards for which the Crisis Resolution Home Treatment Team acted as a gatekeeper</li> <li>➤ Readmission rates</li> <li>➤ Staff experience- staff survey 2012</li> <li>➤ Patient experience of community mental health services</li> <li>➤ The number of patient safety incidents that resulted in severe harm or death</li> </ul>	41-47
Care Quality Commission	47
External accreditation	48
<b>Part 3: Our performance in 2012-13</b>	49
How we have done against our quality priorities key measures of performance for 2012-13	50-52
Safety, Clinical Effectiveness and Experience	53
<b>Annexes:</b>	
<b>Annex 1:</b>	
Statements from our partners	56
<b>Annex 2</b>	
Statement of directors' responsibilities in respect of the quality report	64

## Chairman's welcome

---

I am pleased to present our quality account for 2012-13. Quality accounts are annual reports to the public from providers of NHS healthcare. This report shows what we do well, what we need to improve and the steps we are taking to achieve improvement in quality. This report looks back at the previous year (2012-13) but also looks forward (2013-14); explaining what we will focus on and how we will continue to measure how well we are doing.

Across the NHS the challenge is unprecedented. As financial pressures persist, the focus on always delivering high quality care is increasingly important. Enquiries such as Winterbourne and Francis remind us of the accountability we have to the public and the need to ensure we always deliver high quality care, keep people safe and remain open and honest.

Our Trust is proud of our commitment to improving quality. We believe we can only achieve this by truly engaging with people who use our service, their carers and our local communities; listening to what we are told and acting on this feedback.

Throughout 2012-13 we have also continued to invest in our staff. We are confident that our workforce has the skills and dedication to rise to the challenges of the years ahead and through their hard work and commitment we will continue to make improvements to the services we deliver.

I very much welcome comment on our services and the quality of care we provide and invite you to contact our customer services team to share your opinions. Call them on 0800 587 2108. Alternatively send an email to me directly [lan.black@swyt.nhs.uk](mailto:lan.black@swyt.nhs.uk).

*Ian Black, Chairman*

## Chief executive's statement

---

In our Trust, quality is central to our values and service provision and is fundamental to the ways in which we conduct our business. In the past two years we have made significant improvements in the way we deliver our services to focus on the needs of the people and communities we serve and we are committed to continuing this over the coming years.

As you will see from this report we have made considerable improvements in many areas against our quality priorities, however, there are areas where we need to continue to improve. Through our continual monitoring of progress against these measures we were aware of areas where we would not reach our desired goals. We put actions in place to address areas where we have not performed as we would have expected.

In February and March 2013 we consulted with our partners, staff and people who use our services and their feedback informed our decision to take our quality priorities forward into

2013-14. The activity against each quality priority has been reviewed to address areas where we need to continue to improve.

Throughout 2012-13 we worked closely with service users, carers and staff to review our mission and values and these now provide a guiding touch stone for work going forward:

***Our mission:*** Enabling people to reach their potential and live well in their community

***Our values:***

- Honest, open and transparent
- Respectful
- Person first and in the centre
- Improve and be outstanding
- Relevant today, ready for tomorrow
- Families and carers matter

Currently, more and more is demanded of the NHS at a time of restrained government spending. The next phase of organisational development at our Trust will require not only safe and high quality delivery of care but also significant service transformation; both within the organisation and with partners.

To meet these challenges we are embarking on a programme to transform the way we deliver services. This is to make sure that we continue to deliver services that meet local need, offer best care and better outcomes and are value for money.

Under the leadership of our director of nursing we have re-stated the importance of having the quality agenda at the front and centre of our organisation; fundamental to the role of every single member of staff and a quality impact framework and revised quality strategy have been developed. We have kept our quality governance structures and systems under review, building and embedding our assurance processes. In February 2013 the Trust board tested the effectiveness of our internal processes via an independent review undertaken by our internal auditors, based upon Monitor's quality governance framework. We were pleased, but not complacent, at receiving a substantial rating (which means there were only minor concerns).

2013-14 is set to be another challenging year for our organisation. We are poised to embrace this challenge, be responsive to the national agenda and continue to drive improvements made with our local communities.

This quality account has been prepared in line with the requirements of the NHS Act 2009 and Monitor, the independent regulator of foundation trusts. The board of directors has reviewed the quality account and to the best of my knowledge, I confirm that the information contained in this report is an accurate account of our performance and represents a balanced view of the quality of services provided by the Trust.

**Date:** 1<sup>st</sup> May 2013

**Chief executive:**



## How we will transform our services?

---

We will be transforming our services over the next few years. This transformation must be aligned with, and enable the delivery of, our mission and values. It must take account of the changes in our communities, widening health inequalities, and make best and effective use of resources given the significant financial challenge across the health and social care economy.

- Clinical specialists in each area are leading our reviews and involving clinicians and managers who work in services
- We will engage extensively with people who use our services, Trust members, colleagues and commissioners of our services to fully involve them in each stage of the process
- We are making clear links to good governance to make sure proposed models:
  - Are safe and person-centered
  - Encourage greater control for individuals
  - Emphasise recovery and positive outcomes
  - Improve quality at reduced cost, making us more efficient
  - Increase links to alternative community based services, promoting partnership working
  - Optimise the use of technology
  - Use evidence based best practice
  - Reflect the organisations quality priorities

The service changes will inform the way we use our current facilities and which buildings we work from. We need to make sure that we effectively engage and have 'sign up' for the direction of travel for services, with service models determining the types of building we need and how best to use them to support high quality services.

The Trust will ensure an approach to estates development that addresses quality, equity, access, occupancy levels, value for money and flexibility. Our use of buildings will be aligned to our service offer and will likely include the development of a community infrastructure, with local hubs to improve access to services and supporting the delivery of care closer to home.

The latest information about our transformation is available on the Trust's website, [www.southwestyorkshire.nhs.uk](http://www.southwestyorkshire.nhs.uk)

## Part 2: Priorities for improvement and statements of assurance from the Board

---

### Part 2a: Priorities for improvement

Our commitment and approach to quality is at the very heart of what we do. This quality account allows reflection on our performance over the last year as well as agreement on our priorities for the year ahead based on what we have seen and heard over the last 12 months.

Towards the end of 2011-12 we worked with service users, carers, partners and colleagues across the Trust to define our priorities for year 2012-13. We identified seven quality priorities which are shown below - the abbreviated versions, where applicable, are shown in brackets.

**Priority 1:** Service users are central to what we do (Listen and act)

**Priority 2:** Timely access to services (Access)

**Priority 3:** Improve care planning (Care & care planning)

**Priority 4:** Improve recording and evaluation of care (Recording care)

**Priority 5:** Improve transfers of care by working in partnership across the care pathway (Care pathways)

**Priority 6:** Ensure that our staff are professionally, physically and mentally fit to undertake their duties (Fit and well to care)

**Priority 7:** Improve the safety of our service users, carers, staff and visitors (Safety)

Throughout 2012-13 we measured activity against each of these priorities and reported them to our board of directors every three months. A summary of our progress against these priorities can be found on pages 50-52

We needed to set our priorities for the coming year and so, in February and March 2013 we once again consulted with our partners, staff and people who use our services on quality priorities for 2013-14. We asked them to review our 2012-13 quality priorities and comment on their relevance for 2013-14. We also asked what actions people thought we should focus on. We are grateful for the feedback we received and we used it to plan for 2013-14.

What follows is a summary of progress we have made against our quality priorities for 2012-13 which is based on the activity we said we would undertake in our 2011-12 quality account report.

*There are many initiatives that take place in our Trust and we have given just a few examples in this report. Details of all our work can be found at [www.southwestyorkshire.nhs.uk](http://www.southwestyorkshire.nhs.uk) as well as in Trust publications.*



## Our quality priorities – across the years

Quality priorities	2011-12	2012-13	Progress made in 2012-13? (position at quarter 4 / month 12)	Will we continue this priority in 2013-14?
Listen & act	✓	✓	Green	✓
Access to services	✓	✓	Green/ Amber	✓
Care & care planning	✓	✓	Green	✓
Recording care	NA	✓	Green/Amber	✓
Care pathways	✓	✓	Green	✓
Fit and well to care	NA	✓	Amber	✓
Safety	✓	✓	Green	✓

We have used a Red /Amber /Green (RAG) rating to grade our progress against the quality priorities. These rating are based on **our performance against our Key performance indicators** (pages 50-52).

**Code:**

N/A: not applicable

Red: we are not achieving our goals;

Amber: we are meeting parts of our goals;

Green/Amber: we are achieving 75%+ of our goals

Green: we are meeting our goals

## Priority 1: Listen and act –the people who use our services are central to everything we do

---

### ***Why did we focus on this?***

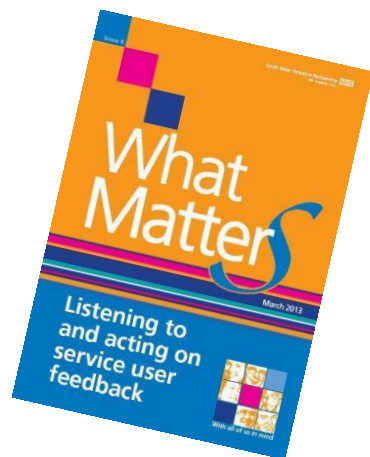
A key element of our approach to quality is ensuring people who use our services always have a good experience. However, we are not always good at telling people what we do as a result of their feedback. We also do not always find ways to benefit from the talents of our service users and carers in service improvement and development and we recognise how vital this input can be.

### ***What progress have we made?***

We said that during 2012-13 we would focus on developing a systematic collection of feedback from people in our services. This would enable us to see which teams are providing a good patient experience. We also said we would develop a way of collating this information and reporting it to Trust Board and the people who provided the feedback.

A Patient Experience Group (PEG) was established to help learn from feedback and support improvement in line with our mission, vision, values - putting service users at the centre of all we do. The group reviews local and national service user and carer information and other internal and external reports to identify key themes, trends and issues.

The group is able to commission specific pieces of work and is responsible for the timely communication of their findings to Business Delivery Units (BDU) and Trust Action Groups (TAG) so that priorities for improvement can be identified and supported.



We have introduced a quarterly service user report to Trust Board which provides a connection from clinical services to directors.


This is presented as a quarterly magazine, “What Matters”, and is distributed in our own services and in local communities. It is based on “you said, we did” principles and offers a snapshot of activity around feedback received and how we are responding to it.

We have instigated a project that focuses on collecting feedback using technology. To date, we have carried out snapshot surveys on some of our bed based services and ward teams are

implementing actions from the feedback.

We are also using technology to collect specific feedback.

This illustration is an example from our Calderdale psychology services:



**YOU SAID :** “I did not receive enough information about the service before attending” .....

**WE DID :** information leaflets are now sent out with all appointment letters

Many Trust research projects involve surveys, interviews or focus groups with services users and/or carers which allows them to express their point of view. Our researchers listen to service user perspectives to shape research as it progresses and conduct research that aims to understand individual experiences.

The Trust’s Research Involvement Group (RIG) meet on a monthly basis and all members are service users or carers. The RIG advise on many Trust research projects from the perspective of a service user or carer which helps to guide researchers.

We want to ensure information is widely available for all service users and carers about Trust services, on common conditions, the treatments available and on self-help advice and support. To deliver this commitment a project has been set up to look at existing information and any gaps as well as an agreed process to update and maintain information.

We agreed several goals for improvement with our commissioners to ensure people were satisfied with our quality of care. We consistently achieved these goals and details can be found on pages 50-52.

### ***What next?***

We will continue to develop and implement plans that keep people who use our services at the centre of all we do. To do this we will continue to listen and act on feedback. In 2013-14 we will continue to explore the use of technology to capture feedback and realize the potential for capturing real time feedback. We welcome your comments on how we can improve our services and encourage people to get involved in the work of the trust. Visit our website to find out how you can get involved and make a difference [www.southwestyorkshire.nhs.uk](http://www.southwestyorkshire.nhs.uk).

## Priority 2: Timely access to services

---

### ***Why did we focus on this?***

It is essential that people can access the most appropriate service to meet their needs, in a timely way as this impacts on the safety and effectiveness of their care.

### ***What progress have we made?***

We said that throughout 2012-13 we would improve access times for people who were referred into our services.

We also said we would enable people to receive the right support from the right service at the right time and in the right place.

In 2013, service line reports have been developed so that each team can monitor their progress against Trust goals, taking action as necessary. This means that frontline staff are receiving relevant and timely information which helps them take ownership of improvements to service quality. We will monitor the impact of this action as it becomes embedded in the organisation.

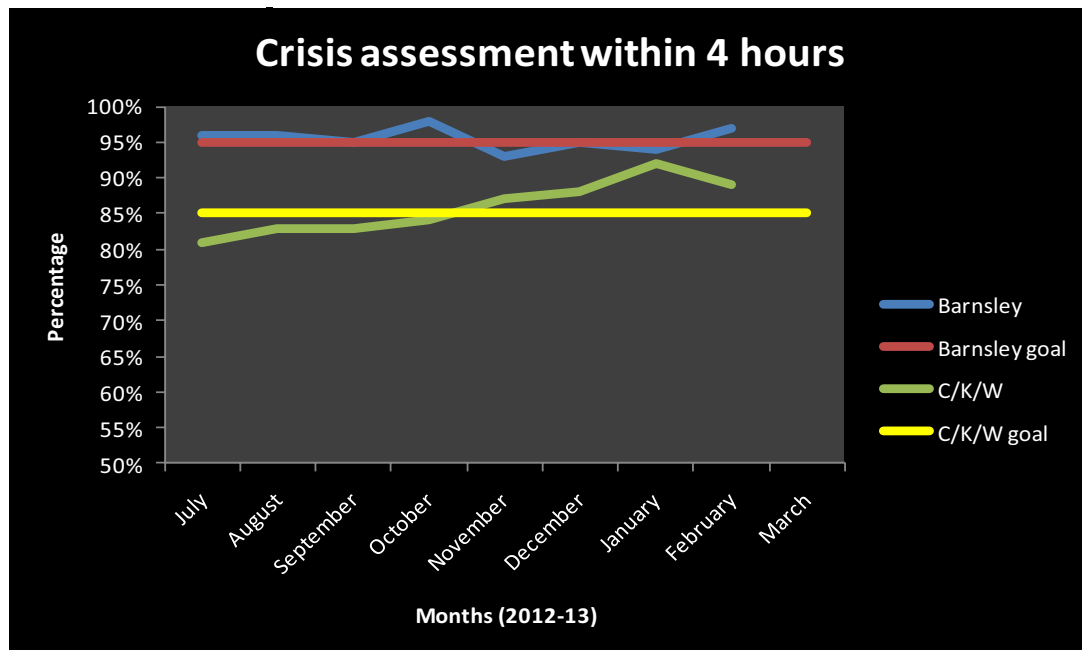
Our clinical teams are trying to improve access to services at a local level, for example, in response to service user feedback our Child and Adolescent Mental Health Services (CAMHS) in Barnsley and Wakefield have extended working hours to further meet local needs.

Our research teams are assisting with access to services by leading on clinical trials. For example: in the past, patients with an obsessive compulsive disorder who are referred for psychological therapy have been on a waiting list for several weeks. A new clinical trial of guided computerised self help offers those on the therapy waiting access help from psychological wellbeing practitioners while they are waiting. In some cases individuals may not then need specialist psychological support due to the more immediate support being provided.

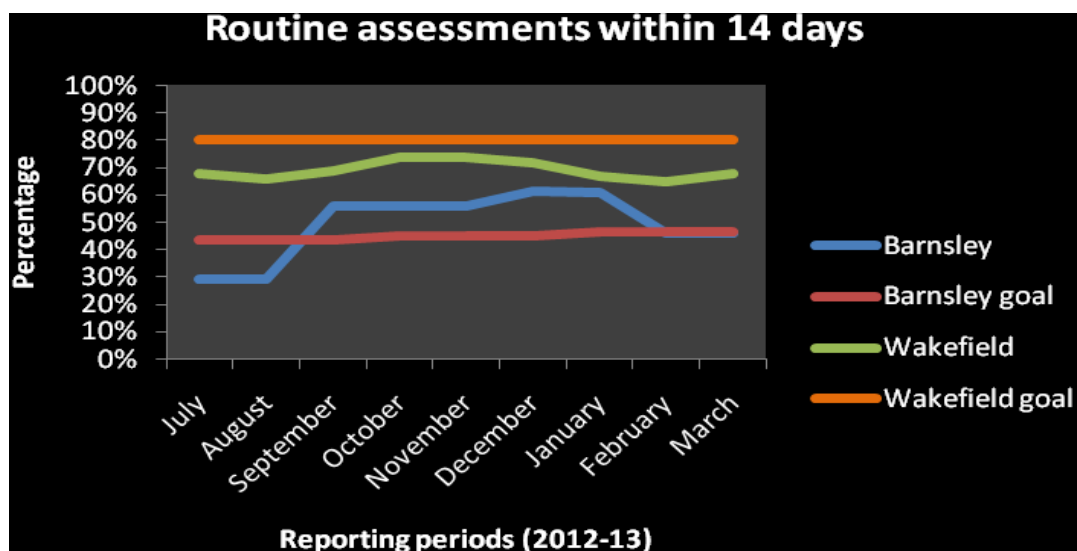
Throughout 2012 we have mapped our clinical processes focusing on a person's journey through the service. This information will be taken forward into 2013-14 to inform our work reviewing pathways.

In our Barnsley community services we have been monitoring the available (local) choose and book appointment slots. During 2012-13 we have achieved 100% against this goal, meaning that all our Choose and Book appointment slots were available.

Throughout 2012-13 we have monitored access to our mental health services. The following chart shows our performance against crisis assessments - our aim is to respond within 4 hours. The goals for achievement are different across our mental health services as they are commissioned differently by clinical commissioning groups to meet the needs of local people. As the chart below shows, the goal in our Barnsley services is higher than in the Calderdale, Kirklees and Wakefield (C/K/W). Our performance has fluctuated throughout the year and in all services we ended the year performing above the agreed goal.



The chart below shows our performance against our routine access goals in mental health services - our aim is to respond within 14 days. In our Barnsley services the performance has fluctuated throughout the year and ended the year performing just below the goal. In our Calderdale, Kirklees and Wakefield services, the goal was set higher and we did not achieve it.



In Barnsley, service users are asked questions around their access experience. In 2012-13, 80% of people who responded to these questions said their access to services was positive.

### ***What next?***

The Single Point of Access (SPA) teams in our mental health services are critical to ensuring people receive the right service at the right time in the right place. A Trust wide review of SPA has begun, aiming to ensure we are truly meeting people's needs. This review will help us understand why we did not achieve the routine assessments within 14 days.

In 2013-14 we will continue to improve. One of the actions we will take is to implement recommendations from the SPA review. We will also gather more detailed information, including monitoring of ethnicity and diversity, from people who use our services, to better understand how this priority area can be improved.

## **Priority 3: Improve care and care planning**

---

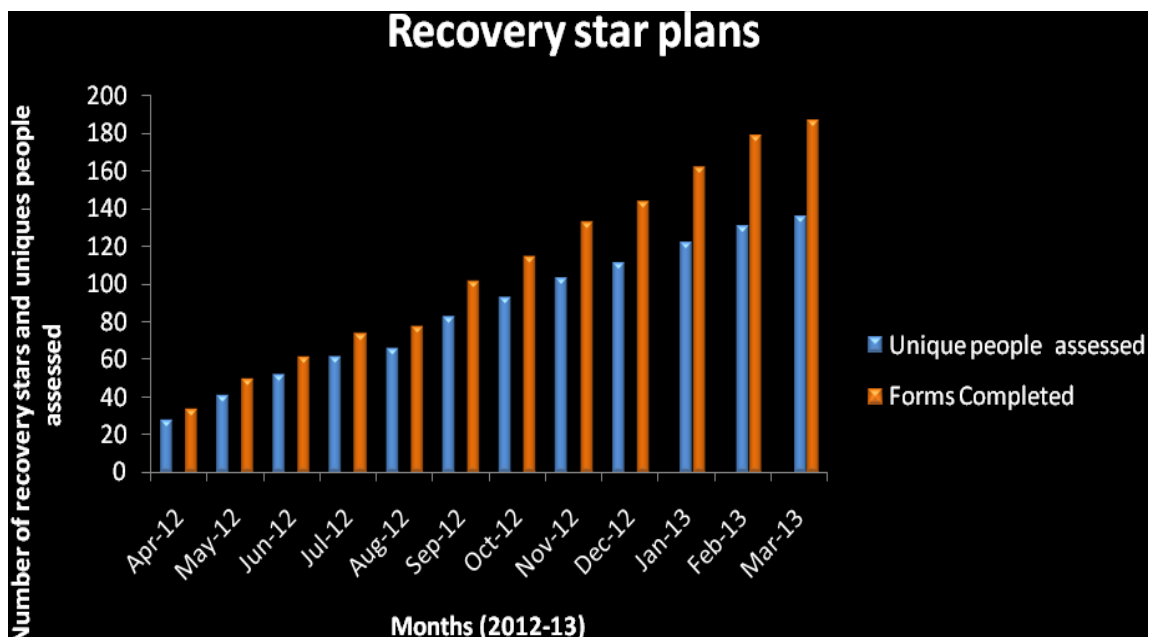
### ***Why did we focus on this?***

Individualised personal care is essential in modern health care. In all our services, care planning is fundamental to providing the right support.

### ***What progress have we made?***

We said we would ensure that everyone has appropriate assessment, care plans and treatment options to enable them to achieve their goals. We also said that people who use our services would have the opportunity to jointly develop care plans. We achieved our key performance measures we set in 2012-13 against this priority and therefore self assess ourselves as 'Green' on the table 'Quality priorities across the years' - page 8.

We are adopting a range of methods for improving the way we deliver personalised care in our services. In our mental health services we have been training teams to use the "Recovery Star" which is a tool to assist a person to identify their personal strengths, develop goals for the future and develop action plans to achieve these goals. Each person may have more than one form completed. The chart below shows that our teams are increasingly using this tool to care plan with people.



Care planning is audited in a number of Trust wide and local audits, for example, the Trust wide audit of the Nutrition Policy and Care Programme Approach (CPA) and at a team level, case note management audits.

Our Barnsley end of life team enable people to receive care in their preferred place and focus on the individual, and who they are as a person, so that in their last days of life care meets their needs. The team have also worked on a “creative communication at end of life” project with people who have profound and multiple learning disabilities and dementia.

As a personalised approach, it creates opportunities for individuals to participate as communicative partners. Working with a variety of creative methods in order to develop and understand an individual’s communication, tools are created that an individual can share with others. A carer’s narrative explains the difference this can make:

*“I’m X, P’s sister. P has profound and multiple learning disabilities and dementia. Before I came on the course P had been very ill, he has had a long period in hospital and when he came out it was very much viewed that he just needed to be bed all the time and receive very little stimulation.*

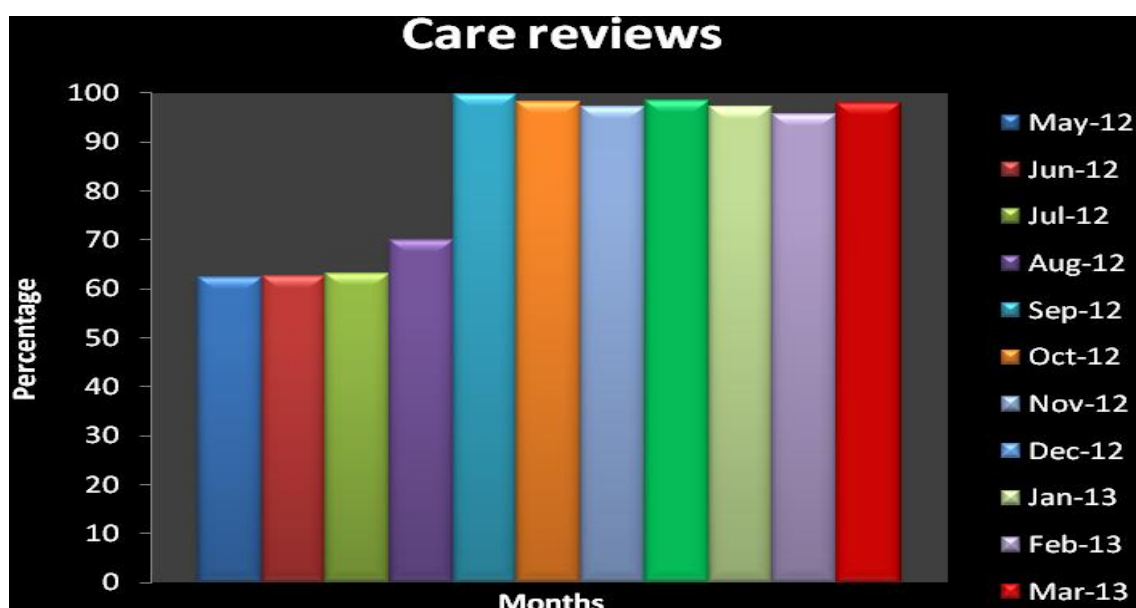
*In P’s first preferred priorities of care (PPC) it just spoke about his medical condition and his needs but his latest one involves lots of things, suggesting all the things that he likes that staff can support P to enjoy. And it tells us about how P used to be and the things he used to enjoy to help staff to support him recall those things.*

*One of the things that was brought out on the course was a talking photograph album, which we brought for P and which I’ve found it very comforting to know that P has got some of me with him if I’m not around, if I’m on holiday. He’s really responded to that. And it also helps to explain to other people who are supporting P what’s happening on the photos and again to explain about P’s life and what things he used to do.*

*Staff are very aware now of all the possibilities of things that can be done with P, to make sure he gets the best out of every day. To give him lots of multi-sensory experiences that appeal to any of his senses. P always liked the seaside as a child and we are trying to re-create the seaside here, because P is not well enough to go on a trip to the seaside. We are trying to bring things that are associated with the seaside to P. The aim is to make him a lovely seaside day, but we are building up sand and water things and under the white umbrella projecting seaside pictures and seaside sounds, and we are building on that now to make a lovely seaside day soon.*

*Using creative communication has really made P more alert than he was, it's really awoken his senses and he's far more responsive than he was. P has a better quality of life now because of all this input and all the things that we did on the course."*

Our own monthly monitoring (shown in the charts below) consistently records over 80% of people on Care Programme Approach (CPA) being offered a copy of their care plan.



In the first quarter of 2012-13 (April to June) we were non-compliant with the number of people on CPA who had a formal review. This is not the standard of care we want to provide and if we had allowed this trend to continue it would have affected our Monitor risk rating. We acted proactively and as the chart shows from June 2012 at least 90% of people on CPA had a formal review within the previous twelve months.


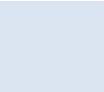

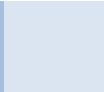

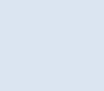

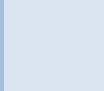



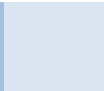

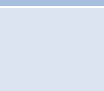

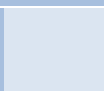



Concerns around care planning and care reviews consistently come through from patient experience information sources and are a continuing focus for improvement.

One of the external sources of information that identified an area of concern with care planning and care reviews was the CQC community mental health community survey, carried out between February and June 2012.

The table below shows areas where we were scored 'about the same' as other trusts who participated in the survey. Our overall score also fell into 'about the same' category.

### How we did against others Trusts who participated in the CQC mental Health Community Survey (2012)

Our Score (out of 10)	Category	Worse	About the same	Better
8.6	<b>Health &amp; Social Care workers</b> (quality of contact with workers)			
6.8	<b>Medications</b> (involvement in decisions and information on medication)			
7.1	<b>Talking therapies</b> (helpfulness of talking therapies)			
8.3	<b>Care Coordinator</b> (awareness of the person and ability to contact care coordinator)			
6.3	<b>Care Plan</b> Involvement in care planning & have a copy of care plan			
6.8	<b>Care Review</b> (A review of care has taken place in last 12 months)			
5.8	<b>Crisis Care</b> (ability to contact crisis services & helpfulness of response)			
5.3	<b>Day to day living</b> (help with social and physical needs)			
6.6	<b>Overall score 2012</b>			

Overall these results show that we are performing 'about the same' as other mental health Trusts, however our objective is to improve and be outstanding. Therefore in response to these results work has been commissioned to improve the quality of care plans and care reviews. Working with people who use our services a project team has been established to develop a set of standards that support 'quality' care planning and care reviews with the overall aim of improving a person's experience of care in our services.

### ***What next?***

We will continue to strive to improve the experience of people who use our services in this area. We will use the information we receive from a range of feedback sources. We will continue with work commissioned to look in greater detail at the quality of care plans and frequency of reviews and the type/level of communication to people who use our services. We will share progress through our "What Matters" publication and in our quality account report in 2013-14.

## **Priority 4: Improve the recording and evaluating of care**

---

### ***Why did we focus on this?***

We wanted each intervention accurately recorded in a timely manner so it ensures appropriate communication across a care team. This is vital in providing safe, effective clinical care.

### ***What progress have we made?***

To enable all clinical teams to achieve this priority we have continued to move ahead with the introduction of electronic clinical recording systems.

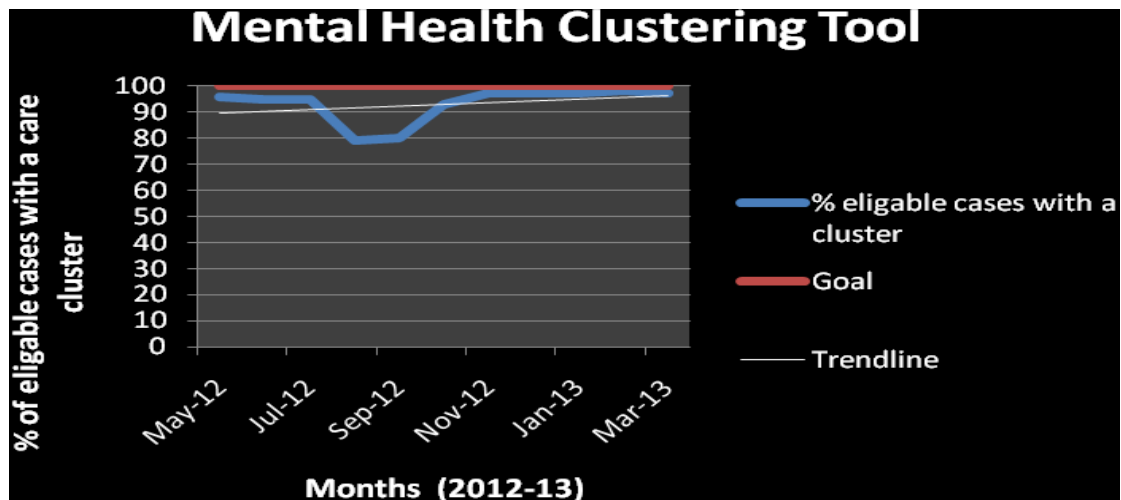
In Barnsley there have been developments in both mental health and community services to roll out electronic clinical record keeping systems (which we already have across other parts of our organisation).

During 2012-13, 361 staff attended record keeping training and in our annual clinical audit programme we have a total of 15 record keeping audits across the organisation. In addition, all clinical teams are measuring their team's evidence against the Care Quality Commission's record keeping standard.

In 2012 a data quality steering group was established to focus on the quality of our clinical data. This is a partnership approach between clinical and support services, led by our director of nursing, clinical governance and safety.

The mental health clustering approach entails assessing individual need using an outcome based tool. Once assessed, the person's needs are 'clustered' as part of a pathway of care. Each cluster has a defined package of interventions aimed at addressing the individuals

identified need; improving service quality and outcomes. We have set the goal at 100% for this measure as it is crucial that we offer people the right care to meet their needs.



As the above chart shows we have achieved between 93 - 98 % clustering for the latter part of the year, with the position at March 31<sup>st</sup> being 97% of eligible people clustered. As part of a trust wide work stream, focusing on the 'quality of clinical data recording' we are addressing this area by scrutinizing the clinical data to understand the barriers preventing staff recording this information.

Against this priority we also measured the following:

Measure	Goal	Achieved?
% of people having undergone an appropriate nutritional assessment within 48 hours of admission (C/K/W)	90%	✓
% of people having undergone an appropriate nutritional assessment within 48 hours of admission (Barnsley)	100%	✓
Falls assessment: % of service users having undergone an appropriate falls assessment within 24 hours of admission (C/K/W)	80%	✓

**What next?**

We believe clinical record keeping is fundamental to support all aspects of quality. An accurate clinical record is the communication tool between the person receiving care, clinical teams and family members. In 2013-14 we will make a commitment to monitor reports on clinical data and implement clinical data action plans. We will also develop and introduce an annual clinical record keeping audit across all our services.

## Priority 5 Improve transfers of care by working in partnership across the care pathway

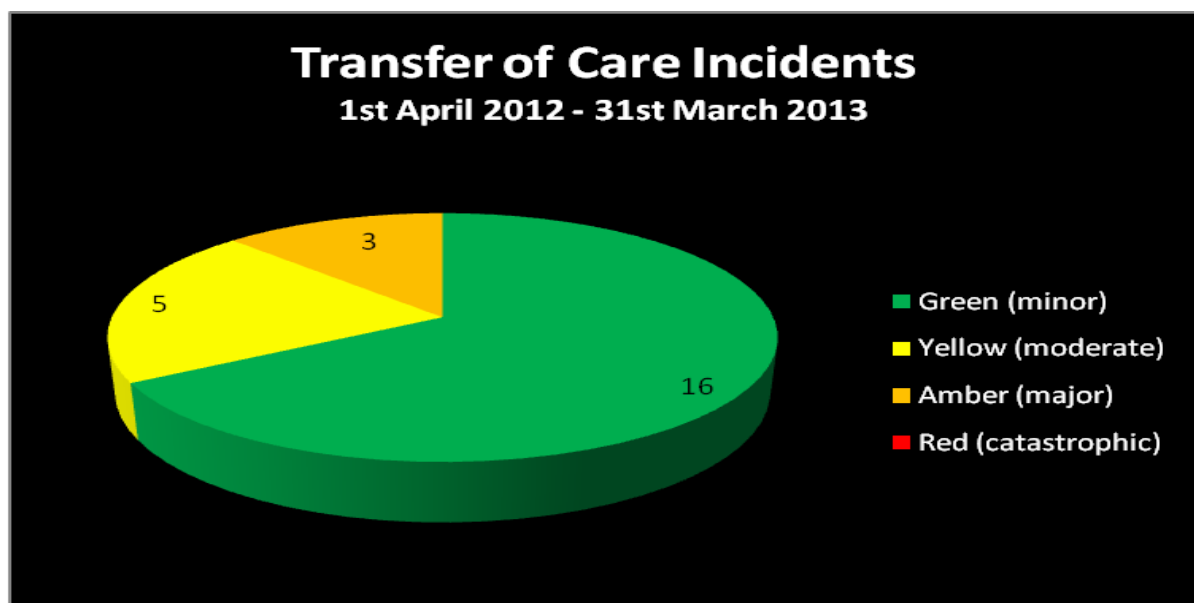
---

### ***Why did we focus on this?***

We know that when someone is transferred from one service to another or from one team to another there is a greater risk for the person. We want to ensure people in our services are transferred to the most appropriate service and team in a safe and effective way and that there are no delays between services.

### ***What progress have we made?***

We have monitored the incidents on our risk management system. The chart below shows the number of incidents and how they have been graded.



All incidents recorded on the system are reviewed by a senior manager. For amber and red incidents, where the incident has had a significant impact on patients or staff an in depth 'fact finding' investigation occurs and action plans are developed.

We monitor the number of Delayed Transfers of Care (DToC) in our bed based services and throughout 2012-13 we have consistently achieved the national goal. A recent audit by our

external audit team has identified that our Trust is over-reporting the number of delayed transfers of care and made recommendations how we can improve the process to support DToC reporting. In 2013-14 we will look at strengthening our reporting and recording of DToC.

Communication across the care pathway is vital in ensure a person received safe care. A goal has been agreed with our Barnsley commissioners to improve the quality and timeliness of clinical communications between us and other agencies. The table below shows how we have performed against this measure.

Clinical communications	Barnsley mental health services	Barnsley community services (general operations)
10% sample for which clinical letters are sent the patients GP and other agencies within 5 working days of an outpatient appointment	Failed 87.93%	ACHIEVED
Proportion of 10% sample that had all appropriate data items, relevant to that service user, communicated in the letter to GP	ACHIEVED	ACHIEVED

In our Barnsley mental health services the data sample audited identified that 87.93% of clinical letters sent to G.P's were received by them within 5 working days of an out -patient appointment, whilst in the community service sample audited identified 97.39%, against a goal of 95%.

This measure is being taken forward into 2013-14 for further improvement.

### ***What next?***

In 2013-14 we will review our DToC processes to ensure we have accurate and consistent reporting across our services. In addition, we will continue with transforming Trust services to ensure our care pathways efficiently meet the needs of the people who use our services. enhancing systems for communication across the care pathway will be fundamental to the transformational agenda in order to maintain safe clinical pathways.

## Priority 6 Ensure that our staff are professionally, physically and mentally fit to undertake their duties.

---

### ***Why did we focus on this?***

Our staff are our most valuable asset. By ensuring our staff feel valued and fit and well to care we know they are more likely to provide consistently excellent care.

Our aim is to have appropriately qualified, skilled, competent and professional staff to undertake the role that they are required to and to support their health and wellbeing.

### ***What progress have we made?***

Throughout 2012-13 we measured our performance in two areas - sickness absence and staff appraisal. Whilst we achieved the goal we set ourselves for appraisal we did not achieve sickness absence rates with the percentage remaining on average at 5%, against a goal of 4.25%.

As a first response to help staff remain well we have refreshed our sickness absence policy with a focus on supporting staff earlier in their ill health. A number of health promotion activities, such as fitness sessions are also being offered to staff across the organisation.

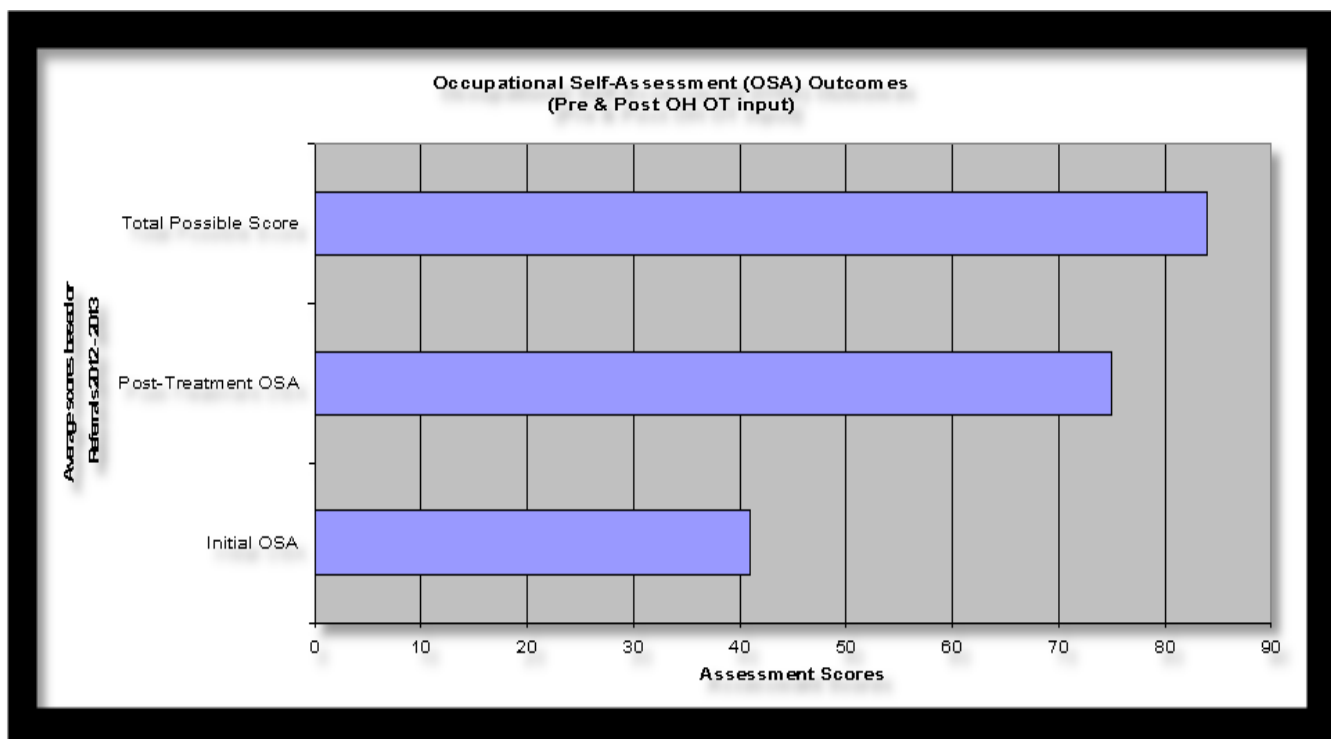
Our occupational health service has also introduced a staff occupational therapist and physiotherapist, allowing staff to access these services in a timely manner.

The remit of the Occupational Health Occupational Therapist (OH OT) was extended to accommodate the transition from solely treating the limitations brought on by stress, anxiety and mental health problems amongst SWYPFT employees, to all staff accessing the OH service and presenting with functioning or engagement difficulties. A total of 473 staff were seen in the service during 2012-13.

The initial Occupational Self Assessment (OSA) assists the client in establishing priorities for change and identifying goals for occupational therapy. The wide range of everyday activities, including those connected with work and other productive roles provide opportunity to identify and address participation in important and meaningful occupations.

The higher the score, the greater the individual's perceived abilities to function and engage, and a lesser need for OT intervention indicated. Scores can be gathered pre and post-treatment to measure response to treatment through the individual's perception of their functioning and engagement levels.

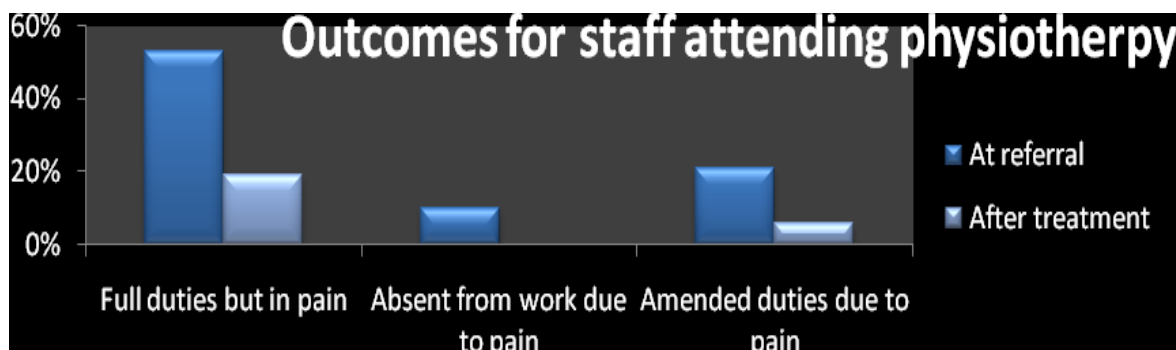
The chart below highlights the pre and post treatment scores. Feedback shows a notable improvement in ability to function and engage in activities following occupational therapy intervention.



Feedback has included:

- 92% agreed they were able to return to work sooner
- 80% agreed intervention improved their functioning at work
- 100% agree that interventions helped them to consider the effect of occupation on their general health and wellbeing
- 100% very satisfied with overall experience

The physiotherapy service for staff has also had a considerable impact on wellbeing. The chart below demonstrates the improvements for staff and services, across 3 measures, between pre and post treatment.



In summary

### **Status on admission to occupational health physiotherapy services**

- 53% were on full duties but in pain.
- 10% were off work due to pain problem.
- 21% were on amended duties or a phased return to work.
- 16% had no pain while performing work duties.

### **Status on discharge**

- 74% were on full duties with no pain
- 19% were on full duties with some pain.
- 6% were on amended duties due to pain
- There was no one absent from work due to pain post treatment

Alongside these improvements in services provided to our staff we have also reviewed the system we have in place to appraise our staff. This will not only review performance but also help staff plan for professional development, ensuring our workforce has up to date knowledge and skills.

Every year we take part in the NHS national staff survey and the tables below show highlights of our results.

### **Staff survey results**

Indicator (score range 1-5)	SWYPFT- 2011	SWYPFT- 2012	National comparison- 2012
Overall indicator			
STAFF ENGAGEMENT (the higher the better)	<b>3.68</b>	<b>3.72</b>	<b>3.70</b>

Our overall score has increased by 0.4, reflecting how our staff feel able to contribute to improvements at work, that they are willing to recommend us as a place to work or receive treatment and that they feel motivated and engaged. Our wellbeing at work partnership group will oversee our staff survey action plan.



## Top five scores from the staff survey 2012

Indicator (score range 1-5)	SWYPFT 2011	SWYPFT 2012	National 2012
Work pressure felt by staff (lower score the better)	NA	2.92	3.02
Percentage of staff believing the staff provides equal opportunities for career progression (higher the better)	94%	93%	90%
Staff recommend as a place to work or receive treatment (higher the better)	NA	3.70	3.54
Percentage of staff appraised in last 12 months (higher the better)	80%	90%	87%
Percentage of staff working extra hours (lower the better)	56%	66%	70%

## Bottom five scores from the staff survey 2012

Indicator (score range 1-5 )	SWYPFT 2011	SWYPFT 2012	National 2012
Staff motivation at work (higher the better)	3.77	3.72	3.84
Percentage staff having equality and diversity training (higher the better)	42%	39%	59%
Support from immediate managers (higher the better)	3.82	3.73	3.77
Percentage of staff receiving health & safety training (the higher the better)	91%	59%	73%
Percentage of staff witnessing harmful errors, near misses or incidents (lower the better)	23%	31%	27%

The Trust will develop an action plan in response to the NHS Staff Survey 2012 which will be overseen by the Well-being at Work Partnership Group. The group will also monitor progress in delivery of the action plan. The Trust-wide action plan links with two key workforce initiatives within the Trust, the Investors in People Standard and the Well-Being at Work Partnership. The Business Delivery Units and Support Services will also receive a breakdown of the results to identify actions which will be incorporated into their workforce plans.

The action plan will focus on 3 key areas where the feedback from staff identified that the Trust needed to improve and where the results were in the bottom 20% of Trusts. The three areas are:

- Equality and Diversity training
- Health and Safety Training
- Staff motivation

Health and Safety training: A joint management/staff side approach was agreed at the Health and Safety Trust Action Group, for the investigation and formulation of an action plan in response to this issue. There were 6639 recorded safety related training sessions provided to staff and partners of all grades during 2012. Further actions will include Health & Safety related training to be publicised in weekly communications. In addition, delivery of Health & Safety training to be widened and to include in future a bespoke e-learning package for Trust staff and a work book provided for staff without easy access to I.T. facilities.

Equality and Diversity training: All staff are required to access Equality and Diversity awareness training every three years as detailed in the Mandatory Training Policy. The NHS Staff Survey question asks if staff have accessed this training in the last 12 months. The Trust will review the equality and diversity training figures to ensure that sufficient numbers of staff are being trained annually.

Staff Motivation: The Investors in People process, which involves staff interviews and focus groups, will be used to explore further the issue of staff motivation to develop recommendations for BDUs and support services. The 2013 Well-being at Work 'pulse' survey will also be used to provide more detailed feedback around staff motivation.

The NHS Staff Survey results will be reviewed alongside the Trust's Well-being at Work survey results which will be available in May/June 2013. The well-being at work 'pulse' survey has been administered in partnership with Robertson Cooper, Occupational Psychologists. Well-being at work surveys were also undertaken in 2009 and 2011 and therefore progress can be reviewed across a 4 year period. In addition, the NHS Staff Survey results will also be used by the Trust towards its commitment to achieve gold standard investors in people (IiP) accreditation. The Trust was assessed in 2012 in a whole organisation review.

### ***What next?***

Throughout 2013-14 we will implement our new appraisal system and monitor the impact on the welfare of our staff and people who use the service. We have set ourselves a new goal in relation to completion of appraisals, which is to have 90% of staff having received an appraisal by end of June 2013. This has been raised from 80% in 2012-13. We will continue to monitor our sickness performance indicator, taking necessary action. We feel the sickness indicator will improve as a result of the initiatives occurring against this priority. In 2013-14 we will commence an internal staff survey every six months in order to fully understand what is important to our workforce.

## **Priority 7: improve the safety of our service users, carers, staff and visitors**

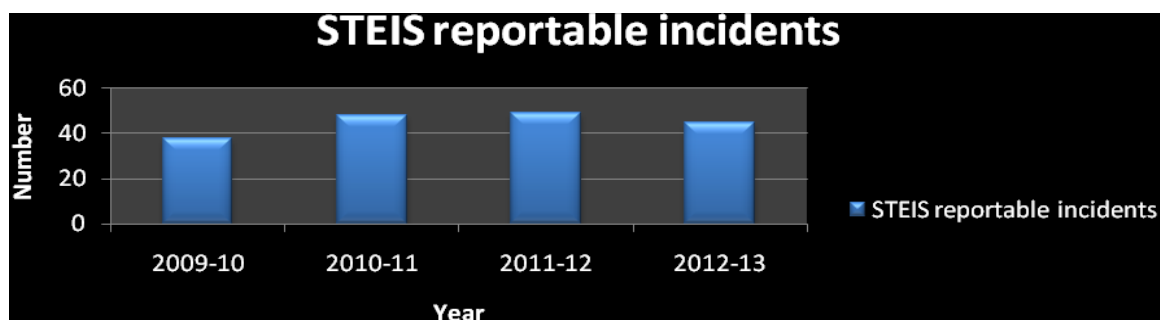
---

### ***Why did we focus on this?***

We have a duty of care to our service users, carers, staff and visitors to ensure no undue harm comes to them. By 'safety' we mean delivering safe, effective and appropriate treatment as well as providing safe buildings in which to work and receive care.

### ***What progress have we made?***

Datix web (incident management system) has been rolled out across the organisation so that all incidents are recorded in a single place, supporting the organisation to understand trends and develop learning. The chart below shows the number of serious incidents - reportable under the Strategic Executive Information System (STEIS) - which occurred in the organisation over the past four years.



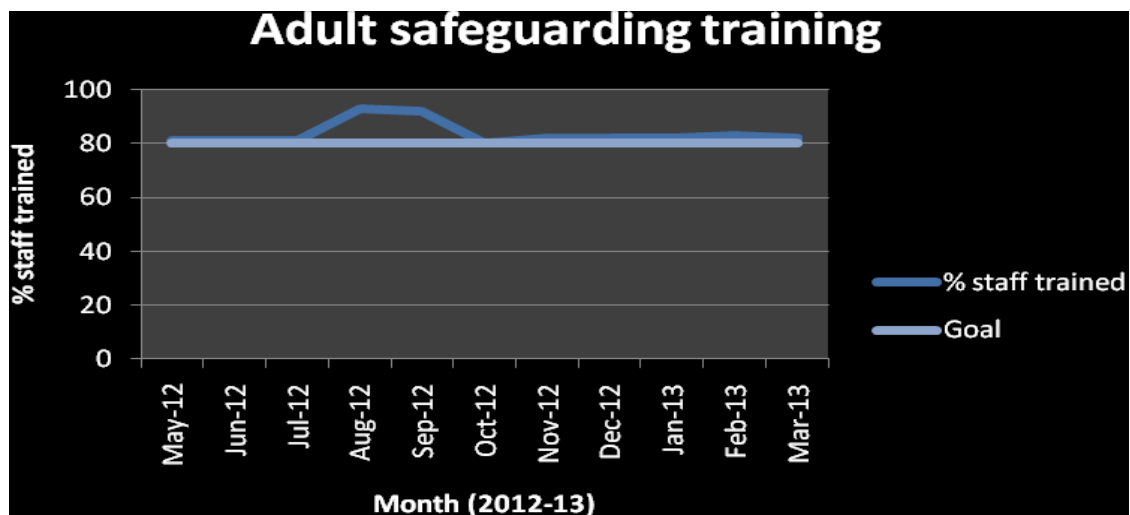
In 2012-13 we have focused our energy on ensuring we learn lessons from these incidents and we have developed a framework to strengthen our governance structures. Governance is the formal framework that governs the way in which we operate.

We have achieved level 1 NHSLA (NHS Litigation Authority) as one organisation - following the acquisition of additional services through the Transforming Community Services (TCS) agenda.

Over the past two years we have undertaken safety / leadership visits on inpatient areas within the organisation. Using the Essential Care Standards (CQC) as a framework teams are benchmarked and are asked to make improvements against areas that are compromising the quality of clinical care.

We are also continuing to upgrade our estate to ensure it provides a safe environment for staff and service users. Action plans are monitored at team, service and executive level.

Safeguarding training is an essential requirement for our staff and our progress against this measure can be seen below. We have maintained this training goal throughout the year and will strive to continue to do so into 2013-14.



The measures below have been monitored throughout 2012-13 as we feel these are important measures of how safe our services are. We have achieved our goals against these measures.

Measure	Goal	Achieved?
Safety thermometer	Regular data submissions	✓
Falls assessment: % of service users who have fallen more than once undergoing a full clinical review of care plans by the physiotherapist (C/K/W)	100%	✓
Nutritional screening: % of assessed as 'high' nutritional risk with appropriate referrals/continuing care plans in place (C/K/W)	90%	✓
Nutritional screening: % of assessed as 'high' nutritional risk with appropriate referrals/continuing care plans in place (Barnsley)	100%	✓

### ***What next?***

In 2013-14 we will continue to measure serious incidents and will add new goals to measure the number of 'never events' we have in the organisation (things that should never happen) as well as our compliance with National Institute of Clinical Excellence standards

## Quality priorities 2013-14

Priority 1: To listen to our service users and carers and act on their feedback				
Aim	Why	What will we do	How will we review our progress	Standards/ Goal
Listen and act on service user feedback, with the aim of making demonstrable improvements to our services.	A key element of our approach to quality is that people who use our services say that their experience is excellent.	Develop a portfolio of improvements made as a result of feedback.	% of people (inpatient) rating care as excellent or good.	90 %
		Develop and undertake a carers survey.	% of people (community) rating our care as excellent or good.	90%
			% complaints including staff attitude as an issue.	< 25
Priority 2: Timely access to services				
Improve the access times for people who are referred into our services to ensure the right support from the right service at the right time.	Access to, and response from, our services is central to the safety and effectiveness of care. It is therefore essential that people can access the most appropriate service that will meet their needs in a timely way.	Increase the number of survey questions relating to access.	Monitor performance goals for access: 1.for people experiencing acute mental health problems ✓ crisis ✓ routine	95% 90%
		Review our Single Point of Access services and implement any recommendations.	2. access to psychological treatment	95%
			3. % who have had their admission gate kept.	95%
			4.. Referral to treatment time within 18 weeks.	To be determined

### Priority 3: Improve care and care planning

Aim	Why	What will we do	How will we measure our progress	Standard/ Goal
Ensure that each service user has appropriate assessment, care plans and treatment options to enable them to achieve their goals	In every service, care planning is fundamental to a person's recovery.	Monitor and report on progress of the Implementing Recovery through Organisational Change (IMRoC) project.	% of people with a formal review within the previous 12 months.	95%
	Each person should have an appropriate assessment of their needs and individualised care plans that support them in achieving their goals.	Implement actions from clinical audits that help provide personalised recovery based care across all services.	% of people offered a copy of their care plan.	85%
		Develop outcome based services.	Improving the health outcomes for people in secondary mental health services (exercise)	90%

### Priority 4: Improve the recording and evaluation of care

Ensure each intervention is accurately recorded in a timely manner so that there is appropriate communication across the care team.	Our review of complaints, incidents, investigations and CQC visit reports has indicated that we do not have consistent quality across our services in the way we record and evaluate care that we provide.	Implementation of Trust-wide record keeping audit.	% of care reviews within 12 months.	95%
		Implementation of record keeping action plans.	Adherence to cluster review periods.	95%
		Monitor reports on clinical performance data.	% mental health in patients with a valid diagnosis code at discharge	99%
		Implementation of clinical performance data action plans.		

### Priority 5 : Improve transfers of care by working in partnership across the care pathway

Aim	Why	What will we do	How will we measure our progress	Standards/ Goal
Ensure service users who are ready to move along the care pathway are supported across service	We know that when someone is transferred from one service to another or from one team to another there is a	Review our DToC processes to ensure we have consistent reporting across our services.	% of people followed up within 7 days of discharge from inpatient care	95%
			% of people whose care is delayed	7.5%

boundaries in a timely way or those services that are seeing the same person communicate effectively to prevent duplication or gaps in service provision.	greater risk for the person.  We want to ensure people are transferred to the most appropriate service and team in a safe and effective way and that there are no delays between services.	Commence a Trust-wide transformation programme to ensure our care pathways efficiently meet needs.	% Mental health clustering assessments completed at discharge	95%
<b>Priority 6: Ensure that our staff are professionally, physically and mentally fit to undertake their duties</b>				
To ensure we have appropriately qualified, skilled, competent and professional staff to undertake the role that they are required to do and to support their health and wellbeing.	Our staff are our most valuable asset.  By ensuring our staff feel valued and fit and well to care we know they are more likely to provide consistently excellent care.	Evaluation of appraisal system.  Trust wide clinical supervision audit.  National and local staff audits.  Develop and Implement the staff survey action plan.	Sickness rate  Appraisal rate  Identify a measure from the staff survey (to be confirmed).	4.25  90% @Q2  To be determined.
<b>Priority 7: Improve the safety of our service users, carers, staff and visitors.</b>				
To ensure that the people who work with us and visit us are safe from harm	We have a duty of care to our staff, service users and visitors to ensure no undue harm comes to them.	Implementation of Root Cause Analysis training Continue to strengthen the governance arrangements to support patient safety ( BDU governance groups, Incident review sub-committee, clinical reference group. Research and evaluate tools to support decision making in risk assessment and management	% never events  Compliance with relevant NICE guidance  Medication errors  Safeguarding referrals	0%  95%  Monitor trends and act accordingly Monitor trends and act accordingly



We believe that the quality priorities we identified in 2012-13 provide a valuable framework for us to use to continue to put quality at the heart of our services.

Into 2013-14 we aim to continue on our mission to develop a deeper understanding of what quality means to the people who use our services and work in partnership with them to deliver services.

A review of our Quality Improvement Strategy is underway which will help us focus intensely on the following quality areas: measuring , publishing, partnerships, leadership, innovation, safeguarding and bringing clarity to quality. We will share our progress in our 2013-14 quality account report.

The measures identified in the Quality priorities 1213-14 – (above) will be reported in the following ways

1. Monthly reporting to Executive Management Team performance meetings
2. As a section in the Quality Report that is prepared and Trust Board on a quarterly basis.
3. A 'Quality Account Report' will be produced on a bi monthly basis for the Clinical Governance and Clinical Safety Committee.

## Part 2b: Statements of assurance

---

As part of the quality account process we are required to provide statements of assurance covering a number of areas of quality. These are mandated statements set by the Department of Health and Monitor and are set out below.

### Review of services

---

During 2012-13 South West Yorkshire Partnership NHS Foundation Trust (SWYPFT) provided and/or subcontracted 105 relevant health services. South West Yorkshire Partnership NHS Foundation Trust has reviewed all the data available to us on the quality of care in 105 (100%) of these services.

The income generated by the relevant health services reviewed in 2012-13 represents 100 cent of the total income generated from the provision of relevant health services by the South West Yorkshire Partnership NHS Foundation Trust for 2012- 2013.

### Participation in clinical audit

---

During 2012-13, seven national clinical audits and one national confidential inquiry covered relevant health services that South West Yorkshire Partnership NHS Foundation Trust provides.

During 2012-13 South West Yorkshire Partnership Foundation Trust participated in 100% of the national clinical audits and 100% of the national confidential enquiries which we were eligible to participate in.

The national clinical audits and national confidential enquiries the South West Yorkshire Partnership Foundation Trust participated in, and for which data collection was completed during 2012-13 are:

<b>National Clinical Audits</b>	<ol style="list-style-type: none"><li>1. Prescribing Observatory for Mental Health (POMH) Topic 1 &amp;3: <i>Prescribing of high dose and combination antipsychotics: acute, PICU, rehabilitation / complex needs, forensics</i></li><li>2. POMH Topic 2: <i>Screening for metabolic side effects of antipsychotic drugs</i></li><li>3. POMH Topic 10: <i>Use of antipsychotic medication in Child &amp; Adolescent Mental Health Services (CAMHS)</i></li><li>4. POMH Topic 11: <i>Prescribing</i></li></ol>
---------------------------------	---

	<i>antipsychotics for people with dementia</i> 5. POMH Topic 12: <i>Prescribing for people with personality disorder</i> 6. POMH Topic 13: <i>Prescribing for Attention Deficit Hyperactive Disorder (ADHD)</i> 7. National Audit of Psychological Therapies
<b>National Confidential Inquiries 2012-13</b>	1. National Confidential Inquiry into Suicide and Homicide by people with mental illness.

The national clinical audits and national confidential enquiries that South West Yorkshire Partnership NHS Foundation Trust participated in, and for which data collection was completed during 2012-13 are listed below alongside the number of cases submitted to each audit. The percentage of the number of registered cases required by the terms of that audit or inquiry is not specified as the Prescribing Observatory for Mental Health (POMH) audits do not specify a minimum number in their sampling framework criteria.

### National clinical audit programme 2012-13

Audit title	Number of cases submitted	Actions
<b>POMH Topic 1 &amp;3: Prescribing of high dose and combination antipsychotics: acute, PICU, rehabilitation / complex needs, forensics</b>	Data collection Feb 2012 236 cases from 12 teams submitted Report received May 2012	The audit outcome demonstrated improvement with less high dose and combination antipsychotic prescribing.
<b>POMH Topic 2: Screening for metabolic side effects of antipsychotic drugs</b>	Data collection June 2012 166 cases from 10 teams submitted Report received Sept 2012	Action plan developed across primary and secondary care to improve physical health monitoring
<b>POMH Topic 10: Use of antipsychotic medication in CAMHS</b>	Data collection Nov 2011 29 cases from 2 teams submitted Report received April 2012	Action plan has been developed. Awareness raised among prescribers and monitoring guidelines to be produced in line with recently published National Institute of Clinical Guidance.
<b>POMH Topic 11: Prescribing antipsychotics for people with dementia</b>	Data collection Sept 2012 200 cases from 4 teams submitted Report received Jan 2013	Improvements in all areas with good compliance for clinical indications identified and clearly documented and behaviour & psychological symptoms in dementia were considered. The Right Prescription Campaign

continues to be implemented.		
<b>POMH Topic 12: Prescribing for people with personality disorder</b>	Data collection April 2012 88 cases from 6 teams submitted Report received Sep 2012	Results show good compliance for patients views sought in the development of crisis plans. Cases identified to have a medication review and monitoring of adverse events.
<b>POMH Topic 13: Prescribing for Attention Deficit Hyperactivity Disorder (ADHD)</b>	Data collection March 2013	Report due September 2013
<b>National Audit of Psychological Therapies</b>	Data collection Jul-Dec 2012 from 2 teams Service user survey 391/1628 (24%) response Caseload audit 2833 submitted Therapy survey 68/77 (88%) response	Report due September 2013

The reports of five national clinical audits were reviewed by the provider in 2012-13 and South West Yorkshire Partnership NHS Foundation Trust intends to take the following actions to improve the quality of health care provided – see details in “actions” column in the table above.

## National confidential inquiry (NCI) 2012- 13

Title	Number of cases submitted	Commentary
National Confidential Inquiry into Suicide and Homicide by people with mental illness.	23 (77% of total cases)	There was a total of 30 cases where SWYPFT could have submitted data. 7 cases are still having data completed for submission (which is within the timeframes set by NCI).

## Local clinical audit

During 2012-13 the Clinical Audit and Practice Evaluation (CAPE) prioritised plan had a total of 200 projects listed. The reports of 60 local clinical audits/ practice evaluations were reviewed by the provider in 2012-13 and South West Yorkshire Partnership NHS Foundation Trust intends to take actions against these audits to improve the quality of healthcare provided. A copy of the CAPE annual report will be available in June 2013 following approval by the Clinical Governance & Clinical safety Committee.

## Internal audit reports

Our Internal Auditors have been commissioned to undertake a number of audits to provide assurance to our Trust Board and the people who we are accountable to. Below is a list of audits and how they scored us. An action plan is completed against all recommendations and these are monitored by the Internal Audit Committee.

Title of audit	Date of audit	Level of assurance
<b>Risk Management and Board Assurance Framework.</b> To ensure risk management arrangements are in place and are effective; to ensure the Board Assurance Framework is an effective assurance tool.	September 2012	Substantial
<b>Clinical Audit.</b> A high level review of the Trust's clinical audit plan and its linkages with Trusts objectives and risks.	September 2012	Significant
<b>Corporate Governance Arrangements.</b> To ensure governance arrangements are effective and Board sub committees receive appropriate information to discharge their role and responsibilities.	October 2012	Substantial
<b>Policy Harmonisation.</b> A review of the framework the Trust has developed to establish, communicate and review relevant policies.	December 2012	Substantial
<b>Asset Safeguarding and Existence.</b> A review of asset management and asset existence and safeguarding	January 2013	Substantial
<b>Human Resources- Recruitment and Sickness Absence</b> A review of the design and operating effectiveness controls regarding recruitment and sickness absence	January 2103	Moderate
<b>Change Management Programme.</b> A review of the governance structure and process the Trust has established to oversee the Change Management Programme.	February 2013	Moderate
<b>Health Records Management</b> A review of the processes the Trust has in place around ensuring effective record keeping on SystmOne.	February 2013	Moderate
<b>Quality Governance Review</b> A review of the trusts self assessment against Monitor's Quality Governance Framework	February 2103	Substantial
<b>Compliance: Care Quality Commission Standards</b> A review of governance procedures that are used to self declare compliance with CQC standards.	February 2013	Moderate
<b>Key:</b> <b>Substantial/significant assurance:</b> minimal low level risks have been identified. <b>Moderate assurance:</b> low and medium rated risks have been identified. <b>Low assurance:</b> low and medium risks have been identified in significant number and / or isolated high risk recommendations <b>No assurance:</b> high rated risks have been identified that are pervasive to the system on internal control or a number of high rated risks.		

## Participation in clinical research

---

The Trust is committed to improving the quality of care provided as well as contributing to the broader goals of advancing healthcare research, evidence based practice and translating research into clinical practice.

The number of patients receiving relevant health services provided or sub-contracted by South West Yorkshire Partnership NHS Foundation Trust in 2012-13 that were recruited during that period to participate in research approved by an ethics committee was 773. This demonstrates our consistently high level of patient participation in clinical research.

We were involved in conducting 60 clinical research studies in mental health, learning disabilities and community services during 2012-13 and increased our involvement in the number of national, large scale research projects that the National Institute for Health Research (NIHR) supported to 37. This represents an increase from the previous year when there were 52 studies, 33 supported through the NIHR.

Participation in clinical research ensures that clinical staff are aware of the latest treatment possibilities. In 2012-13, 218 members of staff participated as researchers in studies approved by an ethics committee with 15 of these in the role of Principal Investigator. This is an increase from 177 staff members and 14 Principal Investigators involved in 2011-12.

Active service user and carer involvement from the Trust's monthly Research Involvement Group has continued to improve the quality of research from the proposal writing stage, through to final approval and research delivery.

SWYPFT is committed to participating in clinical research that can make significant improvements to patients' health and wellbeing. There is a broad range of research being undertaken across mental health and non-mental health services in the Trust and during 2012-13 the Trust set up a number of new clinical trials to increase patient treatment choices.

## Goals we agreed with our commissioners

### Commissioning for Quality and Innovation Payment Framework (CQUIN)

A proportion (2.5%) of income in 2012-13 was conditional upon achieving quality improvement and innovation goals agreed between South West Yorkshire Partnership NHS Foundation Trust and any person or body we entered into contract, agreement or arrangement with for the provision of relevant health services, through Commissioning for Quality and Innovation Payments Framework. Further details of the agreed goals for 2012-13 and for the following 12 month period are available online at

[http://www.monitorhsft.gov.uk/sites/all/modules/fckeditor/plugins/ktbrowser/\\_openTKFile.php?id=3275](http://www.monitorhsft.gov.uk/sites/all/modules/fckeditor/plugins/ktbrowser/_openTKFile.php?id=3275)

		GOAL	Expected Financial Value of Indicator if fully ACHIEVED	ACHIEVED/ not ACHIEVED
Wakefield, Calderdale, Kirklees	MENTAL HEALTH	SAFETY	£506,136	100% ACHIEVED
		IMPROVING ACCESS	£506,136	59% ACHIEVED
		HIGH IMPACT ACTIONS	£379,602	92% ACHIEVED
		DEMENTIA	£253,068	100% ACHIEVED
		WELL BEING	£506,136	78% ACHIEVED
		SERVICE USER EXPERIENCE	£253,068	77% ACHIEVED
		PERI NATAL	£126,534	100% ACHIEVED
SECURE SERVICES	SECURE SERVICES	LOW SECURE	£147,239	100% ACHIEVED
		MEDIUM SECURE	£365,347	100% ACHIEVED
		NEWHAVEN	£65,428	100% ACHIEVED
BARNESLEY	MENTAL HEALTH	SAFETY	£136,504	100% ACHIEVED
		PATIENT EXPERIENCE	£104,710	50% ACHIEVED
		WAITING TIMES	£104,708	75% ACHIEVED
		IMPROVING ACCESS	£104,710	50% ACHIEVED
		CLINICAL COMMUNICATION	£104,708	75% ACHIEVED
		PHYSICAL HEALTH	£104,710	100% ACHIEVED
	COMMUNITY SERVICES	SAFETY	£222,490	100% ACHIEVED
		FALLS	£285,350	62% ACHIEVED
		PATIENT EXPERIENCE	£285,351	100% ACHIEVED
		CLINICAL COMMUNICATION	£285,627	100% ACHIEVED
	OTHER SERVICES	LEARNING DISABILITIES	£54,300	100% ACHIEVED
		INTEGRATED WEIGHT MANAGEMENT	£9,750	50% ACHIEVED
		ASSOCIATE CONTRACTS	£16,732	100% ACHIEVED
		CHILDRENS CONTRACT	£131,000	100% ACHIEVED
		SHEFFIELD STOP SMOKING	£17,600	100% ACHIEVED

An overall total of £5,254,465 was available for CQUIN to SWYPFT in 2012-13 conditional upon achieving quality improvement and innovation goals across all of its CQUINs, and a total of £4,577,179 (87.1%) is expected to be received for the associated payment.

An overall total of £2,951,046 was available for CQUIN to SWYPFT in 2011-12 conditional upon achieving quality improvement and innovation goals across all of its CQUINs, and a total of £2,322,963 (78.7%) was received for the associated payment.

We have seen a 9% increase in the achievement of our CQUIN's between the years 2011-12 to 2012-13.

## Quality of data

---

Improving data quality remains one of South West Yorkshire Partnership NHS Foundation Trust's key strategic priorities. Significant improvements have been made in 2012-13 to improve the quality of clinical record keeping which underpins the delivery of safe effective care and assures Executive Management Team (EMT) and the Trust Board that data taken from the clinical record and used for activity and performance monitoring & improvement is robust.

South West Yorkshire Partnership NHS Trust will take the following action in 2013-14 to further improve data quality:

<b>Bringing Clarity to Quality</b>	We will continue to improve the training, guidance & support available to help staff and services understand & improve data quality
<b>Measuring Quality</b>	We will develop a wide range of team, service line, BDU & Trust level operational and performance reports. Service line reporting and electronic dashboards will include key performance indicators and will enable users to look at performance at team, service line, BDU and Trust levels. Internal and external benchmarking will be incorporated
<b>Publishing Quality</b>	The Trust will continue to publish its data to the Secondary Uses Service, Monitor & CQC, the Department of Health, Commissioners & Partners and to the Members Council.
<b>Partnership for Quality</b>	We will work with partner organisations to ensure that all our respective quality and performance requirements are met and that duplication of data collection and inputting is minimized
<b>Leadership for Quality</b>	The Data Quality Steering Group will oversee the development & delivery of the 2013-14 data quality improvement programme and will provide quarterly progress update to EMT BDUs will ensure the development and delivery of the individual BDU level improvement plans
<b>Innovation for Quality</b>	We will continue to optimize the clinical information systems (RiO and SystemOne) and to exploit new technologies to make these systems as easy to access and use as possible.
<b>Safeguarding Quality</b>	The Trust's Executive Management Team will ensure essential standards of safety and quality are maintained.



## NHS Number and General Medical Practice Code Validity

South West Yorkshire Partnership NHS Foundation Trust submitted records during 2012/13 to the Secondary Uses service for inclusion in the Hospital Episode statistics which are included in the latest published data.

The percentage of records in the published data which included the patient's valid NHS number was:

- 99.8% for admitted patient care
- 99.9% for outpatient care
- N/A for accident and emergency care

The percentage of records in the published data which included the patient's valid General Medical Practice Code was:

- 99.3% for admitted patient care
- 99.9% for outpatient care
- N/A for accident and emergency care

## Information Governance Toolkit attainment

South West Yorkshire Partnership NHS Foundation Trust Information Governance Report overall score for 2012-13 is 71% and is graded green.

## Clinical Coding error rate

South West Yorkshire Partnership NHS Foundation Trust has not been subject to the Payment by Results clinical coding audit during the reporting period by the Audit Commission.

The services that were included in the clinical coding error rate

## Performance against national mandated items

This year the Department of Health (DH) has published a core set of indicators to be included in the Quality Accounts of all NHS Foundation Trusts. These changes support The Mandate commitment that the NHS should measure and publish outcome data for all major services by 2015.

### 1. *Patients on Care Programme Approach who were followed up within 7 days*

Indicator	NHS Outcomes Framework Domain	Health & Social Care Information Centre SWYPFT performance data				
		Goal = 95%				
The percentage of patients on Care Programme Approach who were followed up within 7 days after discharge from psychiatric in-patient care during the reporting period.	1: Preventing People from dying prematurely  2: Enhancing quality of life for people with long-term conditions		Q1	Q2	Q3	Q4
		<b>SWYPFT</b>	<b>95.9</b>	<b>97.8</b>	<b>97.9</b>	<b>96.8%</b>
		National average	97.5	97.2	97.6	Not available
		National best score	100	100	100	Not available
		National worst score	94.9	89.8	92.5	Not available

The South West Yorkshire Partnership NHS Foundation Trust considers that this data is as described for the following reasons

- This information is taken from the clinical record
- Clinical staff are given training and guidance to input data onto the system. No staff member is allowed to use the system until they have received this training.
- Data is clinically validated before it is submitted to the Health & Social Care Information Centre
- Performance data is reviewed monthly by the Executive Management Team and quarterly by the Trust Board.

The South West Yorkshire Partnership NHS Foundation Trust has taken the following actions to improve this percentage, and so the quality of its services, by establishing a Data Quality Group, sponsored and chaired by the Director of Nursing, Clinical Governance and Safety, that meets bi-monthly to ensure a focus on the quality of clinical data. Each Business Delivery Unit has developed an action plan to improve the quality of their clinical data.

## 2. *Percentage of admissions to acute wards for which the Crisis Resolution Home Treatment Team acted as a gatekeeper*

Indicator	NHS Outcomes Framework Domain	Health & Social Care Information Centre SWYPFT performance data (2012-13)				
The percentage of admissions to acute wards for which the Crisis Resolution Home Treatment Team acted as a gatekeeper during the reporting period.	2: Enhancing quality of life for people with long-term conditions		Q1	Q2	Q3	Q4
		SWYPFT	99.2	99.3	98.6	99
		National average	98	98.1	98.4	Not available
		National best score	100	100	100	Not available
		National worst score	83	84.4	90.7	Not available

The South West Yorkshire Partnership NHS Foundation Trust considers that this data is as described for the following reasons

- This information is taken from the clinical record
- Clinical staff are given training and guidance to input data onto the system. No staff member is allowed to use the system until they have received this training.
- We have an emergency code 25 that staff use for all gate kept admissions- this information can be extracted directly from the electronic record system.
- Data is clinically validated before it is submitted to the Health & Social Care Information Centre
- Performance data is reviewed monthly by the Executive Management team and quarterly by the Trust Board.

The South West Yorkshire Partnership NHS Foundation Trust has taken the following actions to improve this percentage, and so the quality of its services, by establishing a Data Quality Group, sponsored and chaired by the Director of Nursing, Clinical Governance and Safety, that meets bi- monthly to ensure a focus on the quality of clinical data. Each Business Delivery Unit has developed an action plan to improve the quality of their clinical data.

We undertake a weekly audit of our gate kept admissions to validate the gate keeping function.

### 3. Readmission rates:

This information **is not** made available to SWYPFT by the Health & Social Care Information centre

Indicator	NHS Outcomes Framework Domain	SWYPFT data		
		2010-11	2011-12	2012-13
The data made available to the National Health Service trust or NHS foundation trust by the Health and Social Care Information Centre with regard to the percentage of patients aged— (i) 0 to 14; and (ii) 15 or over, readmitted to a hospital which forms part of the trust within 28 days of being discharged from a hospital which forms part of the trust during the reporting period.	3: Helping people to recover from episodes of ill health or following injury	5.44%	6.15%	6.86%

The South West Yorkshire Partnership NHS Foundation Trust considers that this data is as described for the following reasons

- This information is taken from the clinical record
- Clinical staff are given training and guidance to input data onto the system. No staff member is allowed to use the system until they have received this training.
- Data is clinically validated before it is submitted to the Health & Social Care Information Centre

### 4. Staff Experience- staff survey 2012

Indicator	NHS Outcomes Framework Domain	2011	2012	2012 National average
The data made available to the National Health Service trust or NHS foundation trust by the Health and Social Care Information Centre with regard to the percentage of staff employed by, or under contract to, the trust during the reporting period who would recommend the trust as a provider of care to their family or friends.	4: Ensuring that people have a positive experience of care	3.65	3.70	3.54

The South West Yorkshire Partnership NHS Foundation Trust considers that this data is as described for the following reasons it was taken from the national staff survey, which uses an approved survey contractors, external to the organisation and the information is provided anonymously.

The South West Yorkshire Partnership NHS Foundation Trust will take the following actions to improve this percentage and so the quality of its services, by

- The Well Being in Partnership group are developing an action plan to oversee the improvement work needed.
- The action plan progress will be reported into Executive Management Team, Trust Board, Member's Council, Trust's Partnership Forum (staff side and partners) and to our Quality Boards.
- Progress of select indicators will be monitored through Quality Account reporting.

**5. *Patient experience of community mental health services” indicator score with regard to a patient’s experience of contact with a health or social care worker during the reporting period.***

Indicator	NHS Outcomes Framework Domain	SWYPFT 2012-13 score	National 2012-13 score	
			Highest trust score	Lowest trust score
The data made available to the National Health Service trust or NHS foundation trust by the Health and Social Care Information Centre with regard to the trust’s “Patient experience of community mental health services” indicator score with regard to a patient’s experience of contact with a health or social care worker during the reporting period.	2: Enhancing quality of life for people with long-term conditions 4: Ensuring that people have a positive experience of care All trusts providing mental health services	8.6	9.1	8.2

The South West Yorkshire Partnership NHS Foundation Trust that this data is as described for the following reasons, it was taken from the national CQC community patient survey, which uses an approved survey contractors, external to the organisation and the information is provided anonymously.

The South West Yorkshire Partnership NHS Foundation Trust intends to take the following actions to improve this percentage and so the quality of its services, by triangulating with other sources of patient experience feedback in order that we can successfully focus our action. We will continue to review our SPA services, work to embed the trust values and the roll out of the recovery star through the Implementing Recovery framework (ImRoc) . We will continue to build on these initiatives working through the Quality Academy and Business Delivery Units in order to ensure our service users are provided with a good quality experience of care.

**6. The number and percentage of such patient safety incidents that resulted in severe harm or death**

Indicator			NHS Outcomes Framework Domain	
The data made available to the National Health Service trust or NHS foundation trust by the Health and Social Care Information Centre with regard to the number and, where available, rate of patient safety incidents reported within the trust during the reporting period, and the number and percentage of such patient safety incidents that resulted in severe harm or death			5: Treating and caring for people in a safe environment and protecting them from avoidable harm	
Period	Total number of patient safety incidents uploaded	Total number of RED/ AMBER (combined) incidents	Severe (not the same as AMBER locally)	Death (not the same as RED locally)
1/10/11 – 31/3/12	1885	101 (5.4%)	25	19
1/4/12 – 30/9/12	1980	90 (4.5%)	26	15

The South West Yorkshire Partnership NHS Foundation Trust considers that this data is as described for the following reason:

1. Locally we capture information based upon our own severity, which includes actual and potential harm. This information is mapped to coding to national categories on National Reporting and Learning System. At all levels of degree of harm, these categories do not map directly back to our local grading, i.e. amber is not directly the same as Severe – some Red incidents will be severe.

Nationally it is believed that organisations that report more incidents usually have a better and more effective safety culture, with which we agree. If we understand what our incidents are we can learn and improve our services.

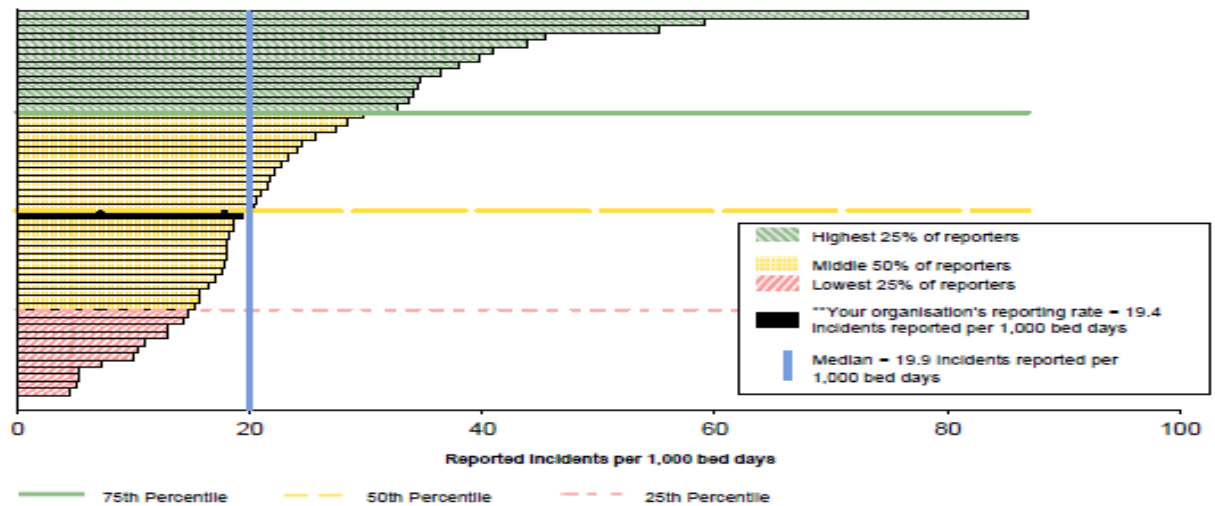
The following two graphs compare reporting rates between mental health organisations. Comparison of the graphs informs us that when the reporting rates are calculated as percentage of bed days our reporting rates appear to declined.  
This information is not consistent with our own internal information which informs us that between the reporting period October 2011- September 2012 (same as chart) our reporting rate increased by 5%.

The number of incidents reported within the Trust will continued to be monitored and compared against national reporting rates. Where possible all attempts to reconcile the data will be made.

### Are you actively encouraging reporting of incidents?

The comparative reporting rate summary shown below provides an overview of incidents reported by your organisation to the National Reporting and Learning System (NRLS) between 1 October 2011 and 31 March 2012. 1,885 incidents were reported during this period.

Figure 1: Comparative reporting rate, per 1,000 bed days, for 56 mental health organisations.

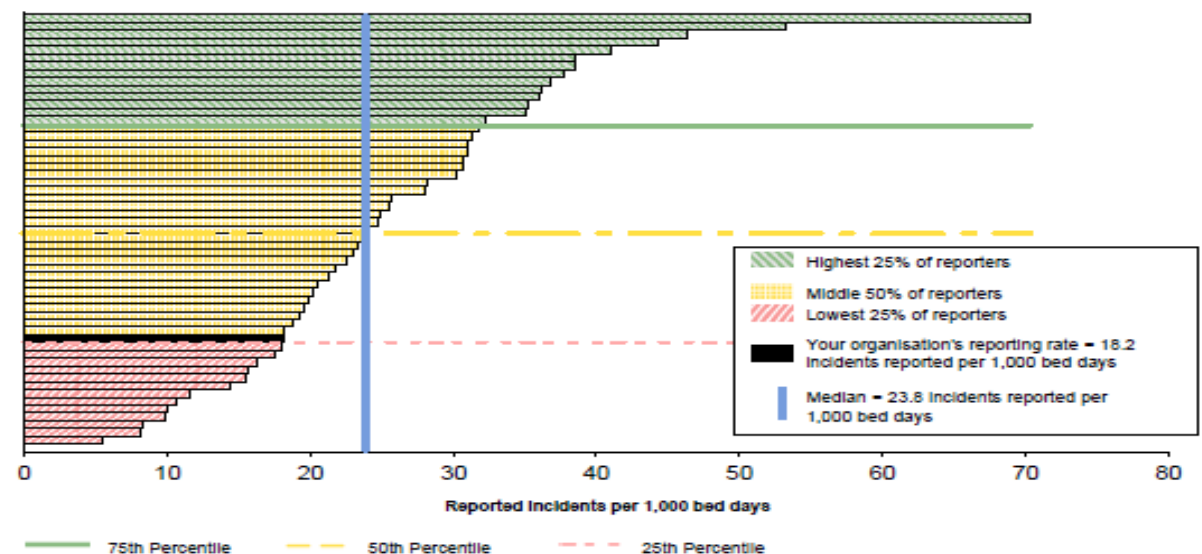


Organisations that report more incidents usually have a better and more effective safety culture. You can't learn and improve if you don't know what the problems are.

### Are you actively encouraging reporting of incidents?

The comparative reporting rate summary shown below provides an overview of incidents reported by your organisation to the National Reporting and Learning System (NRLS) between 1 April 2012 and 30 September 2012. 1,980 incidents were reported during this period.

Figure 1: Comparative reporting rate, per 1,000 bed days, for 56 mental health organisations.



Organisations that report more incidents usually have a better and more effective safety culture. You can't learn and improve if you don't know what the problems are.

The South West Yorkshire Partnership NHS Foundation Trust intends to take the following actions to improve this rate, and so the quality of its services, by

- Clarification of the data. Internally we know the number of incidents reported has increased which is not reflected in the national data.
- In order to be able to collect “severe harm” as a proportion of our total incidents we require work on datix (incident reporting system) to rebuild the way we record severity.

This year is the first time that this indicator has been required to be included within the Quality Report alongside comparative data provided, where possible, from the Health and Social Care Information Centre. The National Reporting and Learning Service (NRLS) was established in 2003. The system enables patient safety incident reports to be submitted to a national database on a voluntary basis designed to promote learning. It is mandatory for NHS trusts in England to report all serious patient safety incidents to the Care Quality Commission as part of the Care Quality Commission registration process. To avoid duplication of reporting, all incidents resulting in death or severe harm should be reported to the NRLS who then report them to the Care Quality Commission. Although it is not mandatory, it is common practice for NHS Trusts to report patient safety incidents under the NRLS’s voluntary arrangements.

As there is not a nationally established and regulated approach to reporting and categorising patient safety incidents, different trusts may choose to apply different approaches and guidance to reporting, categorisation and validation of patient safety incidents. The approach taken to determine the classification of each incident, such as those ‘resulting in severe harm or death’, will often rely on clinical judgement. This judgement may, acceptably, differ between professionals. In addition, the classification of the impact of an incident may be subject to a potentially lengthy investigation which may result in the classification being changed. This change may not be reported externally and the data held by a trust may not be the same as that held by the NRLS. Therefore, it may be difficult to explain the differences between the data reported by the Trusts as this may not be comparable.

## What others think about our services?

---

### Care Quality Commission (CQC)

South West Yorkshire Partnership NHS Foundation Trust is required to register with the CQC and its current registration status is full registration without conditions.

The CQC has not taken any enforcement actions against South West Yorkshire Partnership NHS Foundation Trust during 2012-13.

South West Yorkshire Partnership NHS Foundation Trust has not participated in any special reviews or investigations by the CQC during the reporting period.

There have been regular CQC Mental Health Act Visits throughout 2012-2013. Action plans have been submitted to the CQC and implemented locally in respect of any improvement actions identified from these visits.



## External Accreditation

The Trust has gained national accreditation for the quality of service it provides in our wards and teams. The table below provides a summary of our accreditations:

External Accreditation	Number of Service's Accredited
<b>Accreditation for Inpatient Mental Health Services (AIMs)</b>	2
<b>Accreditation for Inpatient Mental Health Services (AIMs)- PICU</b>	2
<b>ECT Accreditation Service</b>	1
<b>Memory Service National Accreditation programme</b>	2
<b>National Practice Development Unit Accreditation</b>	3
<b>Library Services Accreditation</b>	1

## Part 3: Our Performance in 2012-13

---

In this section you will find more information about the quality of our services that we provide by looking at our performance measures. This information can be used in conjunction with the narrative against each priority for you to understand our current position and what we plan to improve our quality performance in 2013-14.

Throughout 2012-13 we monitored a set of key performance indicators against each of our quality priorities which you can find below . 'How have we done against our quality priority key measures of performance for 12-13'.

This section includes all the mandatory indicators along with a summary of our measures against the Safety, Effectiveness and Experience as required by Monitor.

In the Annexes at the end of this section you can read what our partner organisation say about our engagement with them

## How have we done against our quality priority key measures of performance for 12-13?

The 7 specified quality priorities for 12-13 are underpinned by a number of identified performance indicators including some current key performance measures and Commissioning for Quality & Innovation goals (CQUIN). **Note: figures/ratings used do not exactly correlate with achievement of CQUIN goals set by commissioners - this is because for the Quality Account a rounded average is taken across Business Delivery Units (BDU) and care groups rather than split down into goals achievement in each care group and BDU.**

Our Trust provides a wide range of services across a number of distinct communities. These services are commissioned from two separate commissioning groups, i.e. Barnsley area and Calderdale, Kirklees and Wakefield area(C/K/W – 1 group). As commissioners are working for different communities the goals for each area can differ. However, as an organisation, SWYPFT, ensures that a consistent quality threshold is applied across all services.

Quality Priority	Key Performance Indicators	Target	Reporting Period	Q1			Q2			Q3			Q4			Year End Position
				A	M	J	J	A	S	O	N	D	J	F	M	
<b>Priority 1:</b>  To continue to listen to our service users and carers and act on their feedback	C/K/W: service users discharged rating care as excellent/good (adult & older peoples services )	>75%	quarterly													
	Barnsley: % service users discharged rating care as excellent/good Mount Vernon wards (Barnsley)	>75%	quarterly													
	(C/K/W): % involved as much as they wanted to be in decisions about care – Learning Disability Services	>75%	One audit – Reported Q3													
<b>Priority 2:</b>  Continue to improve the timeliness and ease of people accessing services when they need them	C/K/W: Improving access for people experiencing acute mental health problems (crisis) (assessment within 4 hours)	85% (Q2,3,&4)	July then monthly													
	C/K/W: Improving access for people experiencing non-acute mental health problems (routine) ; face to face contact within 14 days of referral	80% (Q2,3 &4)	July then monthly				68	66	69	74	74	72	67	65	68	
	C/K/W: Improving access for people experiencing non-acute mental health problems (routine) ; commencing treatment within 6 weeks of a face to face contact	90% (Q2,3&4)	July then monthly													

Quality Priority	Key Performance Indicators	Target	Reporting Period	Q1			Q2			Q3			Q4			Year End Position
				A	M	J	J	A	S	O	N	D	J	F	M	
Continue to improve the timeliness and ease of people accessing services when they need them (continued)	C/KW: Improving access for people referred to psychological therapies; new referrals assessed within 14 days	90%	July then monthly													
	Barnsley % assessments within 4 hours for people entering urgent care pathway	95%	monthly													
	Barnsley % referrals (non-urgent) assessed within 14 days	Q1 – 42% /Q2 – 43.5% Q3 – 45% /Q4 – 46.5%	quarterly													
	Barnsley % referrals (non-urgent) with treatment commencing within 6 weeks	Q1 – 81% /Q2 – 82% Q3 - 83% /Q4 – 84%	quarterly													
<b>Priority 3:</b> Care and care planning	% service users on Care Programme Approach (CPA) with a formal review within the previous 12 months	95%	monthly													
	C/KW: Falls assessment: % of (a) assessed as 'at risk' where recommendation to reduce risk of falls is clearly documented in their care plan	100%	quarterly													
<b>Priority 4:</b> Improve the recording and evaluation of care	C/KW: Falls assessment (a); % service users having undergone an appropriate falls assessment within 24 hours of admission	80%	quarterly													
	C/KW: Nutritional screening (a); % of service users admitted for more than 48 hours underwent appropriate nutritional screening on admission	90%	quarterly													
	Barnsley: Nutritional screening (a): % of service users admitted for more than 48 hours underwent appropriate nutritional screening on admission	100%	quarterly													
	% of eligible cases assigned a cluster	100%	Monthly	96	95	95	95	79	80	93	97	97	97	97	97	

Quality Priority	Key Performance Indicators	Target	Reporting Period	Q1			Q2			Q3			Q4			Year End Position
				A	M	J	J	A	S	O	N	D	J	F	M	
<b>Priority 5:</b>  Continue to improve transfers of care by working in partnership across the care pathway	% service users followed up within 7 days of discharge from inpatient care	95%	monthly													
	Delayed transfers of Care (DTOC)	<=7.5	monthly													
<b>Priority 6:</b>  Ensure that our staff are professionally physically and mentally fit to undertake their duties	Sickness rate	4.25%	monthly	5	5	5	5	5	5	5	5	5	5	5	5	5
	Appraisal rate	80% by June 12														
<b>Priority 7</b>  To improve the safety of our service users, carers, staff and visitors	Adult safeguarding training completed (clinical staff)	80% at Q2	monthly													
	NHS Safety thermometer	Regular submissions	quarterly													
	C/KW: Falls assessment: % of service users who have fallen more than once undergoing a full clinical review of care plans by the physiotherapist	100%	quarterly													
	C/KW: Nutritional screening: % of (a) assessed as 'high' nutritional risk with appropriate referrals/continuing care plans in place	90%	quarterly													
	Barnsley: Nutritional screening: % of (a) assessed as 'high' nutritional risk with appropriate referrals/continuing care plans in place Mount Vernon B	100%	quarterly													

We have used a Red /Amber /Green (RAG) rating to grade our progress against the quality priorities..As you can see the table above identifies the areas where we have met the key performance areas that we set for ourselves in 2012-13. There are areas that remain a concern for us as the final year position was 'red' or amber :

1. Improving access for people experiencing non-acute mental health problems (routine) face to face contact within 14 days of referral./ % referral with treatment commencing within 6 weeks. Information on how we will address this issue can be found under **Priority 2: timely access to services** pages 11-13.
2. Sickness rate. Information on how we will address this issue can be found under **Priority 6: Ensure that our staff are professionally, physically and mentally fit to undertake their duties** pages 21-26.
3. Percentage of eligible cases assigned a cluster. The end of year position for this indicator was 97%. Whilst we will strive to achieve our goal of 100% we have work identified in 2013-14 to improve clinical data recording that will assist us to reach this.

## Safety, Effectiveness and Experience

Monitor requires that we report against three measures related to the domains of quality: safety; clinical effectiveness and patient experience. These measures form part of the Quality Report that is reported through to Executive Management Team and Board on a quarterly basis.

Quality Domain	Key Performance Indicator	2010-11	2011-12	2012-13	Commentary
<b>Safety</b>	Infection prevention – MRSA / C Difficile (<12)	NA	12 C difficile. 0 MRSA	6 C difficile 0 MRSA	Local measure against a local trajectory of 12. This measure links to our quality priority 7.
	Delayed Transfers of Care (Goal < 7.5) (National goal and definition)	3.1%	4.8%	Reported to monitor 4.28%  Following system review and data validation Trust's updated figure is: 3.95%	This national measure has been used to inform us of our progress across our pathways of care. It was identified in 2011-12 as a quality metric for quality account reporting and will continue into 2013-14. It relates to Quality Priority 5. We consistently achieve the national goal, however we are not complacent and we are continuing to work to ensure people are not delayed in their discharge from hospital. External audit of our DToC process identified inconsistencies in how staff were reporting DToC figures. The system was checked and data validated. Updated figures showed that we had over reported on DToC. The Trust has informed Monitor of the change in this indicator.
	Adult safeguarding training (Goal 80%) (Local mandatory training)	74.4%	63.7%	82%	This measure was chosen as part of the consultation exercise in 2011-12. In 2012-13 we focussed on this training figure and have seen an improvement. As this measure remains important to clinical practice and patient safety we will continue to keep this focus in 2013-14.

	People on CPA receive 7 day follow up (Goal 95%) (National goal and definition)	96.8%	98.9%	97.09%	This is national measure has been used to monitor our performance against Quality Priority 3. We remain relatively consistent over the three reportable years. We will continue to monitor this measure throughout 2013-14 as part of the quality account process.
<b>Clinical Effectiveness</b>	NICE guidance implementation (Goal 100%)	100%	100%	88%	We have not met all 4 key performance criteria. There are no 'red' internal risk grading Increasing volume of guidance monitored is causing delays in obtaining quarterly updates - Processes are being revised to try and effect improvement. We will measure compliance with NICE guidance against our 2013-14 priorities.
	Access to services in acute crisis (Goal 85%) (National goal and definition)	73.5%	86.2%	99.03%	See Performance against national mandated items – point 2 in the following section.
	% SU on CPA Having Formal Review Within 12 Months (>95%) (National goal and definition)	97.6%	97.2%	97.05%	This measure is discussed in quality priority 3.
<b>Experience</b>	People satisfied with service (Goal> 75% : position @Q4)	88.6%	93.6%	96%	This measure is discussed in quality priority 1.
	Eliminating mixed sex accommodation (Goal 100%)	100%	100%	100%	We ACHIEVED 100% in the internal audit information for Trust Board
	Complaints re staff attitude (Goal <30%- average)	14%	16%		This measure is discussed in quality priority 1.



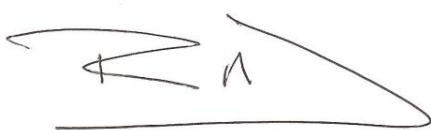
## **Annex 1: statements from partners.**

### **Statement from Locala Community Partnerships**

Dear Tim

Many thanks for early sight of your quality account. I'd like to stress that our partnership and collaboration with SWYPHT is fundamental to the delivery of quality in our services. I'm pleased this is picked up in this quality report and hope that relationships continue to strengthen.

Yours faithfully

A handwritten signature in black ink, appearing to be 'R Flack', written over a horizontal line.

Robert Flack

Chief Executive

### **Statement from Wakefield Social Care and Health Overview and Scrutiny Committee**

The Social Care and Health Overview and Scrutiny Committee as engaged with the Trust to review and identify quality themes and issues that members believe should be both current and future priorities. This included a specific meeting with the Trust on progress against the areas for improvement identified in the 2011/12 Quality Account. This allowed consideration of any potential issues that may have been of concern and has helped the OSC build up a picture of the Trust's performance in relation to the Quality Account.

On the basis of this dialogue and engagement, together with the wide range of stakeholder involvement, the Committee is assured that the identified priorities are in concert with those of the public and the Trust has adequately demonstrated that they have involved patients' and the public in the production of the Quality Account.

The Committee welcomes the new and improved layout of the Quality Account which provides relevance and clarity to both a professional and public audience. Members also support the decision to roll-forward last year's priorities throughout 2013-2014.

In terms of improving patient experience, the Trust gave a commitment during 2012-13 to focus on developing a systematic collection of feedback from people using their services. The Committee is confident this has been achieved through the Patient Experience Group (PEG) and particularly the quarterly magazine "What Matters" based on "you said, we did" principles, which is an excellent example of providing timely feedback and response to service users and wider local communities.

The Committee welcomes the inclusion of comparative information in the Quality Account as a means of setting the Trust's performance in context, particularly in relation to care planning and care reviews identified through the CQC community mental health survey. Without such comparative information, local people may struggle to understand whether a particular number represents good or poor performance.

The Committee has previously recognised and supported the view that further work was required on enabling access to people in crisis and providing adequate and appropriate support.

The Committee acknowledges that a considerable amount of work has been undertaken by the Trust with crisis services, with closer alignment to home based treatment services with the wards. The continued emphasis on improving timely and ease of access is necessary and the commitment to maintain this priority over the next year is welcome. The implementation of a single point of access for new referrals across all localities in mental health services was supported by the Committee last year. The Committee acknowledges that further improvements are planned and welcomes the Trust wide review of SPA, to ensure needs are being met. The Committee is aware that a single point of access referral system can simplify access but, in some cases they can also conflict with other care aims such as providing continuity of care and easy access for people who already know staff who are familiar with what works for them.

The Committee supports the view that there is further scope for improved access through technological innovations, including mobile apps and secure e-mail to facilitate patient-therapist communication and therefore welcomes the clinical trial of guided or computerised self-help offers to those on the therapy access waiting list. However this should not preclude specialist psychological support where more immediate support is being provided. The Committee is aware of GP concerns that people are sometimes referred back to them when they think they need more specialist care.

The Committee's focus on patient safety will be a key element of the Overview and Scrutiny work programme over the next 12 months. Members therefore welcome the commitment by the Trust to continue to measure serious incidents as a priority area for improvement. The Committee believes this will be enhanced through the organisation's mission and values of being open, honest and transparent. Leadership is central to setting the values and beliefs of an organisation's culture therefore the Committee welcomes the commitment from the Chief Executive and the Board in having a vital role to play in building a safety culture that is open and

fair, and to establish an environment where the whole organisation learns from safety incidents and where staff are encouraged to report and proactively assess risks.

**The following statement is presented on behalf of the commissioning partners of Calderdale, Greater Huddersfield, North Kirklees and Wakefield.**

**Quality Accounts Feedback SWYPFT 2012/2013**

We are pleased to receive the quality account prepared by South West Yorkshire Partnership NHS Foundation Trust (SWYPFT). The following statement is presented on behalf of the commissioning partners of Calderdale, Greater Huddersfield, North Kirklees and Wakefield.

The published account provides a clear and comprehensive assessment of quality in 2012/13, and highlights SWYPFT's priorities and quality improvement for 2013/14. To the best of our knowledge, through contract monitoring, quality board, mental health partnerships and clinical commissioning groups across the geographical patch, the information provided is accurate and has been fairly interpreted.

The key principles outlined in the report regarding the Trust's approach to service transformation over the coming years are in line with current commissioning thinking in ensuring that services are person centred, evidence based and with an emphasis on recovery. We would welcome involvement of clinical commissioners in service transformation, and would expect SWYPFT to be a key partner in the clinical service transformation programmes across the Mid-Yorkshire Hospital Trust and Calderdale and Huddersfield Health and Social care strategic review.

Following our comments last year we are pleased to note the work that has been undertaken to use patient experience to stimulate service improvement. We welcome the development of "What Matters" demonstrating changes made by SWYPFT in response to patient experience feedback. As commissioners we support the continuation of this priority into 2013/14 however would have liked to have seen a specific goal around improving the number of people with learning disabilities who felt involved in their care.

We welcome the progress made regarding access for service users requiring crisis assessment within 4 hours across Calderdale, Kirklees and Wakefield. Little progress has been made for patients requiring assessment within 14 days. The commissioners would like to have seen plans relating to how the Trust intends to improve against this priority and whether it is considering sharing practice across the geographical area to standardise performance.

The report acknowledges that care planning and care reviews have impacted on the Monitor Governance rating and we are pleased to see further work around the quality of care planning

and care reviews being taken forward for 2013/14. We look forward to seeing progress on this throughout the year.

Care for staff is a good positive aim and we welcome the expansion of the occupational health service to include occupational therapy and physiotherapy, however the Trust is still not achieving the 4% sickness absence target. We suggest that additional interventions should be considered in a period of organisational change, in order to support and improve the emotional wellbeing of staff. We are aware that SWYPFT are working towards Exemplar Employer status and would have expected this to be included in the account.

We welcome the inclusion of the staff survey results and recognise that the overall engagement score is positive; however we would like to have seen reference to further analysis of the results including an approach of how to address any concerns raised by specific groups of staff reflected in an action plan.

As commissioners we have received assurance at Quality Board relating to the deterioration in NICE implementation compliance and will continue to monitor this on a quarterly basis. We have also discussed the comparative decrease in incident reporting compared to other mental health organisations and further work is being undertaken to understand the reasons for this.

The process and engagement that has been undertaken to agree the 2013/14 priorities is welcomed, overall the priorities reflect a good balance of improving mental health users and the wellbeing of staff. Consideration should be given to more emphasis being given to improving physical health and promoting healthy lifestyles among service users. As commissioners we expect that, although the quality priorities remain the same for 2013/14, the action plans drive quality improvements rather than maintaining performance.

We look forward to working with SWYPFT in the coming year to achieve their quality priorities.

***Calderdale Clinical Commissioning Group***

***Greater Huddersfield Clinical Commissioning Group***

***North Kirklees Clinical Commissioning Group***

***Wakefield Clinical Commissioning Group***

#### **Statement from Healthwatch Barnsley**

Healthwatch Barnsley came into force on the 1st of April 2013 and received the 2012/13 South West Yorkshire Partnership NHS Foundation Trust Quality Account on the 2 May 2013. Healthwatch has e-mailed members with the Accounts asking for feedback, we also featured

the quality account on our website, Facebook and Twitter. Due to Healthwatch Barnsley being a new organisation with limited time and resource at this early stage, we have on this occasion been unable to collate community views on the quality account to share in this report. We are however planning on ensuring the data we collect from the 1st of April will enable us to identify who uses the South West Yorkshire Partnership NHS Foundation Trust on a regular basis, with recent experience of the service and an opinion to share. The aim to bring together a focus group on a yearly basis to review the quality account, with the support of a representative of the South West Yorkshire Partnership NHS Foundation Trust, where possible, to provide information on the quality account and answer any questions relating to the document. Thus ensuring participants are fully informed and able to comment effectively.

## **Carolyn Ellis**

### **Communications and Information Coordinator**

#### **Statement from Barnsley Clinical Commissioning Group**

##### **Ref: SWYPFT Quality Account 2012/13**

Thank you for sending through the SWYPFT Quality Account 2012/13 for our comments.

The account was presented to our Quality and Patient Safety Committee this week where members discussed the various sections contained within the account. It has also been discussed at our internal Quality & Performance Group for Non-Acute Contracts.

From our discussions we have the following comments which we hope you will find helpful: -

- We compliment you on the work you have undertaken in relation to 'listen and act', however the surveying is currently only conducted with in-patients and we look forward to this being extended to all service users particularly those in receipt of services in their own home.
- We recognise the work that has been undertaken regarding the strengthening of investigations into Serious Incidents and welcome the improvements made to the process. We look forward to seeing the ongoing work for the development of robust systems for quality measurement.
- Although we appreciate this is a Trust-wide account, we found it very difficult to locate Barnsley consistently within it. The Account could be further strengthened to support the well flowing narrative next year by inclusion of relevant meaningful data.

- We would have liked to have seen more information regarding the priority areas on pages 8-10; the RAG ratings give a good overview but could be strengthened by including figures.
- In relation to the CQC Mental Health Community Survey (2012), we would value further information on actions being taken to address the 2 questions rated as 'worse' (6.3 and 6.8).
- We note on page 14 that there has been a better performance in other BDUs in relation to access. We look forward to seeing an improvement in access to IAPT and CAMHS services in Barnsley over the coming year. We would query your assertion that Barnsley CAMHS has extended working hours (page 13); the Out of Hours service remains a priority area for action in the CAMHS delivery plan.
- In relation to clinical audits (page 32), we would be interested to see further information regarding the National Audit of Psychological Therapies given the current issues with the IAPT service.
- With regard to the work to ensure NICE compliance the development and delivery of the Autism diagnostic pathway for children is key in 2013/2014.
- We note the failure to meet the clinical communications target for Mental Health services and acknowledge the work ongoing for CQUINs this year to rectify the issue, including future consideration of a possible electronic solution.
- In relation to health records management, we have also noted that Barnsley BDU is an outlier in relation to agile working and mobile technology and feel this is something which requires addressing over the coming year. We will be working with you closely to help deliver this improvement.
- We also felt that recording/reporting for care planning and performance related information is a priority across the Trust, especially since the timescales for roll out of SystmOne and RiO have slipped, however this did not seem to be reflected in the report.
- We are pleased to see that you achieved the target for appraisal but note that the staff sickness absence level remains on average at 5% and wondered if the links with lower scoring aspects of the 2012 survey had been explored.
- We couldn't see reference to the Health Visiting service which we would have expected to register as a priority at least as a result of the implementation plan and recent review undertaken.

- We note the Single Point of Access (SPA) identified on page 15 and look forward to being updated of its progress.

We hope the above comments are useful and look forward to working with you over the next year 2013/2014.

Yours sincerely

Brigid Reid  
**Chief Nurse**

### **Comments by Healthwatch Wakefield**

Healthwatch Wakefield thank the South West Yorkshire Partnership NHS Foundation Trust (SWYPFT), the Trust for the opportunity to comment on the Trusts Quality Account for the year 2012-2013.

This year information and intelligence from our communities regarding the quality of services they have received from the healthcare provider is not adequate, because of delays in the formation of Healthwatch inspite of the fact that the host of the Healthwatch Wakefield is an alliance of large number of organisations with big membership.

We regret our failure to make use of this vast pool of information specially in the field of Patient Experience. We did form a Task Group of eight members but most of them were unable to attend the meeting because of the short notice. But the legacy left by one predecessor (Wakefield Local Involvement Network LINK) was most useful and used extensively in relation to SWYPFT they left the following legacy and points to monitor:

- A) A progress report on Crisis Management and in particular information and progress of single point of access.
- B) Care of patients with dementia both in the Trust and also when requesting treatment in the acute Trust.
- C) Progress in the diagnosis and management of patients with Learning Disabilities (Hidden Impairments).

To prepare the report we had a meeting with the Trust representative who is not a member the Trust board or the Trusts Clinical Governance Committee, but attended the meetings frequently whenever necessary and the accounts are seen and approved by the monitor and the Board.

In the meeting (held on 28/05/13) it was confirmed that the account was in accordance and requirement of NHS Act 2009 and 2012.

In the same meeting the following items were discussed:

- 1 Francis Report
- 2 Winterbourne Report
- 3 Crisis assessment and management
- 4 Mental Health Community Survey
- 5 Never Events
- 6 Being Open
- 7 Patient Safety Incidents, reporting and learning
- 8 CNST payment level
- 9 Suicide rates amongst the Trust population (45 suicides 2012/2013 & 49 2011/2012)
- 10 Contractual Duty of Candour

Based upon the information gathered and to the best of our knowledge the accounts are a correct and a honest record. We would like to make the following comments.

- 1) The Trust has continued to make satisfactory progress and are providing good quality services.
- 2) The Trust has achieved four out of the seven priorities for the last year.
- 3) The Trust has achieved over 75% of their goal in three of their priorities.
- 4) The Trust is meeting the target of Crisis Management within four hours
- 5) Over 70% of Wakefield patients are assessed within 14 days.
- 6) We are impressed with their collecting feedback from patients using technology (PC tablets & Kiosks)
- 7) We are impressed with their clinical trial on guided and computerised self help for the patients on therapy but waiting to access psychological wellbeing practitioners.
- 8) Suicide numbers have fallen within the Trust population from 49 in the last year to 45 this year (2012-2013)

However

- 1) We are disappointed with the Trust, Patient Safety reporting. In six monthly periods from 01 04 2011 to 30 09 2011 they reported 25.6 incidents per 1000 bed days (amongst the top 30% of similar Trusts). They fell to 18.2 incidents per 1000 bed days between April 2012 to 30<sup>th</sup> September 2012 (bottom 25% Trusts), it requires improving.
- 2) The Trust is paying at level one of Clinical Negligence Scheme for Trust (CNST) we think they should try and reach to level 2.
- 3) The Trust did not perform well in two categories namely care planning and care review as compared with other Trusts in a survey conducted by Care Quality Commission Mental Health Community Survey (2012).
- 4) We think the Quality Account should contain more information on Learning Disabilities and hidden impairments.
- 5) Management of Crisis Resolution and access to it requires more details and improvements.
- 6) We see Quality Account as a continuous process of improvements and suggest meeting with the Trust on a three monthly basis.

N K Mathur  
Lead for Quality Accounts  
Healthwatch Wakefield 29<sup>th</sup> May 2013



## **Annex 2: Statement of directors' responsibilities in respect of the Quality Report**

The directors are required under the Health Act 2009 and the National Health Service Quality Accounts Regulations to prepare Quality Accounts for each financial year.

Monitor has issued guidance to NHS foundation trust boards on the form and content of annual quality reports (which incorporate the above legal requirements) and on the arrangements that foundation trust boards should put in place to support the data quality for the preparation of the quality report.

In preparing the Quality Report, directors are required to take steps to satisfy themselves that:

- the content of the Quality Report meets the requirements set out in the NHS Foundation Trust Annual Reporting Manual 2012/13;
- the content of the Quality Report is not inconsistent with internal and external sources of information including:
  - Board minutes and papers for the period April 2012 to June 2013
  - Papers relating to Quality reported to the Board over the period April 2012 to March 2013
  - Feedback from commissioning partners of Calderdale, Greater Huddersfield, North Kirklees dated 28/05/2013
  - Feedback from Healthwatch Barnsley dated 24/05/2013
  - Feedback from Healthwatch Wakefield dated 29/5/2013
  - Feedback from Wakefield social care and health overview and scrutiny committee dated 20/5/13
  - The trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, covering the period April 2012- March 2013.
  - The [latest] national patient survey July 2012
  - The [latest] national staff survey February 2013
  - The Head of Internal Audit's annual opinion over the trust's control environment dated 23/05/2013
  - CQC quality and risk profiles dated April, June, July, October, November & December 2012; February & April 2013
- the Quality Report presents a balanced picture of the NHS foundation trust's performance over the period covered;
- the performance information reported in the Quality Report is reliable and accurate;
  - there are proper internal controls over the collection and reporting of the measures of performance included in the Quality Report, and these controls are subject to review to confirm that they are working effectively in practice;
  - the data underpinning the measures of performance reported in the Quality Report is robust and reliable, conforms to specified data quality standards and prescribed definitions, is subject to appropriate scrutiny and review; and the Quality Report has been prepared in accordance with Monitor's annual reporting guidance (which incorporates the Quality Accounts regulations) (published at [www.monitor-nhsft.gov.uk/annualreportingmanual](http://www.monitor-nhsft.gov.uk/annualreportingmanual)) as well as the standards to support data quality

for the preparation of the Quality Report (available at [www.monitor-nhsft.gov.uk/annualreportingmanual](http://www.monitor-nhsft.gov.uk/annualreportingmanual))).

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

By order of the Board

NB: sign and date in any colour ink except black

29<sup>th</sup> May 2013.      Date       Chair

29<sup>th</sup> May 2013      Date       Chief Executive

**Annex 3: Independent assurance report to the Council of Members  
of South West Yorkshire Partnership NHS Foundation Trust**

## **Independent Auditors' Assurance Report to the Council of Members of South West Yorkshire Partnership NHS Foundation Trust on the Quality Report**

We have been engaged by the Council of Members of South West Yorkshire Partnership NHS Foundation Trust to perform an independent assurance engagement in respect of South West Yorkshire Partnership NHS Foundation Trust's Quality Report for the year ended 31 March 2013 (the "Quality Report") and certain performance indicators contained therein.

This report, including the conclusion, has been prepared solely for the Council of Members of South West Yorkshire Partnership NHS Foundation Trust as a body, to assist the Council of Members in reporting South West Yorkshire Partnership NHS Foundation Trust's quality agenda, performance and activities. We permit the disclosure of this report within the Annual Report for the year ended 31 March 2013, to enable the Council of Members to demonstrate they have discharged their governance responsibilities by commissioning an independent assurance report in connection with the indicators. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Council of Members as a body and South West Yorkshire Partnership NHS Foundation Trust for our work or this report save where terms are expressly agreed and with our prior consent in writing.

### **Scope and subject matter**

The indicators for the year ended 31 March 2013 subject to limited assurance consist of the national priority indicators as mandated by Monitor:

- Delayed Transfers of Care; and
- Access to Crisis Resolution Teams;

We refer to these national priority indicators collectively as the "indicators".

### **Respective responsibilities of the Directors and auditors**

The Directors are responsible for the content and the preparation of the Quality Report in accordance with the criteria set out in the *NHS Foundation Trust Annual Reporting Manual* issued by Monitor.

Our responsibility is to form a conclusion, based on limited assurance procedures, on whether anything has come to our attention that causes us to believe that:

- the Quality Report is not prepared in all material respects in line with the criteria set out in the *NHS Foundation Trust Annual Reporting Manual*;
- the Quality Report is not consistent in all material respects with the sources specified below; and
- the indicators in the Quality Report identified as having been the subject of limited assurance in the Quality Report are not reasonably stated in all material respects in accordance with the *NHS Foundation Trust Annual Reporting Manual* and the six dimensions of data quality set out in the Detailed Guidance for External Assurance on Quality Reports.

## **Independent Auditors' Assurance Report to the Council of Members of South West Yorkshire Partnership NHS Foundation Trust on the Annual Quality Report (continued)**

We read the Quality Report and consider whether it addresses the content requirements of the *NHS Foundation Trust Annual Reporting Manual*, and consider the implications for our report if we become aware of any material omissions.

We read the other information contained in the Quality Report and consider whether it is materially inconsistent with the specified documents below:

- Board minutes for the period April 2012 to 29 May 2013;
- Papers relating to Quality reported to the Board over the period April 2012 to 29 May 2013;
- Feedback from the Commissioners dated May 2013;
- Feedback from local Healthwatch organisations dated May 2013;
- The Trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009 for the period April 2012 to March 2013.
- The 2012 national patient survey;
- The 2012 national staff survey;
- Care Quality Commission quality and risk profiles for the period April 2012 to March 2013.
- The Head of Internal Audit's annual opinion over the trust's control environment for the period April 2012 to March 2013.

We consider the implications for our report if we become aware of any apparent misstatements or material inconsistencies with those documents (collectively the "documents"). Our responsibilities do not extend to any other information.

We are in compliance with the applicable independence and competency requirements of the Institute of Chartered Accountants in England and Wales (ICAEW) Code of Ethics. Our team comprised assurance practitioners and relevant subject matter experts.

### **Assurance work performed**

We conducted this limited assurance engagement in accordance with International Standard on Assurance Engagements 3000 (Revised) – "Assurance Engagements other than Audits or Reviews of Historical Financial Information" issued by the International Auditing and Assurance Standards Board ("ISAE 3000"). Our limited assurance procedures included:

Evaluating the design and implementation of the key processes and controls for managing and reporting the indicators.

- Making enquiries of management.
- Testing key management controls.
- Limited testing, on a selective basis, of the data used to calculate the indicator back to supporting documentation.
- Comparing the content requirements of the NHS Foundation Trust Annual Reporting Manual to the categories reported in the Quality Report.
- Reading the documents.

## **Independent Auditors' Assurance Report to the Council of Members of South West Yorkshire Partnership NHS Foundation Trust on the Annual Quality Report (continued)**

A limited assurance engagement is smaller in scope than a reasonable assurance engagement. The nature, timing and extent of procedures for gathering sufficient appropriate evidence are deliberately limited relative to a reasonable assurance engagement.

### **Limitations**

Non-financial performance information is subject to more inherent limitations than financial information, given the characteristics of the subject matter and the methods used for determining such information.

The absence of a significant body of established practice on which to draw allows for the selection of different but acceptable measurement techniques which can result in materially different measurements and can impact comparability. The precision of different measurement techniques may also vary. Furthermore, the nature and methods used to determine such information, as well as the measurement criteria and the precision thereof, may change over time. It is important to read the Quality Report in the context of the criteria set out in the NHS Foundation Trust Annual Reporting Manual.

The scope of our assurance work has not included governance over quality or non-mandated indicators which have been determined locally by South West Yorkshire Partnership NHS Foundation Trust.

### **Conclusion**

Based on the results of our procedures, nothing has come to our attention that causes us to believe that, for the year ended 31 March 2013:

- the Quality Report is not prepared in all material respects in line with the criteria set out in the NHS Foundation Trust Annual Reporting Manual;
- the Quality Report is not consistent in all material respects with the sources specified above; and
- the indicators in the Quality Report subject to limited assurance have not been reasonably stated in all material respects in accordance with the NHS Foundation Trust Annual Reporting Manual.

*Deloitte LLP*

Deloitte LLP  
Chartered Accountants  
Leeds

29 May 2013

---

Data entered below will be used throughout the workbook:

Trust name: South West Yorkshire Partnership NHS Foundation Trust  
This year 2012/13  
Last year 2011/12  
This year ended 31 March 2013  
Last year ended 31 March 2012  
This year commencing: 1 April 2012

## **STATEMENT OF THE CHIEF EXECUTIVE'S RESPONSIBILITIES AS THE ACCOUNTABLE OFFICER OF SOUTH WEST YORKSHIRE PARTNERSHIP NHS FOUNDATION TRUST**

The NHS Act 2006 states that the chief executive is the accounting officer of the NHS foundation trust. The relevant responsibilities of the accounting officer, including their responsibility for the propriety and regularity of public finances for which they are answerable, and for the keeping of proper accounts, are set out in the NHS Foundation Trust Accounting Officer Memorandum issued by the Independent Regulator of NHS Foundation Trusts ("Monitor").

Under the NHS Act 2006, Monitor has directed South West Yorkshire Partnership NHS Foundation Trust to prepare for each financial year a statement of accounts in the form and on the basis set out in the Accounts Direction. The accounts are prepared on an accruals basis and must give a true and fair view of the state of affairs of South West Yorkshire Partnership NHS foundation trust and of its income and expenditure, total recognised gains and losses and cash flows for the financial year.

In preparing the accounts, the Accounting Officer is required to comply with the requirements of the NHS Foundation Trust Financial Reporting Manual and in particular to:

- observe the Accounts Direction issued by Monitor, including the relevant accounting and disclosure requirements, and apply suitable accounting policies on a consistent basis;
- make judgements and estimates on a reasonable basis;
- state whether applicable accounting standards as set out in the NHS Foundation Trust Annual Reporting Manual have been followed, and disclose and explain any material departures in the financial statements; and
- prepare the financial statements on a going concern basis.

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

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

Signed.....

Chief Executive



Date 23 May 2013



## STATEMENT OF DIRECTORS' RESPONSIBILITIES IN RESPECT OF THE ACCOUNTS


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

- apply on a consistent basis accounting policies laid down by the Secretary of State with the approval of the Treasury;
- make judgements and estimates which are reasonable and prudent; and
- state whether applicable accounting standards have been followed, subject to any material departures disclosed and explained in the accounts.

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

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

By order of the Board

Signed..........  
Chief Executive

Date 23 May 2013

Signed..........  
Director of Finance

Date 23 May 2013

## **INDEPENDENT AUDITOR'S REPORT TO THE MEMBERS COUNCIL AND BOARD OF DIRECTORS OF SOUTH WEST YORKSHIRE PARTNERSHIP NHS FOUNDATION TRUST.**

We have audited the financial statements of South West Yorkshire Partnership NHS Foundation Trust for the year ended 31 March 2013 which comprise the Statement of Comprehensive Income, the Statement of Financial Position, the Statement of Cash Flows, the Statement of Changes in Taxpayers Equity and the related notes 1 to 38. The financial reporting framework that has been applied in their preparation is applicable law and the accounting policies directed by Monitor – Independent Regulator of NHS Foundation Trusts.

This report is made solely to the Council of Governors and Board of Directors (the Boards) of South West Yorkshire Partnership NHS Foundation Trust, as a body, in accordance with paragraph 4 of Schedule 10 of the National Health Service Act 2006. Our audit work has been undertaken so that we might state to the Boards those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Trust and the Boards as a body, for our audit work, for this report, or for the opinions we have formed.

### **Respective responsibilities of the accounting officer and auditor**

As explained more fully in the Accounting Officer's Responsibilities Statement, the Accounting Officer is responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view. Our responsibility is to audit and express an opinion on the financial statements in accordance with applicable law, the Audit Code of NHS Foundation Trusts and International Standards on Auditing (UK and Ireland). Those standards require us to comply with the Auditing Practices Board's Ethical Standards for Auditors.

### **Scope of the audit of the financial statements**

An audit involves obtaining evidence about the amounts and disclosures in the financial statements sufficient to give reasonable assurance that the financial statements are free from material misstatement, whether caused by fraud or error. This includes an assessment of: whether the accounting policies are appropriate to the Trust's circumstances and have been consistently applied and adequately disclosed; the reasonableness of significant accounting estimates made by the Accounting Officer; and the overall presentation of the financial statements. In addition, we read all the financial and non-financial information in the annual report to identify material inconsistencies with the audited financial statements. If we become aware of any apparent material misstatements or inconsistencies we consider the implications for our report.

### **Opinion on financial statements**

In our opinion the financial statements:

- give a true and fair view of the state of the trust's affairs as at 31 March 2013 and of its income and expenditure for the year then ended;
- have been properly prepared in accordance with the accounting policies directed by Monitor – Independent Regulator of NHS Foundation Trusts; and
- have been prepared in accordance with the requirements of the National Health Service Act 2006.

### **Opinion on other matters prescribed by the National Health Service Act 2006**

In our opinion:

- the part of the Directors' Remuneration Report to be audited has been properly prepared in accordance with the National Health Service Act 2006; and
- the information given in the Directors' Report for the financial year for which the financial statements are prepared is consistent with the financial statements.

### **Matters on which we are required to report by exception**

We have nothing to report in respect of the following matters where the Audit Code for NHS Foundation Trusts requires us to report to you if, in our opinion:

- the Annual Governance Statement does not meet the disclosure requirements set out in the NHS Foundation Trust Annual Reporting Manual, is misleading or inconsistent with information of which we are aware from our audit. We are not required to consider, nor have we considered, whether the Annual Governance Statement addresses all risks and controls or that risks are satisfactorily addressed by internal controls;
- proper practices have not been observed in the compilation of the financial statements; or
- the NHS foundation trust has not made proper arrangements for securing economy, efficiency and effectiveness in its use of resources.

### **Certificate**

We certify that we have completed the audit of the accounts in accordance with the requirements of Chapter 5 of Part 2 of the National Health Service Act 2006 and the Audit Code for NHS Foundation Trusts.



Paul Thomson (Senior Statutory Auditor)  
For and on behalf of Deloitte LLP  
Chartered Accountants and Statutory Auditor  
Leeds, UK  
Date: 24 May 2013

**STATEMENT OF COMPREHENSIVE INCOME FOR THE YEAR ENDED  
31 March 2013**

		<b>Year Ended 31 March 2013 £000</b>	<b>Year Ended 31 March 2012 £000</b>
	<b>note</b>		
<b>Revenue</b>			
Operating Income from continuing operations	5	232,446	231,055
Operating Expenses of continuing operations	6	(224,981)	(223,465)
<b>Operating surplus / (deficit)</b>		<b>7,465</b>	<b>7,590</b>
<b>Finance costs:</b>			
Finance income	10	374	273
PDC Dividends payable		(1,538)	(1,522)
<b>NET FINANCE COSTS</b>		<b>(1,164)</b>	<b>(1,249)</b>
Movement in fair value of investment property and other investments	15	(256)	(21)
<b>Surplus/(Deficit) from continuing operations</b>		<b>6,045</b>	<b>6,320</b>
<b>SURPLUS/(DEFICIT) FOR THE YEAR</b>		<b>6,045</b>	<b>6,320</b>
<b>TOTAL COMPREHENSIVE INCOME / (EXPENSE) FOR THE YEAR</b>		<b>6,045</b>	<b>6,320</b>

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

**STATEMENT OF FINANCIAL POSITION**

**31 March 2013**

**31 March 2012**

	<b>note</b>	<b>£000</b>	<b>£000</b>
<b>Non-current assets</b>			
Intangible assets	13	457	81
Property, plant and equipment	14	68,333	63,178
Investment Property	15	410	801
<b>Total non-current assets</b>		<b>69,200</b>	<b>64,060</b>
<b>Current assets</b>			
Inventories	19	560	531
Trade and other receivables	20	4,718	5,323
Cash and cash equivalents	21	29,855	26,978
<b>Total current assets</b>		<b>35,133</b>	<b>32,832</b>
<b>Current liabilities</b>			
Trade and other payables	22	20,146	21,655
Provisions	25	4,575	2,430
Other liabilities	22	787	419
<b>Total current liabilities</b>		<b>25,508</b>	<b>24,504</b>
<b>Total assets less current liabilities</b>		<b>78,825</b>	<b>72,388</b>
<b>Non-current liabilities</b>			
Provisions	25	3,495	3,103
Other liabilities	22	0	0
<b>Total non-current liabilities</b>		<b>3,495</b>	<b>3,103</b>
<b>Total assets employed</b>		<b>75,330</b>	<b>69,285</b>
<b>Financed by (taxpayers' equity)</b>			
Public Dividend Capital		41,991	41,991
Revaluation reserve	27	7,261	7,282
Donated Asset Reserve		0	0
Other reserves		5,220	5,220
Income and expenditure reserve		20,858	14,792
<b>Total taxpayers' equity</b>		<b>75,330</b>	<b>69,285</b>



.....Chief Executive.....

23-May-13

**STATEMENT OF CHANGES IN TAXPAYERS' EQUITY**

	<b>Total</b>	<b>Public</b>	<b>Revaluation</b>	<b>Donated</b>	<b>Other</b>	<b>Income and</b>
	<b>£000</b>	<b>Dividend</b>	<b>Reserve</b>	<b>Assets</b>	<b>Reserves</b>	<b>Expenditure</b>
	<b>£000</b>	<b>Capital</b>	<b>£000</b>	<b>Reserve</b>	<b>£000</b>	<b>Reserve</b>
	<b>£000</b>	<b>£000</b>	<b>£000</b>	<b>£000</b>	<b>£000</b>	<b>£000</b>
<b>At 1 April 2012</b>	<b>69,285</b>	<b>41,991</b>	<b>7,282</b>	<b>0</b>	<b>5,220</b>	<b>14,792</b>
Surplus/(deficit) for the year	<b>6,045</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>6,045</b>
Other reserve movements	<b>0</b>	<b>0</b>	<b>(21)</b>	<b>0</b>	<b>0</b>	<b>21</b>
<b>Taxpayers' Equity at 31 March 2013</b>	<b>75,330</b>	<b>41,991</b>	<b>7,261</b>	<b>0</b>	<b>5,220</b>	<b>20,858</b>

	<b>Total</b>	<b>Public</b>	<b>Revaluation</b>	<b>Donated</b>	<b>Other</b>	<b>Income and</b>
	<b>£000</b>	<b>Dividend</b>	<b>Reserve</b>	<b>Assets</b>	<b>Reserves</b>	<b>Expenditure</b>
	<b>£000</b>	<b>Capital</b>	<b>£000</b>	<b>Reserve</b>	<b>£000</b>	<b>Reserve</b>
	<b>£000</b>	<b>£000</b>	<b>£000</b>	<b>£000</b>	<b>£000</b>	<b>£000</b>
<b>At 1 April 2011</b>	<b>62,965</b>	<b>41,991</b>	<b>7,604</b>	<b>0</b>	<b>5,220</b>	<b>8,150</b>
Surplus/(deficit) for the year	<b>6,320</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>6,320</b>
Other reserve movements	<b>0</b>	<b>0</b>	<b>(322)</b>	<b>0</b>	<b>0</b>	<b>322</b>
<b>Taxpayers' Equity at 31 March 2012</b>	<b>69,285</b>	<b>41,991</b>	<b>7,282</b>	<b>0</b>	<b>5,220</b>	<b>14,792</b>

**STATEMENT OF CASH FLOWS FOR THE YEAR ENDED  
31 March 2013**

		<b>Year Ended 31 March 2013</b>	<b>Year Ended 31 March 2012</b>
	<b>note</b>	<b>£000</b>	<b>£000</b>
<b>Cash flows from operating activities</b>			
Operating surplus/(deficit) from continuing operations		7,465	7,590
<b>Operating surplus/(deficit)</b>		<b>7,465</b>	<b>7,590</b>
<b>Non-cash income and expense:</b>			
Depreciation and amortisation	6	2,944	2,502
Impairments	6	0	0
(Gain)/Loss on Disposal	6	0	4
(Increase)/Decrease in Trade and Other Receivables	20	634	(2,849)
(Increase)/Decrease in Inventories	19	(29)	(482)
Increase/(Decrease) in Trade and Other Payables	22	(513)	10,388
Increase/(Decrease) in Other Liabilities	22	368	(119)
Increase/(Decrease) in Provisions	25	2,537	1,996
<b>NET CASH GENERATED FROM/(USED IN) OPERATIONS</b>		<b>13,406</b>	<b>19,030</b>
<b>Cash flows from investing activities</b>			
Interest received		374	273
Purchase of intangible assets		(303)	(42)
Purchase of Property, Plant and Equipment		(9,168)	(8,879)
Sale of Investment Property		135	0
<b>Net cash generated from/(used in) investing activities</b>		<b>(8,962)</b>	<b>(8,648)</b>
<b>Cash flows from financing activities</b>			
PDC Dividend paid		(1,567)	(1,622)
<b>Net cash generated from/(used in) financing activities</b>		<b>(1,567)</b>	<b>(1,622)</b>
<b>Increase/(decrease) in cash and cash equivalents</b>		<b>2,877</b>	<b>8,760</b>
<b>Cash and Cash equivalents at start of period</b>		<b>26,978</b>	<b>18,218</b>
<b>Cash and Cash equivalents at 31 March</b>		<b>29,855</b>	<b>26,978</b>

## Notes to the Accounts - 1. Accounting Policies

### 1 Accounting Policies

Monitor has directed that the financial statements of NHS Foundation Trusts shall meet the accounting requirements of the NHS Foundation Trust Annual Reporting Manual which shall be agreed with HM Treasury. Consequently, the following financial statements have been prepared in accordance with the NHS Foundation Trust Annual Reporting Manual 2012/13 issued by Monitor. The accounting policies contained in that manual follow International Financial Reporting Standards (IFRS) and HM Treasury's Financial Reporting Manual to the extent that they are meaningful and appropriate to NHS Foundation Trusts. The accounting policies have been applied consistently in dealing with items considered material in relation to the accounts.

#### 1.1 Accounting convention

These accounts have been prepared under the historical cost convention modified to account for the revaluation of property, plant and equipment, intangible assets, inventories and certain financial assets and financial liabilities.

#### 1.2 Acquisitions and discontinued operations

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

#### 1.3 Critical accounting judgements and key sources of estimation uncertainty

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

##### 1.3.1 Critical judgements in applying accounting policies

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

The Trust applies estimates for the pension provision and injury provision based on average life expectancy.

The holiday pay accrual is based on an actual data collection at 31/03/13.

The redundancy provision is based on detailed working papers and review as linked to the Trust CIP programme.

The value of property plant and equipment is reviewed each year by an appropriately qualified independent party. Based upon this review the Trust considered whether or not there is evidence that a material change in valuation has occurred and, in which case, a full valuation is required. For the purposes of making this judgement the Trust has set a threshold of 10% of the total value as the trigger point for a full revaluation.

The Trust discloses the critical judgements made by the Trust's management as required by IAS 1.113.

##### 1.3.2 Key sources of estimation uncertainty

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

For 2012 / 2013 no key assumptions have been made, or are required, as to future estimation uncertainty further than those already declared in their separate notes.

Information about the key assumptions for the Trust is disclosed, as required by IAS 1.116. Disclosures includes the nature of the assumption and the carrying amount of the asset/liability at the end of the reporting period and may include sensitivity of the carrying amount to the assumptions, expected resolution of uncertainty and range of possible outcomes within the next financial year, and an explanation of changes to past assumptions if the uncertainty remains unresolved.

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

### 1.4 Revenue

The main source of revenue for the Trust is from Primary Care Trusts, which are government funded commissioners of NHS health and patient care. Revenue is recognised in the period in which services are provided.

Where income is received for a specific activity that is to be delivered in the following year, that income is deferred.

### 1.5 Expenditure on employee benefits

#### Short-term employee benefits

Salaries, wages and employment-related payments are recognised in the period in which the service is received from employees. The cost of leave earned but not taken by employees at the end of the period is recognised in the financial statements to the extent that employees are permitted to carry forward leave into the following period.

#### Retirement benefit costs

Past and present employees are covered by the provisions of the NHS Pensions Scheme. The scheme is an unfunded, defined benefit scheme that covers NHS employers, General Practices and other bodies, allowed under the direction of the Secretary of State, in England and Wales. The scheme is not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, the scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS body of participating in the scheme is taken as equal to the contributions payable to the scheme for the accounting period.

Employers pension cost contributions are charged to operating expenses as and when they become due.

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

### 1.6 Expenditure on other goods and services

Other operating expenses are recognised when, and to the extent that, the goods or services have been received. They are measured at the fair value of the consideration payable.

Expenditure is recognised in operating expenses except where it results in the creation of a non-current asset such as property, plant and equipment.

### 1.7 Property, plant and equipment

#### Recognition

Property, plant and equipment is capitalised where:

- it is held for use in delivering services or for administrative purposes;
- it is probable that future economic benefits will flow to, or service potential will be supplied to, the Trust;
- it is expected to be used for more than one financial year;
- the cost of the item can be measured reliably; and
- the item has a cost of at least £5,000; or
- Collectively, a number of items have a cost of at least £5,000 and individually have a cost of more than £250, where the assets are functionally interdependent, they had broadly simultaneous purchase dates, are anticipated to have simultaneous disposal dates and are under single managerial control; or
- Items form part of the initial equipping and setting-up cost of a new building, ward or unit, irrespective of their individual or collective cost.

Where a large asset, for example a building, includes a number of components with significantly different asset lives, the components are treated as separate assets and depreciated over their own useful economic lives.



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

### Valuation

All property, plant and equipment are measured initially at cost, representing the cost directly attributable to acquiring or constructing the asset and bringing it to the location and condition necessary for it to be capable of operating in the manner intended by management. All assets are measured subsequently at fair value.

Land and buildings used for the Trust's services or for administrative purposes are stated in the statement of financial position at their revalued amounts, being the fair value at the date of revaluation less any subsequent accumulated depreciation and impairment losses. Revaluations are performed with sufficient regularity to ensure that carrying amounts are not materially different from those that would be determined at the end of the reporting period. Fair values are determined as follows:

- Land and non-specialised buildings – market value for existing use
- Specialised buildings – depreciated replacement cost

There was no revaluation of estate during 2012/13 as the carrying value on the Statement of Financial Position does not differ materially from fair value as assessed by the District Valuer.

Properties in the course of construction for service or administration purposes are carried at cost, less any impairment loss. Cost includes professional fees but not borrowing costs, which are recognised as expenses immediately, as allowed by IAS 23 for assets held at fair value. Assets are revalued and depreciation commences when they are brought into use.

### Depreciation

Freehold land, properties under construction, and assets held for sale are not depreciated.

Otherwise, depreciation and amortisation are charged to write off the costs or valuation of property, plant and equipment and intangible non-current assets, less any residual value, over their estimated useful lives, in a manner that reflects the consumption of economic benefits or service potential of the assets. The estimated useful life of an asset is the period over which the Trust expects to obtain economic benefits or service potential from the asset. This is specific to the Trust and may be shorter than the physical life of the asset itself. Estimated useful lives and residual values are reviewed each year end, with the effect of any changes recognised on a prospective basis. Assets held under finance leases are depreciated over their estimated useful lives or, where shorter, the lease term.

### Revaluation Gains and Losses

An increase arising on revaluation is taken to the revaluation reserve except when it reverses an impairment for the same asset previously recognised in expenditure, in which case it is credited to expenditure to the extent of the decrease previously charged there. A revaluation decrease is recognised as an impairment charged to the revaluation reserve to the extent that there is a balance on the reserve for the asset and, thereafter, to expenditure. Gains and losses recognised in the revaluation reserve are reported as other comprehensive income in the Statement of Comprehensive Income.

### Impairments

At each reporting period end, the Trust checks whether there is any indication that any of its tangible or intangible non-current assets have suffered an impairment loss. If there is indication of an impairment loss, the recoverable amount of the asset is estimated to determine whether there has been a loss and, if so, its amount. Intangible assets not yet available for use are tested for impairment annually.

If there has been an impairment loss, the asset is written down to its recoverable amount, with the loss charged to the revaluation reserve to the extent that there is a balance on the reserve for the asset and, thereafter, to expenditure. Where an impairment loss subsequently reverses, the carrying amount of the asset is increased to the revised estimate of the recoverable amount but capped at the amount that would have been determined had there been no initial impairment loss. The reversal of the impairment loss is credited to expenditure to the extent of the decrease previously charged there and thereafter to the revaluation reserve.

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

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

### Subsequent expenditure

Where subsequent expenditure enhances an asset beyond its original specification, the directly attributable cost is capitalised. Where subsequent expenditure restores the asset to its original specification, the expenditure is capitalised and any existing carrying value of the item replaced is written-out and charged to operating expenses.

### Derecognition (Non-current assets held for sale)

Non-current assets are classified as held for sale if their carrying amount will be recovered principally through a sale transaction rather than through continuing use. This condition is regarded as met when the sale is highly probable, the asset is available for immediate sale in its present condition and management is committed to the sale, an active programme has begun to find a buyer and complete the sale, the asset is being actively marketed at a reasonable price, which is expected to qualify for recognition as a completed sale within one year from the date of classification and the actions needed to complete the plan indicate it is unlikely that the plan will be dropped or significant changes made to it. Non-current assets held for sale are measured at the lower of their previous carrying amount and fair value less costs to sell. Depreciation ceases to be charged and the assets are not revalued, except where the 'fair value less costs to sell' falls below the carrying amount. Assets are de-recognised when all material sale contract conditions have been met. Fair value is open market value including alternative uses.

The profit or loss arising on disposal of an asset is the difference between the sale proceeds and the carrying amount and is recognised in the Statement of Comprehensive Income. On disposal, the balance for the asset on the revaluation reserve is transferred to retained earnings. For donated and government-granted assets, a transfer is made to or from the relevant reserve to the profit/loss on disposal account so that no profit or loss is recognised in income or expenses. The remaining surplus or deficit in the donated asset or government grant reserve is then transferred to retained earnings.

Property, plant and equipment that is to be scrapped or demolished does not qualify for recognition as held for sale. Instead, it is retained as an operational asset and its economic life is adjusted. The asset is de-recognised when it is scrapped or demolished.

## 1.8 Intangible assets

### Recognition

Intangible assets are non-monetary assets without physical substance, which are capable of sale separately from the rest of the Trust's business or which arise from contractual or other legal rights. They are recognised only when it is probable that future economic benefits will flow to, or service potential be provided to, the Trust; where the cost of the asset can be measured reliably, and where the cost is at least £5000.

Internally generated goodwill, brands, mastheads, publishing titles, customer lists and similar items are not capitalised as intangible assets.

Intangible assets acquired separately are initially recognised at fair value. Software that is integral to the operating of hardware, for example an operating system, is capitalised as part of the relevant item of property, plant and equipment. Software that is not integral to the operation of hardware, for example application software, is capitalised as an intangible asset. Expenditure on research is not capitalised: it is recognised as an operating expense in the period in which it is incurred. Internally-generated assets are recognised if, and only if, all of the following have been demonstrated:

- the technical feasibility of completing the intangible asset so that it will be available for use
- the intention to complete the intangible asset and use it
- the ability to sell or use the intangible asset
- how the intangible asset will generate probable future economic benefits or service potential
- the availability of adequate technical, financial and other resources to complete the intangible asset and sell or use it
- the ability to measure reliably the expenditure attributable to the intangible asset during its development

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

### Measurement

Intangible assets are recognised initially at cost, comprising all directly attributable costs needed to create, produce and prepare the asset to the point that it is capable of operating in the manner intended by management.

Subsequently intangible assets are measured at fair value. Revaluations gains and losses and impairments are treated in the same manner as for Property, Plant and Equipment.

Intangible assets held for sale are measured at the lower of their carrying amount or 'fair value less costs to sell'.

### Amortisation

Intangible assets are amortised over their expected useful economic lives in a manner consistent with the consumption of economic or service delivery benefits.

### 1.9 Borrowing Costs

Borrowing costs are recognised as expenses as they are incurred.

### 1.10 Donated, government grant and other grant funded assets

Donated and grant funded property, plant and equipment assets are capitalised at their fair value on receipt. The donation/grant is credited to income at the same time, unless the donor has imposed a condition that the future economic benefits embodied in the grant are to be consumed in a manner specified by the donor, in which case, the donation/grant is deferred within liabilities and is carried forward to future financial years to the extent that the condition has not yet been met.

The donated and grant funded assets are subsequently accounted for in the same manner as other items of property, plant and equipment.

### 1.11 Government grants

Government grants are grants from government bodies other than revenue from NHS bodies for the provision of services. Revenue grants are treated as deferred income initially and credited to income to match the expenditure to which it relates.

### 1.12 Leases

Leases are classified as finance leases when substantially all the risks and rewards of ownership are transferred to the lessee. All other leases are classified as operating leases.

#### The Trust as lessee

Property, plant and equipment held under finance leases are initially recognised, at the inception of the lease, at fair value or, if lower, at the present value of the minimum lease payments, with a matching liability for the lease obligation to the lessor. Lease payments are apportioned between finance charges and reduction of the lease obligation so as to achieve a constant rate on interest on the remaining balance of the liability. Finance charges are recognised in calculating the Trust's surplus/deficit. The asset and liability are recognised at the inception of the lease, and are de-recognised when the liability is discharged, cancelled or expires.

Operating lease payments are recognised as an expense on a straight-line basis over the lease term. Lease incentives are recognised initially as a liability and subsequently as a reduction of rentals on a straight-line basis over the lease term.

Contingent rentals are recognised as an expense in the period in which they are incurred.

Where a lease is for land and buildings, the land and building components are separated. These separate components are assessed as to whether they are operating or finance leases.

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

### The Trust as lessor

Amounts due from lessees under finance leases are recorded as receivables at the amount of the Trust's net investment in the leases. Finance lease income is allocated to accounting periods so as to reflect a constant periodic rate of return on the Trust's net investment outstanding in respect of the leases.

Rental income from operating leases is recognised on a straight-line basis over the term of the lease. Initial direct costs incurred in negotiating and arranging an operating lease are added to the carrying amount of the leased asset and recognised on a straight-line basis over the lease term.

### 1.13 Inventories

Inventories are valued at the lower of cost and net realisable value using the first-in first-out cost formula. This is considered to be a reasonable approximation to fair value due to the high turnover of stocks.

### 1.14 Cash and cash equivalents

Cash is cash in hand and deposits with any financial institution repayable without penalty on notice of not more than 24 hours. Cash equivalents are investments that mature in 3 months or less from the date of acquisition and that are readily convertible to known amounts of cash with insignificant risk of change in value.

In the Statement of Cash Flows, cash and cash equivalents are shown net of bank overdrafts that are repayable on demand and that form an integral part of the Trust's cash management.

### 1.15 Provisions

Provisions are recognised when the Trust has a present legal or constructive obligation as a result of a past event, it is probable that the Trust will be required to settle the obligation, and a reliable estimate can be made of the amount of the obligation. The amount recognised as a provision is the best estimate of the expenditure required to settle the obligation at the end of the reporting period, taking into account the risks and uncertainties. Where a provision is measured using the cash flows estimated to settle the obligation, its carrying amount is the present value of those cash flows using HM Treasury's discount rate of 2.35% in real terms for voluntary early retirement and injury benefit and 2.2% in real terms, for the remaining provisions.

When some or all of the economic benefits required to settle a provision are expected to be recovered from a third party, the receivable is recognised as an asset if it is virtually certain that reimbursements will be received and the amount of the receivable can be measured reliably.

Present obligations arising under onerous contracts are recognised and measured as a provision. An onerous contract is considered to exist where the Trust has a contract under which the unavoidable costs of meeting the obligations under the contract exceed the economic benefits expected to be received under it.

A restructuring provision is recognised when the Trust has developed a detailed formal plan for the restructuring and has raised a valid expectation in those affected that it will carry out the restructuring by starting to implement the plan or announcing its main features to those affected by it. The measurement of a restructuring provision includes only the direct expenditures arising from the restructuring, which are those amounts that are both necessarily entailed by the restructuring and not associated with ongoing activities of the entity.

### 1.16 Clinical negligence costs

The NHS Litigation Authority (NHSLA) operates a risk pooling scheme under which the Trust pays an annual contribution to the NHSLA which in return settles all clinical negligence claims. The contribution is charged to expenditure. Although the NHSLA is administratively responsible for all clinical negligence cases the legal liability remains with the Trust. The total value of clinical negligence provisions carried by the NHSLA on behalf of the Trust is disclosed in the notes to the accounts.

### 1.17 Non-clinical risk pooling

The Trust participates in the Property Expenses Scheme and the Liabilities to Third Parties Scheme. Both are risk pooling schemes under which the Trust pays an annual contribution to the NHS Litigation Authority and, in return, receives assistance with the costs of claims arising. The annual membership contributions, and any excesses payable in respect of particular claims are charged to operating expenses as and when they become due.

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

### 1.18 EU Emissions Trading Scheme

EU Emission Trading Scheme allowances are accounted for as government grant funded intangible assets if they are not expected to be realised within twelve months, and otherwise as other current assets. They are valued at open market value. As the NHS body makes emissions, a provision is recognised with an offsetting transfer from the government grant reserve. The provision is settled on surrender of the allowances. The asset, provision and government grant reserve are valued at fair value at the end of the reporting period.

The Trust is not a member of the EU Emission Trading Scheme in 2012 / 2013.

### 1.19 Contingencies

A contingent liability is a possible obligation that arises from past events and whose existence will be confirmed only by the occurrence or non-occurrence of one or more uncertain future events not wholly within the control of the Trust, or a present obligation that is not recognised because it is not probable that a payment will be required to settle the obligation or the amount of the obligation cannot be measured sufficiently reliably. A contingent liability is disclosed unless the possibility of a payment is remote.

A contingent asset is a possible asset that arises from past events and whose existence will be confirmed by the occurrence or non-occurrence of one or more uncertain future events not wholly within the control of the Trust. A contingent asset is disclosed where an inflow of economic benefits is probable.

Where the time value of money is material, contingencies are disclosed at their present value.

### 1.20 Financial instruments and financial liabilities

#### Recognition

Financial assets and financial liabilities which arise from contracts for the purchase or sale of non-financial items (such as goods or services), which are entered into in accordance with the Trust's normal purchase, sale or usage requirements, are recognised when, and to the extent which, performance occurs i.e. when receipt or delivery of the goods or services is made.

#### De-recognition

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

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

#### Classification and measurement

Financial assets are categorised as loans and receivables.

Financial liabilities are classified as other financial liabilities.

#### Loans and receivables

Loans and receivables are non-derivative financial assets with fixed or determinable payments with are not quoted in an active market. They are included in current assets.

The trust's loans and receivables comprise: cash and cash equivalents, NHS debtors, accrued income and other debtors.

Loans and receivables are recognised initially at fair value, net of transactions costs, and are measured subsequently at amortised cost, using the effective interest method. The effective interest rate is the rate that discounts exactly estimated future cash receipts through the expected life of the financial asset or, when appropriate, a shorter period, to the net carrying amount of the financial asset.

Interest on loans and receivables is calculated using the effective interest method and credited to the Statement of Comprehensive Income.

#### Other financial liabilities

All other financial liabilities are recognised initially at fair value, net of transaction costs incurred, and measured subsequently at amortised cost using the effective interest method. The effective interest rate is the rate that discounts exactly estimated future cash payments through the expected life of the financial liability or, when appropriate, a shorter period, to the net carrying amount of the financial liability.

They are included in current liabilities except for amounts payable more than 12 months after the Statement of Financial Position date, which are classified as long-term liabilities.

Interest on financial liabilities carried at amortised cost is calculated using the effective interest method and charged to Finance Costs. Interest on financial liabilities taken out to finance property, plant and equipment or intangible assets is not capitalised as part of the cost of those assets.

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

### Impairment of financial assets

At the Statement of Financial Position date, the trust assesses whether any financial assets are impaired. Financial assets are impaired and impairment losses are recognised if, and only if, there is objective evidence of impairment as a result of one or more events which occurred after the initial recognition of the asset and which has an impact on the estimated future cash flows of the asset.

For financial assets carried at amortised cost, the amount of the impairment loss is measured as the difference between the asset's carrying amount and the present value of the revised future cash flows discounted at the asset's original effective interest rate. The loss is recognised in the Statement of Comprehensive Income and the carrying amount of the asset is reduced through the use of a bad debt provision.

Financial assets (Non NHS debtors) in excess of 90 past due date are provided for in full through use of the bad debt provision. Any financial asset deemed irrecoverable and not already provided for is written down directly.

### 1.21 Value Added Tax

Most of the activities of the Trust are outside the scope of VAT and, in general, output tax does not apply and input tax on purchases is not recoverable. Irrecoverable VAT is charged to the relevant expenditure category or included in the capitalised purchase cost of fixed assets. Where output tax is charged or input VAT is recoverable, the amounts are stated net of VAT.

### 1.22 Foreign Exchange

The Trust's functional currency and presentational currency is sterling. Transactions denominated in a foreign currency are translated into sterling at the exchange rate ruling on the dates of the transactions. At the end of the reporting period, monetary items denominated in foreign currencies are retranslated at the spot exchange rate on 31 March. Resulting exchange gains and losses for either of these are recognised in the Trust's surplus/deficit in the period in which they arise.

Non-monetary assets and liabilities measured at historical cost are translated using the spot exchange rate at the date of transaction. Non-monetary assets and liabilities measured at fair value are translated using the spot exchange rate at the date the fair value was determined. Exchange gains or losses on non-monetary assets and liabilities are recognised in the same manner as other gains and losses on these items.

The Trust has no non-monetary assets and liabilities as at 31 March 2013.

### 1.23 Third party assets

Assets belonging to third parties (such as money held on behalf of patients) are not recognised in the accounts since the Trust has no beneficial interest in them. Details of third party assets are given in Note 21 to the accounts.

### 1.24 Public Dividend Capital (PDC) and PDC dividend

Public dividend capital (PDC) is a type of public sector equity finance based on the excess of assets over liabilities at the time of establishment of the predecessor NHS trust. HM Treasury has determined that PDC is not a financial instrument within the meaning of IAS 32.

A charge, reflecting the cost of capital utilised by the NHS foundation trust, is payable as public dividend capital dividend. The charge is calculated at the rate set by HM Treasury (currently 3.5%) on the average relevant net assets of the NHS foundation trust during the financial year. Relevant net assets are calculated as the value of all assets less the value of all liabilities, except for (i) donated assets, (ii) net cash balances held with the Government Banking Services (GBS), excluding cash balances held in GBS accounts that relate to a short-term working capital facility, and (iii) any PDC dividend balance receivable or payable. In accordance with the requirements laid down by the Department of Health (as the issuer of PDC), the dividend for the year is calculated on the actual average relevant net assets as set out in the 'pre-audit' version of the annual accounts. The dividend thus calculated is not revised should any adjustment to net assets occur as a result the audit of the annual accounts.

### 1.25 Taxpayers Equity - Other Reserve

The Other Reserve within tax payers equity was created as part of the Trust's predecessor organisation, South West Yorkshire Mental Health NHS Trust, in 2002. This has remained following authorisation of South West Yorkshire Partnerships NHS Foundation Trust in 2009 by Monitor.

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

### 1.26 Losses and Special Payments

Losses and special payments are items that Parliament would not have contemplated when it agreed funds for the health service or passed legislation. By their nature they are items that ideally should not arise. They are therefore subject to special control procedures compared with the generality of payments. They are divided into different categories, which govern the way that individual cases are handled.

Losses and special payments are charged to the relevant functional headings in expenditure on an accruals basis, including losses which would have been made good through insurance cover had NHS Foundation Trusts not been bearing their own risks (with insurance premiums then being included as normal revenue expenditure). However, the note on losses and special payments is compiled directly from the losses and compensations register which reports amounts on an accruals basis with the exception of provisions for future losses.

### 1.27 Consolidation

#### Subsidiaries

Material entities over which the Trust has the power to exercise control so as to obtain economic or other benefits are classified as subsidiaries and are consolidated. Their income and expenses; gains and losses; assets, liabilities and reserves; and cash flows are consolidated in full into the appropriate financial statement lines. Appropriate adjustments are made on consolidation where the subsidiary's accounting policies are not aligned with the Trust's or where the subsidiary's accounting date is before 1 January or after 30 June.

Subsidiaries that are classified as 'held for sale' are measured at the lower of their carrying amount or 'fair value less costs to sell'.

For 2012/13, in accordance with the directed accounting policy from the Secretary of State, the Trust does not consolidate the NHS charitable funds for which it is the corporate trustee.

#### Associates

Material entities over which the Trust has the power to exercise significant influence so as to obtain economic or other benefits are classified as associates and are recognised in the Trust's accounts using the equity method. The investment is recognised initially at cost and is adjusted subsequently to reflect the Trust's share of the entity's profit/loss and other gains/losses. It is also reduced when any distribution is received by the Trust from the entity.

Associates that are classified as 'held for sale' are measured at the lower of their carrying amount or 'fair value less costs to sell'.

#### Joint ventures

Material entities over which the Trust has joint control with one or more other parties so as to obtain economic or other benefits are classified as joint ventures. Joint ventures are accounted for by equity method.

Joint ventures that are classified as 'held for sale' are measured at the lower of their carrying amount or 'fair value less costs to sell'.

#### Joint operations

Joint operations are activities undertaken by the Trust in conjunction with one or more other parties but which are not performed through a separate entity. The Trust records its share of the income and expenditure; gains and losses; assets and liabilities; and cashflows.

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

**1.28 Accounting standards and amendments issued but not yet adopted**

The following standards and updates have been published by the International Accounting Standards Board adopted but are not required to be followed until after the current reporting period.

IFRS 7 Financial Instruments: Disclosures - amendment

IFRS 9 Financial Instruments

IFRS 10 Consolidated Financial Statements

IFRS 11 Joint Arrangements

IFRS 12 Disclosure of Interests in Other Entities

IFRS 13 Fair Value Measurement

IAS 12 Income Taxes amendment

IAS 1 Presentation of financial statements, on other comprehensive income (OCI)

IAS 27 Separate Financial Statements

IAS 28 Associates and joint ventures

IAS 19 Employee Benefits

IAS 32 Financial Instruments: Presentation - amendment

IPSAS 32 - Service Concession Arrangement

**1.29 Transfers of financial assets**

There were none at the time these accounts were prepared.

**1.3 Going Concern**

These accounts are prepared on a going concern basis. (Note 37) The detail behind this assumption is included in the notes to the accounts.



## 2. Pooled budget

The Trust has no pooled budgets.

## 3. Operating segments

The Trust has a single operating segment, Healthcare.

## 4. Income generation activities

The Trust does not undertake any significant income generation activities.

## 5 OPERATING INCOME

5.1 OPERATING INCOME (by classification)	Year Ended 31 March 2013	Year Ended 31 March 2012
	Total £000	Total £000
<b>Income from Activities</b>		
Block Contract income - Mental Health Services	159,632	155,044
Income from PCTs - Community Services	45,429	47,917
Income not from PCTs - Community Services	13,137	15,351
Other non-protected clinical income	1,102	1,049
<b>Total income from activities</b>	<b>219,300</b>	<b>219,361</b>
<b>Other operating income</b>		
Research and development	241	160
Education and training	2,428	2,229
Other	7,328	5,756
Income in respect of staff costs where accounted on gross basis	3,149	3,549
<b>Total other operating income</b>	<b>13,146</b>	<b>11,694</b>
<b>TOTAL OPERATING INCOME</b>	<b>232,446</b>	<b>231,055</b>

### 5.2 Private patient income

The statutory limitation on private patient income in section 44 of the 2006 Act was repealed with effect from 1st October 2012 by the Health and Social Care Act 2012. From 2012/13 there is no longer a requirement to disclose this information.

### 5.3 Non-NHS Income

Income from the provision of goods and services for Non-NHS purposes is £2,568k (£1,911 in 2011/12), This is 1.11% of total Trust income (0.83% in 2011/12).

### 5.4 Operating lease income

The Trust earned no income from operating leases in 2012/13 or in 2011/12.

5.5 OPERATING INCOME (by type)	Year Ended 31 March 2013	Year Ended 31 March 2012
	Total £000	Total £000
<b>Income from activities</b>		
NHS Foundation Trusts	(17)	36
NHS Trusts	3	37
Strategic Health Authorities	280	66
Primary Care Trusts	204,256	202,460
Local Authorities	13,384	15,155
Department of Health - other	138	146
Non NHS: Other	1,256	1,461
<b>Total income from activities</b>	<b>219,300</b>	<b>219,361</b>
<b>Other operating income</b>		
Research and development	241	160
Education and training	2,428	2,229
Other	7,328	5,756
Income in respect of staff costs where accounted on gross basis	3,149	3,549
<b>Total other operating income</b>	<b>13,146</b>	<b>11,694</b>
<b>TOTAL OPERATING INCOME</b>	<b>232,446</b>	<b>231,055</b>

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

## 6 Operating Expenses

<b>6.1 Operating Expenses</b>	<b>Year Ended 31 March 2013 £000</b>	<b>Year Ended 31 March 2012 £000</b>
Services from NHS Foundation Trusts	(1)	0
Services from NHS Trusts	0	1
Services from PCTs	0	0
Purchase of healthcare from non NHS bodies	2,890	2,836
Employee Expenses - Executive directors	1,415	1,506
Employee Expenses - Non-executive directors	124	135
Employee Expenses - Staff	165,705	166,642
Supplies and services - clinical (excluding drug costs)	4,045	3,557
Supplies and services - general	5,480	5,542
Establishment	6,805	7,228
Research and development	8	(29)
Transport	1,212	1,334
Premises	14,374	14,856
Increase / (decrease) in provision for impairment of receivab	33	73
Inventories written down (net, including inventory drugs)	0	0
Drug Costs (non inventory drugs only)	779	1,079
Inventories consumed (excluding drugs)	660	197
Drug Inventories consumed	2,795	2,998
Rentals under operating leases - minimum lease payments	7,033	5,762
Depreciation on property, plant and equipment	2,890	2,449
Amortisation on intangible assets	54	53
Impairments of property, plant and equipment	0	0
Audit services- statutory audit	68	77
Other auditor remuneration	84	85
Clinical negligence	328	333
Loss on disposal of other property, plant and equipment	0	4
Legal fees	367	260
Consultancy costs	1,689	504
Training, courses and conferences	1,131	1,353
Patient travel	25	23
Car parking & Security	7	162
Redundancy	2,834	2,837
Early retirements	96	70
Hospitality	99	103
Publishing	157	96
Insurance	165	262
Other services, eg external payroll	6	1
Losses, ex gratia & special payments	6	(95)
Other	1,618	1,171
<b>Total Operating Expenses</b>	<b>224,981</b>	<b>223,465</b>

## 6.2 Auditor Liability

There is no limitation on the Auditors Liability in 2012/13 or in 2011/12.

## 6.3 The late payment of commercial debts (interest) Act 1998

There were no late payments of commercial debts in 2012/13 or in 2011/12.

## 6.4 Discontinued operations

The Trust had no discontinued operations during the period.

## 6.5 Corporation Tax

The Trust had no Corporation Tax expense during the period.

## 7. Employee costs and numbers

### 7.1 Employee costs

	Year Ended 31 March 2013		
	Total	Permanently Employed	Other
	£000	£000	£000
Salaries and wages	138,478	122,345	16,133
Social Security Costs	9,592	8,660	932
Pension costs - defined contribution plans			
Employers contributions to NHS Pensions	16,112	15,218	894
Termination benefits	2,834	2,834	0
Agency/contract staff	3,127	0	3,127
<b>Employee benefits expense</b>	<b>170,143</b>	<b>149,057</b>	<b>21,086</b>
Of which are capitalised as part of assets	190	190	0
<b>Total Employee benefits excl. capitalised costs</b>	<b>169,953</b>	<b>148,867</b>	<b>21,086</b>

	Year Ended 31 March 2012		
	Total	Permanently Employed	Other
	£000	£000	£000
Salaries and wages	138,283	121,922	16,361
Social Security Costs	9,575	8,742	833
Pension costs - defined contribution plans			
Employers contributions to NHS Pensions	16,105	15,299	806
Termination benefits	2,837	2,837	0
Agency/contract staff	4,450	0	4,450
<b>Employee benefits expense</b>	<b>171,250</b>	<b>148,800</b>	<b>22,450</b>
Of which are capitalised as part of assets	195	195	0
<b>Total Employee benefits excl. capitalised costs</b>	<b>171,055</b>	<b>148,605</b>	<b>22,450</b>

The board has approved a cost saving programme which will result in approximately 70 posts being made redundant (39 posts in 2012/13). The total redundancy cost provided for in 2012/13 is £5,433k (£3,770k in 2011/12).

As included within the salaries and wages information above, the Trust made payments in 2012/13 of greater than £100k to the following staff groups:

	Year Ended 31 March 2013	Year Ended 31 March 2012
Consultant	46	38
Middle Grade Doctor	6	11
Director / Chief Executive	6	5
<b>Total</b>	<b>58</b>	<b>54</b>

## 7. Employee costs and numbers (continued)

### 7.2 Average number of people employed

	Year Ended 31 March 2013		
	Total Number	Permanently Employed Number	Other Number
Medical and dental	181	124	57
Administration and estates	853	791	62
Healthcare assistants and other support staff	969	928	41
Nursing, midwifery and health visiting staff	1,429	1,395	34
Scientific, therapeutic and technical staff	683	625	58
Social care staff	57	0	57
Bank and agency staff	230	0	230
<b>Total</b>	<b>4,402</b>	<b>3,863</b>	<b>539</b>
Of which are engaged on capital projects	<b>3</b>	<b>3</b>	<b>0</b>

	Year Ended 31 March 2012		
	Total Number	Permanently Employed Number	Other Number
Medical and dental	170	115	55
Administration and estates	863	774	89
Healthcare assistants and other support staff	1,015	978	37
Nursing, midwifery and health visiting staff	1,422	1,366	56
Scientific, therapeutic and technical staff	665	592	73
Social care staff	79	0	79
Bank and agency staff	220	0	220
<b>Total</b>	<b>4,434</b>	<b>3,825</b>	<b>609</b>
Of which are engaged on capital projects	<b>4</b>	<b>4</b>	<b>0</b>

Unit of measure is whole time equivalent (WTE).

### 7.3 Employee benefits

There were no employee benefits in 2012/13 or in 2011/12.

### 7.4 Staff sickness absence

	Year Ended 31 March 2013 Number	Year Ended 31 March 2012 Number
Total days lost (short term)	49,870	30,550
Total staff years	4,186	2,730
Average working days lost	11.9	11.2

This information although based on Trust data is supplied for the accounts by the Department of Health.

The source for disclosure of this information is from the central electronic payroll records held at the Department of Health. The figures quoted are based on a reference period January to December, i.e. for 2012-13 January 2012 - December 2012. The increase in attributable staff numbers in May 2011 due to the transfer of services from NHS Barnsley is only therefore partially reflected in the 2011-12 figures. This means as a comparator the 2011-12 figure is probably understated.

### 7.5 Early retirements due to ill health

During the year there were 5 early retirements from the NHS Foundation Trust agreed on the grounds of ill-health (6 during 2011/12). The estimated additional pension liabilities of these ill-health retirements will be £276k (2011/12 £409k). The cost of these ill-health retirements is borne by the NHS Business Services Authority - Pensions Division.

## 7. Employee costs and numbers (continued)

### 7.6 Staff exit packages

Thirty eight redundancies and one MARs were actioned by the Trust during the accounting period. The details of these are disclosed below.

The exit packages here were made either under nationally agreed arrangements or local arrangements approved by the Remuneration and Terms of Service Committee for which Treasury approval was required.

#### 31 March 2013

Exit package cost band	Number of compulsory redundancies	Number of other departures agreed	Total number of exit packages by cost band
Less than £10,001	13	0	13
£10,001 - £25,000	13	0	13
£25,001 - £50,000	5	0	5
£50,001 - £100,000	5	1	6
£100,001 - £150,000	1	0	1
£150,001 - £200,000	1	0	1
<b>Total number of exit packages by type</b>	<b>38</b>	<b>1</b>	<b>39</b>
<b>Total resource cost (£000's)</b>	<b>1,081</b>	<b>90</b>	<b>1,171</b>

#### 31 March 2012

Exit package cost band	Number of compulsory redundancies	Number of other departures agreed	Total number of exit packages by cost band
Less than £10,001	16	0	16
£10,001 - £25,000	20	0	20
£25,001 - £50,000	5	0	5
£50,001 - £100,000	6	0	6
<b>Total number of exit packages by type</b>	<b>47</b>	<b>0</b>	<b>47</b>
<b>Total resource cost (£000's)</b>	<b>952</b>	<b>0</b>	<b>952</b>

## **8. Pension costs**

Past and present employees are covered by the provisions of the NHS Pensions Scheme. Details of the benefits payable under these provisions can be found on the NHS Pensions website at [www.pensions.nhsbsa.nhs.uk](http://www.pensions.nhsbsa.nhs.uk). The scheme is an unfunded, defined benefit scheme that covers NHS employers, General Practices and other bodies, allowed under the direction of the Secretary of State, in England and Wales. The scheme is not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, the scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS Body of participating in the scheme is taken as equal to the contributions payable to the scheme for the accounting period.

In order that the defined benefit obligations recognised in the financial statements do not differ materially from those that would be determined at the reporting date by a formal actuarial valuation, the FReM requires that "the period between formal valuations shall be four years, with approximate assessments in intervening years". An outline of these follows:

### **a) Accounting valuation**

A valuation of the scheme liability is carried out annually by the scheme actuary as at the end of the reporting period. Actuarial assessments are undertaken in intervening years between formal valuations using updated membership data and are accepted as providing suitably robust figures for financial reporting purposes. The valuation of the scheme liability as at 31 March 2013, is based on the valuation data as 31 March 2012, updated to 31 March 2013 with summary global member and accounting data. In undertaking this actuarial assessment, the methodology prescribed in IAS 19, relevant FReM interpretations, and the discount rate prescribed by HM Treasury have also been used.

The latest assessment of the liabilities of the scheme is contained in the scheme actuary report, which forms part of the annual NHS Pension Scheme (England and Wales) Resource Account, published annually. These accounts can be viewed on the NHS Pensions website. Copies can also be obtained from The Stationery Office.

### **b) Full actuarial (funding) valuation**

The purpose of this valuation is to assess the level of liability in respect of the benefits due under the scheme (taking into account its recent demographic experience), and to recommend the contribution rates.

The last published actuarial valuation undertaken for the NHS Pension Scheme was completed for the year ending 31 March 2004. Consequently, a formal actuarial valuation would have been due for the year ending 31 March 2008. However, formal actuarial valuations for unfunded public service schemes were suspended by HM Treasury on value for money grounds while consideration is given to recent changes to public service pensions, and while future scheme terms are developed as part of the reforms to public service pension provision due in 2015.

The Scheme Regulations were changed to allow contribution rates to be set by the Secretary of State for Health, with the consent of HM Treasury, and consideration of the advice of the Scheme Actuary and appropriate employee and employer representatives as deemed appropriate.

The next formal valuation to be used for funding purposes will be carried out as at 31 March 2012 and will be used to inform the contribution rates to be used from 1 April 2015.

## 8. Pension costs (continued)

### c) Scheme provisions

The NHS Pension Scheme provided defined benefits, which are summarised below. This list is an illustrative guide only, and is not intended to detail all the benefits provided by the Scheme or the specific conditions that must be met before these benefits can be obtained:

The scheme is a "final salary" scheme. Annual pensions are normally based on 1/80th for the 1995 section and of the best of the last three years pensionable pay for each year of service, and 1/60th for the 2008 section of reckonable pay per year of membership. Members who are practitioners as defined by the Scheme Regulations have their annual pensions based upon total pensionable earnings over the relevant pensionable service.

With effect from 1 April 2008 members can choose to give up some of their annual pension for an additional tax free lump sum, up to a maximum amount permitted under HMRC rules. This new provision is known as "pension commutation".

Annual increases are applied to pension payments at rates defined by the Pensions (Increase) Act 1971, and are based on changes in retail prices in the twelve months ending 30 September in the previous calendar year. From 2011-12 the Consumer Price Index (CPI) has been used to replace the Retail Prices Index (RPI).

Early payment of a pension, with enhancement, is available to members of the scheme who are permanently incapable of fulfilling their duties effectively through illness or infirmity. A death gratuity of twice final year's pensionable pay for death in service, and five times their annual pension for death after retirement is payable.

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

Members can purchase additional service in the NHS Scheme and contribute to money purchase AVC's run by the Scheme's approved providers or by other Free Standing Additional Voluntary Contributions (FSAVC) providers.

## 9. Operating leases

### 9.1 As lessee

The Trust has three types of Operating Lease, these are, for Photocopiers, Vehicles and Property. Photocopiers are on an OGC negotiated contract with five year lease terms.

Vehicles are on a PASA NHS master lease agreement with typically three year terms.

Property is on commercial arms length contracts, at the end of the accounting period there were thirty nine lease properties, all with different Landlords. The rental periods range from one to thirteen years.

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

	Year Ended 31 March 2013 £000	Year Ended 31 March 2012 £000
<b>Operating lease payments</b>		
Minimum lease payments	7,033	5,762
	<b>7,033</b>	<b>5,762</b>
<b>Future minimum lease payments due</b>	<b>Year Ended 31 March 2013 £000</b>	<b>Year Ended 31 March 2012 £000</b>
Payable:		
Not later than one year	5,577	7,918
Between one and five years	6,061	11,631
After 5 years	5,722	6,666
Total	<b>17,360</b>	<b>26,215</b>

	Year Ended 31 March 2013	Year Ended 31 March 2012
	£000	£000
Interest on loans and receivables	374	273
<b>Total</b>	<b>374</b>	<b>273</b>

The Trust had no interest on impaired financial assets included in finance income in 2012/13 or in 2011/12.

#### 11. Finance Costs - interest expense

The Trust incurred no finance costs in 2012/13 or in 2011/12.

#### 12. Impairment of assets (PPE & intangibles)

The Trust incurred no impairment of assets (PPE & intangibles) in 2012/13 or in 2011/12.



### 13 Intangible assets

#### 13.1 Intangible assets 2012/13

	Total	Software licences (purchased)
	£000	£000
<b>Gross cost at start of period</b>	<b>398</b>	<b>398</b>
Additions - purchased	303	303
Reclassifications	170	170
<b>Gross Cost at 31 March 2013</b>	<b>871</b>	<b>871</b>
<b>Amortisation at start of period</b>	<b>317</b>	<b>317</b>
Provided during the year	54	54
Reclassifications	43	43
<b>Amortisation at 31 March 2013</b>	<b>414</b>	<b>414</b>
<b>Net book value</b>		
NBV - Purchased at 31 March 2013	457	457
<b>NBV total at 31 March 2013</b>	<b>457</b>	<b>457</b>

#### 13.2 Intangible assets 2011/12

	Total	Software licences (purchased)
	£000	£000
<b>Gross cost at start of period</b>	<b>355</b>	<b>355</b>
Additions - purchased	43	43
<b>Gross Cost at 31 March 2012</b>	<b>398</b>	<b>398</b>
<b>Amortisation at start of period</b>	<b>264</b>	<b>264</b>
Provided during the year	53	53
<b>Amortisation at 31 March 2012</b>	<b>317</b>	<b>317</b>
<b>Net book value</b>		
NBV - Purchased at 31 March 2012	81	81
<b>NBV total at 31 March 2012</b>	<b>81</b>	<b>81</b>

#### 13.3 Intangible assets

Intangible Assets are all purchased software licences and are depreciated over the life of the licence. There has been no revaluation of these assets.  
No intangible Assets were acquired by Government Grant.

#### 13.4 Economic Lives of Intangible Assets

Intangible Assets are depreciated over a maximum life of five years.

#### 14.1 Property, plant and equipment 31 March 2013

	Total	Land	Buildings excluding dwellings	Assets under Construction & POA	Plant & Machinery	Transport Equipment	Information Technology	Furniture & Fittings
	£000	£000	£000	£000	£000	£000	£000	£000
<b>Cost or valuation at start of period</b>	<b>72,182</b>	11,731	49,830	5,668	2,712	181	1,525	535
Additions - purchased	8,172	0	1,656	5,057	960	108	391	0
Reclassifications	(170)	0	428	(428)	(170)	0	0	0
Reclassified as held for sale	0	0	0	0	0	0	0	0
Disposals	(1,160)	0	(1,023)	0	(14)	0	0	(123)
<b>Cost or Valuation at 31 March 2013</b>	<b>79,024</b>	<b>11,731</b>	<b>50,891</b>	<b>10,297</b>	<b>3,488</b>	<b>289</b>	<b>1,916</b>	<b>412</b>

<b>Accumulated depreciation at start of period</b>	<b>9,004</b>	741	5,273	0	1,563	60	1,042	325
Provided during the year	2,890	0	2,508	0	190	25	137	30
Impairments	0	0	0	0	0	0	0	0
Reclassifications	(43)	0	0	0	(43)	0	0	0
Reclassified as held for sale	0	0	0	0	0	0	0	0
Disposals	(1,160)	0	(1,023)	0	(14)	0	0	(123)
<b>Accumulated depreciation at 31 March 2013</b>	<b>10,691</b>	<b>741</b>	<b>6,758</b>	<b>0</b>	<b>1,696</b>	<b>85</b>	<b>1,179</b>	<b>232</b>
<b>Net book value</b>								

#### Net book value at 31 March 2013

NBV - Owned at 31 March 2013	68,333	10,990	44,133	10,297	1,792	204	737	180
NBV - Donated at 31 March 2013	0	0	0	0	0	0	0	0
<b>NBV total at 31 March 2013</b>	<b>68,333</b>	<b>10,990</b>	<b>44,133</b>	<b>10,297</b>	<b>1,792</b>	<b>204</b>	<b>737</b>	<b>180</b>

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

#### NBV of property, plant and equipment in the Revaluation Reserve as at 31 March 2013

	Total	Land	Buildings excluding dwellings	Assets under Construction & POA	Plant & Machinery	Transport Equipment	Information Technology	Furniture & Fittings
	£000	£000	£000	£000	£000	£000	£000	£000
<b>As at 1 April 2012</b>	<b>7,282</b>	1,643	5,613	0	17	1	0	8
movement in year	(21)	0	(21)	0	0	0	0	0
<b>As at 31 March 2013</b>	<b>7,261</b>	<b>1,643</b>	<b>5,592</b>	<b>0</b>	<b>17</b>	<b>1</b>	<b>0</b>	<b>8</b>

#### 14.2 Property, plant and equipment 31 March 2012

	Total	Land	Buildings excluding dwellings	Assets under Construction & POA	Plant & Machinery	Transport Equipment	Information Technology	Furniture & Fittings
	£000	£000	£000	£000	£000	£000	£000	£000
<b>Cost or valuation at start of period</b>	<b>62,381</b>	11,946	45,836	204	2,528	125	1,259	483
Additions - purchased	10,375	0	2,987	6,864	150	56	266	52
Reclassifications	(566)	(215)	1,007	(1,400)	42	0	0	0
Reclassified as held for sale	0	0	0	0	0	0	0	0
Revaluation surpluses	0	0	0	0	0	0	0	0
Disposals	(8)	0	0	0	(8)	0	0	0
<b>Cost or Valuation at 31 March 2012</b>	<b>72,182</b>	<b>11,731</b>	<b>49,830</b>	<b>5,668</b>	<b>2,712</b>	<b>181</b>	<b>1,525</b>	<b>535</b>

<b>Accumulated depreciation at start of period</b>	<b>6,583</b>	741	3,273	0	1,362	42	864	301
Provided during the year	2,449	0	2,024	0	205	18	178	24
Impairments	0	0	0	0	0	0	0	0
Reclassifications	(24)	0	(24)	0	0	0	0	0
Reclassified as held for sale	0	0	0	0	0	0	0	0
Revaluation surpluses	0	0	0	0	0	0	0	0
Disposals	(4)	0	0	0	(4)	0	0	0
<b>Accumulated depreciation at 31 March 2012</b>	<b>9,004</b>	<b>741</b>	<b>5,273</b>	<b>0</b>	<b>1,563</b>	<b>60</b>	<b>1,042</b>	<b>325</b>
<b>Net book value</b>								

#### Net book value at 31 March 2012

NBV - Owned at 31 March 2012	63,178	10,990	44,557	5,668	1,149	121	483	210
NBV - Donated at 31 March 2012	0	0	0	0	0	0	0	0
<b>NBV total at 31 March 2012</b>	<b>63,178</b>	<b>10,990</b>	<b>44,557</b>	<b>5,668</b>	<b>1,149</b>	<b>121</b>	<b>483</b>	<b>210</b>

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

#### NBV of property, plant and equipment in the Revaluation Reserve as at 31 March 2012

	Total	Land	Buildings excluding dwellings	Assets under Construction & POA	Plant & Machinery	Transport Equipment	Information Technology	Furniture & Fittings
	£000	£000	£000	£000	£000	£000	£000	£000
<b>As at 1 April 2011</b>	<b>7,604</b>	1,818	5,760	0	17	1	0	8
movement in year	(322)	(175)	(147)	0	0	0	0	0
<b>As at 31 March 2012</b>	<b>7,282</b>	<b>1,643</b>	<b>5,613</b>	<b>0</b>	<b>17</b>	<b>1</b>	<b>0</b>	<b>8</b>

#### 14.3 Economic Lives of Property, Plant and Equipment

	Min Life Years	Max Life Years
Land	0	0
Buildings excluding dwellings	0	87
Dwellings	0	0
Assets under Construction & POA	0	0
Plant & Machinery	0	10
Transport Equipment	0	7
Information Technology	0	5
Furniture & Fittings	0	8

#### 14.4 Analysis of property, plant and equipment

	Total	Land	Buildings excluding dwellings	Assets under Construction & POA	Plant & Machinery	Transport Equipment	Information Technology	Furniture & Fittings
	£000	£000	£000	£000	£000	£000	£000	£000
<b>Net book value 31 March 2013</b>								
NBV - Protected assets at 31 March 2013	<b>34,964</b>	7,375	27,589	0	0	0	0	0
NBV - Unprotected assets at 31 March 2013	<b>33,369</b>	3,615	16,544	10,297	1,792	204	737	180
<b>Total at 31 March 2013</b>	<b>68,333</b>	<b>10,990</b>	<b>44,133</b>	<b>10,297</b>	<b>1,792</b>	<b>204</b>	<b>737</b>	<b>180</b>

	Total	Land	Buildings excluding dwellings	Assets under Construction & POA	Plant & Machinery	Transport Equipment	Information Technology	Furniture & Fittings
	£000	£000	£000	£000	£000	£000	£000	£000
<b>Net book value 31 March 2012</b>								
NBV - Protected assets at 31 March 2012	<b>34,428</b>	7,375	27,053	0	0	0	0	0
NBV - Unprotected assets at 31 March 2012	<b>28,750</b>	3,615	17,504	5,668	1,149	121	483	210
<b>Total at 31 March 2012</b>	<b>63,178</b>	<b>10,990</b>	<b>44,557</b>	<b>5,668</b>	<b>1,149</b>	<b>121</b>	<b>483</b>	<b>210</b>

#### 14.5 Finance Leases

The Trust holds no finance lease assets.

## 15 Investments

### 15.1 Investments - Carrying Value

	Property* 31 March 2013 £000	Property* 31 March 2012 £000
<b>At Carrying Value</b>		
Balance at Beginning of Period	801	280
Acquisitions/Reclassifications in year	0	542
Movement in fair value (revaluation or impairment)	(256)	(21)
Transfers to/from assets held for sale and assets in disposal groups	(135)	0
<b>Balance at End of Period</b>	<b>410</b>	<b>801</b>

\* The Trust has no other investments.

The Property was revalued using Modern Equivalent Asset methodology. The last valuation was undertaken by the District Valuer as at the 31st of December 2012.

The net loss as a result of the valuation was charged to expenditure.

### 15.2 Investment Property expenses

The Trust incurred £8k on investment property expenses in 2012/13 (£29k in 2011/12). This relates to the refurbishment of a property which was then sold.

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

### 16.1 Non-current assets held for sale

	Investment properties 31 March 2013 £000	Investment properties 31 March 2012 £000
<b>NBV of non-current assets for sale and assets in disposal groups at carrying value</b>	0	0
Plus assets classified as available for sale in the year	135	0
Less assets sold in year	(135)	0
<b>NBV of non-current assets for sale and assets in disposal groups at end of period</b>	<b>0</b>	<b>0</b>

### 16.2 Liabilities in disposal groups

There were no liabilities in disposal groups in 2012/13 or in 2011/12.

## 17. Other assets

There were no other assets in 2012/13 or in 2011/12.

## 18. Other Financial Assets

There were no other financial assets in 2012/13 or in 2011/12.

## 19. Inventories

### 19.1. Inventory Movements

	Total £000	Drugs £000	Other £000
<b>Carrying Value at 1 April 2012</b>	<b>531</b>	<b>68</b>	<b>463</b>
Additions	3,484	2,785	699
Inventories recognised in expenses	(3,455)	(2,795)	(660)
<b>Carrying Value at 31 March 2013</b>	<b>560</b>	<b>58</b>	<b>502</b>
	<b>Total £000</b>	<b>Drugs £000</b>	<b>Other £000</b>
<b>Carrying Value at 1 April 2011</b>	<b>49</b>	<b>49</b>	<b>0</b>
Additions	3,677	3,017	660
Inventories recognised in expenses	(3,195)	(2,998)	(197)
<b>Carrying Value at 31 March 2012</b>	<b>531</b>	<b>68</b>	<b>463</b>

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

## 20. Trade and other receivables

### 20.1 Trade and other receivables

	31 March 2013 £000	31 March 2012 £000
<b>Current</b>		
NHS Receivables	1,431	2,359
Receivables due from NHS charities – Revenue	3	0
Other receivables with related parties	295	390
Provision for impaired receivables	(127)	(94)
Prepayments	1,296	1,230
Accrued income	1,089	466
PDC receivable	140	111
VAT receivable	330	303
Other receivables	261	558
<b>TOTAL CURRENT TRADE AND OTHER RECEIVABLES</b>	<b>4,718</b>	<b>5,323</b>

The Trust had no non current trade and other receivables as at 31 March 2013 (£0 as at 31 March 2012).

### 20.2 Provision for impairment of receivables

	31 March 2013 £000	31 March 2012 £000
<b>Balance at start of period</b>	94	21
Increase in provision	82	92
Amounts utilised	0	0
Unused amounts reversed	(49)	(19)
<b>Balance at 31 March</b>	<b>127</b>	<b>94</b>

The Trust provides for all non NHS receivables over 90 days past their due date and all salary overpayments.

### 20.3 Analysis of impaired receivables

	31 March 2013 £000	31 March 2012 £000
<b>Ageing of impaired receivables</b>		
0 - 30 days	1	6
30-60 Days	6	0
60-90 days	1	0
90- 180 days	8	58
over 180 days	111	30
<b>Total</b>	<b>127</b>	<b>94</b>

### Ageing of non-impaired receivables past their due date

	31 March 2013 £000	31 March 2012 £000
0 - 30 days	620	1,031
30-60 Days	166	77
60-90 days	35	108
90- 180 days	35	246
over 180 days	41	84
<b>Total</b>	<b>897</b>	<b>1,546</b>

### 20.4 Finance lease receivables

South West Yorkshire Partnership NHS Foundation Trust has no finance lease receivables.

### 21. Cash and cash equivalents

	31 March 2013 £000	31 March 2012 £000
<b>Balance at start of period</b>	<b>26,978</b>	<b>18,218</b>
Net change in year	2,877	8,760
<b>Balance at 31 March</b>	<b>29,855</b>	<b>26,978</b>
<b>Broken down into:</b>		
Cash at commercial banks and in hand	85	59
Cash with the Government Banking Service	29,770	26,919
<b>Cash and cash equivalents as in statement of financial position</b>	<b>29,855</b>	<b>26,978</b>
<b>Cash and cash equivalents as in statement of cash flows</b>	<b>29,855</b>	<b>26,978</b>

### Third party assets (Patient Monies) held by the NHS Foundation Trust

	31 March 2013 Bank Balances £000	31 March 2013 Money on Deposit £000
<b>At 1 April</b>	231	185
Gross inflows	835	13
Gross Outflows	(827)	(60)
<b>At 31 March</b>	<b>239</b>	<b>138</b>
	31 March 2012 Bank Balances £000	31 March 2012 Money on Deposit £000
<b>At 1 April</b>	150	162
Gross inflows	823	24
Gross Outflows	(742)	(1)
<b>At 31 March</b>	<b>231</b>	<b>185</b>

This has been excluded from the cash and cash equivalents figure reported in the accounts.

## 22. Trade and other payables

### 22.1 Trade and other payables

	Total 31 March 2013 £000	Total 31 March 2012 £000
<b>Current</b>		
NHS payables - capital	72	0
NHS payables - revenue	353	2,735
Amounts due to other related parties - revenue	2,258	2,386
Other trade payables - capital	1,179	2,247
Other trade payables - revenue	3,751	2,703
Social Security costs	1,754	1,702
Other taxes payable	1,656	1,685
Other payables	92	0
Accruals	9,031	8,197
<b>TOTAL CURRENT TRADE AND OTHER PAYABLES</b>	<b>20,146</b>	<b>21,655</b>

The Trust had no non current trade and other payables as at 31 March 2013 (£0 as at 31 March 2012).

### 22.2 Better Payment Practice Code

Better Payment Practice Code - measure of compliance	31 March 2013 Number	31 March 2013 £000
Total Non-NHS trade invoices paid in the year	40,621	47,661
Total Non NHS trade invoices paid within target	39,289	45,716
Percentage of Non-NHS trade invoices paid within target	<b>97%</b>	<b>96%</b>
Total NHS trade invoices paid in the year	1,367	22,413
Total NHS trade invoices paid within target	1,298	21,833
Percentage of NHS trade invoices paid within target	<b>95%</b>	<b>97%</b>
	<b>31 March 2012 Number</b>	<b>31 March 2012 £000</b>
Total Non-NHS trade invoices paid in the year	35,764	41,431
Total Non NHS trade invoices paid within target	34,073	39,491
Percentage of Non-NHS trade invoices paid within target	<b>95%</b>	<b>95%</b>
Total NHS trade invoices paid in the year	1,479	20,315
Total NHS trade invoices paid within target	1,353	18,753
Percentage of NHS trade invoices paid within target	<b>91%</b>	<b>92%</b>

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 Trust has no early retirement costs included in payables as at 31 March 2013 (£0 as at 31 March 2012).

22.4 Other liabilities	31 March 2013 £000	31 March 2012 £000
<b>Current</b>		
Deferred Income	787	419
<b>TOTAL OTHER CURRENT LIABILITIES</b>	<b>787</b>	<b>419</b>
<b>Non-current</b>		
Deferred Income	0	0
<b>TOTAL OTHER NON CURRENT LIABILITIES</b>	<b>0</b>	<b>0</b>

### 22.5 Other Financial Liabilities

The Trust has no other financial liabilities as at 31 March 2013 (£0 as at 31 March 2012).

### 23. Borrowings

The Trust has no borrowings as at 31 March 2013 (£0 as at 31 March 2012).

### 24. Prudential borrowing limit

The NHS foundation trust is required to comply and remain within a prudential borrowing limit.

This is made up of two elements:

i) the maximum cumulative amount of long-term borrowing. This is set by reference to the four ratio tests set out in Monitor's Prudential Borrowing code. The financial risk rating set under Monitor's Compliance Framework determines one of the ratios and therefore can impact on the long term borrowing limit; and

ii) the amount of a working capital facility approved by Monitor.

Further information of the NHS Foundation Trust Prudential Borrowing Code and Compliance Framework can be found on the website of Monitor, the Independent Regulator of Foundation Trusts.

The Trust has a maximum long term borrowing limit of £45.4m in 2012/13 (£41.2m in 2011/12). The Trust did not make any borrowings in during the year.

The Trust has £9.2m of approved working capital facility. The Trust has not made any drawings against this facility.

	31 March 2013 £000	31 March 2012 £000
Total long term borrowing limit set by Monitor	45,400	41,200
Working capital facility agreed by Monitor	9,200	9,200
<b>Total Prudential Borrowing Limit</b>	<b>54,600</b>	<b>50,400</b>
<b>Long term borrowing at 31 March</b>	<b>0</b>	<b>0</b>
<b>Working capital borrowing at 31 March</b>	<b>0</b>	<b>0</b>



## 25. Provisions

	Current		Non-current	
	31 March 2013	31 March 2012	31 March 2013	31 March 2012
	£000	£000	£000	£000
Pensions relating to other staff	54	52	584	559
Legal claims	35	30	696	328
Equal Pay	6	0	0	180
Redundancy	3,933	2,312	1,500	1,458
Other				
Injury Benefit	47	36	715	578
Other	500	0		
<b>Total</b>	<b>4,575</b>	<b>2,430</b>	<b>3,495</b>	<b>3,103</b>

	Total	Pensions relating to other staff	Legal claims	Equal Pay	Redundancy	Other
	£000	£000	£000	£000	£000	£000
At start of period	5,533	611	358	180	3,770	614
Change in the discount rate	89	20	0	0	0	69
Arising during the year	4,823	63	475	0	3,644	641
Utilised during the year (accruals)	(29)	(14)	0	0	0	(15)
Utilised during the year (cash)	(1,338)	(42)	(67)	(11)	(1,171)	(47)
Reversed unused	(1,008)	0	(35)	(163)	(810)	0
<b>At 31 March 2013</b>	<b>8,070</b>	<b>638</b>	<b>731</b>	<b>6</b>	<b>5,433</b>	<b>1,262</b>
<b>Expected timing of cash flows:</b>						
Not later than one year;	4,575	54	35	6	3,933	547
Later than one year and not later than five years;	2,581	206	696	0	1,500	179
Later than five years.	914	378	0	0	(0)	536
<b>Total</b>	<b>8,070</b>	<b>638</b>	<b>731</b>	<b>6</b>	<b>5,433</b>	<b>1,262</b>

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 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.

Redundancy - This provision, totalling £5.4m, relates to approximately 70 posts during 2013 / 2014 and further redundancies during 2014 / 2015. These both form an integral part of the Trust Cost Improvement Programme.

Legal claims - these provisions relate to public and employers 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 the NHS is not presently making a provision in terms 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 £500k provision has been made in relation to the Trusts liability for a proportion of the demolition costs of St Luke's Hospital site which the Trust previously occupied.

£1,046K is included in the provisions of the NHS Litigation Authority at 31 March 2013 (£770k at 31 March 2012) in respect of clinical negligence liabilities of the NHS Trust.

## 26. Contingencies

### 26.1 Contingent liabilities

The Trust has no contingent liabilities as at 31 March 2013 (£0 as at 31 March 2012).

### 26.2 Contingent assets

The Trust has 1 contingent asset as at 31 March 2013 (£0 as at 31 March 2012).

	<b>Total Revaluation Reserve</b>	<b>Revaluation Reserve - property, plant and equipment</b>
	<b>£000</b>	<b>£000</b>
<b>27. Revaluation reserve</b>		
<b>As at 1 April 2012</b>	<b>7,282</b>	<b>7,282</b>
Asset disposals	0	0
Other reserve movements	(21)	(21)
<b>Revaluation reserve at 31 March 2013</b>	<b>7,261</b>	<b>7,261</b>
	<b>£000</b>	<b>£000</b>
<b>As at 1 April 2011</b>	<b>7,604</b>	<b>7,604</b>
Revaluations	0	0
Other reserve movements	(322)	(322)
<b>Revaluation reserve at 31 March 2012</b>	<b>7,282</b>	<b>7,282</b>

## 28. Finance lease obligations

South West Yorkshire Partnership NHS Foundation Trust has no finance lease obligations.

## 29. Finance lease commitments

South West Yorkshire Partnership NHS Foundation Trust has not entered into any new finance leases during the period.

## 30 Capital commitments

Contracted capital commitments at the period end not otherwise included in these financial statements:

	<b>31 March 2013 £000</b>	<b>31 March 2012 £000</b>
Property, plant and equipment	2,195	6,750
Intangible assets	0	0
<b>Total</b>	<b>2,195</b>	<b>6,750</b>

### 31. Financial Instruments

#### 31.1 Financial assets

	<b>Total £000</b>	<b>Loans and receivables £000</b>
<b>Assets as per SoFP</b>		
NHS trade and other receivables excluding non financial assets (at 31 March 2013)	<b>1,431</b>	1,431
Non NHS trade and other receivables excluding non financial assets (at 31 March 2013)	<b>902</b>	902
Cash and cash equivalents (at bank and in hand at 31 March 2013)	<b>29,855</b>	29,855
<b>Total at 31 March 2013</b>	<b>32,188</b>	<b>32,188</b>
NHS trade and other receivables excluding non financial assets (at 31 March 2012)	<b>2,359</b>	2,359
Non NHS trade and other receivables excluding non financial assets (at 31 March 2012)	<b>1,268</b>	1,268
Cash and cash equivalents (at bank and in hand at 31 March 2012)	<b>26,978</b>	26,978
<b>Total at 31 March 2012</b>	<b>30,605</b>	<b>30,605</b>

#### 31.2 Financial liabilities

	<b>Total £000</b>	<b>Other financial liabilities £000</b>
<b>Liabilities as per SoFP</b>		
NHS trade and other payables excluding non financial assets (31 March 2013)	<b>425</b>	425
Non-NHS Trade and other payables excluding non financial assets (at 31 March 2013)	<b>19,721</b>	19,721
Provisions under contract (at 31 March 2013)	<b>8,070</b>	8,070
<b>Total at 31 March 2013</b>	<b>28,216</b>	<b>28,216</b>
NHS trade and other payables excluding non financial assets (31 March 2012)	<b>2,833</b>	2,833
Non NHS trade and other payables excluding non financial assets (31 March 2012)	<b>18,822</b>	18,822
Provisions under contract (at 31 March 2012)	<b>5,533</b>	5,533
<b>Total at 31 March 2012</b>	<b>27,188</b>	<b>27,188</b>

#### 31.3 Maturity of Financial liabilities

	<b>31 March 2013 £000</b>	<b>31 March 2012 £000</b>
In one year or less	24,721	24,085
In more than one year but not more than two years	885	1,815
In more than two years but not more than five years	1,696	471
In more than five years	914	817
<b>Total</b>	<b>28,216</b>	<b>27,188</b>

## **32. Financial risk management**

Financial reporting standard IFRS 7 requires disclosure of the role that financial instruments have had during the period in creating or changing the risks a body faces in undertaking its activities. Because of the continuing service provider relationship that the Trust has with primary care trusts and the way those primary care trusts are financed, the Trust is not exposed to the degree of financial risk faced by business entities. Also financial instruments play a much more limited role in creating or changing risk than would be typical of listed companies, to which the financial reporting standards mainly apply. The Trust has limited powers to borrow or invest surplus funds and financial assets and liabilities are generated by day-to-day operational activities rather than being held to change the risks facing the Trust in undertaking its activities.

The Trust's treasury management operations are carried out by the finance department, within parameters defined formally within the Trust's standing financial instructions and policies agreed by the board of directors. Trust treasury activity is subject to review by the Trust's internal auditors.

### **Currency risk**

The Trust is principally a domestic organisation with the great majority of transactions, assets and liabilities being in the UK and sterling based. The Trust has no overseas operations. The Trust therefore has negligible exposure to currency rate fluctuations.

### **Interest rate risk**

The Trust currently has no long term borrowing. The Trust has a working capital facility of £9.2m with Barclays Bank, with a cost of £32k per annum for the facility. The Trust has not drawn down on this facility in the current period.

### **Credit risk**

Because the majority of the Trust's income comes from contracts with other public sector bodies, the Trust has low exposure to credit risk. The maximum exposures as at 31 March 2013 are in receivables from customers, as disclosed in the Trade and other receivables note.

### **Liquidity risk**

The Trust's operating costs are incurred under contracts with primary care trusts, which are financed from resources voted annually by Parliament. The Trust funds its capital expenditure from internally generated resources; future capital expenditure will be funded in the same way or from funds obtained within its prudential borrowing limit. The Trust is not, therefore, exposed to significant liquidity risks.

## **33. Events after the reporting period**

On the 1st April 2013, Estate will transfer to the Trust from NHS Barnsley relating to the Transforming Community Services transaction in 2011. This transaction has been ratified by Monitor and the Trust Board. The current estimate, based upon independent valuation, is £41.9m.

## **34. Private Finance Initiative contracts**

South West Yorkshire Partnership NHS Foundation Trust has no Private Finance Initiative Contracts.

### 35. Related party transactions

During the year none of the Board Members or members of the key management staff or parties related to them has undertaken any material transactions with South West Yorkshire Partnership NHS Foundation Trust.

Steven Michael, Chief Executive. Member of Huddersfield University Business School Advisory Board, member of Leeds University International Fellowship Scheme, trustee Spectrum People, NHS Confederation selected Chief Executive representative, Mental Health Network Board and partner, NHS Interim Management and Support.

Ian Black, Chair of the Trust is a Non-Executive Director of Benenden Healthcare (mutual), Mackeith Press Ltd, Scope (Trustee and Treasurer), Seedrs (with small shareholding), Governor at Beaumont College, Lancaster, Chair, Family Fund and has a private shareholding in Lloyds Banking Group PLC (retired member of staff).

Alex Farrell, Deputy Chief Executive/Director of Finance: Spouse is general practitioner based in Beeston, Leeds.

Nisreen Booya, Medical Director is Honorary President of the Support to Recovery (Kirklees mental health charity)

Helen Wollaston, Non Executive Director is a Director, Equal to the Occasion (consultancy) and WISE (Women in Science and Engineering). Partner is Associate of General Medical Council.

Peter Aspinall, Non Executive Director is a Director of Primrose Mill Ltd and Honley Show Society Ltd

Jonathan Jones, Non Executive Director is a Director of Squire Sanders International Association, Member, Squires Sanders (UK) LLP and Squire Sanders MENA LLP. Spouse is a shareholder in Accelerate Holdings Ltd (holding company of Zenith Vehicle Contracts Ltd)

Tim Breedon, Director of Nursing, Clinical Governance and Safety is a member, Mental Health Network Board, NHS Confederation and Chair of Learning Disabilities Steering Group.

Dawn Stephenson, Director of Corporate Development is a voluntary Trustee for Kirklees Active Leisure and Dr Jackson Cancer Fund

Sean Rayner, District Service Director, Barnsley is a member of the Independent Monitoring Board for HMP Wealstun and a Trustee of Barnsley Premier Leisure.

The Trust has also received revenue payments from a number of charitable funds, certain of the Trustees for which are also members of the NHS Trust Board.

The Trust is in line with the NHS as a whole, which has a divergence from IFRS and is not required to consolidate Funds Held on Trust.

The audited accounts of the Funds Held on Trust are available on request from Dawn Stephenson, Director of Corporate Development, South West Yorkshire Partnership NHS Foundation Trust, Fieldhead, Wakefield, WF1 3SP.

#### 35.1 Related Party Transactions

	<b>Income £000</b>	<b>Expenditure £000</b>
Value of transactions with other related parties in 2012/13		
Department of Health	378	225
Other NHS Bodies	212,931	15,895
Other	15,176	30,353
<b>Total</b>	<b>228,485</b>	<b>46,473</b>

	<b>Income £000</b>	<b>Expenditure £000</b>
Value of transactions with other related parties in 2011/12		
Department of Health	195	1,028
Other NHS Bodies	210,804	18,515
Other	16,434	55,660
<b>Total</b>	<b>227,433</b>	<b>75,203</b>

#### 35.2 Related Party Balances

	<b>Receivables £000</b>	<b>Payables £000</b>
Value of transactions with other related parties in 2012/13		
Department of Health	164	4
Other NHS Bodies	1,582	1,210
Other	763	7,139
<b>Total</b>	<b>2,509</b>	<b>8,353</b>

	<b>Receivables £000</b>	<b>Payables £000</b>
Value of transactions with other related parties in 2011/12		
Department of Health	257	60
Other NHS Bodies	2,301	3,401
Other	693	5,773
<b>Total</b>	<b>3,251</b>	<b>9,234</b>

### **36. Losses and Special Payments**

There were 42 cases of losses and special payments (32 during 2011/12) totalling £5,946 paid during the year (£4,835 paid during 2011/12).

There were no clinical negligence cases where the net payment exceeded £100,000.

There were no fraud cases where the net payment exceeded £100,000.

There were no personal injury cases where the net payment exceeded £100,000.

There were no compensation under legal obligations cases where the net payment exceeded £100,000.

### **37. Going Concern**

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

### 38 Salary and Pension entitlements of senior managers

#### 38.1 Remuneration

The Salary and Pension entitlements of senior managers are set by the 'Remuneration and Terms of Services Committee' which is a sub-committee of the Trust Board. The members of this committee in 2012/13 were:

Ian Black (Chair of the Committee, Chair of the Trust ), Jonathan Jones (Non-Executive Director of the Trust), Helen Wollaston (Non-Executive Director of the Trust), Steven Michael (Chief Executive)

with Alan Davis (Director of Human Resources & Workforce Development) in attendance and Bernie Cherriman-Sykes who is committee secretary.

The Trust follows national guidance on pay and terms and conditions for Senior Managers and the contracts are substantive contracts with NHS termination arrangements.

Name and Title	31/03/2013				31/03/2012			
	Salary (bands of £5000) £000	Other Remuneration (bands of £5000) £000	Expenses Rounded to 1 decimal place £000	Benefits in Kind Rounded to 1 decimal place £000	Salary (bands of £5000) £000	Other Remuneration (bands of £5000) £000	Expenses Rounded to 1 decimal place £000	Benefits in Kind Rounded to 1 decimal place £000
Ian Black, Chair	40 - 45		3.7		20 - 25		2.7	
Joyce Margaret Catterick, Chair (left 31/01/2012)					35 - 40		0.7	
Bernard Fee, Non-Executive Director	10 - 15		1.5		10 - 15		1.2	
Peter Aspinall, Non-Executive Director	15 - 20		1.1		15 - 20		1.8	
Jonathan Jones, Non-Executive Director	10 - 15				10 - 15			
Helen Wollaston, Non-Executive Director	15 - 20		1.4		10 - 15		1.3	
Julie Fox, Non-Executive Director	10 - 15				5 - 10			
Steven Peter Michael, Chief Executive	155 - 160		1.0	3.2	155 - 160		0.8	3.5
Nisreen Hanna Booya, Medical Director	25 - 30	85 - 90			20 - 25	85 - 90		
Alan George Davis, Director of Human Resources and Workforce Development	95 - 100			2.8	100 - 105			0.9
Alexandra Farrell, Deputy Chief Executive/Director of Finance	110 - 115		1.6		110 - 115		1.6	
Dawn Stephenson, Director of Corporate Development	120 - 125		1.4	0.6	120 - 125			0.4
Gillian Green, Acting Director of Nursing, Compliance and Innovation (left 31/07/2011)					30 - 35		0.2	0.1
Noreen Young, Director of Nursing, Compliance and Innovation (left 31/10/2012)	55 - 60	90 - 95	1.4		85 - 90		2.1	
Timothy Breedon, Director of Nursing, Clinical Governance and Safety	90 - 95		0.4	2.7	80 - 85		0.2	0.3
Anna Basford, District Service Director, Calderdale and Kirklees	90 - 95		1.0	3.6	90 - 95		1.1	3.5
Adrian Berry, Director of Forensic Services	25 - 30	100 - 105		8.0	25 - 30	100 - 105		5.2
Sean Rayner, District Service Director, Barnsley	100 - 105		0.9		90 - 95		0.2	
Karen Taylor, Director of Service Improvement and Development	100 - 105		1.1	0.1	20 - 25			

Band of Highest Paid Director's Total Remuneration (£000's)	190 - 195	160 - 165
Median Total Remuneration* £'s	27,346	26,659
Remuneration Ratio	7.0	6.1

The benefits in kind relate to child care vouchers, relocation expenses, cycle to work scheme, staff lease cars, NHS Phone Scheme or expenses paid in accordance with the Trust's Removal Expenses Policy (which includes provision of accommodation).

Other remuneration for 2012/13 for Noreen Young includes £90k of termination benefit.

The Trust operated a Performance Related Pay scheme (PRP) for Directors. The award is a one off bonus, which is non attributable and non pensionable and has a maximum value of 6%. Eligibility for PRP requires the Trust to achieve 3 gateway objectives which entitle the Director to 1.5% performance award. PRP above 1.5% is recommended by the Chief Executive, based on the appraisal of individual Director performance and approved by the remuneration committee.

In 2012-13 no PRP was awarded, as the Trust did not meet the gateway objectives; therefore no PRP earnings are disclosed in the table above.

For 2012-13 the accounts include £100k accrual as an estimate for the award of PRP which related to 2012 -13 performance, the PRP award will be considered in 2013-14 by the remuneration committee and disclosed in detail as earnings in the 2013-14 accounts.

\* The median remuneration is the total remuneration of Trust staff member(s) lying in the middle of the linear distribution of the total staff, excluding the highest paid director. This is based on annualised, full-time equivalent remuneration as at the reporting period date.



.....Chief Executive.....

23-May-13

**38.2 Pension Benefits**

Name and title		Real increase/ (decrease) in pension and related lump sum at age 60	Total accrued pension and related lump sum at age 60 at 31 March 2013	Cash Equivalent Transfer Value at 31 March 2013	Cash Equivalent Transfer Value at 31 March 2012	Real Increase (Decrease) in Cash Equivalent Transfer Value	Employers Contribution to Stakeholder Pension
		(bands of £5000) £000	(bands of £5000) £000	£000	£000	£000	Rounded to 1 decimal place £000
Steven Peter Michael, Chief Executive		10 - 15	220 - 225	997	925	72	0
Alan George Davis, Director of Human Resources and Workforce Development		10 - 15	155 - 160	763	711	52	0
Noreen Young, Director of Nursing, Compliance and Innovation (left 31/10/2012)			195 - 200		888	-	0
Nisreen Hanna Booya, Medical Director *		-	-		-	-	0
Alexandra Farrell, Deputy Chief Executive/Director of Finance		10 - 15	115 - 120	544	499	45	0
Gillian Green, Acting Director of Nursing, Compliance and Innovation (Left 31/07/2011)					610	-	0
Timothy Breedon, Director of Nursing, Clinical Governance and Safety		10 - 15	70 - 75	361	296	65	0
Anna Basford, District Service Director, Calderdale and Kirklees		10 - 15	70 - 75	307	280	27	0
Adrian Berry, Director of Forensic Services		10 - 15	185 - 190	824	755	69	0
Dawn Stephenson, Director of Corporate Development		10 - 15	190 - 195	903	843	60	0
Sean Rayner, District Service Director, Barnsley		10 - 15	135 - 140	593	553	40	0
Karen Taylor, Director of Service Improvement and Development		15 - 20	160 - 165	714	642	72	0

\* Nisreen Booya was in receipt of pension from 30/09/11 and so the pension, related lump sum and CETV is nil.

As Non-Executive members do not receive pensionable remuneration, there will be no entries in respect of pensions for Non-Executive members.

A Cash Equivalent Transfer Value (CETV) is the actuarially assessed capital value of the pension scheme benefits accrued by a member at a particular point in time. The benefits valued are the member's accrued benefits and any contingent spouse's pension payable from the scheme. A CETV is a payment made by a pension scheme, or arrangement to secure pension benefits in another pension scheme or arrangement when the member leaves a scheme and chooses to transfer the benefits accrued in their former scheme. The pension figures shown relate to the benefits that the individual has accrued as a consequence of their total membership of the pension scheme, not just their service in a senior capacity to which the disclosure applies. The CETV figures, and from 2004-05 the other pension details, include the value of any pension benefits in another scheme or arrangement which the individual has transferred to the NHS pension scheme. They also include any additional pension benefit accrued to the member as a result of their purchasing additional years of pension service in the scheme at their own cost. CETVs are calculated within the guidelines and framework prescribed by the Institute and Faculty of Actuaries.

Real Increase in CETV - This reflects the increase in CETV effectively funded by the employer. It takes account of the increase in accrued pension due to inflation, contributions paid by the employee (including the value of any benefits transferred from another pension scheme or arrangement) and uses common market valuation factors for the start and end of the period.



.....Chief Executive..... 23-May-13





