South West Yorkshire Partnership **NHS**

NHS Foundation Trust

With all of us in mind

Annual Report and Accounts
for the period 1 April 2011 to 31 March 2012

SOUTH WEST YORKSHIRE PARTNERSHIP NHS FOUNDATION TRUST

ANNUAL REPORT AND ACCOUNTS FOR THE PERIOD 1 APRIL 2011 TO 31 MARCH 2012

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

Statement from the Chair

Welcome to the Trust's annual report for the year 1 April 2011 to 31 March 2012.

This report illustrates a further year of growth and success and demonstrates how the Trust is meeting the challenges facing the NHS and the wider health and social care economy. The Trust continues to work hard to make the most of the opportunities afforded by Foundation Trust status, achieved on 1 May 2009, which culminated in the transfer of health and wellbeing services from Calderdale and Wakefield and community and mental health services from Barnsley as the beginning of the year effectively doubling the size of the Trust both financially and in staff numbers.

We continue to have a thriving membership, which reflects the communities we serve, and are reaping the benefits of working with our Members' Council who bring valuable insight and influence to the way we work.

The financial freedoms open to foundation trusts have provided the opportunity to work in new ways, to look at specific projects and initiatives to ensure best value and to end the year in a healthy financial position. This has been exemplified by Creative Minds and the Change Lab initiatives.

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. This was demonstrated in November 2011 when we held our third celebration event for staff, 'Excellence 11', which recognised the excellent work our staff do with over 150 services recognised for their good work. The 'Excellence' awards continue to be an annual event to recognise and celebrate our staff achievements.

We continue to make improvements to the environment in which we offer care and with the vast majority of our care provided in people's home and in community settings, it is important that we invest in services that meet identified local need. Service users and carers continue to help us work through the plans to make sure services are provided as close to our service users as possible and that any changes take place in the most effective and supportive way.

Lastly, our Board has gone through a time of change and, following the decision by Joyce Catterick not to stand for a further term of office, I was appointed Chair of the Trust in May 2012. I look forward to a successful albeit challenging year in 2012/13, which will see the Trust continue to consolidate its position as a provider of quality services to the communities it serves.

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

Ian Black
Chair

28 May 2012

Introduction from the Chief Executive

Welcome to our annual report. 2011/12 was a year of significant challenge. The Health and Social Care Act's passage through the Parliamentary process has led to fundamental system change for all NHS organisations, now operating in a very different environment. The Trust is no exception.

Early in the year, significant work was undertaken to ensure the Transforming Community Services agenda was responsive to the needs of our local communities and reflected the Trust's forward strategy and ambition. On completion, the Trust saw a fundamental shift in core identity and purpose in that it has become a much more integrated community provider and partnership-based organisation.

In Calderdale, substance misuse and health and wellbeing services and in Wakefield, children and adolescent mental health and health and wellbeing services joined the Trust in April 2011. In May 2011, all community and mental health services in Barnsley transferred to the Trust. In the months that followed, significant work was undertaken to manage this large scale transition to the best effect. Throughout, the organisation has remained true to its mission, vision and values. New priorities have been established and agreed but, at its core, the Trust exists to enable people to live life to the full.

New partnerships emerged over the past year. In addition to local authorities and acute providers, social enterprise and community interest organisations have become part of the new provider landscape. In line with the NHS reforms in the Act, GPs have begun to play an increasing role in influencing commissioning of services. Partnerships have, therefore, been forged with emergent clinical commissioning groups and Health and Wellbeing Boards.

This year has also seen some new and exciting initiatives championed within the Trust, including the launch of the Creative Minds Strategy and the creation of the Change Lab, both of which have seem an emphasis on co-production and service user involvement, taking greater control over their lives.

Despite the financial challenge within the NHS and economy as a whole, the Trust has retained a strong financial position, which is essential for ongoing organisational viability and sustainability. Governance structures within the Trust remain robust, again essential for an organisation during a period of significant change. The relationship the Trust has continued to enjoy with its Members' Council is a great strength and a demonstration of the Trust's commitment to be truly accountable to its local communities.

From a compliance perspective, this has been a challenging year. The Care Quality Commission has intensified its activity in relation to service inspection. As is the case with many other provider organisations operating in the sector, the Trust has been required to take action in a number of areas to ensure compliance with regulations. This resulted in a move in the Trust's governance rating with Monitor from 'Green' to 'Amber/Red' although Monitor's methodology for assessing governance was clarified in year and the Trust retained its 'Green' rating at the year-end. On a positive note, this has strengthened the Trust's resolve and commitment to focus in detail on improving the quality of its services. This is particularly important in relation to the management of risk, including serious incidents where significant work has been undertaken to ensure lessons are learned across Trust localities and improvements are fully embedded in practice.

The Trust's Chair, Joyce Catterick, with whom I enjoyed a productive and fruitful working relationship over the last four years, stepped down at the end of her term of office in January 2012. Joyce was recognised as embodying the values of the Trust and this was apparent in

her work on behalf of the Trust. I would like to extend my thanks and gratitude to Joyce during her time as Chair.

Looking ahead to 2012/13, Trust Board has decided that, for the coming year, the Trust will prioritise consolidation of local pathways to ensure the Trust delivers services as economically, efficiently and effectively as possible. Investment in staff to ensure the Trust gets the 'best of all the talents' will be a priority. This will call for a high degree of innovation with the aim of the Trust to be seen as a thought leader and enabler in the new health system in order to thrive in challenging times. Forensic services will see significant expansion in the coming year and opportunities exist in areas such as telehealth development.

This will be the first year for a new system of mental health classification and currency. It is a priority for the Trust that this is developed to a level where it can be confident that it is delivering the best possible offer to service users. In addition, by learning from experience in Barnsley, the Trust will develop an understanding of how to deliver integrated physical and mental health services, particularly for people with long-term conditions.

Over the past year, the Trust's links with the Jönköping community in Sweden have helped improve understanding of how whole systems approaches to service development and improvement can yield significant results. This will require further partnership working on a Trust-wide and local basis. The Quality Academy is evolving and developing to support the service offer, which is delivered through Business Delivery Units and partnership arrangements. The coming year will see this taken to the next level.

The Trust's Foundation Trust status has undoubtedly helped in supporting the agenda over the last year, not only through investment in capital assets but also through the creation of the Innovation Fund, which is supporting significant developments in clinical services and practice, including the Change Lab and Creative Minds.

The Trust ends the year in a healthy position, rightly proud of its achievements and looking forward with optimism despite the significant challenges the Trust faced and continues to face.

Key areas of work in 2012/13 will include further development of Trust estate, improvement of information and technology infrastructure, further financial devolution and improvements to the workforce in partnership with staff side colleagues.

I am delighted that Ian Black has been appointed as Chair and I look forward to a productive and rewarding relationship to take the Trust forward on its journey.

Steven Michael
Chief Executive

28 May 2012

Directors' report and management commentary

Background

On 1 May 2009, the Trust was authorised as an NHS Foundation Trust and became South West Yorkshire Partnership NHS Foundation Trust. Previously, the Trust was known as South West Yorkshire Mental Health NHS Trust, established following the merger of a number of NHS bodies in April 2002.

In April 2011, substance misuse and health and wellbeing services in Calderdale and children and adolescent mental health and health and wellbeing services in Wakefield transferred to the Trust under the national Transforming Community Services programme. This was followed in May 2011 by the transfer of all community and mental health services in Barnsley. This means that the Trust remains a lead provider of specialist mental health services for people over 18 years and a key player in the provision of learning disability services and now provides a range of community services in three of its four districts. Services are provided to a population of approximately 1.1 million people across the Yorkshire districts of Barnsley, Calderdale, Kirklees and Wakefield. This population is diverse with:

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

The Trust is also one of two NHS providers of medium secure forensic services to a population of five million across the Yorkshire and Humber region.

During 2011/12, the Trust has welcomed services from Barnsley, Calderdale and Kirklees, which has seen the Trust double in size in terms of its income and staff. The Trust has worked with its partners and staff to ensure that services transferring are integrated into the Trust's district-based service delivery arrangements, with services transferring from Barnsley becoming a Business Delivery Unit (BDU), joining Calderdale, Kirklees, Wakefield and forensic services as discrete BDUs.

As at 31 March 2012, the Trust employed around 4,600 staff, who provide services from over 50 main sites. 98 per cent of the care the Trust provides is in the local community, working with people in their own homes or in community-based locations.

The Trust works with other local NHS organisations to provide comprehensive health care to the people in its area. The Trust also works closely with local authorities (social care) and with other Government departments, third section and voluntary organisations, and social enterprises. Working in partnership is important to the Trust and is vital if it is to continue to deliver high quality services for local people.

Our Mission, Vision, Values and Goals

As part of its annual planning cycle, Trust Board reviewed the Trust's mission during the year to ensure it remains relevant and appropriate for the services the Trust provides in the future. The mission remains as "enabling people with health problems and learning disabilities to live life to the full".

Our vision is to be:
➢ the service of choice for users;

> ➢ the employer of choice for staff;
> ➢ the provider of choice for commissioners and partners.

Our Values
➢ Be open and honest and do what we say we will.
➢ Treat all people fairly with dignity and respect.
➢ Recognise rights and responsibilities.
➢ Help people stay in control.
➢ Value partnerships to reach our full potential.
➢ Be an organisation that learns and develops

By staying true to the mission, vision and values, the Trust will:
➢ improve the health and wellbeing of its service users and influence the wellbeing of the local people the Trust serves;
➢ manage risk and deliver safe, high quality services;
➢ improve the service user experience, engaging individuals in the design and delivery of services;
➢ ensure the Trust remains viable and sustainable into the future;
➢ improve the efficiency and productivity of our services in line with best evidence-based practice.

Our Strategy

The five strategic objectives outlined in the Trust's business plan provide the organisational focus to direct where we need to concentrate our efforts to remain a successful and sustainable organisation and meet the requirements of both the national and local agendas. In 2011/12, these were to:

➢ consolidate and expand local pathways of services;
➢ exploit opportunities for sub-specialisation;
➢ explore opportunities for forensic service expansion;
➢ become a thought leader;
➢ explore opportunities for geographical expansion.

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.

Consolidation of local pathways
At the end of 2010, the Trust finished the move of in-patient and community-based services from St. Luke's Hospital. In the early part of 2011/12, new in-patient facilities were officially opened at Ward 19 at the Priestley Unit in Dewsbury for older people and at Ashdale ward at the Dales in Halifax for adults of a working age.

Since the changes were made, the Trust wanted to ensure that services were meeting local need and were fit for the future in terms of offering person-centred care, which supports the whole health and social care system and making social inclusion a reality. During the year, an engagement exercise was undertaken on the future of mental health services provision in Kirklees, which involved service users and carers, staff, the Members' Council and stakeholders and involved a wide range of methods to gather opinion. A brochure was also developed and 7,000 copies were distributed asking for feedback. Two well-attended public events were also held. In December 2011, Trust Board considered the outcome of this engagement exercise and agreed to maintain a holding position in relation to the service location for a further period up to two years, which will remain under review as part of the work to develop the Trust's Estates Strategy. The Kirklees Overview and Scrutiny Panel supported this decision with no requirement for a formal public consultation.

The move from St. Luke's also provided an opportunity to introduce agile working practices for community-based staff. The initial results of the evaluation of the first six months of practice demonstrates the benefits for staff and service users and indicates that productivity has increased with staff seeing more people in the community than previously.

Explore opportunities for forensic service expansion;
In the summer of 2011, work began on the re-development of Newton Lodge medium secure mental health unit, which is due for completion in August 2013 and represents a total investment of £11.8 million. The first phase will be completed in spring 2012 with the opening of an improved, dedicated therapy centre to help the Trust provide structured, person-centred activity. The re-development will significantly improve current facilities and involves demolishing and re-building the existing facilities. The scheme will also enable the expansion of specialist women's service, which already receives national recognition and will enable women to receive the care they need locally.

In May 2011, the Trust officially launched the young people's forensic service. The service is commissioned to provide support for young people who have mental health problems who are in contact with the criminal justice system or who display serious offending behaviour across the Wakefield region working alongside the Children's and Adolescent Mental Health Service in Wakefield.

Become a thought leader;
The Trust's Quality Academy was officially launched at the end of June 2011. The Quality Academy approach supports the delivery of quality services to help the Trust achieve its vision and describes an approach to provide support, leadership, tools and services to enable the Trust to:

➢ provide high quality care;
➢ develop and innovate;
➢ meet the Trust's regulatory requirements;
➢ provide a good employment experience.

In January 2012, the Trust appointed an interim Director of Service Improvement and Development to work with Business Delivery Units to improve and develop the service offer. The role forms a key part of the Quality Academy approach and supports BDUs to shape the service offer, using evidence-based tools and techniques to ensure the Trust meets the needs of local communities in line with commissioning intentions.

During 2011/12, the Trust developed two key programmes – Creative Minds and the Change Lab.

The Change Lab aims to help the Trust work more creatively with a wide group of diverse stakeholders across the health economy, including service users and carers, staff and the Members' Council, to identify how the Trust can develop its services in the future. Nine prototypes came through the development phase and presented to a 'Dragon's Den' type exercise. As a result, the following initiatives will be worked up through 2012/13.

➢ Integrated Health and Well-Being Navigator Model, which aims to co-produce a new collaborative framework for well-being across the Trust.
➢ New Ideas Incubator, which is a channel for new ideas that enables them to be captured, discussed, evaluated and supported as appropriate.
➢ Operation Demist, which is a question and answer product for people using mental health services in accessible format.

- No Decision about Me without Me, identifies and tests out ways of moving towards service users having a genuine voice and real influence over decision-making in the development and provision of services and care.
- Story Circles (Portrait of a Life/Experience) is a narrative-based approach to improve outcomes for people who use services.
- Krafty Koffee (Wakefield) will link into the 'Creative Minds' strategy, providing service users/participants with access to creative approaches and peer support, both of which are proven methods for promoting general health and well being.
- Krafty Koffee (Barnsley) will link into the 'Creative Minds' strategy, providing service users/participants with access to creative approaches and peer support, both of which are proven methods for promoting general health and well being.
- Breaking down barriers to well-being museum project, which borrows its format from museums that use artefacts and evidence to document the real experiences of people and set it in a historical, cultural and political context.
- Thinking With Your Heart will create tools to help support staff and keep them motivated and service–user focused.

The Trust officially launched its Creative Minds Strategy at an event at the Hepworth Gallery in Wakefield in November 2011. Following approval of funding from the Trust's Innovation Fund, the Trust has been able to put its commitment to creativity into action. During the year, work began to develop a network of creative partners to increase the range of creative approaches and activities available to people who use services and their carers. It provides a framework to build on current good practice and encourages and promotes opportunities for individuals and groups to develop and grow creatively. Through this work, the Trust also supports voluntary and community organisations to deliver, in partnership with the Trust, a variety of creative projects.

Events such as an art exhibition in partnership with HOOT and AiM at the Lawrence Batley Theatre, which showcased the work of people from Enfield Down in Honley, Huddersfield, and Pathways day services in Mirfield, have taken place throughout the year as well as development of creative initiatives with creative partners.

Part of the services that transferred from NHS Barnsley to the Trust in May 2011 was the Barnsley telehealthcare service, which is currently hosted by the local authority as part of an integrated service. The service supports the local 'People in Control Strategy' through the provision of care navigation, health coaching, post-discharge support and telehealth monitoring. In the early part of 2012, the Trust has begun discussion NHS Barnsley, who has expressed an interest in investing funding on a non-recurrent basis during 2012/13 to support the existing service in Barnsley to expand the provision of telehealth services.

Explore opportunities for geographical expansion.
In the first few months of 2011, the Trust worked to acquire services from Barnsley, Calderdale and Wakefield under the Transforming Community Services (TCS) initiative. In particular, the acquisition of Barnsley community services and mental health services represented a significant transaction for the Trust increasing turnover by 71% and doubling its staff numbers. This transaction was assessed by Monitor and rated 3 for financial risk and green for governance. As a result, the acquisition was approved by Trust Board and the services in Barnsley transferred on 1 May 2011. Health and wellbeing services in both Calderdale and Wakefield and Children's and Adolescent Mental Health Services in Wakefield transferred on 1 April 2011.

This year has seen consolidation of the integration of staff and services. Services in Barnsley form a Business Delivery Unit alongside Calderdale, Kirklees, Wakefield and Forensic Services.

Overall performance is managed through key performance indicators reviewed regularly by the Trust Board, through the Assurance Framework and risk register, appraisal and performance development system, compliance against regulatory requirements, external agencies and visits, and through work to produce the Trust's Quality Accounts.

These measures supported the delivery of the following strategic outcomes.

1. revise the service offer;
2. provide strong leadership to the health and social care economies;
3. live the values of the organisation;
4. extend the role of the Trust into broader community services;
5. enhance the Trust's reputation as a specialist provider of Forensic Services;
6. support service development in line with best practice;
7. develop effective relationships with partner agencies and GP commissioners;
8. continue the development of the Trust Board and Members' Council;
9. continue to manage finance, workforce, estate and information technology to the highest standard.

External Strategic Risks

During 2011/12, the key external risks to the Trust were seen as the challenge to the NHS as a whole in the form of the scale of the financial challenge as a consequence of the recession and the implications arising from the Health and Social Care Bill proposals. Specifically, these were identified as follows.

➤ Financial challenge related to "flat cash" allocations from commissioners from 2011/12 onwards.
➤ Potential decommissioning of services and uncertainty around role of commissioners creating an environment where services are more likely to be de-commissioned from the Trust.
➤ Impact of change of government and increased role of GPs through Practice Based Commissioning
➤ Impact of the implementation of Care Pathways and Packages Programme to introduce PbR for mental health services by the Department of Health.
➤ Impact of differential PCT strategic approaches to the Transforming Community Services agenda.
➤ Political and reputation risks related to Estates rationalisation.
➤ Impact of demographics and recession - increased elderly population and potential increased unemployment.
➤ Implementation of Putting People First in Local Authorities impacting upon integrated service provision.
➤ Impact of national pay awards on workforce and workforce relations.
➤ Impact of Specialist Commissioning Group benchmarking exercise to review forensic commissioning with a potential competitive tendering process.

To support the Trust in these challenging times, leadership and management capacity and competency to drive transformational change will be crucial. The Trust consolidated the transition to Business Delivery Units begun the previous year and added a fifth BDU with the transfer of services from Barnsley. The development of BDUs has been a key element of the Leadership and Management Framework. BDUs support the next phase of organisational development for the Trust, with BDUs being the Trust's agreed approach to implementing service line management in accordance with Monitor guidance. The introduction of BDUs has brought the following benefits.

- ➢ Devolved decision-making as close to service delivery as possible, including greater control of resources that impact on the quality of care at service level.
- ➢ Increased responsiveness to the needs of service users and carers.
- ➢ An equal partnership between clinicians and managers.
- ➢ Clear, quantifiable objectives, linked to the annual plan and integrated across clinical, financial, workforce and estates issues.

There is more information on how the Trust mitigates against risk in the annual governance statement, which is incorporated into this report.

The Trust appointed a new Chair from 1 May 2012. Following a three-month period of acting up by Ian Black, formerly Deputy Chair, he was appointed as substantive Chair for a period of three years. There have been no other significant events or developments in the first two months of 2012/13.

The Way we Work

Trust Board and the 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 role is different from that of the role of Trust Board, which is to ensure the business runs effectively through:

➢ establishing the vision, mission and values of the Trust;
➢ setting the strategy and structure to achieve the strategy;
➢ delegating to management to implement the strategy with regular review of effectiveness, determination of monitoring criteria, establishment of effective controls and clear and consistent communication;
➢ exercising accountability to stakeholders and members.

Non-Executive Directors on Trust Board no longer have a responsibility for community representation. This has moved to the Members' Council through the Trust's 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 of the Trust 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, the Trust will work with the Members' Council to ensure that the requirements of the Health and Social Care Act 2012 are implemented and that Council

Members, both elected and appointed, have the skills and experience to equip them for their revised duties. This will include a review of the membership of the Members' Council.

Our Trust Board

The Trust Board is responsible for setting the strategic direction for the organisation to enable it to respond to the requirements of its 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 and to its regulator, Monitor, 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, 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 Trust Board works with the Members' Council, whose role is to ensure that the Board, which retains responsibility for the day-to-day running of the Trust, is accountable to the local communities the Trust serves. The Members' Council oversees the activities of the Trust and helps shape future strategy. It has a number of defined responsibilities laid down in the National Health Service Act 2006, which can be summarised into three roles around advice, guardianship and strategy. Membership of the Council is outlined below.

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 2012:

Role/name/appointment/declaration of interests	Experience
Acting Chair Ian Black ➢ Non-Executive Director, MacKeith Press Ltd. ➢ Owner, IB Associates Limited ➢ Non-Executive Director, Trustee and Treasurer, Scope (charity) ➢ Governor, Beaumont College, Lancaster ➢ Non-Executive Director, Benenden Healthcare	➢ Chartered accountant and management consultant. ➢ 20 years at Halifax plc/HBoS with a series of director roles in customer service, operations, risk and finance in the UK, Ireland, continental Europe and Australia. ➢ Particular areas of experience in financial management and funding/investment

Role/name/appointment/declaration of interests	Experience
(mutual) ➤ Non-Executive Director, Seedrs (with small shareholding) ➤ Private shareholding in Lloyds Banking Group PLC (retired member of staff) ➤ Chair, Family Fund Appointed as designate 20 March 2008 Substantive from 1 May 2008 to 30 April 2012 Deputy Chair/Senior Independent Director from 1 June 2010 to 31 January 2012 Acting Chair 1 February 2012 to 30 April 2012 Re-appointed as a Non-Executive Director from 1 May 2012 to 30 April 2016	➤ Senior independent director and chair of Audit Committee for Nisa-Today's PLC. ➤ Treasurer (and ex-chair) of Scope (UK disability charity). ➤ Non-Executive Director of McKeith Press Limited ➤ Variety of charitable interests nationally and locally. ➤ School Governor for 6 years. ➤ Former pension fund Trustee ➤ Governor, Beaumont FE College, Lancaster
Non-Executive Director (Chair of Audit Committee) <u>Peter Aspinall</u> Directorships held in: ➤ Primrose Mill Ltd. ➤ Honley Show Society Ltd. 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	➤ Over 20 years of Board and Leadership Team experience. ➤ Finance Director in a number of significant manufacturing and commercial organisations including complex multinational environments. ➤ Membership of integration and change management experience gained resultant to significant merger.
Non-Executive Director <u>Bernard Fee</u> No interests declared Appointed as designate 20 March 2008 Substantive from 26 May 2008 to 26 May 2011 Re-appointed 27 May 2011 to 26 May 2014	➤ 30 years management experience with Marks and Spencer. ➤ Strong commercial background across a number of functional areas including finance and operations roles in buying and selling. ➤ Significant marketing experience in both research and deliver. ➤ Strong leadership and development background. ➤ Leading large teams at different levels through strong, focused performance management. ➤ Driving results through people and encouraging individuals to maximise potential.
Non-Executive Director <u>Julie Fox</u> No interests declared Appointed 1 August 2011 to 31 July 2014	➤ 30 years operational and management experience in criminal justice. ➤ Significant experience in partnership working and management of contracts for services. ➤ Senior manager in residential offender services. ➤ Positive diversity achievements both strategic and operational. ➤ 8 years in probation and youth justice inspection. ➤ Considerable HR experience in recruitment and staff development. ➤ 4 years in restaurant ownership.
Non-Executive Director <u>Jonathan Jones</u> ➤ Director, Squire Sanders International Association ➤ Member, Squire Sanders (UK) LLP Appointed 1 June 2010 to 31 May 2013	➤ Legal matters generally. ➤ Estates. ➤ Involvement in 'Third Way' organisations. ➤ Member of the Global Board of Squire, Sanders & Dempsey.
Non-Executive Director <u>Helen Wollaston</u> ➤ Founder/Director, Equal to the Occasion (consultancy) ➤ Chair, Platform 51 (operating name of YWCA England and Wales) ➤ Consultant Partner, Equality Works Group ➤ Associate, Infrastruct Ltd. ➤ Associate, University of Central Lancashire School	➤ Over 20 years experience in the public and voluntary sectors, including management roles. ➤ Founder/Director Equal to the Occasion, a consultancy to support equality and diversity projects. ➤ 7 years as Director of Campaigns at Equal Opportunities Commission. ➤ 3 years as Regional Manager of National Lottery

Role/name/appointment/declaration of interests	Experience
of Education and Social Science ➢ Partner is Associate of General Medical Council 1 August 2009 to 31 July 2012 Interim Deputy Chair/Senior Independent Director 1 February 2012 to 30 April 2012	Charities Board in Yorkshire and the Humber. ➢ Chair of Platform 51 (a charity working with women and girls across England and Wales). ➢ Strong track record in working with marginalised communities.
Chief Executive <u>Steven Michael</u> ➢ Member of Huddersfield University Business School Advisory Board ➢ Member, Leeds University International Fellowship Scheme ➢ Spouse is Trustee of the Harrison Trust, a charitable body supporting mental health in the Wakefield district ➢ Partner, NHS Interim Management and Support 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 2011)	➢ Occupied role of Accountable/Accounting Officer from February 2007 leading the Trust to Foundation Trust status in May 2009 ➢ 25 years experience in the NHS with Executive Director experience since 2000 ➢ Significant clinical leadership experience both as nurse leader and clinical director at key points in career ➢ Experience in working in not for profit sector at senior management level ➢ Partnership working over two decades including chairing of partnership boards ➢ Track record in project management including large and complex capital projects ➢ Strong record in contract and planning negotiation with commissioners ➢ Experience in working at both regional and national level including recent secondment as Regional Director of Provider Development for Yorkshire and the Humber ➢ Long history of effective engagement with service users and carers ➢ Record in working with a range of universities including Newcastle-upon-Tyne, Northumbria, Huddersfield and Leeds
Deputy Chief Executive/Director of Finance <u>Alex Farrell</u> ➢ Spouse is general practitioner based in Beeston, Leeds Appointed 7 September 2009 (Acting Chief Executive 1 October 2010 to 31 January 2011)	➢ Qualified medical Doctor ➢ Retrained in private sector as Chartered Accountant ➢ Rejoined Health service in acute sector, and has worked in Health Authority, PCG and PCTs in senior management. ➢ 5 years experience as a Director of Finance. Last 4 years based in West Yorkshire PCTs with portfolio experience in strategic financial planning and management; contract negotiation and healthcare tenders; developing Estates Strategy and capital business cases ;developing IM & T Strategy and implementation of performance framework based on Balanced scorecard; implementation of Integrated Governance and working with GP stakeholder to implement Practice Based Commissioning. ➢ Bring a good understanding of Commissioning, performance management and governance to support the development of the FT.
Medical Director <u>Nisreen Booya</u> ➢ Honorary President of the Support to Recovery (Kirklees mental health charity) ➢ Associate, General Medical Council Appointed 29 January 2004	➢ Clinical experience as Consultant Psychiatrist since 1985 in both WAA and OPS ➢ Experience in service planning, development and innovative service models. ➢ Experience in medical education, training, assessment, appraisal and management. ➢ Experience in clinical governance (CGR reviewer with CHI and HCC standards development and independent reviews). ➢ Interest in performance indicators and outcome measures in mental health ➢ Interest in long term conditions in mental health.

Role/name/appointment/declaration of interests	Experience
	➢ Clinical experience as Consultant Psychiatrist since 1985 in both WAA and OPS ➢ Senior Clinical Lecturer, Leeds University ➢ Trust's Responsible Officer ➢ Trust's Clinical Safety Officer ➢ Experience in service planning, development and innovative service models, performance indicators and outcome measures ➢ Experience in medical education, training, assessment, appraisal and management ➢ Royal College of Psychiatrists examiner ➢ Experience in clinical governance (CGR reviewer with CHI and HCC standards development and independent reviews) ➢ GMC Associate
Director of Human Resources and Workforce Development Alan Davis No interests declared Appointed 1 April 2002	➢ 27 years experience of HR in the NHS ➢ 18 years as an Executive Director of Trust ➢ Human Resource Management ➢ Leadership and Workforce Development ➢ Business Planning ➢ Staff Side/Staff Engagement/Consultation ➢ Chair Childcare Information Service Ltd 10 years (charity providing services to local authorities) ➢ Employee Relations ➢ Investor in People ➢ Member of the Director team leading FT application SWYPFT ➢ 2009 runner up in NHS HR Director of the Year: nominated by Chief Executive and Staff Side Organisations
Director of Corporate Development (Company Secretary) non-voting Dawn Stephenson ➢ Voluntary Trustee for Kirklees Active Leisure ➢ Voluntary Trustee for Dr. Jackson Cancer Fund Secondment 8 February 2010 Substantive appointment from 1 April 2011	➢ 17 years experience at Board level as an NHS Director. ➢ 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. ➢ Experience in strategic financial management, contracting and IM&T strategy. ➢ Experience in Board governance and risk management. ➢ Experience in public involvement, communications and partnership working. ➢ Experience in acquisitions.
Director of Nursing, Clinical Governance and Safety Noreen Young No interests declared Appointed 1 November 2007	➢ 33 years experience in Mental Health care, also regional and national working ➢ 8 years working as an Executive Director of Nursing plus Deputy CEO/COO experience ➢ 2 years general manager responsible for city-wide older persons' services. ➢ Experience in operational management, professional development leading culture change, research and education ➢ Experience in governance, risk management, quality, organisational development and service redesign systems ➢ Experience in managing patient safety systems ➢ Experience in developing service user/carer engagement ➢ National leadership/ward manager development facilitator ➢ Royal College of Nursing leadership facilitation ➢ Regional leading and empowering organisation

Role/name/appointment/declaration of interests	Experience
	facilitator
District Service Director – Calderdale and Kirklees (non-voting) Anna Basford No interests declared Appointed 1 November 2010	➤ Nine years experience of working at Board level in director roles ➤ Experience of leading strategic commissioning of services as Deputy Chief Executive in a PCT and GP led commissioning as Fundholding Manager and Primary Care Group Chief Executive ➤ Significant experience of leading the provision of community physical health services (£60m PCT provider arm, 1700 staff) ➤ Extensive experience of leading large scale service improvement approaches (e.g. lean) to achieve improved efficiency and outcomes. Areas of success achieving national award and publication ➤ Experience of working as strategic leader across organisations with public scrutiny to deliver whole system redesign and outcomes (e.g. estate strategy, urgent care) ➤ Experience of winning competitive tenders and growth in income
Director of Forensic Services (non-voting) Adrian Berry No interests declared Appointed 1 November 2010	➤ 14 years experience of clinical care as consultant forensic psychiatrist and of training specialist registrars ➤ Leader of clinical management team 1999-2003 ➤ Associate medical director and Trust Board member 2003-2005 ➤ Program director for specialist forensic training in Yorkshire and Humber 2006-2009 ➤ Clinical project lead for a number of capital projects and service developments ➤ Contract management and negotiation experience with specialist commissioning team
District Service Director – Wakefield (non-voting) Tim Breedon No interests declared Appointed 1 November 2010	➤ Over 25 years experience in the health and social care market with both public and private sector experience. ➤ Executive Director experience in both public and private sector environments, including Managing Director of a Long Term Health Care PLC. ➤ Significant senior management experience in both local authority and charitable sector at key points in career. ➤ Five years experience as a self-employed management and training consultant. ➤ Director level responsibility for PLC acquisition and merger plan. ➤ Significant experience in contract negotiation and delivery on contracts, including the delivery of capital investment programme to support growth. ➤ Lead professional adviser on learning disability policy, strategy and commissioning for both PCT and local authority. ➤ Well documented history of partnership working, including the chairing of multi-agency partnership boards. ➤
District Service Director (Transitional) – Barnsley (non-voting) Sean Rayner ➤ Member, Independent Monitoring Board for HMP Wealstun Transitional post as District Director, Barnsley from 22 February 2011	➤ 25 years experience in the NHS, with 12 years experience as an Executive Director. ➤ Barnsley Transition Director in support of SWYPFT acquisition process. ➤ Significant experience in leadership, business planning, and contract management in multi-agency environments.

Role/name/appointment/declaration of interests	Experience
	➢ Partnership working over 20 years, including chairing and leading service user/carer Partnership Boards. ➢ Experience in project management, including capital projects and LIFT as a premises procurement vehicle. ➢ Strong record in GP engagement and accountable officer in a Primary Care Group. ➢ Experience of working in a voluntary capacity in not for profit sector, and a member of HMP Wealstun Independent Monitoring Board (IMB).
Interim Director of Service Improvement and Development (non-voting) Karen Taylor No interests declared Interim appointment 9 January 2012 for 18 months	➢ In excess of 30 years NHS experience in clinical and managerial roles. ➢ Director level positions held since 2007. ➢ Experience of establishing and managing partnership arrangements with the local authority and third sector organisations. ➢ Strong operational management background up to Director level.

The following members of Trust Board left office during 2011/12.

Role/name/appointment/declaration of interests	Experience
Chair of the Trust and Members' Council Joyce Catterick No interests declared This did not change during 2011/12 The Chair has no other significant commitments Appointed 1 February 2008 to 31 January 2012 Left office 31 January 2012 following a decision not to seek re-appointment	➢ Chair of successful Primary Care Trust 6 years. Taken through 'Fitness for Purpose' exercise ➢ 15 years NHS Board experience ➢ 6 years Trustee of National Charity and member of their Audit Committee ➢ Worked with Local Authority and NHS Partners to bring about organisational and service change ➢ Took Trust through successful Foundation Trust application
Acting Director of Nursing, Compliance and Innovation Gill Green ➢ Trustee, Well Women Centre, Wakefield Appointed 3 December 2009 Left the Trust 31 July 2011	➢ 25 years experience of nurse leadership and operational delivery in different NHS organisations ➢ Development of delivery of new services and re-engineering services ➢ Delivering direct nursing care in a variety of acute and mental health settings ➢ Experience of Trustee positions in third sector organisations ➢ Development and implementation of strategies and policies

The Trust considers that the balance, completeness and appropriateness of the membership of Trust Board is suitable. It regularly reviews the balance, completeness and appropriateness of the Board to meet the requirements of a Foundation Trust and of a unitary board. Where appropriate, the Trust will look to recruit individuals with certain skills and experience to ensure this is maintained. The Trust involves its Members' Council in this process through the Nominations Committee.

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 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 the Chair and the Chief Executive.
- The Chief Executive undertakes quarterly reviews of performance against objectives with Executive Directors and his Executive Management Team.
- Trust Board took part in a development session in November 2011, which reviewed the Board's effectiveness and looked at areas for development in terms of an 'exemplary' board.

There are no Executive Directors serving as Non-Executive Directors elsewhere.

Attendance at Board meetings 2011/12

Name	26/04 B&R	24/05 B&R	28/06 Pub	26/07 B&R	27/09 Pub	25/10 B&R	29/11 Strat	20/12 Pub	31/01 B&R	28/02 Strat	27/03 Pub
CATTERICK, Joyce	✓	✓	✗	✓	✓	✓	✓	✓	✓		
ASPINALL, Peter	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
BLACK, Ian	✓	✓	✓	✓	✓	✗	✓	✓	✓	✓	✓
FEE, Bernard	✓	✓	✓	✓	✓	✓	✗	✓	✓	✓	✗
FOX, Julie					✓	✓	✓	✓	✓	✓	✓
JONES, Jonathan	✓	✓	✓	✓	✓	✗	✓	✓	✗	✓	✗
WOLLASTON, Helen	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
MICHAEL, Steven	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
BASFORD, Anna	✓	✓	✓	✓	✓	✗	✓	✓	✓	✗	N/A
BERRY, Adrian	✓	✓	✓	✓	✓	✓	✗	✓	✓	✓	N/A
BOOYA, Nisreen	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
BREEDON, Tim	✗	✓	✓	✓	✓	✓	✓	✓	✓	✓	N/A
DAVIS, Alan	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
FARRELL, Alex	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
GREEN, Gill	✓	✓	✓	✗							
RAYNER, Sean	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	N/A
STEPHENSON, Dawn	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
TAYLOR, Karen									✓	✓	N/A
YOUNG, Noreen	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

NB from March 2012, only voting Directors and the Director of Corporate Development, in her role as Company Secretary, attend Trust Board meetings.
B&R = business and risk meeting
Pub = public meeting
Strat = strategic

Trust Board Committees

Trust Board discharges its responsibilities through a number of Committees. The membership and work of the Trust's key committees is 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 2012. 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 in the scope of their remit, and that Committees can demonstrate added value to the organisation.

Audit Committee

The Audit Committee's prime purpose is to keep an overview of the systems and processes that provide controls assurance and governance within the organisation as described in the Annual Governance Statement on behalf of Trust Board and 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 2011/12

Peter Aspinall, Non-Executive Director (Chair)	Attended five out of five meetings
Ian Black, Deputy Chair	Attended four out of four meetings
Bernard Fee, Non-Executive Director	Attended four out of five meetings
Jonathan Jones, Non-Executive Director (member from February 2012)	Attended one out of one 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 2011/12.

1.   Internal Audit

The Committee shall ensure 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.

	Progress
Consideration of the provision of the Internal Audit service, the cost of the audit and any questions of resignation and dismissal.	As a result of the acquisition of services from NHS Barnsley, at its meeting in April 2011, the Audit Committee considered the ongoing provision of internal audit services and agreed 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 with a view to tendering for the service by the end of June 2012.
Review and approval of the Internal Audit strategy, programme of work, ensuring that this is consistent with the audit needs of the organisation as identified in the Assurance Framework.	The Internal Audit Annual Plan for 2011/12 was agreed by the Audit Committee in July 2011. Progress against the plan is reviewed at every meeting. Regular meetings are held with the Director of Finance to monitor progress on the work plan.
Consideration of the major findings of internal audit work (and management's response) and ensure co-ordination between the Internal and External Auditors to optimise audit resources.	The 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 are no significant outstanding

	Progress
	actions.
	The Audit Committee reviewed and received the Head of Internal Audit Opinion as part of the final accounts process for 2010/11.
Ensure the Internal Audit function is adequately resourced and has appropriate standing in the organisation.	The adequacy of resources is assessed through review of the plan and monitoring rate of achievement. No significant issues have been raised in-year.
An annual review of the effectiveness of internal audit.	Internal Audit produced an Annual report for 2010/11. There was no review of the effectiveness of internal audit during the year given the decision to tender for the internal audit service.

2.   Counter Fraud

The Committee shall ensure 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.

	Progress
Consideration of the provision of the Counter Fraud service, the cost of the audit and any questions of resignation and dismissal.	As a result of the acquisition of services from NHS Barnsley, at its meeting in April 2011, the Audit Committee considered the ongoing provision of internal audit services and agreed 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 with a view to tendering for the service by the end of June 2012. This includes the provision for counter fraud services.
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.	The Counter Fraud Risk Assessment and Annual Plan for 2010/11 was agreed by the Audit Committee in July 2011. Progress against plan is reviewed at every meeting.
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.	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 continue to increase in 2010/11, which indicates an ongoing awareness of counter fraud both within the organisation and independent contractors.
An annual review of the effectiveness of Counter Fraud Services.	The Trust received a rating of 3 out of 4 from the external evaluation of Compound Indicators for 2010/11, which would support adequate performance in this area. This was reported to the Audit Committee in February 2012. The evidence for external assessment for 2011/12 will be submitted by the end of April 2012.

3.   External Audit

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

	Progress
Consideration of the appointment and performance of the External Auditor, as far as Monitor's rules permit.	Following a formal tender process for External Audit during 2010, the contract was awarded to Deloitte in October 2010. The Audit Committee was generally satisfied that Deloitte undertook the audit of the Trust's accounts in an appropriate and robust manner and that relationships with internal audit and Trust staff were good.
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.	The Audit Committee has received and approved the Annual Audit Plan. Progress against plan is monitored at each meeting.
Discussion with the External Auditors of their local evaluation of audit risks and assessment of the Trust and associated impact on the audit fee.	The Audit Plan and fee for Deloitte was approved by the Committee in October 2011.
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 Committee received and approved: ➢ the statement for those with responsibility for governance in relation to 2010/11 accounts; ➢ final reports and recommendations as scheduled in the annual plan.

The Committee has reported on the following items as standing items at each meeting to provide assurance to the Board that the Trust has complied with Trust 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.

The Committee is also required to receive a report on any waiver of Standing Orders. During 2011/12, there have been no waivers of the Standing Orders to raise with the Audit Committee.

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

➢ Received and approved annual accounts and annual report for 2010/11.
➢ Received and approved the annual accounts and annual report for Charitable Funds for 2010/11.
➢ Received the report from External Audit for those charged with governance, which outlines findings of external audit.
➢ Agreement of revision of accounting policies to comply with International Financial Reporting Standards (IFRS).
➢ Review of the external audit report on the production of Quality Accounts for 2010/11. 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 2010/11.
➢ Reviewed the revised Audit Commission Audit Committee handbook and agreed an action plan against this.

- Reviewed the Treasury Management Policy and maintained an overview of the Trust's treasury management.
- Reviewed the process for the development of the Assurance Framework.

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 in 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 2011/12 to develop its forensic service offer. 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 2011/12

Ian Black, Non-Executive Director (member to February 2012)	Attended five out of five meetings
Bernard Fee, Non-Executive Director (Chair)	Attended five out of six meetings
Julie Fox, Non-Executive Director (member from February 2012)	
Helen Wollaston, Non-Executive Director	Attended five out of six one meetings
Nisreen Booya, Medical Director	Attended four out of six meetings
Alan Davis, Director of Human Resources and Workforce Development	Attended five out of six meetings
Gill Green, Acting Director of Nursing, Compliance and Innovation (lead Director to July 2011)	Attended three out of three meetings
Dawn Stephenson, Director of Corporate Development (in role as Company Secretary)	Attended five out of six meetings
Noreen Young, Director of Nursing, Clinical Governance and Safety (lead Director from July 2011)	Attended six out of six 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.

Bernard Fee, Non-Executive Director (member to September 2011)	Attended one out of three meetings
Julie Fox, Non-Executive Director (member from November 2011)	Attended one out of two meetings
Jonathan Jones, Non-Executive Director	Attended three out of five meetings
Helen Wollaston, Non-Executive Director (Chair)	Attended five out of five meetings
Nisreen Booya, Medical Director	Attended one out of five meetings
Gill Green, Acting Director of Nursing, Compliance and Innovation (lead Director to July 2011)	Attended one out of one meeting
Dawn Stephenson, Director of Corporate Development (in role as Company Secretary)	Attended five out of five meetings
Noreen Young, Director of Nursing, Clinical Governance and Safety (lead Director from July 2011)	Attended four out of four meetings

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 as appropriate 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, Non-Executive Director (Chair)	Attended five out of five meetings
Joyce Catterick, Chair of the Trust	Attended four out of four meetings
Jonathan Jones, Non-Executive Director	Attended five out of five meetings
Helen Wollaston, Non-Executive Director	Attended four out of five meetings
Steven Michael, Chief Executive (non-voting member)	Attended five out of five 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 will agree 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 Committee commissioned the HAY Group to undertake an independent review of Executive Directors' remuneration as a result of significant changes to the Trust and to Director roles. This built on the report commissioned in 2009/10, which provided an independent review of the remuneration arrangements for directors, using a job evaluation system and a public sector comparison, to consolidate Directors' pay scales. The Trust's external auditor, Deloitte, was asked to provide a view on a business case for termination of employment on the grounds of redundancy. These were the only external sources of advice used by the Committee during the year.

During the year, the Committee approved a performance related pay scheme for Directors to recognise and reward performance that exceeds what could reasonably be expected from an experienced and competent director in the normal discharge of their duties and responsibilities or is viewed as outstanding. 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. This review took account of public sector comparators and Agenda for Change rates are part of its recommendations.

The scheme comprised two elements of three gateway corporate objectives against which the Trust's performance is assessed and 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 can 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.

In February 2012, noted that, for 2011/12, two out of the three gateway objectives would not be achieved. Both the Monitor governance rating of amber/red and the current Care Quality Commission (CQC) position for the Quality Risk Profile were considered unlikely to change by the year-end. Although this was the current position and would not necessarily be the year-end position, the Committee considered it was in the spirit of the scheme that the gateway objectives should be achieved throughout the year and not solely reflect the year-end position. Therefore, there would be no PRP awarded for 2011/12 on current performance. This position was confirmed by the Acting Chair (and Chair of the Remuneration and Terms of Service Committee) despite a change in approach by Monitor in respect of CQC reports, which returned the Trust's governance risk rating to Green. This was supported by the Committee and by Trust Board.

The policy of the Trust remains that its terms and conditions for staff reflect nationally determined arrangements under Agenda for Change. However, the Committee has agreed to review the employer-based Clinical Excellence Award scheme to develop a stronger connection with Trust priorities and this has begun in conjunction with the British Medical Association (BMA). In October 2011, the Committee approved a local pay scheme for senior middle grade doctors. The Committee has also approved development of scoping papers for local senior managers' pay arrangements and the potential for local pay and conditions, although there is no plan currently to move away from Agenda for Change terms and conditions.

During the year, the Committee approved four business cases for termination of employment for reasons of redundancy. One was at Director level and three senior members of staff. All were in line with the approach to synergies following the transfer of services from NHS Barnsley approved by Trust Board and Monitor as part of the Trust's acquisition case prior to transfer on 1 May 2011. There were no significant awards made to past senior managers.

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 39 to the accounts.

Steven Michael
Chief Executive

South West Yorkshire Partnership NHS Foundation Trust - Annual Accounts 2011/12

39 Salary and Pension entitlements of senior managers

39.1 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 2011/12 were:
Joyce Catterick (Chair of the Trust Board to 31 January 2012), Ian Black (Chair of the Committee, Non-Executive Director of the Trust and Acting Chair of the Trust from 1 February 2012),
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 the 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	31/03/2012			31/03/2011		
	Salary (bands of £5000) £000	Other Remuneration (bands of £5000) £000	Benefits in Kind Rounded to 1 decimal place £000	Salary (bands of £5000) £000	Other Remuneration (bands of £5000) £000	Benefits in Kind Rounded to 1 decimal place £000
Joyce Margaret Catterick, Chair (left 31/01/2012)	35 - 40			40 - 45		
Janice Anne Wilson, Non-Executive Director (left 26/05/2010)	-			0 - 5		
Bernard Fee, Non-Executive Director	10 - 15			10 - 15		
Ian Black, Non-Executive Director and Acting Chair of the Trust from 1 February 2012	20 - 25			15 - 20		
Peter Aspinall, Non-Executive Director	15 - 20			15 - 20		
Anne Gregory, Non-Executive Director (left 26/05/2010)	-			0 - 5		
Jonathan Jones, Non-Executive Director	10 - 15			10 - 15		
Helen Wollaston	10 - 15			10 - 15		
Julie Fox, Non-Executive Director (joined 19/08/2011)	5 - 10			-		
Steven Peter Michael, Chief Executive	155 - 160		3.5	135 - 140		3.5
Nisreen Hanna Booya, Medical Director	20 - 25	85 - 90		20 - 25	115 - 120	
Alan George Davis, Director of Human Resources and Workforce Development	100 - 105		0.9	90 - 95		0.9
Terrence Dutchburn, Director of Business Development and Planning (left 30/11/2010)	-			55 - 60	360 - 365	2.6
Alexandra Farrell, Deputy Chief Executive/Director of Finance and Acting Chief Executive (from 01/10/2010 to 31/01/2011)	110 - 115			100 - 105		
Cherrine Hawkins, Acting Director of Finance (appointed 01/10/2010 left 31/01/2011)	-			25 - 30		
Dawn Stephenson, Director of Corporate Development	120 - 125		0.4	125 - 130		
Gillian Green, Acting Director of Nursing, Compliance and Innovation (left 31/07/2011)	30 - 35		0.1	80 - 85		0.6
Noreen Young, Director of Nursing, Compliance and Innovation	85 - 90			80 - 85		
Timothy Breedon, District Service Director, Wakefield	80 - 85		0.3	30 - 35		
Anna Basford, District Service Director, Calderdale and Kirklees appointed	90 - 95		3.5	35 - 40		5.1
Adrian Berry, Director of Forensic Services	25 - 30	100 - 105	5.2	10 - 15	40 - 45	1.1
Sean Rayner, Transition Director for Barnsley (joined 01/05/2011)	90 - 95			-		
Karen Taylor, Director of Service Improvement and Development (joined 09/01/2012)	20 - 25			-		

	31/03/2012	31/03/2011
Band of Highest Paid Director's Total Remuneration (£000's)	160 - 165	405 - 410
Median Total Remuneration* £'s	26,659	27,529
Remuneration Ratio	6.1	15.8

The benefits in kind relate to child care vouchers, relocation expenses, cycle to work scheme, staff lease cars or expenses paid in accordance with the Trust's Removal Expenses Policy (which includes provision of accommodation).
Other remuneration for 2010/11 for Terrence Dutchburn includes £341k of pension enhancements paid to the NHS Pensions Authority as part of a termination benefit.
In 2010/11 Mid Yorkshire Hospital Trust recharged the salary of Dawn Stephenson and the amounts included in salary for that period are the gross costs.
* 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
The remuneration ratio for 2010/11 was higher due to the remuneration for Terrence Dutchburn including £341k of pension enhancements paid to the NHS Pensions Authority as part of a termination benefit.

....Chief Executive..Date

39.2 Pension Benefits

Name and title		Real increase/ (decrease) in pension and related lump sum at age 60 (bands of £2500) £000	Total accrued pension and related lump sum at age 60 at 31 March 2012 (bands of £5000) £000	Cash Equivalent Transfer Value at 31 March 2012 £000	Cash Equivalent Transfer Value at 31 March 2011 £000	Real Increase (Decrease) in Cash Equivalent Transfer Value £000	Employers Contribution to Stakeholder Pension Rounded to 1 decimal place £000
Steven Peter Michael, Chief Executive		30 - 35	210 - 215	925	694	160	0
Alan George Davis, Director of Human Resources and Workforce Development		20 - 25	145 - 150	711	563	102	0
Noreen Young, Director of Nursing, Compliance and Innovation		5 - 10	175 - 180	888	795	63	0
Nisreen Hanna Booya, Medical Director *		-	-	-	-	-	0
Alexandra Farrell, Deputy Chief Executive/Director of Finance and Acting Chief Executive (from 01/10/2010 to 31/01/201		10 - 15	110 - 115	499	392	74	0
Gillian Green, Acting Director of Nursing, Compliance and Innovation (Left 31/07/2011)		5 - 10	120 - 125	610	479	91	0
Timothy Breedon, District Service Director, Wakefield (appointed 01/11/2010)		35 - 40	60 - 65	296	255	28	0
Anna Basford, District Service Director, Calderdale and Kirklees appointed 01/11/2010)		0 - 5	65 - 70	280	225	38	0
Adrian Berry, Director of Forensic Services (appointed 01/11/2010)		5 - 10	175 - 180	755	629	87	0
Dawn Stephenson, Director of Corporate Development		5 - 10	180 - 185	843	740	70	0
Sean Raynor (appointed 01/05/2011)		0 - 5	125 - 130	553	473	55	0
Karen Taylor (appointed 09/01/2012)		0 - 5	145 - 150	642	519	85	0
Cherrine Hawkins, Acting Director of Finance (from 01/10/2010 to 31/01/2011)		-	-	-	404	-	0

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

As Non-Executiv̶e̶s̶ ̶d̶o̶ ̶n̶o̶t̶ ̶r̶e̶c̶eive 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……………….…..............................Date

Membership

The Trust works hard to promote the benefits of membership with local communities. We have a good track record and reputation for public involvement 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 need.

Eligibility for membership, as defined in our constitution, was changed on 1 May 2011 to reflect the transfer of services from NHS Barnsley. Any individual who lives in Barnsley, Calderdale, Kirklees and Wakefield may become or continue as a member of the Foundation Trust. The wider constituency of Yorkshire and the Humber was dropped given the historical difficulties the Trust has had in recruiting members and for securing a representative on the Members' Council. The Trust has, however, committed to keeping existing members in this wider constituency informed of its activities through circulation of the members' magazine, Like Minds.

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 2012, we had 11,809 public members and 4,864 staff members. This is broken down as follows.

Barnsley	1,693
Calderdale	2,014
Kirklees	4,975
Wakefield	3,127

Becoming a member of the Trust offers local people a unique opportunity to have their say and be involved in how the Trust and its services are developed. During 2011/12, the Trust's membership strategy was two-stranded. 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 aimed to recruit 1% of the population of Barnsley as members. At the end of year, membership was at 1.3% of the population it serves with more work to be done in Barnsley to recruit to 1%. Involvement 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. A representative group from the Members' Council

reviewed the membership strategy in December 2010, which was approved by the full Members' Council in January 2011. The Strategy will be reviewed during 2012/13 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, the 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	596
Medicine and Pharmacy	203
Non-clinical support	1,139
Nursing	1,583
Nursing support	1,100
Psychological Therapies	178
Social care staff working in integrated teams	75

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 second annual members' meeting in November 2011. This saw the official launch of the Creative Minds Strategy at the prestigious Hepworth Gallery in Wakefield. Members were also invited to join in a range of activities across the Trust in support of World Mental Health Day in October.

During the year the Trust held its second 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. The first of our events took place in November 2010 and we have future events planned right up until October 2012. The talks gave an insight into bipolar disorder (manic depression) and into

dementia. These are followed in 2012 by insight into attention deficit hyperactivity disorder (ADHD) and psychosis.
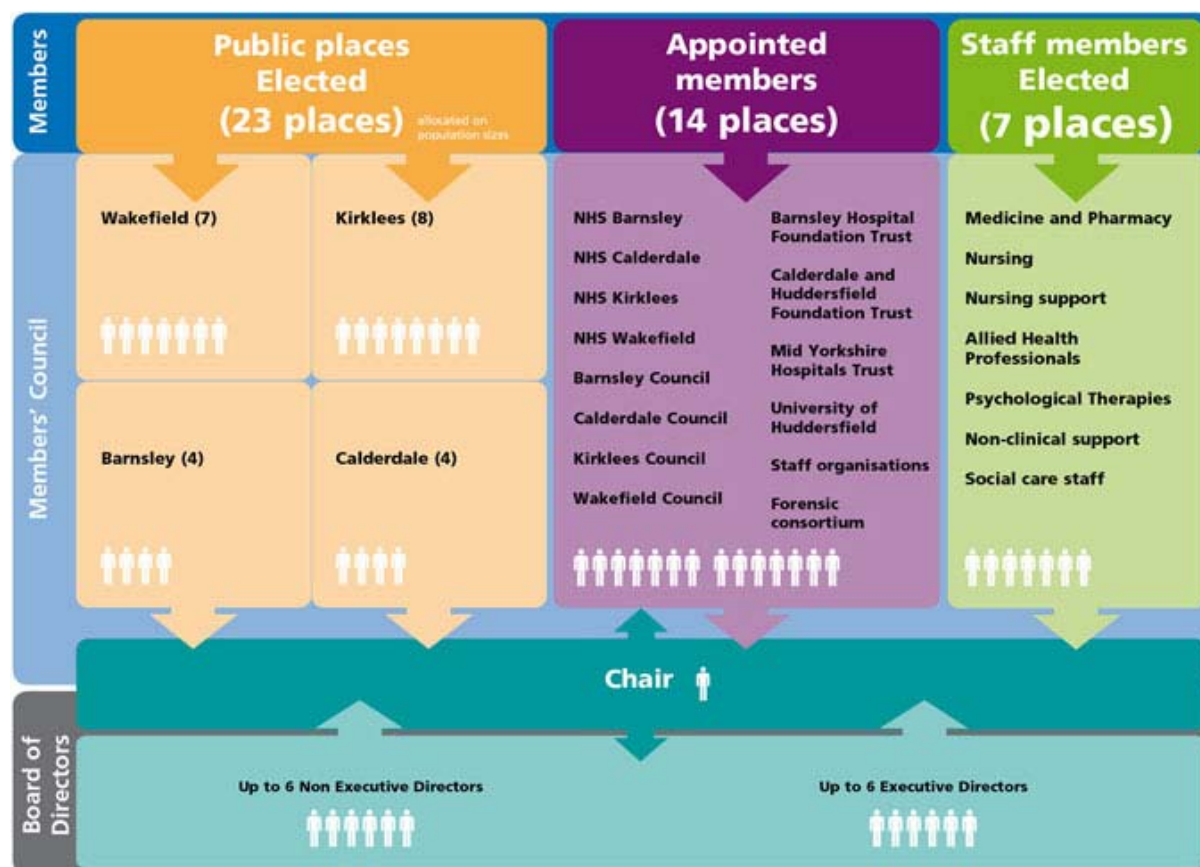
Our Members' Council

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, for example primary care trusts and local authorities. 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.

Following the transfer of services under Transforming Community Services from Barnsley, the Members' Council supported a proposal from Trust Board to create additional seats on the Members' Council to ensure the Barnsley district was treated in the same equitable and fair way as the other three districts that make up the Trust's geographical area. As a result, four publicly elected seats were allocated. Following an election process for a two-and-a-half year term of office, two of these seats have been filled.

Seats were also offered to Barnsley Metropolitan Borough Council, NHS Barnsley and Barnsley Hospital NHS Foundation Trust as key partners in the Barnsley area and to replicate the arrangements in the Trust's existing districts.

From 1 May 2011 there were 44 places on the Members' Council in total (see below). This will change to 43 on 1 May 2012 with the reduction of one Council Member in Wakefield.

In April 2010, following a process agreed by the Members' Council, the Nominations Committee recommended the appointment of Irene Chaloner, publicly elected Council Member for Kirklees, as Lead Governor for the Members' Council. Irene was re-appointed as Lead Governor in April 2011. Following her resignation from the Members' Council, Tony Wilkinson, publicly elected Council Member for Calderdale, was appointed as Lead Governor in January 2012.

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.

Membership of the Members' Council and terms of office are outlined in the table below, which also provides information on attendance at meetings.

Name/representing	Term of office	Attendance during 2011/12
ADAM, Shaun Elected – public Barnsley	1 August 2011 for 2.5 years	Attended two out of two meetings
BASU, Ranjan Elected – staff Medicine and Pharmacy	1 May 2009 for three years	Attended one out of four meetings
BENNETT, Inara Appointed Staff side organisations	1 May 2009 for three years	Attended four out of four meetings
BURNS, Mick Appointed Secure Commissioning Consortium	1 May 2009	Attended one out of four meetings
CANNON, Sue Appointed NHS Calderdale	1 May 2009	Attended two out of four meetings
DALE, Doug Elected – public Wakefield	1 May 2009 for three years	Attended three out of four meetings
GILL, David Elected – public Kirklees	1 May 2010 for three years	Attended three out of four meetings
HANWELL, Dawn Appointed Barnsley Hospital NHS Foundation Trust	1 August 2011	Attended two out of two meetings
HASNIE, Nasim **Elected – public** **Kirklees**	1 May 2011 for three years	Attended three out of three meetings
HILL, Andrew **Elected – public** **Barnsley**	1 August 2011 for 2.5 years	Attended two out of two meetings
HORSFALL, Grenville Elected – public Calderdale	1 May 2010 for three years	Attended two out of four meetings
HYDE, Alison Appointed NHS Kirklees	2 June 2011	Attended one out of three meetings
KERRY, Richard Elected – staff Psychological therapies	1 May 2011 for three years	Attended two out of three meetings
LOWE, Mary Elected – public Wakefield	1 May 2010 for three years	Attended none out of four meetings

Name/representing	Term of office	Attendance during 2011/12
MASON, Ruth Appointed Calderdale and Huddersfield NHS Foundation Trust	8 November 2011	Attended one out of one meetings
MORGAN, Margaret Appointed Barnsley MBC	1 January 2012	Attended none out of one meeting
MORTIMER, Bob Elected – public Kirklees	1 May 2009 for three years	Attended three out of four meetings
PADGETT, Kath Appointed University of Huddersfield	1 May 2009	Attended three out of four meetings
PLUMMER, Simon Elected – staff Allied Health Professionals	1 May 2009 for three years	Attended two out of four meetings
PLUMMER, Wendy Elected – public Wakefield	1 May 2009 for three years	Attended two out of four meetings
REASON, Graham Appointed Calderdale Metropolitan Borough Council	1 May 2009	Attended none out of four meetings
RIGBY, Dave Elected – public Kirklees	1 May 2009 for two years Re-elected 1 May 2011 for three years	Attended four out of four meetings
SHEARD, Tom Appointed NHS Barnsley	1 August 2011	Attended one out of two meetings
SILCOCK, Paul **Elected – public** **Calderdale**	1 May 2011 for three years	Attended two out of three meetings
SMITH, George Elected – staff Nursing	1 May 2009 for three years	Attended four out of four meetings
SMITH, Jeremy Elected – public Kirklees	1 May 2009 for three years	Attended four out of four meetings
SMITH, Michael Elected – public Calderdale	1 May 2010 for three years	Attended four out of four meetings
SPENCER, Julie Elected – staff Non-clinical support staff	1 May 2010 for three years	Attended none out of four meetings
TENNANT, Clive Appointed Wakefield Metropolitan District Council	25 June 2010	Attended none out of four meetings
TENNANT, Gordon Elected – public Wakefield	1 May 2010 for three years	Attended four out of four meetings
WALKER, Hazel Elected – public Wakefield	1 May 2011 for three years	Attended three out of three meetings
WALKER, Peter Elected – public Wakefield	1 May 2010 for three years	Attended three out of four meetings
WALKER, Susan Appointed Mid-Yorkshire Hospitals NHS Trust	20 July 2011	Attended three out of three meetings
WILKINSON, Tony Elected – public Calderdale	1 May 2010 for three years	Attended four out of four meetings
WOODHEAD, David Elected – public Kirklees	1 May 2010 for three years	Attended three out of four meetings

The following Council Members left the Members' Council during 2010/11.

Name/representing	Term of office ended/reason
BRADBURY, Jean Elected – staff Social care staff in integrated teams	30 April 2011 Resigned
BRADSHAW, Angela Appointed Calderdale and Huddersfield NHS Foundation Trust	28 September 2011 Resigned
BROWN, Ann Elected – public Wakefield	30 April 2011 Not re-elected
CHALONER, Irene Elected – public Kirklees	5 December 2011 Resigned
EMERY, Moya Appointed Mid Yorkshire Hospitals NHS Trust	19 July 2011 Resigned
GRASBY, Roger Appointed NHS Wakefield District	4 November 2011 Resigned
HERATY, Ian Elected – public Kirklees	12 January 2012 Resigned
JOHN, Victor Elected – public Kirklees	30 April 2011 Did not stand for re-election
KITCHEMAN, Steve Elected – public Wakefield	1 September 2011 Resigned
KRISHNAPILLAI, Thiruvenkatar Elected – public Calderdale	30 April 2011 Not re-elected
MERRILL, Tom Elected – staff Nursing support	28 June 2011 Resigned
PLATTS, Jenny Appointed Barnsley MBC	31 December 2011 Resigned
SMALL, Tracy Appointed NHS Kirklees	30 April 2011 Resigned

Interests declared by Council Members can be found on the Trust's website at http://www.southwestyorkshire.nhs.uk/about-us/members-council/register-of-interests/ and contact can be made with Council Members through the website at http://www.southwestyorkshire.nhs.uk/about-us/members-council/contact/

Nominations for election to the Members' Council were sought in early 2011 for terms of office beginning 1 May 2012 for the following.

Nine public Council Members:
- ➢ Barnsley – two seats
- ➢ Kirklees – four seats
- ➢ Wakefield – three seats

Six staff Council Members:
- ➢ Medicine and pharmacy – one seat
- ➢ Allied health professionals – one seat
- ➢ Nursing – one seat
- ➢ Non-clinical support – one seat

- ➢ Nursing support – one seat
- ➢ Social care staff working in integrated teams – one seat

In Kirklees, there were only two candidates, therefore, the following were elected unopposed from 1 May 2012 for a three-year term.

Bob Mortimer (re-elected for a second term)
Jeremy Smith (re-elected for a second term)

In Wakefield, there were only two candidates, therefore, the following were elected unopposed from 1 May 2012 for a three-year term.

Doug Dale (re-elected for a second term)
Robert Klaasen

There were no candidates for Barnsley, therefore, two vacancies remain.

For the three staff seats, the number of candidates matched the number of vacancies and the following were elected unopposed from 1 May 2012 for a three-year term.

Marios Adamou (medicine and pharmacy)
Adrian Deakin (nursing)
Roman Logush (social care staff working in integrated teams)

Elections took place for three staff seats and the election ended on 11 April 2012. The following candidates were elected from 1 May 2012 for a three-year term.

Claire Girvan – Allied Health Professionals
John Haworth – non-clinical support staff
Netty Edwards – nursing support

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 Council Members to share their views and engage with Trust Board, particularly in the development of the Trust's annual plan.

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. At the meeting in January 2012, the national context and its implications and challenges in developing the Trust's plans for 2012/13. These were highlighted as follows.

- ➢ Major financial pressure across the NHS and the public sector.
- ➢ Significant commissioning reform.
- ➢ Increased regulation activity, particularly by the Care Quality Commission.
- ➢ Potential increase in competition, for example, through Any Qualified Provider and within forensic services.
- ➢ Changes to Mental Health Service and potential community service) classification and currency.

The joint meeting with Trust Board reviewed and re-confirmed the Trust's strategic objectives and workshops covered strategic priorities and key actions for the coming year by

Business Delivery Unit led by District Service Directors and supported by Executive Directors and Non-Executive Directors.

The outputs from the workshops with the Members Council have informed and contributed to development of the Trust's annual plan for 2012/13, in particular:

- ➢ the continued integration of services that transferred from Barnsley;
- ➢ the challenges arising from the Any Qualified Provider approach introduced by the current Government;
- ➢ introduction of care packages and pathways and payment by results;
- ➢ the continued work to develop partnerships and strategic alliances to consolidate pathways.
- ➢ development of the Trust's forensic service offer.

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

Strategy and forward plans
- ➢ Developing Quality Accounts
- ➢ Forward plan for 2012/13 (joint meeting with Trust Board) in January 2012.
- ➢ Development of the Members' Council objectives for 2012.

Statutory duties
- ➢ Appointment of the Chair.
- ➢ Appointment of Non-Executive Directors.
- ➢ Pre-election workshops.
- ➢ 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 2011.
- ➢ Stakeholder perceptions.
- ➢ Review of 'did not attend' and cancelled clinics in Kirklees.
- ➢ Attendance at dialogue groups across the Trust.
- ➢ Attendance at members' education events.
- ➢ Olympics planning group.
- ➢ Representation at the Drugs and Therapeutics Trust-wide Action Group.

Personal development
- ➢ Effective and constructive challenge.
- ➢ Attendance at Foundation Trust Governors' Association meetings.
- ➢ Attendance at FTGA/Foundation Trust Network and regional governors' meetings.

A session is held annual to evaluate the contribution of the Members' Council. This is hosted by the Chair of the Trust and run by an external facilitator. The event also acts as an induction session for new Council Members.

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 and the Members' Council budget.

Council Members are also encouraged to attend public Trust Board meetings.

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.

Joyce Catterick, Chair of the Trust (Chair)	Attended three out of three meetings
Steven Michael, Chief Executive	Attended three out of three meetings
Angela Bradshaw, Members' Council (appointed – Calderdale and Huddersfield NHS Foundation Trust) (member for July 2011 meeting only)	Attended one out of one meeting
Irene Chaloner, Members' Council (publicly elected – Kirklees) and Lead Governor (member for July 2011 meeting only)	Attended none out of one meeting
Steve Kitcheman, Members' Council (publicly elected – Wakefield) and representing service users' interests (member for July 2011 meeting only)	Attended one out of one meeting
Kath Padgett, Members' Council (appointed – University of Huddersfield) (member for December 2011 and January 2012 meetings)	Attended two out two meetings.
Paul Silcock, Members' Council (publicly elected – Calderdale) and representing service user's interests (member for December 2011 and January 2012 meetings)	Attended two out two meetings.
Michael Smith, Members' Council (publicly elected – Calderdale) (member for December 2011 and January 2012 meetings)	Attended two out two meetings.

The Nominations Committee works in accordance with the Trust's Constitution, with the Members' Council appointing Non-executive Directors using the following procedure.

➢ The Nominations Committee, on behalf of the Members' Council, maintains an approach to the composition of the Non-Executive Directors, which takes account of the membership strategy, and which 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 Non-Executive Directors 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 Council Members selected by the Members' Council (currently three), and the Lead Governor. The Nominations Committee has the power to co-opt external persons to act as independent assessors to the Nominations Committee.

During 2011/12, the Nominations Committee appointed one Non-Executive Director (Julie Fox from 1 August 2011) to fill the second of two vacancies that arose in May 2010 due to the terms of office of two Non-Executive Directors coming to an end. This process was

overseen by the Nominations Committee, which agreed the skills and experience the Trust Board required at the time and appointed the Appointments Commission to manage the process on behalf of the Trust.

The Nominations Committee also considered the re-appointment of three Non-Executive Directors. A recommendation to re-appoint Peter Aspinall and Ian Black was approved by the Members' Council in January 2012. A further recommendation to re-appoint Helen Wollaston was approved by the Members' Council in April 2012.

During the year, the Nominations Committee undertook a process to appoint a Lead Governor following the resignation from the Members' Council of Irene Chaloner. As a result, a recommendation was made to the Members' Council to appoint Tony Wilkinson, publicly elected Council Member for Calderdale as Lead Governor from 1 February 2012 to the end of his term of office on 30 April 2013.

Following the decision by Joyce Catterick not to seek re-appointment at the end of her term of office on 31 January 2012, the Nominations Committee has overseen 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.

Operating and Financial Review

Quality Review

Quality of service delivery is central to all we do. Trusts are required to produce quality accounts to evidence the quality of services and plans to maintain and improve current standards. These are detailed accounts of performance against a range of targets, which are made available to the public through the NHS Choices website, and are also used by commissioners and regulators.

The Trust's Quality Accounts for 2011/12 are incorporated into this report. Further information on quality governance and quality is also included in the Annual Governance Statement.

During 2011/12 we have expanded our services through the transforming community services programme with the acquisition of Barnsley community services, Wakefield CAMHS and health and wellbeing services, Calderdale Health and Well Being and Substance Misuse Services. This has provided some key opportunities to expand the service offer to our communities and improve the quality of services that we provide.

Some of our key achievements in relation to quality improvement during the year are outlined below.

➢ We have developed a range of innovative quality improvements across the Trust that are being recognised nationally, and in some cases internationally, as pioneering work including:

- Creative minds strategy and partnerships with local organisations
- Community health champions and health trainers in Calderdale
- Telehealth development in Barnsley
- ADHD service development
- Outpatients essence of care benchmark
- Story circles and development of portrait of a life
- Care Delivery System Template (CDST)
- The use of Situation, Background, Assessment, Recommendation (SBAR) communication tool in mental health
- Middleground leadership programme
- Change Lab

➢ We have further developed our focus on sustainability. To date, we have been concentrating on a variety of projects including making the best use of our resources and technology, being a good corporate citizen, agile working and sustainable procurement. We have already made some great progress, including a reduction in our total carbon emissions (CO_2) by 32.5% over the last 8 years.

➢ An innovative project has been introduced at Newton Lodge, to help men understand the causes of psychosis and develop ways of coping with their individual experiences. The 'Bucket Club' was an eight week pilot programme, introduced to help men on the Appleton ward understand why situations which make them feel stressed can lead to them experiencing symptoms of psychosis such as hallucinations, troublesome thoughts, confused thinking or changes in behaviour.

➢ Families in the Barnsley region have been benefiting from a pioneering comfort care pack. The information pack includes information sheets for relatives and patients about the signs and symptoms of dying, general hospital information, counselling and bereavement services; as well as free car parking vouchers, to help reduce the distress at a very difficult time. The pack has enabled the replication of some of the comfort

measures found in hospice care to make a carer/relative's stay more comfortable and has helped to improve communication between staff working in primary and secondary care settings. It has helped to promote end of life care tools throughout Barnsley and raise awareness of issues faced in end of life care.

➢ Kirklees Council and the Trust introduced a pilot in Community Mental Health Teams (CMHTs) to see how personal budgets could help people experiencing mental health problems. Over 80 people have taken part and now have a personal budget in place. They can use the money on anything which will help them meet the goals they have identified in their assessment. The use of personal budgets has been received really positively by the team. They encourage staff and service users to think creatively about the support that is available and the different services.

➢ The Child and Adolescent Mental Health Service (CAMHS) in Barnsley has helped secure £2.7m of investment from the Department of Health to deliver innovative training to therapists and clinical leaders. The project will improve the availability of psychological or "talking" therapies for children and young people with mental health problems, focusing on children from three to eight years with behavioural problems and Conduct Disorder, and children and teenagers from eight to 18 years with depression and/or anxiety disorders. The new approach will see whole services, not just trainee therapists, use session by session outcome monitoring and improving access to services

➢ The redevelopment of Newton Lodge, our medium secure services, is continuing on site at Fieldhead in Wakefield. The £11.8million redevelopment involves demolishing and rebuilding and the project is due for completion in August 2013. The first phase of works is on time and within budget and is scheduled to be completed in March 2012. This phase comprises the therapeutic activity centre and also a bedroom block extension to provide ensuite rooms. We have also secured further funding to improve the main entrance to Newton Lodge. This will not only enhance our security provisions but it will also improve the appearance of the entrance.

➢ The use of Lean methodology within the organisation has had a focus this year, with 280 people undergoing Lean Awareness training and a number of people trained to support Lean facilitation. Rapid improvement events have taken place in 3 specific areas of the Trust and the impact is currently being evaluated.

During 2011/12 we have continued to focus on the development of the Quality Academy. The work we have done to date is to bring the non-clinical support functions together and to develop a model to enable these services to work together as an integrated team focussed on enabling front line services and managers to deliver excellent care all of the time

We believe, by working smartly together, we can deliver excellent leadership, tools, services and support to front line services and management teams so that we can be one of the leading healthcare organisations in the country, provide excellent quality services that meet local expectations and work closely with our partners to bring benefits for the communities we serve.

We launched our Quality academy on 22 June 2011 and were joined by colleagues from Jonkoping, a health and social care economy in Sweden with whom we have a strategic alliance. We have developed a close relationship with the staff from this area who have led a transformation over several years which has enabled them to become a leading edge provider and organiser of high quality efficient and effective care for their community. We also attended their Clinical Microsystems festival and led three sessions to share our work.

In drawing together the Quality Account this year we have talked to our wider stakeholders and asked for their input into identifying what we should concentrate on in 2012/13. This stakeholder group include local involvement networks, service users and carers, staff, overview and scrutiny committees, commissioners and governors.

The priorities for improvement for 2011/12 and 2012/13 are summarised below and further detail is provided in the full Quality Accounts on our progress.

Wakefield/Calderdale/ Kirklees priorities 2011/12	Barnsley priorities 2011/2012	Trust priorities 2012/13
Improve access to our services	Medicines Management	To listen to our service users and carers and act on their feedback.
Improve pathways of care	Personalised care	Improve the timeliness and ease of people accessing services when they need them
Improve care and care planning	zero tolerance of avoidable healthcare acquired infections	Improve care planning
Mutual respect	AIMS accreditation (Accreditation for Inpatient Mental Health Services (AIMS) standards for inpatient wards)	Improve the recording and evaluation of care
Maintenance of a clean, safe environment	Refurbishment of ward 6	Improve transfers of care by working in partnership across the care pathway
Improve communication with carers		Ensure that our staff are professionally, physically and mentally fit to undertake their duties.
		To improve the safety of our service users, carers, staff and visitors

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 provision of mandatory services;
➢ NHS Constitution;
➢ ongoing registration with the Care Quality Commission.

During 2011/12, the CQC visited the Trust four times and as at 31 March 2012 the Trust continued to carry three CQC compliance actions as follows:

➢ one at Chantry Unit (Wakefield Older People Services);
➢ two at Fox View (Kirklees Learning Disability Services).

The Trust was issued with a compliance action for Newton Lodge (medium secure services), which was lifted following a re-visit to the Unit. In April 2012 the Trust acquired a further compliance action following publication of the final CQC report on the Kirklees perinatal pathway.

For each of the reports arising out of CQC visits, a robust action plan was immediately developed and put in place. Learning from the visit findings was shared between and across Business Delivery Units. The Trust has also introduced a programme of quarterly unannounced visits across all services and all districts to help prepare services for visits by

the CQC and to review practice against CQC registration standards. Again, key themes emerging are addressed across and within Business Delivery Units.

Compliance with CQC registration standards will continue to be a key regulatory risk in the coming year.

Performance in terms of Monitor's governance and financial risk ratings during 2011/12 is as follows.

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

2010/11	Q1		Q2		Q3		Q4	
	Plan	Actual	Plan	Actual	Plan	Actual	Plan	Actual
Finance	Green	Green	Green	Green	Green	Green	Green	Green
Governance	Green	Green	Green	Green	Green	Green	Green	Green

The Trust's governance rating for the first three quarters of the year was Amber/Red due to the compliance actions issued by the CQC. The treatment by Monitor of CQC findings in relation to the governance risk rating changed at the end of quarter 4, which returned the Trust to a green rating. In quarter 1, a further contributory factor was non-achievement of the Clostridium Difficile target in Barnsley. Following clarification that this was a local target set between the commissioner and the Trust and was not part of the national target, the status of the target was changed.

There were no formal interventions in 2011/12.

Performance review and analysis of key performance indicators

Trust Board identified a number of key performance indicators for 2011/12, 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 2012.

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)	3.8	3.8
CQC	CQC quality regulations (compliance breach)	0	3
CQUIN	Local CQUIN Barnsley	Green	Amber/Green
	Local CQUIN Calderdale	Green	Amber/Green
	Local CQUIN Kirklees	Green	Amber/Green
	Local CQUIN Wakefield	Green	Amber/Green
	Forensic CQUIN	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%
	% new referrals to PTS treated within 18 weeks	90%	94.2%
IAPT	Total number of people entering treatment	6,318	3,199
	Total number of people supported back into employment	191	398
	Number of people how 'moved to recovery'	1,361	594
Infection prevention	Infection prevention	0	0
PSA outcomes	% service users on CPA in employment	10%	8.3%
	% of service users in settled accommodation	60%	70.5%

Customer focus

	KPI	Target	Month 12 position
Complaints	% complaints with staff attitude as an issue	<30%	18%
MAV	Physical violence – against patient by patient	Green	Green
	Physical violence – against staff by patient	Green	Green
Equality	% of policies, strategies, services and functions subject to EIA	100%	100%
FOI	% of requests for information under the act processed in 20 working days	100%	100%
Media	% of positive media coverage relating to the Trust and its services	>60%	87%
Members' Council	% of publicly elected council members actively engaged in Trust activity	>50%	50%
	% of quorate council meetings	100%	100%
	% of vacancies carried by the Members' Council	<10%	18%
Membership	% of population served recruited as members of the Trust	1%	1.3%
	% of 'active' members engaged in Trust initiatives	>50%	40%
Befriending services	% of service users allocated befriender within 16 weeks	>70%	67%
	% of service users requesting a befriender assessed within 20 working days	>80%	100%
	% of potential volunteer befriender applications processed within in 20 working days	>90%	100%
	Service user experience (% position feedback)	>75%	83.7%
Community	% service users on CPA offered a care plan (AWA and OPS)	80%	83.7%

Operational effectiveness: process effectiveness

	KPI	Target	Month 12 position
Quality	NICE guidance implementation	4 criteria	Green
	Number of all incidents involving restraint		279
	Number of unique SU subject to seclusion		36
	Number of incidents of AWOL (detained patients)		47
	Adult safeguarding training	80%	70.5%
Inpatients	Delayed transfers of care (DToC) (Monitor)	< = 7.5%	3.9%
	% admissions gatekept by Crisis teams (Monitor)	>90%	97.5%
	% SU on CPA followed up within 7 days of a discharge (Monitor)	95%	96.3%
	% SU on CPA having formal review within 12 months (Monitor)	95%	96.9%
	EIP Service – new cases (PCT) (Monitor)	95%	204.9%
Data quality	% inpatients (CPA) discharged with valid diagnosis code	99%	98.9%
	Monitor data quality: identifiers	99%	99.5%
	Monitor data quality: outcomes	50%	77.9%
	% CPA clients with HoNOS in last 12 months (Monitor)	50%	74.9%
Finance	Delivery of CIPs	£9.8m	£9.9m
	Cash position	£19m	£27m
	In month better payment practice code	95%	91%
Report deliver	Report time delivery	10 working days	10 working days

Fit for the future: workforce

	KPI	Target	Month 12 position
Appraisal	% of staff who have had an appraisal in the last 12 months	> = 80%	75.7%
Sickness	Sickness absence rate	< = 4.25%	5.09%
Vacancy	Vacancy rate	<10%	3%

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

Trust staff are our largest and most important resource. It is their innovative practice, professionalism and dedication which enables us to make a difference to the lives of people who need to use our services, and those who care for them.

We try to create an environment to work in which makes our staff, both as part of a team and as individuals, feel supported and empowered to make a difference to the way we provide services for local people. This means we need a diverse workforce that is skilled, motivated and competent so we are able to continue providing responsive, effective and safe mental health and learning disability services.

The table below shows the staff in post by the different occupation groups as at 31 March 2012.

Staff in post by occupation group	2011/12 FTE	2011/12 Heads
Add professional, scientific and technical	222.12	273
Additional clinical services	960.48	1,132
Administration and clerical	780.38	938
Allied health professions	252.96	304
Estates and ancillary	280.99	375
Medical and dental	158.11	178
Nursing and midwifery registered	1,415.45	1,583
Students	13.26	16
Total	**4,083.76**	**4,799**

Equality and diversity	Staff as at 31.03.12
Age	Nos.
19 and under	8
20 – 24	153
25 – 29	413
30 – 34	504
35 – 39	558
40 – 44	670
45 – 49	864
50 – 54	797
55 – 59	507
60 – 64	246
65 – 69	67
70+	12
Ethnicity	%
White	93.20
Mixed	0.88
Chinese or other	0.83
Black	1.90
Asian	3.19
Gender	Nos.
Male	1,134
Female	3,665

The staff turnover rate for the Trust for 2011/12 was 7%, which is within the target range of 5 to 10%. Trust Board set a target sickness absence rate of 4.25% for 2011/12; the end of year rate was 5.02%. 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.

We are committed to regular communication and engagement with our staff on all matters of concern to them as employees, including matters relating to Trust performance and the financial and economic factors that affect this. We regularly look for ways to enhance that dialogue. We promote regular team meetings, informal monthly sessions with the chief executive in all localities, weekly email bulletins, bi-monthly newsletters dedicated to issues that impact on staff and feature broad ranging and up to date information on our intranet.

The main vehicle for discussions between management and staff representatives is the Trust-wide Social Partnership Forum which meets monthly. All major change management initiatives are discussed in this arena, and there is robust and constructive dialogue and challenge. There are locality consultative meetings also, which look in more detail at local issues. Staff representatives on the Trust's Members' Council also play their part in engaging with staff in their constituent groups.

The Trust worked on a number of initiatives to support staff in the last year, including the following.

➢ The Trust achieved Investors in People (IiP) accreditation in June 2009. IiP is a highly prestigious and much sought-after national standard of good employment practice and organisational improvement. Following the transfer of services from Barnsley, the Trust continued to work with the Standard. Barnsley BDU and Forensic Services have been assessed as meeting the standard; Wakefield BDU and support services meet the standard, subject to external verification, and Calderdale and Kirklees BDU assessments are still in draft.

➢ The Trust held its annual celebration of positive practice event, 'Excellence 11' in November 2011. The event recognises the Trust's continued success in delivering high quality services by committee and dedicated staff. The Excellence awards offer a chance to share good practice across districts and make the most of opportunities the Trust has to make a bigger difference to the lives of local people. There were over 150 entries into 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. A celebratory brochure can be found on the Trust's website at http://www.southwestyorkshire.nhs.uk/quality-innovation/excellence-awards/2011/excellence-11-brochure.pdf

➢ The Trust continued to promote and support leadership training and development. The Trust delivered a two-day middle management training programme to over 400 managers in conjunction with Robertson Cooper (occupational psychologists). The programme was designed to support continued development of organisational, team and individual resilience. Participants completed and received feedback on two personality questionnaires concerning individual resilience and also their leadership impact style. Each participant was required to produce their own summary of the two-day programme to take back into their service or area of work to share with other staff.

➢ The Trust has also worked in conjunction with Right Management to deliver a development programme for heads of service and General Managers to support the new Business Delivery Unit organisational structure.

➢ The Trust recognises that staff wellbeing is a critical factor in motivation and the ability to deliver a quality service. A 'Well-being at Work' Partnership Group was established involving senior managers and staff side representatives to develop the well-being agenda. A 'Creating well-being in employment' action plan has been agreed. There has been further investment in the staff retreat and also development of an Occupational Health Physiotherapy pilot offering fast track physiotherapy service for staff.

> The Trust has recently reviewed the effectiveness of its local partnership arrangements with staff side colleagues and feedback has been positive.
> During the year, the Trust implemented an e-rostering system across all in-patient areas and has developed a Trust-wide staff bank, which has significantly reduced reliance on overtime and agency usage.

Staff survey

The annual national staff survey, which aims to improve the working experience in the NHS, was carried out in October 2011. The survey was sent to a randomly selected sample of 850 Trust staff. The response rate was 51% which is slightly lower than average compared with similar NHS organisations. The overall level of staff engagement within the Trust is above average. There have been significant improvements in the survey results since 2010.

The survey results are presented across 38 key findings. The Trust's results were in the best 20% for mental health and learning disability services in 13 key findings:

> % recommending the Trust as a place to work or receive treatment
> % feeling satisfied with the quality of work and patient care that they are able to deliver
> % agreeing that their role makes a difference to patients
> Work pressure felt by staff
> Trust commitment to work life balance
> % staff working extra hours
> % feeling that there are good opportunities to develop their potential at work
> % receiving job relevant training, learning and development in the last 12 months
> % receiving health and safety training in the last 12 months
> Staff intention to leave their job
> % believing the Trust provides equal opportunities for career progression or promotion
> % staff experiencing discrimination at work over the last 12 months

	2010		2011		Trust position
Response rate	**Trust**	**National Average**	**Trust**	**National Average**	
	53%	53%	51%	54%	Below Average

	2010		2011		Trust position
Top four ranking scores	**Trust**	**National average**	**Trust**	**National Average**	
% Staff working extra hours	60%	65%	56%	65%	Best 20%
% Staff believing the Trust provides equal opportunities for career progression or promotion	92%	89%	94%	90%	Best 20%
% Staff receiving health and safety training in the last 12 months	87%	80%	91%	83%	Best 20%
% Staff believing there are good opportunities to develop their potential at work	49%	45%	49%	42%	Best 20%

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

> staff receiving equality and diversity training;
> staff experiencing harassment/bullying from colleagues
> Impact of health and well-being on ability to perform work or daily activities

Worse four ranking scores	2010		2011		Trust position
	Trust	National average	Trust	National Average	
Staff able to contribute towards improvements at work	67%	68%	64%	66%	Below Average
Staff receiving equality and diversity training	36%	47%	47%	53%	Worst 20% (improvement on 2010)
Impact of health and well-being on ability to carry out work or daily activities	1.65 scale score (1 limited impact, 5 significant impact)	1.62 scale score	1.71 scale score	1.61 scale score	Worst 20%
Staff experiencing harassment/bullying from colleagues	16%	14%	16%	13%	Worst 20%

The Trust improved in 18 areas in comparison to the previous year's results:

➢ % recommending the Trust as a place to work or receive treatment
➢ % feeling satisfied with the quality of work and patient care that they are able to deliver
➢ Quality of job design
➢ Work pressure felt by staff
➢ Trust commitment to work life balance
➢ % staff working extra hours
➢ % staff using flexible working options
➢ % feeling that there are good opportunities to develop their potential at work
➢ % receiving job relevant training, learning and development in the last 12 months
➢ % receiving health and safety training in the last 12 months
➢ % staff witnessing potential harmful errors, near misses or incidents in the last month
➢ Fairness and effectiveness of incident reporting
➢ Perceptions of effective action against violence and harassment
➢ % staff feeling pressure to attend when unwell during the last 3 months
➢ Staff job satisfaction
➢ Staff intention to leave their job
➢ % believing the Trust provides equal opportunities for career progression or promotion
➢ % staff experiencing discrimination at work over the last 12 months

The Trust results have worsened in 8 areas since the 2010 survey results:

➢ % appraised in the last 12 months
➢ Number of staff appraised with personal development plans in the last 12 months
➢ % suffering work related stress in the last 12 months
➢ % Reporting potentially harmful errors, near misses and incidents witnessed in the last month
➢ % staff able to contribute towards improvements at work
➢ Staff motivation at work
➢ % of staff experiencing harassment/bullying or abuse from staff in the last 12 months
➢ Impact of health and well-being on ability to perform work or daily activities

Work is underway to develop an action plan to address those issues raised by the survey results. The action plan will focus on expanding the implementation of equality and diversity training, ensuring all staff are able to constructively challenge any perceived harassment and bullying, and continued development of the well-being at work agenda. The 'Well-being at Work Partnership Group' will agree the action plan and monitor progress.

The key workforce priorities for the coming year include the following.

➢ Review of the Trust's workforce plan, and BDU workforce plans, to support delivery of new service plans and the long term financial model.
➢ Continued delivery of the wellbeing and engagement plan including reducing levels of sickness absence and implementation of the action plan following the wellbeing survey in 2011.
➢ Achieving accreditation to the Investors in People Standard in 2012 for the whole organisation and then work towards achieving gold level accreditation during 2013.
➢ Introducing an E-HR system to support managers in undertaking their role and ensuring all HR processes incorporate lean thinking.
➢ Introduction of the Staff Bank Management System module of the E-Rostering system to achieve efficiency savings through the proactive management of annual leave.
➢ Continued Leadership and Management Development Activity including roll out of the Middleground Programme during 2012.
➢ Review of all key employment policies and procedures

Performance against these priorities will be monitored by the Trust Board and Executive Management Team through a quarterly HR Performance Report.

Actions 2010 survey
In response to the 2010 survey findings a working group was established, which included staff from different service areas and representatives of the staff side organisations, to develop a Trust-wide 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 working group studied the results and agreed to 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. However, it was recognised that action had already taken place in all the areas. The three areas are:

- Equality and Diversity training
- Support to staff from immediate managers
- Harassment and Bullying

There were also some areas where the Trust was below average compared to other mental health/learning disability Trusts. However, a number of these scores are only very slightly below the average (e.g. 1 or 2 % points) which is not felt to be significant.

Since the 2010 results were received the Trust has taken on community services in Wakefield, Calderdale and Barnsley. Barnsley PCTs staff survey results are also referred to in this action plan. There were two areas where Barnsley PCTs survey results were below average compared to other PCTs with mental health services. Firstly, staff receiving equality and diversity training. Secondly, the percentage of staff who had witnessed an error, near miss or incident in the last month said that they, or a colleague, had reported it, 96%, compared to average 98%, however this is not felt to be significantly below the average score.

Since the 2010 survey the numbers of staff undertaking equality and diversity training has increased significantly although the Trust remains in the bottom 20% of trusts for this score. The work on 'support to staff from immediate managers' was primarily addressed through the work on the Investors in People Standard. This score was average compared to other similar Trusts in the 2011 survey.

The work on Harassment and Bullying has focused on increasing awareness of employment policies and the support available to staff in areas where the bullying figures were higher than average. The Trust used the 2011 Well-being at Work survey, in conjunction with Occupational Psychologists Robertson Cooper, to explore further the issue of harassment and bullying. The Trust is working with the Advisory, Conciliation and Arbitration Service (ACAS) and a workshop has been arranged for June 2012 with service managers, HR and staff side colleagues to consider future actions around harassment and bullying.

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 2011/12.

As at 1 April 2011 and 1 May 2011 retrospectively the Trust acquired services under Transforming Community Services from NHS Calderdale, NHS Wakefield District and NHS Barnsley to the total value of £100 million increasing the Trust total turnover to £230 million. The services transferred related to mental health, community, and health and wellbeing services.

Overview of Financial Performance

The Trust had an annual turnover of £231.1 million for 2011/12 and an overall surplus of £6.3 million (2.7%) for the year. Of the total income, 88% is generated by healthcare contracts with local PCTs (NHS Barnsley, NHS Calderdale, NHS Kirklees and NHS Wakefield District) and 7% is with local authorities. The majority of contract income is commissioned as a fixed payment; however, 1.5% (2.9 million for 2011/12) is based on the achievement of key quality indicators. The Trust achieved 80% of the performance indicators and improvement in the remaining 20%.

The Trust achieved a recurrent savings target of £9.7 million during the year which represents a 4% efficiency target achievement.

Capital expenditure totalling £10.4 million was incurred in the period. The Trust held a planned cash balance of £27 million at 31 March 2012; this is an increase of £8.8 million on March 2011. A sizeable cash balance has been sustained and increased over the last three years to fund the future capital programme in the next five years.

The Trust achieved the Better Payment Practice Code for NHS Trusts by paying over 95% of valid invoices within 30 days for non-NHS invoices and paid 91% on NHS invoices within 30 days. The Trust also complied with the principles of the CBI Prompt Payment Code by paying 82% of local suppliers within ten days.

Income & Expenditure Performance for 2011/12		
	2010/11	2011/12
	Full Year	Full Year
	£k	£k
Income from Activities	120,738	219,361
Other Operating Income	7,609	11,694
Total Income	128,347	231,055
LESS		
Operating Expenses	123,680	223,486
Interest Received	194	273
Public Dividend	1,535	1,522
Asset Impairment	0	0
Surplus	3,326	6,320

The Trust was rated amber/red for quarters 1, 2 and 3 and Green in quarter 4 Monitor in terms of its governance and mandatory services ratings in 2011/12. In addition, the organisation's financial position as assessed by Monitor using the Financial Risk Rating was between 3.8 and 4.3 out of 5 during the period.

The Financial Risk Rating as at 31 March was 4.3.

The Financial Risk Rating considers a number of key financial performance measures to assess the financial viability of a foundation trust such has having sufficient cash to meet outgoings and expenditure being in line with what was planned. The table shows the actual position for 2011/12 compared to the plan submitted to Monitor in May 2011.

Financial Risk Rating FY 2011/12

Metric	March 2012 Actuals		May 2011 Plan	
	Score	Rating	Score	Rating
EBITDA margin	5.2%	3	4.5%	2
EBITDA, % achieved	118.2%	5	125.2%	5
ROA	13.4%	5	11.4%	5
I&E surplus margin	3.5%	5	2.8%	4
Liquid ratio	28.8	4	25.6	4
Weighted Average		4.3		3.8

Capital Investment

The Trust's financial plans include proposed expenditure on capital assets. Resources to spend on capital investments are generated internally from depreciation or surpluses or externally from borrowing. The Trust has financed its capital expenditure from internally generated resources. Capital resources are allocated and approved by Trust Board in support of the Integrated Business Plan. In-year monitoring of capital schemes is undertaken by the Estates Trust-wide Action Group and the Executive Management Team to ensure efficient and effective use of these resources.

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 £0.1 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 2011/12. During 2011/12, the Treasury changed its policy on accounting for capital and donated assets grants. This meant there was a prior period adjustment of £0.3 million to the income and expenditure reserve from deferred income and the donated assets reserve.

Impact of IFRS Valuation of Assets

As part of the review of accounting policies the valuation of the assets on the balance sheet was reviewed and there were no material adjustments required in the accounts for 2011/12.

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. During the year two properties were deemed surplus to requirements and reclassified as investment property valuing £0.6 million.

Holiday Pay Accrual

The Trust accrual for holiday pay has increased by £0.8 million in 2011/12 as a result of the extra staff transferred as part of TCS.

Key Financial Risks for the Future

The key financial risks for the Trust going forward are:

➢ the 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 5% for the foreseeable future;
➢ the uncertainty in relation to commissioning intentions in future as GP consortiums develop and the development of the 'any qualified provider model';
➢ data quality and clinical systems are robust in the future to support service funding through tariff and evidence of outcomes.

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 a robust financial plan in support of its Integrated Business Plan. The plan is reliant on the Trust delivering its cost improvement programme and generating sufficient resources to invest in its capital projects. Continued delivery of cost saving measures through changes to workforce, estate, sustainability projects and service design are key in ensuring the Trust is able to meet its service and financial objectives. These workstreams form part of the organisation's change management programme.

The Trust needs to ensure it continues to deliver the local quality targets which have a contract value of £4.8 million for 2012/13.

A Data Quality Action plan has been developed over 2011/12 to ensure systems and information are robust and effective in supporting service delivery and evidencing performance.

Pension Liabilities

The accounting policy for pensions is detailed in Note 9 of the Accounts and details of pensions paid to senior managers for the Trust are contained in Note 39 (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.

Prompt Payment of Invoices

The Trust has signed up to the prompt payment code for the NHS and has met the better payment practice code which requires 95% of valid invoices to be paid within 30 days of receipt. Details are in Note 23 in the Accounts. The Trust fell below target for payment of NHS invoices (91% at 31 March 2012) due to transition process with TCS invoices.

The CBI better payments practice code requires organisations to pay invoices on time. The Trust performance against the NHS target demonstrates its compliance with this code. In November 2008 the government requested public sector organisations to pay small and medium sized suppliers within ten days of receipt of invoice to ensure these organisations had sufficient cash flow during the recession. The Trust responded to this request and paid over 82% 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.

Auditors' Remuneration

Audit fees were £77,000 and £70,000 respectively; this covers both the Annual Accounts and the audit of the Quality Accounts.

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

During 2011/12 the Trust acquired services totalling £90 million, which has increased the Trust Turnover to £230 million. All cost improvement targets were achieved in 2011/12, which were included in the detailed long-term financial model. This was subject to independent review and showed projected surpluses for the next five years. As part of this, Trust Board has explored, in detail, the Trust's position, reviewing the financial viability of the

organisation in the challenging economic climate and the community service acquisitions. For this reason, the Trust continues to adopt the Going Concern basis in preparing the accounts.

Capital Programme (including Estates Strategy)
The Trust has taken forward and delivered a significant capital programme over the past few years, with the majority of capital expenditure focussed on the Fieldhead hospital site. Construction commenced in 2011/12 on the extension and refurbishment of the Medium Secure services at Newton Lodge. This project represents an investment of over £11 million and will be completed in 2013/14. From 2011/12 to 2015/16, the Trust's capital plan will see an investment of £40 million in improved forensic and inpatient accommodation, sustainable buildings and technology infrastructure, and ensuring all our estate meets the requirement of the needs of services now and in the future.

Other disclosures

Sustainability
In 2011/12 the Trust has participated in the Carbon Trust's NHS Carbon Management Programme, to build on our existing work around sustainability.

This Sustainable Development and Carbon Plan commits the Trust to a target of reducing CO_2 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 the next 5 years if we reduce our emissions by 18%, against business as usual figures.

The Carbon Management Trust has recently approved our plan and final amendments are being made. Once finalised, the document will be available on our website: www.southwestyorkshire.nhs.uk/sustainability

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 diversity 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 preparing for 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 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
The Trust's Research and Development Strategy, approved by Trust Board in March 2012, sets the direction to progress and foster a learning culture, develop good quality research and disseminate research findings. It also provides a framework for activity tailored to the needs of services and in keeping with the Trust's mission, vision values and goals and relevant to the modernisation and improvement of services. Following the Trust's withdrawal from a West Yorkshire consortium approach with Bradford and Leeds mental health trusts, the Trust has developed an in-house R&D function, which is accountable to the Medical Director. A R&D Trust-wide Action Group oversees the work of the R&D function and this group reports into the Clinical Governance and Clinical Safety Committee. The Trust aims for its R&D function to be self-financing and key to successful activity is involvement of service users and carers at all levels.

The Strategy highlights five key areas:

- focus research activities on key research areas to enable the Trust to build research expertise, experience and reputation in few key areas;
- establish research projects and programmes of research that are nationally competitive and attract better funding;
- focus research on areas that meet service user and local communities needs;
- steer research towards key areas of importance that are multi-disciplinary, cross organisational with a focus on high calibre research;
- focus on research that supports innovation and more effective and efficient services.

There were no significant developments in R&D during 2011/12.

Health and safety
Trust Board acknowledges that the health, safety and welfare of our staff, patients, partners, clients, residents, visitors and external contractors is of paramount importance. The Trust has a policy in place that recognises that everyone has a 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 reflects the Trust's mission, vision, values and goals and the commitment to balance risks, rights and responsibilities and ensuring working environments are 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 2011/12.

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 corruption
The Local Counter Fraud Specialist (LCFS) carries out work to create and maintain an anti fraud 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 Audit Provider, West Yorkshire Audit Consortium.

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/Local Security Management Specialist Protocol;
➢ Local Counter Fraud Specialist/Human Resources Protocol;
➢ Redress Protocol;
➢ Counter Fraud Communications Strategy.

A total of 101 counter fraud days were agreed for the 2011/12 proactive work plan across anti-fraud culture, deterrence, prevention, detection, strategic, sanction and redress activity. As at 26 March 2012, a total of 85.5 of these combined days have been utilised. These areas were addressed as follows.

Creating an Anti-Fraud Culture	**Fraud Awareness Month** March 2012 • A full update and re-launch of the fraud and corruption intranet and internet pages • Articles which will be published in the upcoming *Staff Focus* and *Like Minds* magazines, highlighting the LCFS role and the efforts made by the Foundation Trust to tackle fraud and corruption. • A series of staff weekly emails requesting staff to complete the fraud awareness e-learning module, enclosing the latest WYAC fraud newsletter and highlighting the correct reporting lines for suspicions of fraud and corruption. A fraud awareness staff survey has also now been issued across the Foundation Trust, the results of which will be analysed and reported on early in 2012/13.
Deterring Fraud	**WYAC fraud newsletter covering** • The results from the Qualitative Assessment process during 2011/12, including the '3' rating (performing well) for the Foundation Trust • A national update on the National Fraud Initiative (a further national report on this

	exercise will follow in May 2012) • Recent scams that are targeting the NHS • The national focus on procurement fraud • A reminder to staff to complete the fraud awareness e-learning module • The latest major proven fraud cases from across the NHS, all of which were heard in the criminal courts and resulted in prison sentences.
Preventing Fraud	**Integration of Foundation Trust policies** A number of business critical policies, that were due to be harmonised by 1 April 2012, have been identified that may impact upon fraud matters. The LCFS has made specific recommendations in respect of the following:- • Disciplinary Policy • Whistle-blowing Policy • Procurement Procedures • Serious and Untoward Incident Reporting and Management
Detecting Fraud	**Local Proactive Detection Exercises** Two Trust-wide detection exercises in relation to mileage expenses and pre-employment checks are being progressed. The exercises are expected to be completed during April 2012.

The results from the Qualitative Assessment process during 2011/12 resulted in a '3' rating (performing well) for the Trust. This was an improvement on the level 2 rating achieved the previous year.

Consultations completed in previous year (2010/11), consultations during 2011/12 and any planned consultations in 2012/13
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 2011/12, this worked well in supporting decision-making regarding the location of mental health inpatient provision for Kirklees residents, which was influenced by engagement with service users and carers, the Members' Council, members, staff and the wider public through a series of workshops and focus groups during the summer and autumn of 2011.

In 2012/13, 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 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 2011/12, a similar process was adopted for the developing 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 criteria for 'What Matters'. This is now a model of good practice which is promoted throughout the organisation via the local Equality and Inclusion Action Groups.

<u>Details of any serious incidents involving data loss or confidentiality breach</u>
There was one serious incident involving personal data as reported to the Information Commissioner's Office in 2011/12. This related to a level three incident (graded 3 to 5 severity on Department of Health criteria) where a member of staff's car was broken into and a list of staff personal details (address, phone number, next of kin and car registration) was stolen. Robust action was taken in regard to this incident.

There were nine personal data related incidents (graded 1 or 2 on Department of Health criteria) in 2011/12. These related to accidental disclosure of patient information to an incorrect patient (three incidents), loss of inadequately protected electronic equipment devises or paper documents outside NHS premises (one incident) and inside secured NHS premises (five incidents). Robust action was taken in relation to all incidents.

Looking Ahead

We are committed to providing the best quality services that are safe and effective and focused 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.

Strategic priorities were determined by Trust Board in March 2012 for 2012/13.

(i)   Consolidation and expansion of local pathways with a strong emphasis on consolidation. This includes sub-specialisation.
(ii)   Exploring opportunities for Forensic Service expansion, which may include sub-specialisation within the Forensic offer.
(iii)   Further define and develop Thought leadership with greater emphasis on the creative approaches the Trust is gaining a reputation for, such as Change Lab, Creative Minds and Telehealth.
(iv)   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.

The strategic focus on consolidation is reflected in the clinical and quality strategy of the Trust which is one of continuing to systematically improve clinical quality and safety for our service users. Consequently a major focus for 2012 onwards is a range of activities that consolidate and improve quality and safety in the form of a 'back to basics' campaign. These include:

➢ more listening to our service users and carers and acting on their feedback;
➢ improved timeliness and ease of people accessing services when they need them;
➢ improved care planning and the recording and evaluation of care;
➢ improved transfers of care;
➢ Trust-wide service review and redesign.

The organisational development of the Trust is described in its Integrated Business Plan with key pieces of change work set out and monitored through the Trust's Change Management Programme (CMP). In addition specific initiatives for people and relationship development have been identified.

Key strategic priority	Action
Consolidation and expansion of local pathways with a strong emphasis on consolidation.	➢ Deliver on the mental health pathway agenda in light of first year's move to Payment by Results (PbR). ➢ Realise the potential of the physical and mental health integrated pathway approach, building on the experience in Barnsley. ➢ Clarify the role of Health & Wellbeing services in enhancing our service offer ➢ Consider the role of IAPT services across the whole Trust and identify a strategic plan to take these forward. ➢ To consolidate the geographical expansion of the Trust into Barnsley.
Exploring opportunities for Forensic Service expansion.	➢ Clarify the service offer for Forensic Services in light of changes within the market. This may include further sub-specialisation. Deloitte are providing support here. Continue

Key strategic priority	Action
	to provide a lead role in the development of PbR methodology for Forensics. ➤ Complete development and expansion of Women's Services including securing commissioner support. ➤ Identify where review of rehab and recovery services can support the Forensic agenda e.g. 'step down'.

Further define and develop Thought leadership	➤ Review the stakeholder perception work being undertaken by Leeds Metropolitan University to assess reputation for thought leadership.
	➤ Communicate and build reputation in the 3 key areas of:
	  i) Telehealth
	  ii) Creative Minds
	  iii) Change Lab

Geographical expansion	➤ Assess potential for smaller scale 'discrete' opportunities, such as Any Qualified Provider. ➤ Maintain horizon scanning approach for longer term opportunities beyond 2012/13.

To deliver this the Trust will continue to follow a comprehensive and integrated approach to organisational development, based on a clear strategic framework. The 4+4 framework "What Really Works" *(Nohria, Joyce, Roberson)* has served the organisation well to-date and provides the basis for the coming year's objectives, ensuring a balanced approach to all aspects of organisational function.

In the coming year, the Trust will adhere to its terms of authorisation and remain well governed, legally constituted and financially viable and sustainable, delivering on key targets set out in its Business Plan as well as delivering against Monitor's compliance framework. In doing so it is the Trust's ambition to be viewed as a national and international leader in the field of community provision, utilising the freedoms and flexibilities of Foundation Trust status to achieve this goal.

Key external impacts likely to affect future development, performance and the position of the Trust are as follows. Mitigating action is outlined in the Trust's annual plan for 2012/13.

Issue	Risk	Mitigation
Delivery of priorities	Organisation has insufficient capacity and skills in place to achieve challenging priorities	Rollout of corporate objectives to ensure focus and clarity on priority areas. Change Management Programme (CMP) in place which includes consideration of resource requirements for key pieces of work.
Delivery of core services	Risk of losing focus and grip on core services due to need to support change and development agenda.	Rollout of corporate objectives there is focus and clarity on priority areas, this includes service delivery. Performance management systems in place that measure service delivery and would therefore identify any early problems in this area.
Decommissioning	Commissioners do not have any	Engagement with GP

Issue	Risk	Mitigation
	significant decommissioning plans to implement in 2011/12.	consortiums. Using the development of mental health currency to drive service improvement and to work with commissioners to increase understanding of the service model and make the case for value for money. Development of Forensic service offer.
Increased competition	Introduction of Any Qualified Provider in 2012/13. This will impact on community services and dementia services in Barnsley in the first year.	Creation of working group led by District Director to review services at risk and plan in advance for any tender processes.
Financial	Cost Pressures	Annual planning process has reviewed all budgets to gather intelligence on cost pressures to reduce risk of unforeseen cost pressures. Annual budget holds some contingency funds to manage risk of unplanned cost pressures in year to allow recurrent solution to be worked through for following year.
Transformation	Transformation work does not yield size of CIPs required in future years	In 2011/12 really good progress has been made by BDUs in describing the service offer this provides a strong foundation for transformation work. Enabling strategies for workforce, information management and technology and estates.

Key risk areas identified as a result of the Trust's regular market analysis and assessment are as follows. Mitigating action is in place to address or lessen the impact of the risks.

➢ The Health and Social Care Act 2012 and the subsequent significant commissioner reforms including the development of the 'Any Qualified Provider' arrangements
➢ The current economic climate and the financial challenges this brings.
➢ The increase in regulation in the NHS, particularly the developing role of the Care Quality Commission.
➢ The potential impact of Payment by Results for mental health services.
➢ Acute care providers in our local environment who are having difficulties within the current financial environment.
➢ The position with PCT estate.
➢ The impact of both demographics and the recession which will lead to increased demand.
➢ The increased availability of Telehealth and Telecare solutions.

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 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 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
28 May 2012

Annual Governance Statement 2011/12

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*.

On 1 May 2011, as a result of the Government's Transforming Community Services programme, the Trust took over mental health and community services previously provided by NHS Barnsley together with health and wellbeing services which transferred to the Trust from NHS Calderdale and NHS Wakefield, and Children's and Adolescent Mental Health Services in Wakefield. This has presented the Trust with additional challenges both in terms of the diversity of services it now provides, the geographical area the Trust covers and risks presented in terms of continuing to provide safe, secure and effective services to the same high quality standard to service users.

The Chair of the Trust left on 31 January 2012 at the end of her term of office. Acting arrangements approved by Trust Board and Members' Council were in place for the three months from 1 February to 30 April 2012 with a substantive appointment from 1 May 2012.

My Annual Governance Statement reflects these challenges and changes over the past year.

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 three Local Authorities in Calderdale, Kirklees and Wakefield and the Calderdale, Kirklees and Wakefield District PCT Cluster and, since the transfer of services, partnerships have been fostered, developed and built on with the local authority and commissioners in Barnsley. 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 continue with NHS Yorkshire and the Humber, now 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.

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 2012 and up to the date of approval of the annual report and accounts.

Capacity to handle risk

During 2011/12, 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 have been 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 Business Delivery Units (BDUs) covering Calderdale, Wakefield, Kirklees and Forensics, underpinned by Service Line Management at service delivery level. This work is still in progress.

Each BDU is led by a District Service Director directly accountable to the Chief Executive to ensure accountability and responsibility as structures and processes for devolvement are established. Since 1 May 2011, a fifth BDU has been established covering Barnsley, led by a Transitional District Service Director, also directly accountable to the Chief Executive.

The BDUs are supported in their work by the Trust's Quality Academy, which provides co-ordinated support services linked to the accountabilities of the 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 over the past year, significant emphasis has been placed on organisational development. A framework was developed, the '100-day plan', which has allowed organisational development work to be tracked in terms of effectiveness. This has been developed further through regular review and assessment of effectiveness. Similarly, a number of key initiatives, such as Change Lab and Creative Minds, have been launched in support of changes required to the service offer. The need for a clear plan for organisational development going forward is recognised and will remain a priority.

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.

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 through the monthly Extended 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 2010, 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.

Strategic risk is managed in line with the Trust's Risk Management Strategy, which was amended and approved by the Trust Board in December 2011 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.

➢ Data quality and capture of clinical information on RiO (the Trust's clinical information system) will be insufficient to meet future compliance and operational requirements to support service line reporting, evidence of value for money and the outcomes, and the development of a robust costing for mental health currency, mitigated through implementation of an action plan arising from the data quality assurance framework, prioritisation of changes to clinical systems to support data quality, ongoing monitoring through a performance dashboard and regular data communications for staff through weekly staff briefings.

➢ Implementation of RiO V6 across the Trust and Barnsley may result in some services being on a legacy system for two years, which may adversely impact on the Trust's ability to meet data quality targets and support mental health currency recording, mitigated by a detailed project plan and timescales, change management work undertaken within Barnsley BDU with clinical staff, and a risk assessment of current trajectories for data quality metrics to meet Monitor compliance requirements.

➢ Risk that 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 a Director level project board, resources identified to support the project, implementation supported through membership of the Northern Consortium Project, which I chair, and membership of the Department of Health project board.

➢ Risk that, in the wake of the Comprehensive Spending Review, local authority funding cuts may result in reduction of social care workforce and increased eligibility thresholds thus resulting in increased pressure on health services and the ability of integrated teams to meet performance targets, mitigated by a joint assessment of the potential impact with local authority partners through governance boards, regular reviews with local authority leads to monitor impact of changes and development of annual plans and cost improvements developed and agreed in the context of the Comprehensive Spending Review.

➢ Failure to comply with the Care Quality Commission (CQC) standards is a risk. The Trust has seen its governance rating with Monitor downgraded from Green to

Amber/Red following a series of inspections from the CQC, where compliance actions were required. Robust action plans have been put in place to ensure compliance going forward. This has also had an effect on the Trust's CQC Quality Risk Profile.

➢ Possible industrial action in the NHS and wider public sector regarding changes to public sector pension schemes is a risk to the Trust, mitigated by a review of contingency plans and discussion with Social Partnership Forum representatives regarding the extent and nature of industrial action to enable contingency planning.

Innovation and learning in relation to risk management is critical. The Trust's e-based reporting system, Datix, is being 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. Plans are in place to roll-out Datix to Barnsley by the end of March 2012. 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. The Trust continues to build on the pool of staff trained by external facilitators and has supported key clinicians and managers to attend RCA training, including training provided by the NPSA. Staff who are now trained to facilitate RCA are part of a learning set to further develop their skills, provide support, and maintain an overview of the implementation of systems to support RCA in the organisation.

The Clinical Governance and Clinical Safety Committee monitors the implementation of recommendations arising from independent inquiries and external reviews until all actions have been completed and closed by the SHA. 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, provide clinical expertise in the process and provide assurance to the Committee that lessons have been learnt throughout the organisation from serious incidents. In line with this, an internal audit report was commissioned. This has resulted in an action plan being developed to provide improved assurance, particularly in relation to cross-BDU learning and embedding learning in practice at the front-line of services.

The provision of Mental Health Services carries a significant inherent risk, which results on occasions in serious incidents which require robust and well governed organisational controls. During 2011/12 there have been 33 SIs in Calderdale, Kirklees and Wakefield with 17 in Barnsley; during 2010/11 there were 26 SIs in Calderdale, Kirklees and Wakefield and 12 in Barnsley.

The Trust received reports on three SIs (2007/5748, 2008/1621 and 2008/20741), which were subject to external review undertaken by the Health and Social Care Advisory Service (HASCAS) under HSC 94/27 (Independent Investigations of Adverse Events in Mental Health Services). The reviews were instigated by the NHS Yorkshire and the Humber and NHS Kirklees in September 2010 and relate to incidents which occurred between 2006 and 2008.

Information governance is a key compliance area for the Trust. Control measures are in place to ensure that risks to data security are identified, managed and controlled. The Trust has put an information risk management process in place led by the Trust SIRO (senior information risk owner). Information asset owners have been identified to 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 2012 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.

Between April 2011 and March 2012, there was one level 3 incident and nine lower level incidents graded 1 or 2 on Department of Health criteria (on a 1-5 scale, 5 being the most serious). The level 3 incident was reported to the SHA and the Information Commissioner's Office in accordance with procedure.

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 polices, 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 2012, 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.

The Trust has assessed itself against the NHS Constitution and 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. Further work will be undertaken in the coming year to assess compliance against the revised Constitution (issued early in 2012) across all services, including Barnsley.

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

➢ The Trust's Quality Improvement Strategy 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 and compliance 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 twice yearly 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.
➢ Learning from patient experience via local surveys, complaints and involvement groups.

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 2011/12, 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 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.

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). This includes the integration of systems in Barnsley, which is managed through the RiO optimisation project.

➢ 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 Committee 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 will be 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 will be 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.

As part of the ongoing development of the 2011/12 Quality Report, the Trust has reviewed the systems of internal control with no significant weaknesses or gaps having been identified.

The External Auditors will be providing 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 shared with the Trust's 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 has been reviewed and updated and approved by Trust Board 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.

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 services transferring under Transforming Community Services. This 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 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 work to be undertaken by internal audit is detailed in a three year strategic audit plan and is reviewed annually to generate an annual audit programme. 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.

During 2011/2, 21 internal audit reports were presented to the Audit Committee. Full assurance was received for two reports and significant assurance given in nine areas. Four reports gave limited assurance and all will be re-audited within six months of the original audit date:

➢ Reporting of incidents;
➢ Medicines management;
➢ Emergency preparedness and business continuity;
➢ Patients' monies and property.

One audit of the call-off orders process in Barnsley gave no assurance.

The increase in limited assurance opinions reflects a different approach by Executive Management Team to the identification of priority areas for internal audit to focus on risk and improvement areas.

Action plans were developed for all internal reports and, in the case of the no assurance report, recommendations were implemented immediately. 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.

Three further reports were best practice reviews.

The Head of Internal Audit's overall opinion for 2011/12 is that throughout the year Internal Audit has liaised closely with the Trust with regard to its Assurance Framework and has concluded that the methodology surrounding the design and operation of the framework is sound, and his overall opinion is that of significant assurance.

The Chief Executive is supported by the Executive Management Team, consisting of the Executive Directors. The EMT supports the Chief Executive to co-ordinate and prioritise activity in the Trust ensuring that the strategic direction, set by the 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 the 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 has undertaken significant changes, particularly those relating to the transfer of services previously provided by PCTs under Transforming Community Services. Despite this being the case, it is my view that the system of internal control has remained robust and enabled change to be managed effectively.

………………………………………………..

Steven Michael
Chief Executive
28 May 2012

Quality Account 2011/2012
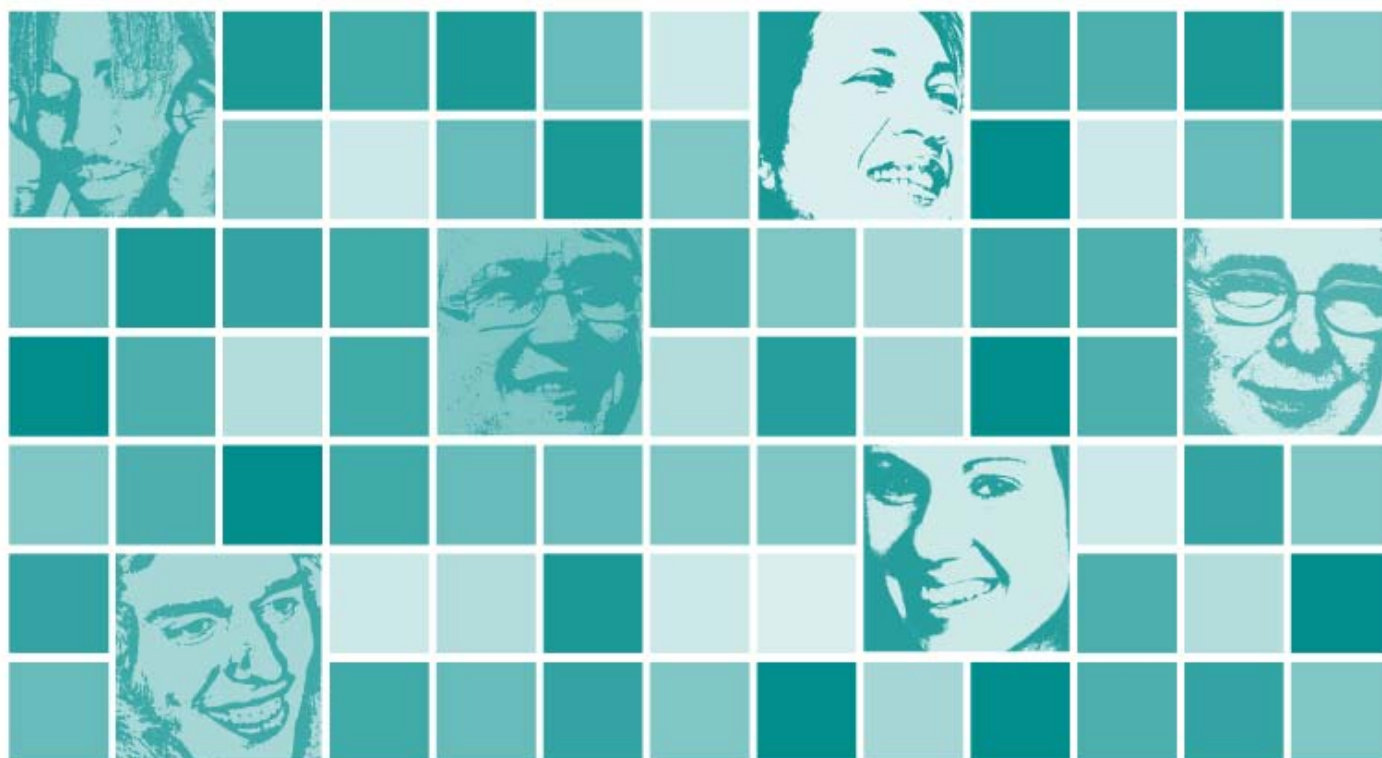
Approved by Audit committee

28 May 2012

"Enabling people to live life to the full"

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Part 1: Chief Executive's Statement

I am pleased to be able to present the South West Yorkshire Partnership NHS Foundation Trust (SWYPFT) Quality Account for 2011/12. This is our third quality account and it provides an opportunity to inform you of what quality we have provided in 2011/12 and how we intend to improve quality of our services in 2012/13 and beyond.

Our mission at SWYPFT is to "enable people to live life to the full" and as such we are committed to providing the very best care we can to the people that access our services.

During 2011/12 we have expanded our services through the transforming community services programme with the acquisition of Barnsley community services, Wakefield Children's and Adolescent Mental Health Service (CAMHS) and Health and Wellbeing services, Calderdale Health and Well Being and Substance Misuse Services. This has provided some key opportunities to expand the service offer to our communities and improve the quality of services that we provide.

Some of our key achievements during the year have been:-

- ➢ We have developed a range of innovative quality improvements across the Trust that are being recognised nationally, and in some cases internationally, as pioneering work including:-

  - Creative minds strategy and partnerships with local organisations
  - Community health champions and health trainers in Calderdale
  - Telehealth development in Barnsley
  - ADHD service development
  - Single point of access for mental health services in Kirklees, Wakefield and Calderdale
  - Outpatients essence of care benchmark
  - Story circles and development of portrait of a life
  - Care Delivery System Template (CDST)
  - The use of Situation, Background, Assessment, Recommendation (SBAR) communication tool in mental health
  - Middleground leadership programme
  - Change Lab

- ➢ We have further developed our focus on sustainability. To date, we have been concentrating on a variety of projects including making the best use of our resources and technology, being a good corporate citizen, agile working and sustainable procurement. We have already made some great progress, including a reduction in our total carbon emissions (C02) by 32.5% over the last 8 years.
- ➢ An innovative project has been introduced at Newton Lodge, to help men understand the causes of psychosis and develop ways of coping with their individual experiences. The 'Bucket Club' was an eight week pilot programme, introduced to help men on the Appleton ward understand why situations which make them feel stressed can lead to them experiencing symptoms of psychosis such as hallucinations, troublesome thoughts, confused thinking or changes in behaviour.
- ➢ Families in the Barnsley district have been benefiting from a pioneering comfort care pack. The information pack includes information sheets for relatives and patients about the signs and symptoms of dying, general hospital information, counselling and bereavement services; as well as free car parking vouchers, to help reduce the distress at a very difficult time. The pack has enabled the replication of some of the comfort measures found in hospice care to make a carer/relative's stay more comfortable and has helped to improve

communication between staff working in primary and secondary care settings. It has helped to promote end of life care tools throughout Barnsley and raise awareness of issues faced in end of life care.

➢ Kirklees Council and the Trust introduced a pilot in Community Mental Health Teams (CMHTs) to see how personal budgets could help people experiencing mental health problems. Over 80 people have taken part and now have a personal budget in place. They can use the money on anything which will help them meet the goals they have identified in their assessment. The use of personal budgets has been received really positively by the team. They encourage staff and service users to think creatively about the support that is available and the different services.

➢ The redevelopment of Newton Lodge, our medium secure services, is continuing on site at Fieldhead in Wakefield. The £11.8million redevelopment involves demolishing and rebuilding and the project is due for completion in August 2013. The first phase of works is on time and within budget and is scheduled to be completed in March 2012. This phase comprises the therapeutic activity centre and also a bedroom block extension to provide ensuite rooms. We have also secured further funding to improve the main entrance to Newton Lodge. This will not only enhance our security provisions but it will also improve the appearance of the entrance.

➢ The use of Lean methodology within the organisation has had a focus this year, with 280 people undergoing Lean Awareness training and a number of people trained to support Lean facilitation. Rapid improvement events have taken place in 3 specific areas of the Trust and the impact is currently being evaluated.

During 2011/12 we have continued to focus on the development of the Quality Academy. The work we have done to date is to bring the non-clinical support functions together and to develop a model to enable these services to work together as an integrated team focussed on enabling front line services and managers to deliver excellent care all of the time

We believe, by working smartly together, we can deliver excellent leadership, tools, services and support to front line services and management teams so that we can be one of the leading healthcare organisations in the country, provide excellent quality services that meet local expectations and work closely with our partners to bring benefits for the communities we serve.
We launched our Quality Academy on 22nd June and were joined by colleagues from Jonkoping, a health and social care economy in Sweden with whom we have a strategic alliance. We have developed a close relationship with the staff from this area who have led a transformation over several years which has enabled them to become a leading edge provider and organiser of high quality efficient and effective care for their community. We also attended their Clinical Microsystems festival and led three sessions to share our work.

We are proud of our progress over the last year, however we know there is still much we can improve on and so we continue to focus on what more we can do to make sure that everyone who uses our services receives high quality care all of the time.

This report is in response to the requirements laid down by Monitor and the Department of Health. The structure of this account is in line with guidance that has been published both by the Department of Health and the foundation trust regulator Monitor and contains the following information:-

Part 2 - information on how we have improved in the areas of quality we identified as important for 2011/12, what we plan to improve in 2012/13 and the required statements of assurance from the Board
Part 3 - further information on how we have performed in 2011/12 against our key quality metric and national targets.

It is acknowledged that some of the language in the report may be unfamiliar and therefore a glossary of terms is available at the back of the report at Appendix 2.

In drawing together the Quality Account this year we have talked to our wider stakeholders and asked for their input into identifying what we should concentrate on in 2012/13. This stakeholder group include local involvement networks, service users and carers, staff, overview and scrutiny committees, commissioners and governors.

I can confirm that the information contained within this report is accurate, to the best of my knowledge. A full statement of Directors responsibilities in respect of the Quality Account is included in Appendix 1. This is further supported by the limited assurance report provided by our external auditors on the content of the 2011/12 Quality account which is included in appendix 2.

I hope you find this interesting and informative. If you have any feedback or suggestions on how we can improve our Quality Account please do let us know by emailing Noreen.young@swyt.nhs.uk

Steven Michael
Chief Executive

Part 2: Priorities for Improvement and Statements of Assurance from the Board

The priorities for improvement for 2011/12 and 2012/13 are summarised below. Further detail is provided on how we have done against the 2011/12 priorities and what we plan to do against the 2012/13 priorities.

Wakefield/ Calderdale/ Kirklees Priorities 2010/11	Status	Wakefield/ Calderdale/ Kirklees Priorities 2011/12	Status	Barnsley priorities 2011/2012	Status	SWYPFT priorities 2012/13
Improving Practice and positive outcomes for service users	G	Improve access to our services	G	Medicines Management	Y	To listen to our service users and carers and act on their feedback.
Access	Y	Improve pathways of care	G	Personalised care	G	Improve the timeliness and ease of people accessing services when they need them
Personalised Care	G	Improve care and care planning	G	zero tolerance of avoidable healthcare acquired infections	G	Improve care planning
Mutual respect	G	Mutual respect	G	AIMS accreditation (Accreditation for Inpatient Mental Health Services (AIMS) standards for inpatient wards)	G	Improve the recording and evaluation of care
Environment and hotel services	G	Maintenance of a clean, safe environment	G	Refurbishment of ward 6	G	Improve transfers of care by working in partnership across the care pathway
Suicide prevention and risk management	G	Improve communication with carers	Y			Ensure that our staff are professionally, physically and mentally fit to undertake their duties.
						To improve the safety of our service users, carers, staff and visitors

Green – achieved – no concerns

Yellow – some indicators achieved but not all

Red – no indicators achieved

2011/12 Priorities for Improvement

Through the Transforming Community Services Programme, SWYPFT acquired Barnsley community services in May 2011 and as a result there are two separate approved priorities for improvement that will be described in this report.

The Board of Directors agreed six priority areas for services that were part of SWYPFT prior to May 2011 (Calderdale, Wakefield, Kirklees) and Barnsley Board of Directors agreed five priority areas for Barnsley community services. As we are now one organisation the good progress that has been made against the 11 priorities will be described below.

Priority 1: Improve access to our services (Calderdale, Wakefield, Kirklees)

We know that when people need services they want to access them simply and in a timely manner. We therefore see timely and easy access to services a key priority as an organisation. As such we have this year developed access points for referrals across the different localities we serve. Referrals for mental health services in Wakefield and Kirklees can now be made accessing a local single point of access using a local number and be received and allocated to the most appropriate service by trained and highly skilled clinical and administrative staff. Any referral needing an urgent response is passed to the crisis team for adults or rapid access team for older people. Referrals for routine assessments are sent on to the best service to meet the person's needs.

We have monitored the CQUIN access targets to ensure that we are improving access for our service users.

% new referrals to psychological services assessed within 14 days

% new referrals to psychological services seen for treatment within 18 weeks of referral
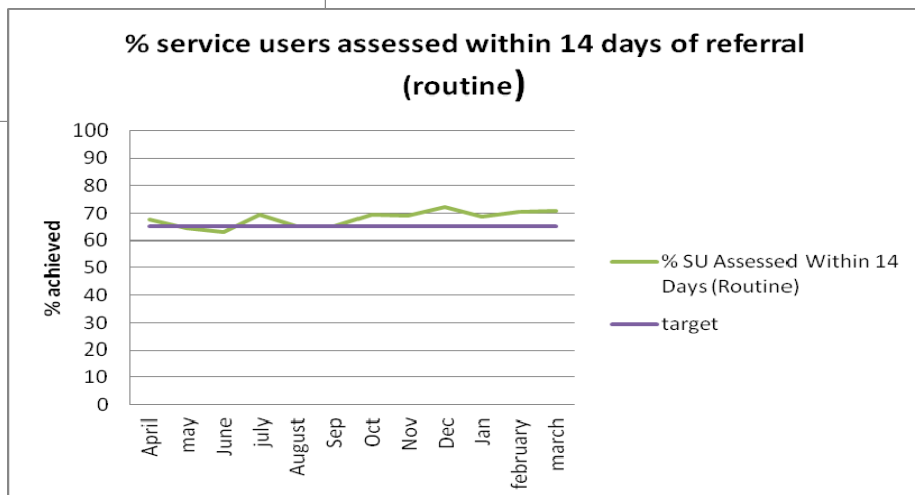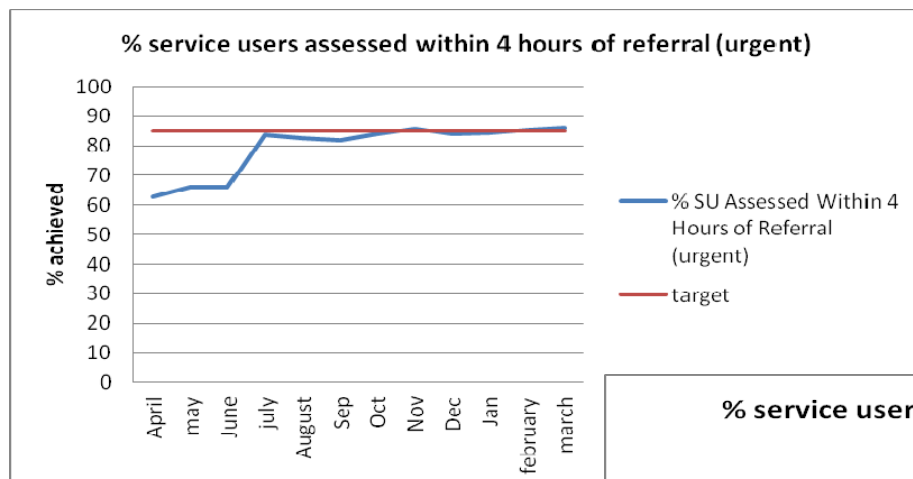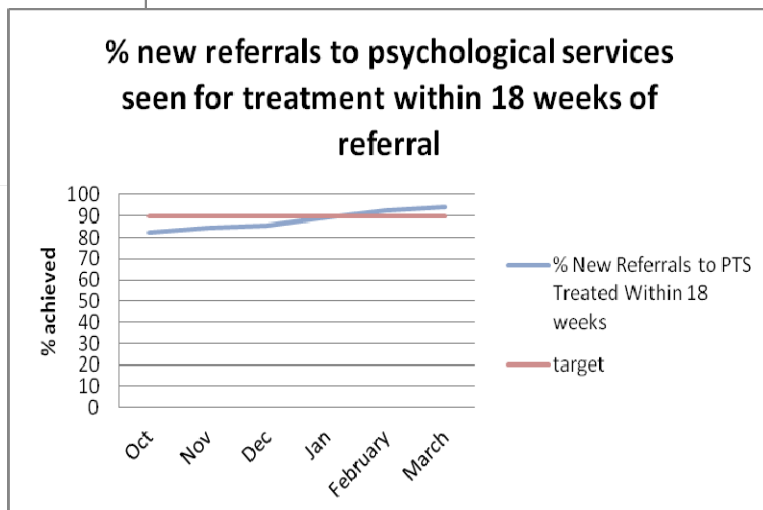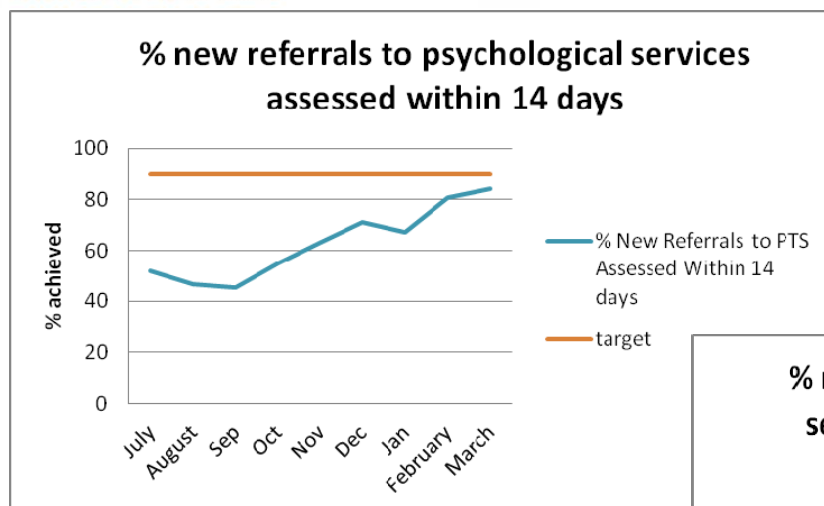
We have spent some time working with psychological therapies to review their processes using Lean methodology. New processes were launched in July and as a result of this work psychological services in Kirklees are meeting the referral to treatment target of 18 weeks for all of its specific therapy areas.

We have also undertaken a considerable amount of work with crisis services and have more closely aligned crisis services and home based treatment services with the wards. This has facilitated the reduction in length of stay in acute bedded areas.

Average length of stay (Acute Adult)
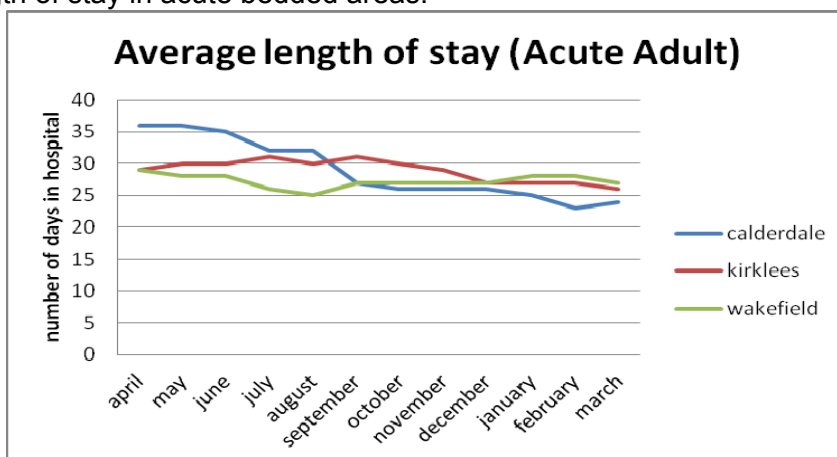
Home based treatment services have been developed in older people's services. The Kirklees Outreach Team (KOT) is committed to the development of a recovery-oriented acute care team across Kirklees, to provide home based treatment for older people. Since July 2011, the KOT has improved the service offer for older people by providing an alternative to hospital admission operating over seven days, a rapid and flexible response and help to leave hospital early.

There is still some significant work that we need to do to ensure we are achieving timely and ease of access for people into our services. As such we are maintaining this priority over the next year and will continue to develop crisis services and home based treatment options.

Priority 2: Improve pathways of care (Calderdale, Wakefield, Kirklees)

We have spent a significant amount of time this year on defining and improving pathways of care within our mental health services. Our objectives were as follows:-

- ensure all our services were pathway focussed and that the mental health service offer was aligned into pathways,
- develop and support the role of the care coordinator
- define and measure outcomes related to the pathway provided
- work effectively with other providers to deliver pathway focussed care.

During 2010/11 we reorganised the Trust into locality focussed business delivery units. In 2011/12 we have engaged in developing pathway focussed care within the localities. Each locality has designed their service offer around three pathways (acute, recovery and memory) and is aligning service lines into these pathways. We understand pathway focussed care to be the most appropriate way of supporting individuals from referral to our services through to their recovery or to where they are managing their condition as effectively as possible. By describing it as a pathway it makes sure the focus remains on the person and by designing ageless services prevents transition from one set of services into another just because a person reaches a certain age. By developing this pathway approach staff from a range of professional groups have come together, working in multi-disciplinary teams focussed on meeting the needs of the service user.

The role of the care co-ordinator continues to be a priority area for us. All service users have a named care co-ordinator whether they are on the Care Programme Approach (CPA) or Standard Care. In undertaking this important function we are committed to ensuring staff have the relevant training, skills, supervision and support. One important element of support provided to staff is their annual performance appraisal and development review. We have a target of achieving 80% staff receiving an appraisal within a 12 month period. Whilst we have steadily improved against the target over the year, unfortunately we did not meet this target and achieved 76% - we recognise there is further work to undertake on this area.
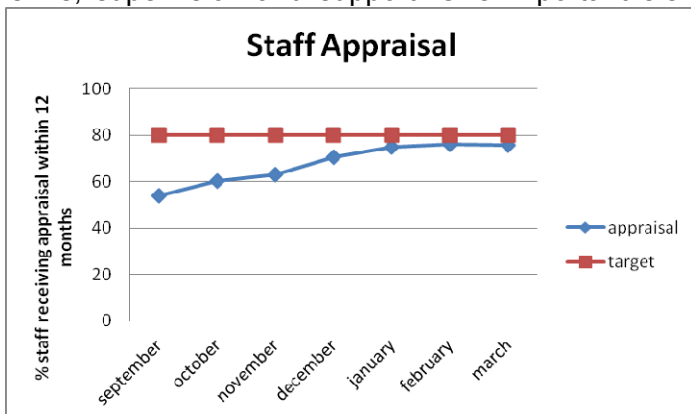
We support care co-ordinators by delivering training, co-facilitated by the CPA lead and a service user. This training is designed to enable care coordinators to consider their role and how they can more effectively deliver good care coordination to their service users. This training has been evaluated over the last 6 months and the results indicate that people find this training extremely valuable.

The Care Programme Approach is at the centre of the personalisation focus, supporting individuals with severe mental illness to ensure that their needs and choices remain central in what are often complex systems of care. It provides an excellent framework, the principles of which are supported by all. The integration of services is crucial in the delivery of CPA. South West Yorkshire Partnership NHS Foundation Trust has the lead on the delivery but it is through the integration with Local Authority systems and the shared approach with Local Authority staff that makes the delivery possible.

Has the training helped you feel more confident in your care coordinator role

We undertake an annual audit of the effectiveness of our Care Programme Approach. The aim of the audit is to provide evidence that CPA practice is compliant with National Service Frameworks and other National Guidance and to benchmark where possible with previous annual audits. The audit process consists of three parts:

- interrogation of clinical recording from a random sample of electronic records
- a staff survey based on a random sample of cases
- a service user and carer survey based on a random sample of cases

The results of the audit demonstrate in some part the effectiveness of the care coordinator and the service user co-producing effective care plans, with appropriate goal setting and then support from an integrated service offer in achieving these goals.

Standard	% Compliance 2009	% Compliance 2010	% Compliance 2011
All service users accepted by secondary mental health services should have a care coordinator identified who has clinical responsibility for coordinating care (identified by records audit)	841/841 100%	994/994 100%	900/900 100%
All service users accepted by secondary mental health services should have a single plan or statement of care or treatment which is current, and relevant to their situation or setting (identified by records audit)	773/841 92%	896/994 90%	797/900 89%

Assessment and Care Planning	2010 Total	2011 Total
Care plan needs (from CPA realtime RiO audit)	912/930 98%	155/157 99%
Care plan intervention (from CPA realtime RiO audit)	634/930 68%	152/155 98%
Care plan outcome (from CPA realtime RiO audit)	623/930 67%	154/156 99%

Goal focussed care	2010 Total	2011 Total
Does your care plan set out your goal (identified by service user questionnaire Q14)	77%	(38/48) 79%
Do MH services received help you to achieve these (identified by service user questionnaire Q15)	90%	(35/38) 92%

We have some real examples of where partnership working and improving pathways of care is making a real difference to service users and the wider community.

- **Integrated Networks**

There are 13 networks across the Wakefield district, with a wide membership, across many disciplines. The networks meet on a weekly basis to discuss patients/service users who may benefit from a joint working preventative approach to their Health and Wellbeing.

- **Falls prevention in partnership with Arriva**

The partnership developed when Arriva management attended a Falls prevention workshop for both workers and the community. During this workshop it was agreed that work needed to be carried out to try to prevent falls on buses. Working with the older people's forums, Arriva and our team an action plan developed which has been implemented and includes Health checks and advice to all Arriva staff, driver education sessions on Falls prevention, falls prevention campaigns on buses and bus stations, passenger cards to notify drivers of any special requirements a passenger may have.

- **Osteoporosis Awareness sessions**

It may not be possible to prevent older people developing osteoporosis but by partnership working and sharing expertise we can enable people to take ownership of their condition and encourage them to seek further medical advice if they are concerned about vision, hearing or any other factor which may result in further fractures. The health and wellbeing team are partnering with the older people's forum and therapy services to develop awareness and education sessions for people with Osteoporosis.

- **Moving On Group**

Service users in secure care can become detached from the outside world and lose hope about their future. The Moving On Group at Newton Lodge is a pioneering and creative multi-disciplinary group program which aims to empower service users to collaboratively participate in their own discharge planning. The group, established in 2010, provides a safe and supportive space where service users can discuss their feelings, alleviate any anxieties about moving and essentially plan for their future. Without this group and the hard work put in by staff, many service users would be left feeling disempowered, 'lost' in the system and worried about what the future holds for them.

- **Collaborative project**

This project in Kirklees is promoting dementia friendly communities and working to influence positive changes earlier in the journey as well as sharing good practice and innovation between organisations in provider, commissioning and third sectors

Priority 3: Improve care and care planning (Calderdale, Wakefield, Kirklees)

We are committed to delivering holistic care to all our service users and therefore wanted to achieve the following areas of improvement within this priority area:-

- Better meeting physical health needs
- Implementation of the recovery star to underpin care planning
- Improved focus on person centred care/individualised budgets/personal health budgets

Physical Health Needs
We have two specific CQUIN targets associated with physical health needs of our service users with mental health conditions. These relate to appropriate nutrition screening and prevention of pressure ulcers. We have 140 people a month (approx 1700 over the year) admitted to our in-patient wards – of these we have had 4 people acquire grade 2 or more pressure ulcers whilst in our in-patient care.
(details of the CQUIN targets are found at Appendix 1)
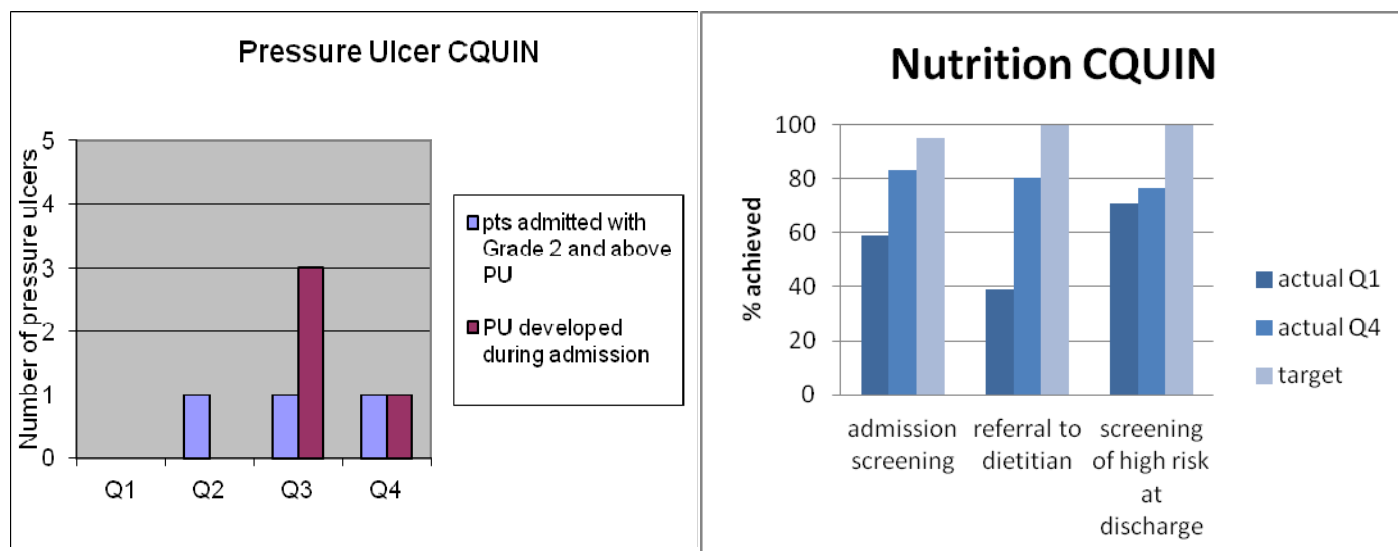
It can be seen from the graphs above that we did not meet the targets that was required of us and that we aspired to. A number of actions have been in place throughout the year to improve the position and as can be seen this has had a positive effect, though there is still work to be done.

Nutrition
- Developed and delivered a rolling programme of Food and Nutrition Training, across the trust, which includes nutrition screening.
- Offered 1:1 nutrition screening training on wards which have lower levels of screening.
- Monitored the rates of nutrition screening via the CQUIN monthly monitoring meetings.
- Performed the annual Patient Environment Action Team (PEAT) Audit which included an audit of nutrition screening (we scored excellent for food and nutrition in 2011)
- All wards developed and implemented nutrition action plans which are monitored via the Trust Nutrition Forums. A Nutrition audit was performed in Dec 2010. This audit will be repeated to evaluate progress in Dec 2012.

Pressure Ulcer
- Completed annual retrospective audit to understand prevalence and adherence to policy

- BDU action plan based on the Essence of Care Benchmark for pressure ulcers and monitored quarterly by the Assistant Director of Nursing
- All pressure ulcers grade 2 or above are reported via Datix incident management system and investigated to determine what lessons can be learned. Any lessons are added to the BDU action plan.

We also ask service users as part of the CPA audit whether their mental health services provide them with enough help with their physical health needs.

Care Plan	2010	2011
The mental health services I receive give me enough support with Physical health needs (CPA service user audit)	34/44 **77%**	32/44 **73%**

A review of the physical health assessment protocol and assessment forms has been undertaken by the medical director and amended as a result. An audit of the completion of the physical health assessment is due to take place in the next years clinical audit programme.

Just two out of the many examples of a focus on improving physical activity for our service users are identified below:-

- **Boccia**

Concern was raised about the lack of structured physical activity sessions available for people in Wakefield aged 50+ with a physical disability and/or sensory impairment. To support this gap, the team organised a taster session of Boccia, a game similar to bowls with the exception of being seated when throwing, for selected groups. The taster sessions evaluated positively and Boccia was rolled out to other groups. Boccia groups are now springing up across the district with over 40 active groups now in place. Wakefield district Boccia tournaments have been organised and a league is also being developed. This initiative has brought physical and social benefits to participants.

- **Enfield down walking programme**

With the primary objective being physical and mental wellbeing, the team organised a number of initiatives such as 10-pin bowling, pitch and putt, and a walking group. Service users have benefitted from the physical exercise and enjoyment of all the activities and the amount and the use of activity as an engagement tool has spread.

Implementation of the Recovery Star

The Recovery Star is a tool for supporting and measuring change when working with adults of working age who are accessing mental health support services. As an outcomes measurement tool it enables organisations to measure and summarize:
- the progress being made by service users
- the service being delivered through a project

A pilot project was set up to test out the use of the recovery star with teams/individuals who volunteered their involvement to:
- Identify and address issues which will naturally arise
- Development and understanding of skills required in the use of the Recovery Star
- Identify and promote champions
- Identify individual and organisational benefits of using the Recovery Star
- Developing an understanding of the approaches to using the tool

- To support an understanding into the requirements of further roll out across the Trust

An evaluation report is being prepared and will be available at the end of March. To date we have received feedback on over 50 stars. Positive feedback regarding its use has been received as well as identification of areas where further development and understanding is required.

Comments received:

"Feedback from staff is that they have found the form user friendly and not particularly time consuming to complete"
"Feedback from staff has been mostly positive and it's definitely good to have a client centred tool with measurable outcomes."
"Excellent tool for engagement"
"Supports an understanding of change"
"Good for care planning"
"Useful as a tool for reflection over a period of 10 weeks where the completion of the Star on 3 occasions evidenced significant change"
"Some service users were difficult to engage and declined to use it"
"service user gives the impression that they feel they have to move up the ladder on their review and have rated themselves higher on the second review using the form to reflect this however others service users have felt that they are happy where they rated themselves"

From the 1st April 2012, recording of the recovery star will be supported by RiO. An implementation plan is being produced following the pilot to support further roll out within clinical teams.

Personal health budget pilot
14 service users from Assertive Outreach (AOT) and Early Intervention Services (EIS) are engaged in the pilot in the Wakefield District. There are no participants yet ready to submit a support plan to panel for activation although we have two working closely towards this. We have good cooperation from team managers, care coordinators and clinicians with effective buy-in and levels of understanding. Notional budgets relating to essential (discretionary) elements of care packages are set at £2136 for EIS and £1410 for AOT. Indications of where people would spend discretionary components of budgets are emerging as use of alternative therapies, smoking cessation and gym membership. Progress of cohort has been variable and is impacted upon by changes in levels of cooperation, well-being and personal challenges. Two participants are currently experiencing acute episodes requiring inpatient care.

SWYPFT are participating in the Personal Health Budgets Provider Development Forum launched by the Department of Health and the NHS confederation in October 2011. The working group brings together people from the NHS, the private and voluntary sectors, and people with experience of using personal health budgets and aims to explore the challenges in extending personal health budgets, and to generate ideas about how these can be managed - seeking to ensure that policy development is grounded in practical ideas from the front-line, rather than top-down prescription. The group is expected to meet five times, finishing its work by summer 2012. There is an intention to produce a publication based on the work.

The aim is to support the roll-out of personal health budgets by identifying what needs to change in how the market operates – both for commissioners and providers; with a focus on how personal health budgets can be implemented on a significant scale as a mainstream part of NHS services.

SBAR

SBAR (Situation, Background, Assessment, and Recommendation) is a tool to support communication between professionals. An exploratory piece of work "Using the SBAR communication tool in mental health" has been undertaken within the Trust and will be presented at the international forum on quality and safety in health care conference in Paris. The research around the SBAR communication tool stems from evidence which shows communication failures between healthcare professionals are the leading cause of inadvertent patient harm. Standardised methods of communication are used in industries where human error puts life at risk, and they are increasingly being recommended for use within a medical setting. It provides a framework for communication and encourages the users to be precise and planned to achieve precise aims and recommendations.

A need for consistent, high quality, efficient patient handovers between nurses and doctors over the telephone has been identified in the Trust and so further work over the next year will look at how a tool such as SBAR could help facilitate this. The work will explore if using the tool on psychiatric impatient units affects the quality and efficiency of out of hours referrals over the telephone.

Priority 4: Mutual respect (Calderdale, Wakefield, Kirklees)

To improve the quality of services it is important to understand what people who receive our care feel about their treatment. Staff attitudes and behaviours consistently feature as one of the most important aspects of care in feedback from service users and carers. Complaints and national and local service user experience survey results can be used to identify and target areas for improved performance

Complaints

Indicator	Construction	2010/11 actual	2011/12 actual	2011/2012 target
% formal complaints where staff attitude as issue	% average across 12 months	14%	16%	<30%

The Trust's policy ' Management of Complaints, Concerns, Comments and Compliments' ensures compliance with national standards in respect of NHS complaints handling and takes account of other relevant publications. The policy was revised in December 2011 to reflect the shift in operational management arrangements and an increased emphasis in gaining insight into service user experience and making continuous improvement as a consequence of feedback.

Examples of improvement made as a result of complaints are as follows:-
• Procedure implemented for the admitting nurse to identify the benefits a service user may be receiving and to inform the patient's bank in order that the Department of Social Security can be advised.
• Staff ensure/clarify that service users and their families/ carers are informed of what to do in the event that they are unable to manage and that this is written into service user's care plans.
• Trust Procedure for management of razor blades is being reviewed
• Improvement in service user information. The Mental Health Act Team is working with the Communications Team to update the information available on the Trust's website about the Act.
• Staff in Wakefield acute services have been reminded of the procedures for accessing additional equipment for disabled service users.
• Loss/damage to personal property record sheets have been revised

- Food ordering processes have been changed to make them more responsive to individual requirements in a Kirklees service
- Appointment booking arrangements have been reviewed in a Wakefield service
- New procedures are being put in place in a Wakefield service to ensure all relevant parties are invited to tribunals
- A review of the procedures for recording of and management of service user property has been recommended.
- Enhanced care is being offered in Calderdale older people's services through the work of the dementia strategy group, including:
  - identifying gaps in services
  - attendance at day services is monitored and did not attends reviewed
  - signposting to other support available, for example the Alzheimer's cafes
  - ensuring carers understand the interface between health and social care services

- Audits have been introduced in both Kirklees and Wakefield BDU's to ensure the quality of record keeping is of a high standard
- Action has been taken to discourage inappropriate parking in disabled parking bays.
- A gender specific area on PICU has now been identified

Reducing the number of complaints associated with staff attitude continues to be a high priority area for us and we are undertaking a number of steps to address this as described below.

We have developed a programme called Middleground which is aimed at band 7 managers and above and aims to:

- Align our efforts and resources to shared organisational goals
- Ensure all our effort and initiatives link together to create added value
- Ensure our behaviours and actions are aligned to the organisational Vision, Values and Goals.
- Ensure our behaviours help produce performance, assurance and improvement at individual, team and organisational level.

Middleground has been running in the organisation for two years and the programme has been refreshed over the last few months to ensure that the behaviours of senior staff support improvement in performance and behaviours of all staff and focus on the service user at the centre of everything we do. A wellbeing survey of staff demonstrate that

- 73% feel they can now better describe and understand the factors that influence the work of the Trust

- 63% are more actively improving the wellbeing and resilience of their team

- 79% of clinicians say they can now better describe and understand the factors that influence the work of the Trust

- 67% of clinicians say they do more to keep up to date with current Trust issues and with stakeholder interests.

We are developing a role of Practice Governance coaches whose role will be to support clinical staff in delivering high quality clinical care and support them in developing their practice. We believe that staff that are supported are more likely to deliver good quality care and behave appropriately towards service users.

Patient experience

SWYPFT's Involving People Strategy sets out the Trust Board's vision of how it will build on the systems already in place to support meaningful engagement and involvement; putting our service users and carers at the heart of all we do, listening to and learning from them, to help us to continually improve the quality of the services we deliver, supported through the Quality Academy. To drive the service user and carer Insight agenda up to a further level, we are developing with the support of our service users, carers, staff and other key stakeholders a service user insight framework and reporting mechanism "What matters" that will underpin our vision of being the service of choice for service users, the employer of choice for staff and the organisation of choice for our commissioners and partners.

There are 15 CQUIN questions that are asked of our service users as in-patients and in community settings. These are reported quarterly to the PCT quality boards and income is dependent on achieving agreed targets.

The following graphs shows quarter 4 results against target for in-patient and community questions. This demonstrates that we are below target for 5 areas within the in-patient survey these areas focus on involvement in care planning and information. Work is being progressed currently to produce more effective and relevant information to people using our in patient facilities, particularly for those who have never been an in-patient before.
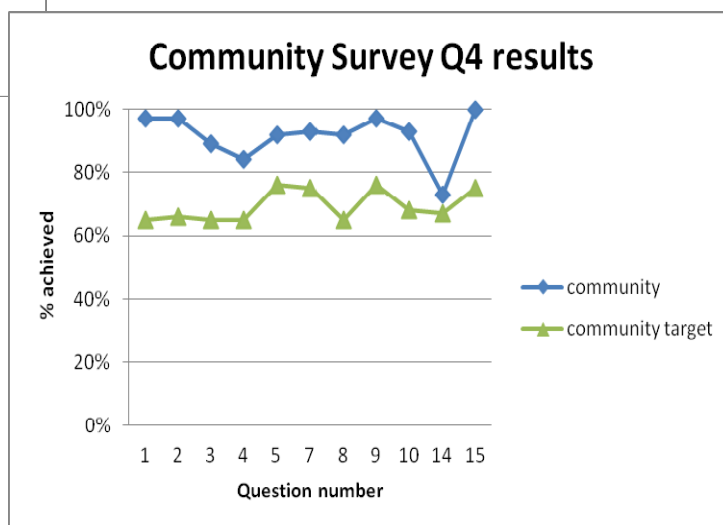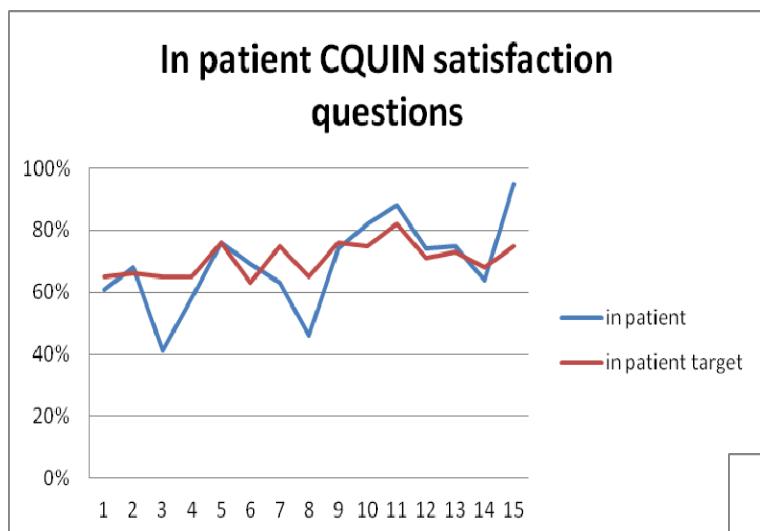
Questions used for the patient experience CQUIN are as follows:-

questions	In-patient	community
1. Were you involved as much as you wanted to be in decisions about your care and treatment?	√	√
2. Do you think your views were taken into account when deciding what was in your care plan?	√	√
3. In the last 12 months have you had a care review meeting to discuss your care plan?	√	√
4. Did anyone in mental health service ask you about any wellbeing needs (physical activity, dietary advice, and weight management) you may have?	√	√
5. Did mental health services give you enough support getting help with your wellbeing needs?	√	√
6. If an inpatient, were you able to get the specific diet that you needed from the hospital?	√	n/a
7. Did your mental health staff explain the purpose of your medication in a way that you could understand?	√	√
8. Did your mental health staff explain the possible side effects of your medication in a way that you could understand?	√	√
9. As far as you know, did mental health staff take your family or home situation into account when planning your discharge from the mental health service?	√	√
10. Have you been given information about how to get help in a crisis, or when urgent help is needed?	√	√
11. Did the hospital staff listen carefully to you?	√	n/a
12. Were you given enough time to discuss your condition and treatment with the hospital staff?	√	n/a
13. Did the hospital staff treat you with dignity and respect?	√	n/a
14. During your care and treatment in mental health services, were you aware of how to make a complaint?	√	√
15. Overall, how would you rate the care and treatment you have received from mental health services?	√	√

We have invested in some mobile devices (tablets and kiosks) within this financial year as a pilot programme to measure patient experience. These devices provide the opportunity for service users to complete surveys on the service that they receive and for the services to collect relevant data on how well they are doing against patient experience measures. The pilot programme provided devices within in-patient units and at our new out-patient facility, Folly Hall. Further work is now on going to develop feedback methods so that service users and carers can see how their feedback is changing services.

The questionnaires for the national service user survey for in-patients and community patients are currently being distributed, the report is expected to be available to us in June 2012 and therefore will be reported in the 2012/13 Quality Account. The 2011 national community survey results area available at p57 (based on a survey distributed and collected in 2010)

Change Lab
The organisation has invested in an improvement methodology termed the "Change Lab" which brings staff, partners, service users and carers together in a creative way to develop opportunities

for change. Eight prototypes have emerged from this work and are being developed into the mainstream work of the organisation. These prototypes are:-

- **The White Rose & Well Being Wheel and Operation Forcefield**
The prototype will promote community health champions within an integrated care navigation model to enable service users to access health and social care without the need to liaise with a third person.
- **New Service (Ideas) Incubator**
This prototype is developing a website where staff, service users and carers can post their ideas and comments and build discussions regarding what could change to improve the service user experience.
- **Breaking down Barriers to Well-Being Museum Project**
This prototype reduces stigma and discrimination; barriers from old practices. Service users and carers who have visited the museum at Fieldhead have found that speaking about their experiences during the visit has been therapeutic. This work is to be further developed.
- **Story Circles (Portrait of a Life Experience)**
Story circles are about breaking down barriers, allowing people to tell their story in a controlled environment that is facilitator led. Stories from staff, service users and carers help to identify themes in order to address service improvement to the journey of the service user.
- **No Decision about Me without Me**
This prototype is supporting a change in culture within the organisation by involving service users in the decision making process to build on already established involvement opportunities within the Trust. Next steps include a "Think and Do Bank", a resource of staff, service users and carers to continue to support decision making, service development and service improvement across the organisation.
- **Operation Demist**
This project is about listening to people. The prototype promotes a jargon-free Q&A booklet signposting people through the initial stages of accessing mental health services. Written for service users by service users.
- **Krafty Koffee**
This project integrates a service user led, peer support self-help approach. Funding from this project helps service users develop their own solutions.
- **Thinking with your Heart**
This prototype explored how the Trust can create a working environment that would help staff to put service users first and ensure their needs are met. Volunteers from a Reception area were asked to put themselves in service users' shoes to design a simple questionnaire and user feedback from the questionnaire was used to implement changes and improvements to the environment.

Productive Series
We have also continued to sustain the Productive Mental Health Ward and have implemented the Productive Community Services Programme over this year. We now have 38 individual teams undertaking the programme in Wakefield Kirklees and Calderdale, utilising the tools in the programme to understand what they need to do to "increase time to care." And then facilitate changes so that they can improve their effectiveness.

Priority 5: Maintenance of a clean, safe environment (Calderdale, Wakefield, Kirklees)

Service users should be seen in safe, accessible surroundings that promote their well being (CQC regulation 15) This encompasses national priorities such as the elimination of mixed sex accommodation and effective infection prevention and control. Service users in inpatient areas are at increased risk of contracting a healthcare acquired infection due to potential exposure to infections in other service users, staff and visitors. Compliance with the food safety act requires that food handling areas are thoroughly inspected. Having a choice of good quality food at mealtimes encourages people to eat and lessens the risk of malnourishment/ poor diet.

Our annual Patient environment action team (PEAT) audits show a consistent score of 5 (where 0 is unacceptable and 5 is excellent) for the hygiene criteria scores from all internal & external PEAT audits throughout the year.

Site Name	Environment Score	Food Score	Privacy & Dignity Score
FIELDHEAD HOSPITAL	5 Excellent	5 Excellent	5 Excellent
NEWTON LODGE	5 Excellent	5 Excellent	5 Excellent
SAVILE PARK VIEW HOUSE, HIGHTOWN	5 Excellent	5 Excellent	5 Excellent
CASTLE LODGE, WAKEFIELD	5 Excellent	5 Excellent	5 Excellent
THE SYCAMORES, OSSETT	5 Excellent	5 Excellent	5 Excellent
THE POPLARS, SOUTHMOOR HOSPITAL	5 Excellent	5 Excellent	5 Excellent
ENFIELD DOWN, HONLEY	5 Excellent	5 Excellent	5 Excellent
CALDERDALE HOSPITAL (DALES)	5 Excellent	5 Excellent	5 Excellent
KENDRAY HOSPITAL	5 Excellent	5 Excellent	5 Excellent
KERESFORTH HOSPITAL	5 Excellent	5 Excellent	5 Excellent
MOUNT VERNON HOSPITAL	5 Excellent	5 Excellent	5 Excellent
DEWSBURY DISTRICT HOSPITAL (PRIESTLEY UNIT)	5 Excellent	5 Excellent	5 Excellent

Our audits also demonstrate a high compliance against targets in the following areas:-

- General environment, food and privacy and dignity (100%)
- Average food safety scores (97%)
- Choice at main meal (100%)
- Unannounced monitoring visits -Quality of Food acceptability scores (re: appearance, smell, taste, texture) (80%)

We have been mindful that we want to improve the privacy and dignity of our service users by having good quality bathroom and toilet facilities. The capital programme has therefore invested improvements in toilet and bathroom areas. This is monitored via the Eliminating Mixed Sex Accommodation (EMSA) quarterly review group and is audited as part of EMSA best practice audit guidance. We have achieved 100% compliance with ensuring we have provision of designated sleeping accommodation for men and women under the EMSA regulations.

A large investment in our secure facilities has been undertaken this year. The Trust has launched a project to significantly improve and redevelop the current facilities at Newton Lodge; which involves demolishing and rebuilding on the existing Fieldhead site. Work to the site has started and the project is due for completion in the summer of 2013.

The redevelopment plans focus on three key areas:

- The re-provision of inpatient accommodation for male patients
- Provision of a new centre for therapeutic activity
- Additional capacity for women who are currently treated outside the local area

In addition, the Trust has made significant investment across the estate to improve facilities for service users and staff. Kirklees has seen development of in patient facilities on the Priestley Unit site and bathroom facilities have been upgraded in numerous buildings across the organisation.

Priority 6: Improve communication with carers (Calderdale, Wakefield, Kirklees)

It is recognised in SWYPFT that carers are a fundamentally important part of the care of individual service users. As such a significant amount of work is undertaken to listen to carers and develop a good relationship with carers. What is apparent form the results of the feedback we have received that there is still much we can do to improve how we involve and support carers.

We do recognise that carers are central to the recovery of individuals within our care and we continue to develop and improve the ways that carers can be involved in individuals care planning, care delivery and improvements.

Monthly carers dialogue groups occur in each district of the organisation and all carers are invited to attend. As can be seen by the results whilst we provide opportunities for carers to attend the dialogue groups there is still work to do to support them to feel that they do have a voice and that their contribution is valued.

Indicator	2010/2011 actual	2011/12 actual	2011/12 target
12a. CPA audit 'I have been offered an assessment of needs as a carer' (CPA audit – carers survey) (12 out of 32 responses for 2011/12)	59%	38%	75%
12b. CPA audit 'are you happy with the way you are being supported?' (CPA audit – carers survey) (16 out of 25 responses for 2011/12)	84%	64%	75%
12c. % of carers attending a carer dialogue group answering 'often' 'always' to 'do you feel that your voice is heard?'	Not audited	67.9%	75%
12d. % of carers attending a dialogue group answering "often" "always" to "do you feel your contribution is valued"	Not audited	66.3%	75%

It is disappointing that only 38% of carers identified that they had been offered an assessment of needs as a carer. Further work with carers dialogue groups, service improvement work with individual services, change lab and work with the inclusion team will focus on carers involvement over the next year.

Work is currently ongoing to develop a carer's charter in partnership with carers. This is currently in draft form but once fully developed will commit us as an organisation to focus on the needs of the carers as well as the service user and involve the carer as much as possible in the care and treatment of the person that they are caring for. The carer's charter will be shared across the Trust so that staff, service users and carers understand our commitments to carers.

Forget-me-not Cafes
There are 6 Cafes across the district, the cafes are hosted by the Alzheimer's Society, and supported by Health & Wellbeing Development Workers, and Carers Wakefield and District. The aim of the cafe is to bring together both those with Dementia and their carers in a supportive environment, giving both the opportunity to chat about things that may be concerning them or just relax have a chat or participate in a range of fun activities.

Young Carers project

Young caregivers from around the Wakefield district held awareness events for frontline staff at South West Yorkshire Partnership NHS Foundation Trust to help raise awareness of young carers and their responsibilities.

The events for frontline staff within the Trust were held in August and were planned, created and delivered by local carers who are members of the Wakefield District Young Carers Project, which is provided by Barnardos. Many carers don't see themselves as carers. In fact, it takes carers an average of two years to acknowledge their role as a carer. As a carer they play a central role in the care process and can provide essential information that only they as a relative or friend would know. The Trust is committed to working together with carers to help us provide the best possible care to help minimise any stay in hospital and maximise their recovery. The young carers project is designed to make sure that carers feel supported and staff are always happy to discuss any concerns and are on hand to help them access support.

The events held in the Summer months were organised as a result of the Trust's Young Carers Young Voice dialogue group, which has met with Trust members and staff to discuss how the Trust can best support these young people.

The following priorities are related to Barnsley services that joined the organisation in May 2011.

Priority 7: Medicines Management (Barnsley)

We are committed to improving patient safety and patient experience and so we understand it is important that patients get the right medicines and the right information about their medicines.

This year we wanted to improve the number of people who undergo training in medicines management, ensure staff are following policy and ensure patients get enough information about their medicines.

A significant amount of work has been done to increase the availability of medicines management training to all staff who administer or prescribe medicines. Now a variety of methods are available to staff including e-learning, ward level delivered training and more formal training. This is all recorded on ESR and is a mandatory requirement for new starters and those who have been involved in a medicines related incident. Medicines with respect is a competency assessment for nursing staff and in most areas it is again undertaken by new starters and those involved in a medicines related incident – in some teams the whole team undergoes this annually.

Increased pharmacy input on the wards means that more people are being counselled about their medication on discharge. The feedback questionnaires that people are asked to complete about their experience asks people whether they have had enough information about their medication.

% positive response
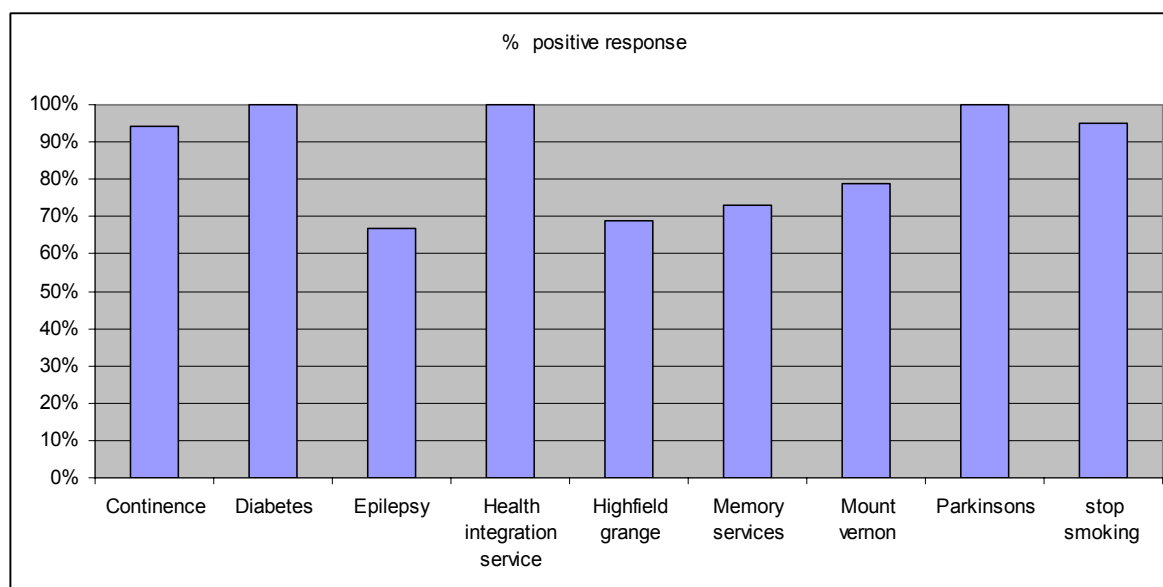
Indicator	2010/2011 actual	2011/12 actual	2011/12 target
Staff undertaking Medicines with Respect or Medicines Management training	15% of all staff	100% (all new starters and those involved in medicines related incident)	90%
Medicines cards completed in line with policy	Not audited	70%	90%
Patients answering that they got enough information about their medications	77.8%	86.3%	90%

The whole Trust is launching 'The Right prescription' campaign to encourage all people who are receiving antipsychotic drugs to undergo a clinical review to ensure that their care is compliant with current best practice and guidelines. It is hoped that by asking for a review of medication, alternatives to their prescription can be considered and a shared decision agreed regarding their future medication. Government targets have outlined a two third reduction of the use of antipsychotic drugs by 31st March 2012 so work is underway to increase the number of clinical reviews. The aim of the reviews is to assess whether the antipsychotic somebody is currently prescribed is still appropriate. If not then the aim is to reduce the drug until it is finally stopped.

The campaign looks to raise awareness about the potentially damaging use of antipsychotic drugs and to encourage patients and carers to seek a review of their medication by their GP or Trust clinician. It is hoped the reviews will aid appropriate prescribing and reduce use of antipsychotics for prolonged periods of time.

An audit has been undertaken to gather information on how many dementia patients are prescribed antipsychotic medication. The audit identifies the reasons for prescribing this medication and when the medication was last reviewed. The results will allow the Trust to identify ways to reduce and improve the quality of prescribing of antipsychotic medication for our service users who have dementia.

The review of antipsychotic medication is part of a wider national plan to implement the National Dementia Strategy. As part of the strategy, people with dementia, their carers and/or family are encouraged to be involved in treatment decisions where possible and appropriate.

Priority 8: Personalised Care at the End of Life (Community services, Barnsley)

Personalised care planning is the foundation of end of life care and is necessary to ensure that care is individualised and that the person's needs and personal preferences are met. The "End of Life Care Strategy" (2008) stated that all people approaching end of life need to have their needs assessed, their wishes and preferences discussed and an agreed set of actions reflecting the choices they make about their care recorded in a care plan.

The Preferred Priorities for Care (PPC), a nationally recommended document, has been introduced to form the basis of personalised end of life care planning. The expectation is that as PPC becomes more established it will support changes in the cultural approach to death and dying and be a tool to help staff to facilitate these difficult discussions.

A significant amount of training has occurred to raise awareness, this has included attendance at team meetings, GP training, professional development meetings, use of link meetings, formal end of life care training sessions, ad hoc 1:1 training and support of staff in practice, monthly update sessions and 5 x 2 hour workshops for community staff. For phase 2 of the introduction of the PPC, further extended 1 day training has been delivered to support the development of communication skills to be able to utilise this tool. This focus's currently on care home staff as this is where the PPC has proved to be the most effective and has been funded by the national end of life care programme in recognition of the work already achieved. In addition a course looking at the use of creative communication to elicit choice and preferences to inform care planning for those with profound learning disabilities has been run.

completed PPC's
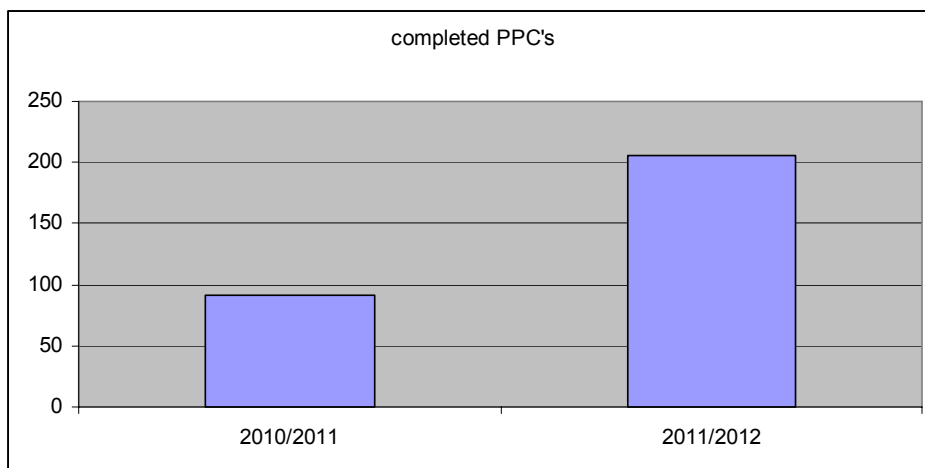
As part of meeting individual preferences and wishes preferred place of care is often discussed, we have collated the number of people who died in their preferred place of care as recorded in the PPC.

Indicator	2010/2011 actual	2011/12 actual
People on end of life pathway with a preferred place of death die in their preferred place of death.	88%	97% in community setting 67% as in-patient

Next year we will continue to develop PPC in the following ways:-

- Work will concentrate on developing the use of the PPC with care management and assessment teams
- Need for continued awareness raising and further communication skills training
- Development of peer support and professional guidance that provides prompts to support conversations
- Amendments to the document
- Further public awareness raising
- Repeat audit summer 2012

Priority 9: Zero tolerance of avoidable healthcare acquired infections (Barnsley)

The Trust is committed to reduce avoidable Healthcare Associated Infections and improve the safety of hospital admissions for our service users, their carers and our staff. With this in mind there has been a sustained drive to employ a variety of approaches to ensure that the prevention and control of infection is embedded in to the everyday practice of all our staff.

We have a robust training schedule for hand hygiene and we have high levels of participation in training. The uptake of hand hygiene training significantly exceeds the target of 75%, whereas that for Infection Prevention and Control is very slightly below target at 74%.

In order to maximise the take up of training innovative approaches have been utilised. Bookable planned training sessions are available throughout the year as well as drop in sessions and e-learning programmes. Additionally two hand hygiene DVDs (short films): Safe Hands (adult) and Safe Hands 4 Kids (children and younger persons) have been developed. These short films are used throughout the Trust for mandatory training, ad hoc training, and drop in sessions, etc. It is being used in other trust training sessions such as venepuncture training, outbreak management, food hygiene etc. It is also available for staff to easily access on the local intranet site and regularly pops up on their computer system and can also be activated if we have hot spots in particular areas.

To complement the mandatory training that is provided other training provision includes:

- Healthcare associated infection training (MRSA, c-difficile, Norovirus)
- Sharps training
- Managing infection outbreaks
- Food hygiene
- Training for medical staff provided by the Consultant Microbiologist

Additionally the 'Bare Below the Elbows Initiative' and the 'Clean Your Hands Campaign' have been widely promoted. For the former initiative a large number of staff delivering direct care have signed the bare below the elbows pledge and been provided with fob watches. Further awareness raising events have included promotion of the Annual Infection Control week, which involved the provision of a workshop and road shows as did the Global Hand Hygiene week programme.

Underpinning all training and awareness raising initiatives is a comprehensive and robust portfolio of Infection Prevention and Control policies which is easily available on the staff intranet as well as through paper copies which are placed in each of our in-patient areas. Performance in key areas is measured through a process of planned and unannounced audits and inspections.

All in-patient areas within the organisation have designated Modern Matrons (or individuals whose role encompasses similar responsibilities). These matrons are responsible and accountable for delivering a safe and clean care environment and regularly undertake cleanliness inspections.

A particular area of importance in the Barnsley Business Delivery Unit relates to the continued drive to reduce the incidence of preventable Clostridium Difficile infections. The profile of patients utilising the in-patient facilities in some areas of the Barnsley Business Delivery Unit and in particular the elderly rehabilitation wards at Mount Vernon Hospital is such that they are potentially at high risk of acquiring Clostridium Difficile infection. Since 2008 the Barnsley Business Delivery Unit has demonstrated a 50% reduction in the incidence of Clostridium Difficile. Over the last twelve months the level of reduction has been seen to level out, but it is of note that

only a small proportion of these infections occurring in 2011/2012 were thought to have been avoidable.

Whenever a patient is diagnosed as having acquired Clostridium Difficile infection a comprehensive root cause analysis is performed. There have been 12 cases of clostridium difficile infections in the in-patient areas of the Barnsley Business Delivery Unit this year (reduction of 14.2% from 2010/2011). The root cause analyses of these infections demonstrated that three of those were avoidable infections.

Priority 10: AIMS accreditation (Accreditation for Inpatient Mental Health Services (AIMS) standards for inpatient wards) (Barnsley)

The accreditation standards drawn from key documents are to help wards demonstrate achievement and compliance with the Care Quality Commissions 16 essential standards and support implementation of NICE guidelines.
They have been subject to extensive consultation with all professional groups involved in the provision of acute inpatient mental health services and with service users and their representative organisations. Standards are reviewed annually and applied each year during self and peer-reviews processes.

There are 5 topics covered by the AIMS standards these are as follows:
• General standards
• Timely and Purposeful Admission
• Safety
• Environment and Facilities
• Therapies and Activities

There are several phases to be attained commencing with self-review, peer-review and then accreditation.

A considerable amount of work has been undertaken to work towards accreditation for the in-patient wards in Barnsley. The initial accreditation was submitted on 19 August 2011 and the AIMS accreditation team visited on 14 & 15 September 2011 to assess.

The advice of the accreditation team was to resubmit the accreditation once remedial actions had been undertaken in the following areas:-

1. All staff receive an annual appraisal and personal development planning.
2. Staff receive regular managerial supervision from a person with appropriate experience and qualifications.
3. All staff are able to take allocated breaks.
4. On the day of their admission or as soon as they are well enough, the patient is given a "Welcome Pack" or introductory booklet.

An action plan is in place and progress has already been made, therefore all evidence of standards being met have been resubmitted on 3rd March for validation and we are awaiting the outcome.

Priority 11: Refurbishment of ward 6 (Barnsley)

In 2009/10 funding was released to facilitate a complete refurbishment of Ward 6 at Kendray Hospital. Ward 6 was a 16 bedded Older Adult Functional Assessment Ward and was housed in a single storey bungalow style building, on the Kendray Hospital site. Bedrooms were all single rooms but only had a vanity basin with shared toilet and bathing facilities. The location of those facilities meant that the single sex accommodation guidance was at times compromised and the whole facility was cramped, dated and in need of significant investment to bring the facilities up to the required standards for a modern health care provision on a hospital site.

The opportunity to undertake the refurbishment coincided with a proposal to reconfigure medical services within the Older Adult Service and enhanced the change to a single in-patient consultant dedicated to functional assessment.

The plans and specifications for the project were reviewed and monitored via a project management team comprising of the deputy matron, senior member of the estates team, the architect and other members of the ward team.

The existing building was stripped back and completely reconfigured internally to provide 10 individual bedrooms, each with private WC and hand wash facilities. Bedrooms were designed to be bright and airy with light wood furniture and a restful green colour scheme. Separate lounges for males and females were created alongside communal rooms where meal times can be enjoyed and social activities can take place such as quizzes, newspaper groups or craft/art sessions.

A dedicated room was identified for care meetings - this room can also be used for visiting and for TV watching in the evening, as it houses a large flat screen TV.

Bathing facilities are strictly either male of female and clients can access either a shower or a bath, fully disabled facilities are also accommodated for people with mobility and dexterity problems. The ambiance of the ward has also been enhanced by the use of colourful art work and potted plant displays on the circulation corridors and in the lounges.

The scheme was completed in September 2011 and a new name was chosen to re-launch the ward. Willow Ward was the name chosen by service users and the sign now sits proudly over the entrance to the ward.

Recently some outside furniture has been purchased to make use of the green outside spaces around the ward. Braille signage is to be installed so clients with visual impairment can locate rooms will complete the project.

2012/2013 Priorities for Improvement

The process of identifying the key priorities for 2012/13 involved a number of stakeholders such as LiNKs, Overview and Scrutiny committees, Governors, PCT's, staff, service users and carers. The process was as follows:-

- A review of serious incidents, complaints, customer services contacts and audit findings to identify common themes where quality needs to be improved
- A review of internal unannounced visits undertaken by senior staff to identify additional areas against the CQC 16 essential standards
- A review of the CQC visits and reports
- Individual discussions with a wide variety of stakeholders (as stated above) have taken place through December, January and February.
- The Executive Management Team, governors and clinical governance and clinical safety committee discussed and agreed the 7 quality priorities in February 2012.
- A group of clinicians and managers have further developed the detail to enable implementation plans to be developed in each BDU.
- The priority areas were shared at stakeholder events in March 2012 and stakeholders were asked to comment before the final action plans are developed.

Within the Trust, the Clinical Governance and Clinical Safety Committee is responsible for providing assurance that appropriate structures, systems and processes are in place to deliver safe, high quality effective care which is continuously improving. In doing so it also takes responsibility for recommending to the Board the key quality priorities for any given year to ensure that we continue to improve the quality of services that we deliver.

The priority areas identified for the Trust this year are shown in the model and will be discussed individually below.

With all of us in mind
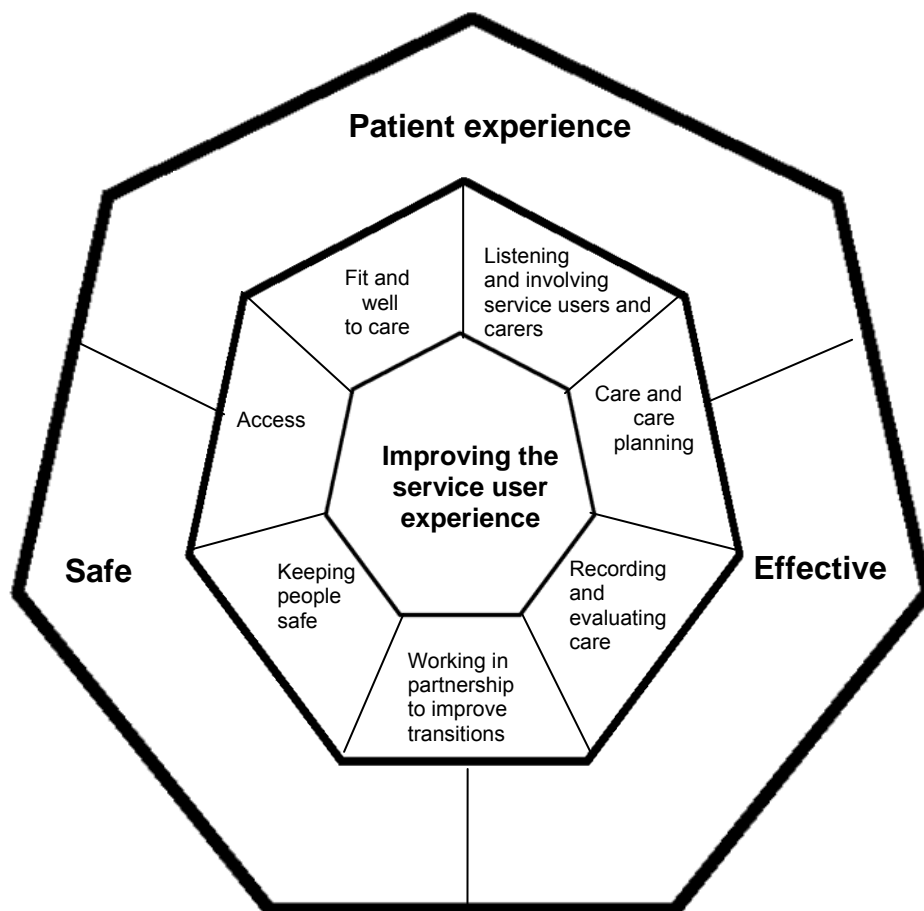
Priority 1: Service users are central to everything we do

<u>Our Aim:</u> To increase the number of service users and carers who are actively involved in service development and service improvement initiatives.

<u>Why is this important?</u>
A key element of our approach to quality is that the experience of those people who use our services is good. However we are not good at telling people what we do as a result of their feedback and we do not systematically utilise the talents of our service users and carers in service improvement and service development currently. We are aware that if we do not involve service users and carers in improvement activities our efforts may indeed be wasted and not produce the optimum impact.

<u>What we will do:</u>
Develop a systematic approach to collecting and reporting service user experience The report will follow a number of principles which from our own publications and from visits to Sheffield Teaching Hospitals NHS Foundation Trust, we know service users and carers find visually attractive, easy to read and informative at the right level of detail.

- Quarterly reporting starting 2012/13, into public Trust Board meetings June, September, December and March.
- Reports distributed to Members Council, and available to members and the public through the Trust web-side in an electronic booklet format, printed copies available as requested. Extracts from reports to be included in Like Minds publications.
- Annual Service User Insight "What matters" report summarising key areas from the previous four quarters, available on the Trust website and printed copies available for distribution at the Annual Members meeting.
    o Magazine format, in colour, illustrated report with introductory narrative, graphically displayed information, pictorial information, clear labelling, easy to read and illustrated.
    o Not just presenting the data, but telling the story "so what does it mean", "what are we doing about", "lessons learnt and the "Improvements made" stand out.
    o Contain a wide range of information from different sources internal and external, structured around the themes set out above, which are recent, relevant and "what matters most" to our service users and carers and staff, and reporting on elements required on a contractual and regulatory basis.
    o The report will comprise of a mixture of projects, initiatives, surveys etc. some just started with the rational, and some projects completing and their outcomes.
- Develop and agree a service improvement framework that incorporates methods for involving service users and carers.
- Develop, implement and evaluate the effectiveness of the "think and do bank"
- Develop the "Ideas street" – a web based tool that enables us to collect and develop ideas from staff and service users.
- Develop "story circles" – a tool to collect experience of care.
- Utilise the expertise and resource within the inclusion team to support service user and carer involvement and further develop creative ways of engagement.
- Provide "You said we did" feedback on information boards
- Provide suggestion boxes on in-patient wards/corridors
- Complete Essence of Care communication benchmark
- Utilise the expertise of clients in the recruitment and selection process of nurses in services for children and young people
- Utilise a systematic approach to including the voice of children, young people, families and practitioners through established frameworks such as Healthy Schools and Healthy Early Years Awards.

- Utilise the 'Your Welcome' framework to support children and young people access services.

How we will measure our progress:-
- **Patient experience CQUIN measures (KPI)**
- National NHS Survey (Q5)
- Number of people who are asked directly about their experience
- Number and type of improvements that are made as a direct result of patient feedback
- Number of people that sign up to the "Think and Do Bank"
- Number and type of initiatives that the Think and Do Bank are involved with
- % in-pts having a positive experience

Priority 2: Access to services

Our aim: To improve the access times for people who are referred into our services and to support people receiving the right support from the right service at the right time and in the right place.

Why is this important?
As access to and response from our services is central to the safety and effectiveness of the care received by service users it is essential that people can access the most appropriate service that will meet their needs. We know that currently some service users are not seen quickly enough either in acute or non-acute services and so we are committed to making this a priority for 2012/13.

What we will do:
- Implement a single point of access for new referrals across all localities in mental health services (following on from the success of the Kirklees SPA)
- Review the current way people access our services and through Lean methodology develop effective and efficient processes so that everything we do is focussed on supporting people accessing the most appropriate services when they need it.
- Review the performance of teams against access targets at team level, service level and BDU level so that all staff understand "how they are doing" against the expected or agreed standards.
- Develop team level, service level and BDU level action plans if performance is not meeting the agreed standards.
- Monitor action plans at BDU performance meetings on a monthly basis.
- Effective use of intermediate tier services to reduce hospital admission and reduce hospital stay
- Review how effectively people from diverse and minority groups are able to access our services
- Review why people choose not to attend appointments with the aim of reducing the number of DNA's so that people who wish to attend can access services effectively.
- Develop flexible working patterns to support improved access to targeted services within children's services
- Utilise and develop the Integrated care pathway for children and young people 0-19.
- Develop the use of Information technology to support client engagement in our childrens and young peoples services eg text messaging

How we will measure our progress:-
- **Achievement of Access CQUIN – acute, non-acute, psychological therapies (KPI)**
- Community services Barnsley choose and book availability
- Number of DNA at out patient appointments.
- Number of complaints associated with people accessing services

- % Referrals received by SPA (MH services) directed to the most appropriate service first time
- Time that referrals spend in MH SPA before being allocated and referred to specific services
- Service users satisfaction with access to services (survey)
- Monitoring of waits above 3 weeks in Barnsley community service

Priority 3: Improve care planning

Our aim: Ensuring that each service user has appropriate assessment, care plans and treatment options to enable them to achieve their goals and that service users have the opportunity to jointly develop care plans.

Why is this important?
Care planning is fundamental to providing the right support for individuals, whatever their reason for accessing services and regardless of the service that is being provided. Each person should have an appropriate assessment of their needs and jointly developed individualised care plans that support individuals in achieving their goals.

For our mental health services, the Care Programme Approach is at the centre of the personalisation focus, supporting individuals with severe mental illness to ensure that their needs and choices remain central in what are often complex systems of care. We know from CQC visits, complaints and incidents, that we do not always have consistent quality in the way that we care plan. It is for these reasons that care planning continue to be a priority for us in 2012/13.

What we will do:-
- Implement the recovery star across secondary care mental health services following the successful pilot in 2011/12
- Continue to embed Preferred Priorities for Care (PPC) in our end of life services
- Roll out the Portrait of a Life toolkit as it has effectively demonstrated a positive impact on personalised care planning.
- Develop core and specialist care plans
- Agree how core care planning and specialist care plans are aligned ensuring that effective care planning is in place and that roles and responsibilities of clinicians are clear.
- Medical care plans and copying to service users
- Continue to implement SystmOne electronic care record care planning for all community services
- Develop a systematic approach to mapping a client journey 0-19 in our children's services

How we will measure our progress:-
- **Number of recovery stars implemented and reviewed (% Service Users with a recovery star on RiO) (KPI)**
- **Completed Falls risk assessment and subsequent care plan for those at high risk of falling (KPI)**
- **Completed nutritional screening with appropriate care plan and onward referral at discharge for those assessed as 'high' nutritional risk (KPI)**
- **% service users on CPA with a formal review within the previous 12 months (KPI)**
- **CPA monitor data (7 day follow up) (KPI)**
- Progress on recovery stars against ladders of change
- Number of Preferred Priorities for Care (PPC's) completed
- Review the care plan elements within the Annual CPA audit
- % staff attending record keeping training
- % staff attending adult protection training

Priority 4: Improve the recording and evaluation of care

<u>Our aim:</u> Ensuring each intervention is accurately recorded in a timely manner so that there is appropriate communication across the care team to support the individuals care.

<u>Why is this important?</u> Our review of complaints, incidents, investigations and CQC visit reports has indicated that we do not always have consistent quality across our services in the way we record and evaluate care that we provide. As accurate recording in care records is a fundamental way of communicating with others who work alongside us, we need to improve this element of our care.

<u>What we will do:-</u>
- Implement changes to RiO following the RiO optimisation exercise
- Continue to roll out electronic patient records in Barnsley community services (SystmOne)
- Roll Out Rio in mental health services in Barnsley
- Establish key data that can be developed as monthly report for team performance
- Establish a monthly monitoring system against key data
- Provide record keeping training for staff
- Monitor actions against the 2011/12 record keeping audit
- Utilise data collected through targeted interventions for children and young people eg Open Exeter.
- Utilise clinical supervision to enhance service delivery.
- Support data sharing across partnership organisations.

<u>How will we review our progress</u>
- **% records falls assessment completed (KPI)**
- **% records with nutritional screening tool completed (KPI)**
- Annual Record keeping audit
- % staff attending record keeping training
- % records with tissue viability assessments completed (Barnsley CQUIN)
- Data quality reports
- Contemporaneous recording keeping exception reporting – SystmOne
- % emergency admissions with correct code (RiO Audit)

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

<u>Our aim:</u>
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.

<u>Why is this important</u>
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 service user. This is because it is a time of change; more people are involved, new relationships have to be developed. We have had isolated incidences where serious incidents have occurred at this critical time and we want to ensure that these type of incidents do not occur again. We want to ensure our service users are transferred to the most appropriate service and team in a safe and effective way and that there are no delays between services.

What we will do:-

- Implement the care pathways that have been developed through 2011/12
- Achieve the minimum standards within the CQC and NHSLA
- Utilise the skills we now have within the organisation to develop pathways across physical, health and wellbeing and mental health services.
- Work with service users, carers and staff to develop a core set of quality standards to apply to transfers of care
- Access hospital at home service for early supported discharges in general community services
- Development of bed manager role to support gatekeeping and ensure optiumum bed utilisation for appropriate service users.
- Work with our partners so that transition from childrens services to adult services is smooth and effective where appropriate e.g. CAMHS, LD
- Targeted evidence based programmes support the service user involvement in the completion of client transfer summaries.

How we will measure our progress

- **% service users followed up within 7 days of discharge from inpatient care (KPI)**
- **Delayed transfers of care (KPI)**
- % records with discharge plans (records audit)
- Monitor internal waits between services
- Delayed transfers of care key performance indicator (CQUIN)
- CQUIN for 2012 / 13 – Outpatient (Barnsley - Clinical Communication discharge letters from Secondary Care Doctors.
- Review incidents re transfers of care
- Numbers of CAFs initiated by health visitors and led by health visitors in our Health visiting service in Barnsley.
- Qualitative assessment of service user's experience of multi-agency involvement and transfer of care within children's services.

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

Our aim:
To ensure we have appropriately qualified, skilled and professional staff to undertake the role that they are required to and to provide them with support so that their health and well-being needs are being met.

Why is this important?
We know that our staff are the most valuable asset we have in our organisation. The Boorman report into health and wellbeing in the NHS found that if absence was reduced by a third, this would equate to savings of 3.4 million working days a year, equating to an extra 14,900 whole time equivalents and link to improved quality of care. We are committed to valuing our workforce and know that staff that feel valued are more likely to provide excellent care to our service users. The Trust is recognised as an Investor in People organisation and we aspire to achieve gold standard accreditation during 2013.

What we will do

- Ensure our policies and procedures for monitoring sickness are implemented effectively across the organisation.
- Ensure that clinical supervision is embedded into practice in all areas.

- Provide access to staff for high quality occupational health services
- Provide access to staff to in house health and wellbeing services including weight management, smoking cessation, stress management etc
- Complete the action plan that we have developed following the 2011/12 staff survey
- Work towards Exemplar employer status
- Implement the newly developed coaching strategy across the organisation.
- Implement the talent management strategy in order to support staff achieving their potential.
- Ensure all staff have an effective annual appraisal resulting in a professional development plan.

How we will measure our progress
- **Sickness levels (KPI)**
- **% staff with appraisal within last 12 months (KPI)**
- Referrals to occupational therapist and physiotherapist in Occupational health
- Staff Support Services referrals
- Recording of clinical supervision

Priority 7: Improve the safety of our service users, carers, staff and visitors.

Our aim
To ensure that the people that work with us and visit us are safe from harm

Why is this important
As one of the pillars of quality we know that we have a duty of care to our staff, service users and visitors to ensure no undue harm comes to them. Safety within this priority area covers areas including safeguarding, physical environment, control and restraint as well as ensuring that we are delivering safe, effective and appropriate treatment.

What we will do
- People accessing crisis support have a comprehensive assessment of their needs by competent staff.
- People in a mental health setting who need to be controlled and restrained, or have treatment without their agreement (such as medication to calm them quickly) and compulsory treatment including rapid tranquillisation, will receive them form trained staff and only as a last resort with minimum force.
- Continue to upgrade the estate to ensure it provides a safe environment for our staff and service users.
- All staff will undertake safeguarding training appropriate to their role.
- The mandatory training programme will be reviewed and staff will undertake all mandatory training appropriate to their role.
- Datixweb will be rolled out across the organisation so that all incidents are recording and reported in a single place, supporting the organisation to understand trends and develop learning.
- Achieve level 1 NHSLA as one organisation following the acquisition of additional services through transforming community services.

How will we measure our progress
- **Safety thermometer (KPI)**
- **Adult safeguarding training completed (KPI)**

- **Falls assessment: % of service users who have fallen more than once undergoing a full clinical review of care plans by the physiotherapist (KPI)**
- **Nutritional screening: % of (a) assessed as 'high' nutritional risk with appropriate referrals/continuing care plans in place (KPI)**
- Annual PEATAssessments / Reports
- Matron's Environmental Reports (quarterly)
- Safeguarding referrals via Datix
- Patient Safety – Leadership walk-rounds and CQC mock visits
- Training Records.
- NHSLARMS
- Sickness from work related injury

Monitoring progress against the indicators

Progress against all of the above in terms of performance against the overall indicator and the agreed actions will be measured and monitored by each business delivery unit and reported through the governance route in the organisation.

The table below provides a summary of the Key performance indicators that have been identified for each priority area – these will be reported monthly via the performance reporting process to performance EMT and through to Board.

Priority area	Key Performance Indicator
Priority 1: To continue to listen to our service users and carers and act on their feedback	% service users discharged rating care as excellent/good Older peoples services
	% service users discharged rating care as excellent/good adults working age
	% discharged rating care as excellent/good Specialist Services
	% of complaints upheld with staff attitude as an issue
Priority 2: Continue to improve the timeliness and ease of people accessing services when they need them	Improving access for people experiencing acute mental health problems (urgent) (assessment within 4 hours)
	Improving access for people experiencing non-acute mental health problems (routine) ; face to face contact within 14 days of referral
	Improving access for people experiencing non-acute mental health problems (routine) ; commencing treatment within 6 weeks of a face to face contact
	Improving access for people referred to psychological therapies; new referrals assessed within 14 days
	Improving access for people referred to psychological therapies; commencing treatment within 16 weeks following assessment
	% Substance misuse clients waiting 3 weeks or under to start treatment
Priority 3: Continue to improve care planning	% SU with a recovery star on RiO
	% service users on CPA with a formal review within the previous 12 months - AWA
	% service users on CPA with a formal review within the previous 12 months - OPS
	Falls assessment: % of (a) assessed as 'at risk' where

	recommendation to reduce risk of falls is clearly documented in their care plan	
	Nutritional screening: % of (a) assessed as 'high' nutritional risk with appropriate care plan and onward referral at discharge	
Priority 4: Improve the recording and evaluation of care	Falls assessment (a); % service users having undergone an appropriate falls assessment within 24 hours of admission	
	Nutritional screening (a): % of service users admitted for more than 48 hours who underwent appropriate nutritional screening on admission	
	% of eligible cases assigned a cluster	
Priority 5: 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	
	Delayed transfers of Care (DTOC)	
Priority 6: Ensure that our staff are professionally, physically and mentally fit to undertake their duties	Sickness rate	
	Appraisal rate	
Priority 7: To improve the safety of our service users, carers, staff and visitors	Adult safeguarding training completed	
	NHS Safety thermometer	
	Falls assessment: % of service users who have fallen more than once undergoing a full clinical review of care plans by the physiotherapist	
	Nutritional screening: % of (a) assessed as 'high' nutritional risk with appropriate referrals/continuing care plans in place	

Each Business Delivery Unit will monitor their services performance against the priorities at their monthly performance meetings and the progress in terms of both actions and achievements against the targets will be collected and reported formally in the quarterly Quality Account performance report to the following:-

- Executive Management Team (EMT)
- Clinical Governance & Clinical Safety Committee
- Council of Governors

The formal report submitted to the above will outline the progress made together with any corrective action that may be required. The submission of the quarterly Quality Account Performance report to each of the above will ensure accountability for the delivery of the agreed key quality priorities through the governance mechanisms of the Trust.

Statements of Assurance from the Board

As part of the Quality Account we are required to provide statements of assurance covering a number of areas of quality. These are mandated statements set by the DH and Monitor and are given below. In some cases additional information has been provided over and above that required by the guidance.

Review of Services

During 2011/12 SWYPFT provided and/or subcontracted 105 NHS Services. SWYPFT has reviewed all the data available to them on the quality of care in all of these services.

The review of services includes information on:-

- Patient safety - information on SUI's, levels of violence and aggression, medication incidents, use of control and restraint, implementation of safety alerts.
- Clinical and Cost effectiveness – including information on the implementation of NICE guidance, activity levels, waiting times and the results of clinical audits
- Experience – including information on complaints, claims and customer services contacts

The income generated by the NHS services reviewed in 2011/12 represents 100% of the total income generated from the provision of NHS services by SWYPFT for 2011/12.

A quarterly quality compliance report for all services is received by the Performance EMT, clinical Governance and Clinical Safety Committee and the Board.

This report provides information on the
- Quality indicator dashboard
- Quarterly reporting against quality areas including the following:-
  - CPA
  - Serious Incidents/Incidents
  - Incidents involving restraint
  - Service users subject to seclusion
  - Information Governance
  - Patient Safety Alerts
  - Mental Health Act
  - Safeguarding Children
  - Safeguarding Adults
  - Clinical Audit & Practice Evaluation
  - Library Services & Resource Unit
  - Controlled Drugs
- Periodic reporting such as national user survey results, quality & risk profile
- Quality Priorities

Additional to the current report there are:
- quarterly quality/compliance reports and NICE reports required by the Primary Care Trusts
- monthly quality/compliance reports required by the PCTs
- quarterly 2011/12 Quality Account reports for the Clinical Governance and Clinical Safety Committee

An integrated performance report is presented monthly to EMT and includes performance against strategic priority areas, CQUIN etc.

During 2011/12 the senior management team have undertaken internal unannounced visits to review performance against the CQC 16 essential standards. Action plans have been developed in areas where there have been identified areas of improvement against the 16 essential standards. The visits are undertaken on a quarterly basis and a report is presented to clinical governance and clinical safety committee, executive management team and the Board.

Clinical Audit

Clinical audit and evaluation involves reviewing the delivery of healthcare to ensure that best practice is being carried out. Effective clinical audit and practice evaluation is critical to the development and maintenance of high quality person-centered services.

During 2011/2012 twelve national clinical audits and one national confidential enquiry covered NHS services that South West Yorkshire Partnership NHS Foundation Trust provides. During that period South West Yorkshire Partnership NHS Foundation Trust participated in eleven (92%) national clinical audits and one (100%) national confidential enquiry of the national audits and national confidential enquiries, which it was eligible to participate in. The national clinical audits and national confidential enquiries that South West Yorkshire Partnership NHS Foundation Trust was eligible to participate in during 2011/2012 are shown as table 1.

Table 1: National clinical audits

The national clinical audits and national confidential enquiries that the Trust was eligible to participate in during 2011/2012 are as follows:		Trust participation 2011/2012
National Audit of Schizophrenia		√
National Audit of Falls and Bone Health		√
Prescribing Observatory for Mental Health (POMH) prescribing topics in mental health services	Assessment of side effects of depot antipsychotic medication	√
	Monitoring of patients prescribed Lithium	√
	Use of anti-psychotic medication in CAMHS	√
	Prescribing high dose and combined antipsychotics on adult acute, PICU and forensic wards	√
	Prescribing for people with personality disorder	√
National confidential inquiry into suicide and homicide by people with mental illness		√
National service user survey - inpatients		√
National service user survey - community		√
National Staff survey		√
National Survey of innovative Crisis resolution Team practice		√
National back pain management: Occupational Health Practice in the NHS England (RCP)		x
National health promotion in hospitals audit		x

The national clinical audits and national confidential enquiries that South West Yorkshire Partnership Foundation Trust participated in during 2011/2012 and for which data collection was completed during 2011/12 are listed below (as Table 2) alongside the number of cases submitted to each audit or enquiry. The percentage of the number of registered cases required by the terms of that audit or that enquiry is not specified. The Prescribing Observatory for Mental Health (POMH) audits do not specify a minimum number in their sampling framework criteria.

Table 2: National clinical audits data collection 2011/2012

Audit	Data collection period	Number of cases submitted	National report due
National audit of schizophrenia	October 2011	Audit of practice – 100 (90%) Service user survey – 200 sample (20% returned) Carer survey – 200 sample (8% returned)	March 2012
National audit of falls and bone health in older people – Barnsley only	October 2011	40 – bed side audit 10 – reviews of high risk case notes 6 – reviews following fall	March 2012
POMH Topic 6: Assessment of side effects of depot antipsychotic medication	May 2011	182	Received and action plan in place
POMH Topic 7: Monitoring of patients prescribed Lithium	September 2011	231	Received and action plan in place
POMH Topic 10: Use of anti psychotic medication in CAMHS	November 2011	29	March 2012
POMH Topic 1 & 3: Prescribing high dose and combined antipsychotics on adult acute, PICU and forensic wards	February 2012	228	End May 2012
National confidential inquiry into suicide and homicide by people with mental illness	April 2011-March 2012	Homicide: returned 3 out of 5 received Suicide: returned 12 out of 19 received (one has been discounted)	June 2012
National service user survey - inpatients	March 2012	629 submitted	June 2012
National service user survey - community	February 2012	850 sample size	June 2012
National Staff survey	October 2011	850 sample size (response rate 51%)	March 2012

National clinical audit – action

The reports of two national clinical audits were reviewed by South West Yorkshire Partnership Foundation Trust in 2011/2012 and the Trust intends to take the following actions to improve the quality of healthcare provided.

Table 3: National clinical audit – action

Audit and data collection period (number submitted)	Summary results	Actions
POMH Topic 6: Assessment of side effects of depot antipsychotic medication	Improvements made from baseline audit and re-audit in the quality of assessments of side effects of patients prescribed a depot antipsychotic. Largest improvements in the assessment of EPS and weight/BMI	Improving documentation by developing checklist to include:- Physical heath monitoring template, link to GASS/LUNSERS side effect rating scales, recording last physical heath check and date when next physical health check is due.
POMH Topic 7: Monitoring of patients prescribed Lithium	Improvements made between re-audit and supplementary audit	Improve body weight measurement, Improve measurement of thyroid functioning
National staff Survey	Many positive results including access to training and development and work/life balance.	Action plan being developed to undertake more focused work on the following:- Access to equality and diversity training Access to training on MAJAX Access to appraisal Work related stress Reduce proportion of staff experiencing harassment, bullying, abuse form manager or colleague.

Local audits

The Trust undertakes a significant program of clinical audit. Clinical audit and evaluation involves reviewing the delivery of healthcare to ensure that best practice is being carried out. Effective clinical audit and practice evaluation is critical to the development and maintenance of high quality person-centred services. Prioritised Trust-wide clinical audits are included in this section of the quality account. In addition to the Trust wide audits a number of audits which are not shown in this report have also been completed for individual teams, localities and care groups which include documentation and local drug audits. As part of the prioritised audit programme in 2011/12 the Trust will include any required audit to support regional and local CQUIN (Commissioning for Quality and Innovation) reporting requirements.

A total of 113 Trust-wide clinical audits and practice evaluation were prioritised in the 2011/12 program. A quarterly report detailing the audit and evaluation activity is reviewed by the clinical governance and clinical safety committee

The reports of four local clinical audits were reviewed by the provider in 2011/12 and South West Yorkshire Partnership NHS Foundation Trust intends to take the following actions to improve the quality of healthcare provided.

Table 4: Local clinical audit action

Audit and data collection period	Summary results	Actions
Annual prescription chart audit - Crisis Teams	Annual audit to assess compliance with the Medicines Code	Overall compliance improved or remained the same. Presented to local medical audit groups and action plan implemented. New crisis team medicines card and instructions in its use in draft form. Plan to pilot at crisis team Wakefield by April 2012.
Annual rapid tranquilisation audit	Annual audit priority to assess against NICE guidance and compliance with NHSLARMS	Initial pilot completed and identified issues of repetitive documentation resulting in revision of forms for placement on RiO. Ward staff on future pilot staff trained and pilot due to be completed April 2012.
Introduction of a pain measure for people with dementia and or communication difficulties	Compliance with NICE guidance and improved patient care	Training formalised with training department and will be offered to all staff members during 2012. NOPPAIN now Used in clinical practice.
Audit of venous Thromboembolism prophylaxis	Assess compliance with local policies and NICE guidance	Report completed –results show there was a high level of compliance regarding the assessment process with the majority of scores being 90% and above and when compared with 2010 the results have improved.

An Internal Audit report in 2010/11 gave an audit opinion of 'limited assurance' in terms of the Trust having in place an effective system for delivering its clinical audit strategy. As a result the trust developed a clinical audit and practice evaluation strategy, underpinned by a policy and implementation plan. The Trust has a robust prioritisation programme focused towards supporting key strategic and operational risks. All internal audit recommendations have been successfully implemented and monitored by the Clinical Governance and Clinical Safety Committee. A further audit was undertaken by Internal audit in 2011/12 and an audit opinion of 'significant assurance' was provided.

Research

The number of patients receiving NHS services provided by South West Yorkshire Partnership NHS Foundation Trust (SWYPFT) from 1 April 2011 to 31st January 2012 that were recruited during that period to participate in research approved by an ethics committee was 1025. This represents over six times the amount of patient research involvement since 2009/10 (164 patients). SWYPFT is now the highest recruiting Trust for mental health research in West Yorkshire.

This rapidly increasing level of participation in clinical research throughout 2011/12 shows that we are committed to improving the quality of care we provide as well as contributing to the broader goals of advancing healthcare research.

We were involved in conducting 52 clinical research studies in mental health, learning disabilities and community services 2011/12. The National Institute for Health Research (NIHR) supported 33 of these through its research networks and the NIHR Coordinated System for gaining NHS permission was employed in managing approvals for 8 studies. In 2010/11 there were 32 clinical studies and of these 18 were NIHR adopted. This represents a 62% increase in the number of

studies overall and an 83% increase in the number of NIHR adopted studies from the previous year.

In order to embed a research culture within SWYPFT, in 2011/12 177 members of clinical staff participated as researchers in studies approved by an Ethics Committee, with 14 of these in the role of Principal Investigator. This represents almost four times the number of staff involved in clinical research since 2010/11 when 48 clinical staff participated in research.

The recent expansion of the Trust has widened the Trust's size and geographical area as well as the range of specialities and services. This opens up opportunities for expansion of the research profile of the Trust into new areas of physical health, community services as well as new mental health sub-specialities like substance misuse and CAMHS. To support this process, the Research and Development Strategy was finalised and approved by the Trust Board in February 2012.

Active service user and carer involvement in research has continued to improve the quality of research from the proposal writing stage, through to final approval. Support, training and ongoing recruitment continues to promote and sustain involvement in research. Direct Impact is a service user and carer research group and there is also a service user and carer approval panel. These are both well attended and run on a monthly basis.

SWYPFT has shown commitment to clinical research that can make significant improvements to patient's health and wellbeing. The clinical areas with the most research activity are currently psychological therapies, acute and community mental health services, forensic services, specialist services such as Child and Adolescent Mental Health, substance misuse and ADHD services, learning disability services and palliative care. These are some of the NIHR adopted studies currently active in SWYPFT:

- Receiving End of Life Care at Home: experiences of the bereaved carers of cancer patients cared for by health care assistants
- The Viewpoint Survey: A National survey of Mental Health Service User's experiences of stigma and discrimination
- New Ways of Working in mental health services: assessing and informing the emergence of Peer Worker roles in mental health service delivery
- Molecular genetic investigation of bipolar disorder and related mood disorders
- Hospital Management of Self-harm in England
- Observational Assessment of Safety in Seroquel
- The validation of new risk assessment instruments for use with patients discharged from medium secure services
- Self harm intervention, family therapy: a randomised controlled trial of family therapy vs. treatment as usual for young people seen after second or subsequent episodes of self harm
- Session by Session Feedback on Psychological Therapy to improve outcomes for patients: A feasibility study
- Is a Good Mood Linked to a Good Nights Sleep?
- Understanding Mood Management: A computer based questionnaire study

Trust clinical staff have published articles this year in a range of high quality journals, including Geriatric Medicine, British Journal of Clinical Psychology, Cochrane Database of Systematic Reviews and Primary Health Care Research & Development.

These are:

Beail, N (2011). Expanding what we do without getting lost: Some reflections on Hassall and Clements and the provision of psychological therapies to

people who have learning disabilities. Clinical Psychology Forum, 217, 16-18.

Farooq, R., Adamou, M., Bushe, C., & Wilkinson, M. (2011). Atomoxetine for Treating Mood Symptoms in Adults with ADHD. Cochrane Database of Systematic Reviews.

Lucock, M., Gillard, S., Adams, K., Simons, L., White, R. and Edwards, C. (2011) 'Self-care in mental health services: a narrative review' Health and Social Care in the Community. ISSN 0966-0410

Lucock, M., Kirby, R. and Wainwright, N. (2011) A pragmatic randomized controlled trial of a guided self-help intervention versus a waiting list control in a routine primary care mental health service British Journal of Clinical Psychology, 50 (3), pp. 298-309. ISSN 0144-6657

Morrell, C., Curran, S., Topping, A., Shaik, K., Muthukrishnan, V. and Stephenson, J. (2011) 'Identification of depressive disorder among older people in care homes – a feasibility study' Primary Health Care Research & Development , 12 (3), pp. 255-265. ISSN 1463-4236

Spencer, R., Curran, S, Musa, S. (2011) Hypnosedatives and Anxiolytics. In: ARONSON, J.K. ed. Side Effects of Drugs Annual 33: A worldwide yearly survey of new data in adverse drug reactions. Oxford: Elsevier, pp. 71-88.

Subramani, J., Devasahayam , A., Wattis, J. and Curran, S. (2011) 'Sexuality in Older People' Geriatric Medicine , 41 (1), pp. 31-35. ISSN 0268-201X

Conference Presentations
Belinda Garnett, Kim Chantler, Carol Atkins Dr Carlo Berti. The evaluation of a pilot in medical education of the Buddy Scheme: an innovative educational method. 28th March 2012: National Conference of the Association for the Study of Medical Education York

Lucock, Mike, Lawson, Mike and Khan, W. (2011) *Self Help Access in Routine Primary Care - the SHARP project.* In: British Association of Behavioural and Cognitive Psychotherapy (BABCP) Annual Conference 2011, 20th - 23rd July 2011, Guildford, UK.

Lucock, Mike and Leach, Chris (2011) *Early change as a predictor of outcome in a routine UK psychological therapies service.* In: Society for Psychotherapy Research (SPR) 42nd International Meeting 2011, 29th June - 2nd July 2011, Bern, Switzerland

Tucker, S., Randal, C., Halstead, J., Leach, Chris and Lucock, Mike (2011) *The triumphs and tribulations of creating a Monitoring and Feedback System in a standard UK NHS secondary care setting.* In: Society for Psychotherapy Research (SPR) 42nd International Meeting 2011, 29th June - 2nd July 2011, Bern, Switzerland

Tucker, Sarah, Randal, C., Halstead, J., Leach, Chris and Lucock, Mike (2011) *Monitoring and feedback: The next crucial step towards improved therapeutic outcomes?* In: Society for Psychotherapy Research (SPR) 42nd International Meeting 2011, 29th June - 2nd July 2011, Bern, Switzerland

Goals agreed with commissioners

Commissioning for Quality and Innovation Payment Framework (CQUIN)

1.5% income in 2011/2012 was conditional upon achieving quality improvement and innovation goals agreed between SWYPFT and any person or body we entered into contract, agreement or arrangement with for the provision of NHS services, through Commissioning for Quality and Innovation Payments Framework. Further details of the agreed goals for 2011/12 and for the following 12 month period are available online at www.southwestyorkshire.nhs.uk

		GOAL	Expected Financial Value of Indicator if fully achieved	Achieved/ not achieved
Wakefield, Calderdale, Kirklees	MENTAL HEALTH	ACCESS	£305,776	7.5% ACHIEVED
		FALLS	£152,888	100% ACHIEVED
		PRESSURE ULCERS	£76,444	100% ACHIEVED
		NUTRITIONAL SCREENING	£76,444	NOT ACHIEVED
		DEMENTIA	£305,776	100% ACHIEVED
		PHYSICAL HEALTH	£229,332	100% ACHIEVED
		OUTCOMES	£76,444	100% ACHIEVED
		PATIENT EXPERIENCE	£305,776	50% ACHIEVED
SECURE SERVICES	SECURE SERVICES	LOW SECURE	£89,962	ACHIEVED
		MEDIUM SECURE	£218,825	ACHIEVED
		NEWHAVEN	£39,977	96.9% ACHIEVED
BARNSLEY	MENTAL HEALTH	PATIENT EXPERIENCE	£60,467	33% ACHIEVED
		ADULT SAFEGUARDING TRAINING	£60,467	100% ACHIEVED
		ACCOMMODATION	£60,467	100% ACHIEVED
		EMPLOYMENT	£60,467	100% ACHIEVED
		WAITING TIMES	£60,467	50% ACHIEVED
		IMPROVING ACCESS TO PSYCHOLOGICAL THERAPIES	£60,467	67% ACHIEVED
	COMMUNITY SERVICES	TISSUE VIABILITY	£101,022	93% ACHIEVED
		PATIENT EXPERIENCE	£101,834	75% ACHIEVED
		NUTRITIONAL SCREENING	£102,542	94% ACHIEVED
		SAFEGUARDING TRAINING	£101,123	75% ACHIEVED
		END OF LIFE	£101,834	83% ACHIEVED
		CATHETER ASSOCIATED URINARY INFECTIONS	£101,121	100% ACHIEVED
		FALLS	£101,123	100% ACHIEVED

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%) is expected to be received for the associated payment.(formal agreement to be determined at meeting on 24th May 2012)

Care Quality Commission (CQC)

SWYPFT is required to register with the Care Quality Commission and its current registration status is licensed to provide services with no conditions attached.

The Care Quality Commission has not taken enforcement action against SWYPFT during 1st April 2011 and 31st March 2012.

SWYPFT has participated in special reviews or investigations by the Care Quality Commission relating to the following areas during 2010/11 - themed inspection of learning disabilities services at Newhaven, Fieldhead and Fox View.

Newhaven and Horizon (Learning disabilities), Fieldhead Hospital (reviewed October 2011)

The CQC assessors reviewed 2 of the 16 standards:-

Outcome 04 - Care and welfare of people who use services (compliant)
Outcome 7 - People should be protected from abuse and staff should respect their human rights (compliant)

SWYPFT intends to take the following action to address the conclusions or requirements reported by the Care Quality Commission:-
- Ensure all staff are aware of the safeguarding policy and make safeguarding referrals in adherence with the policy
- Ensure the safeguarding board is aware of any potential issues in relation to safeguarding

Whilst the visit found that the unit was compliant, one issue was identified where a patient who complained on two occasions during restraint that he had hurt his arm. The patient was examined on both occasions by qualified staff including a doctor and no injuries were found. The Horizon Centre did not inform the Local Authority of this

SWYPFT has made the following progress by 31 March 2012 in taking such action:-

- All staff on the unit have been referred to the agreed safeguarding policy and directed to always make a safeguarding referral in these circumstances.
- Safeguarding Board to be made aware of this issue with the purpose of discussing and considering the implication for threshold descriptors in safeguarding policy

Fox View (Learning disabilities) (reviewed November 2011)

The CQC assessors reviewed 3 of the 16 standards:-

Outcome 4: People should get safe and appropriate care that meets their needs and supports their rights (moderate concerns)
Outcome 7: People should be protected from abuse and staff should respect their human rights (minor concerns)
Outcome 21: Records (moderate concerns)

Whilst it was acknowledged in the report that good care was being received, the Trust received two compliance notices as a result of this visit. The visit report states *"The good standard of support that patients received, was not reflected in the patients' needs assessments, care plans and associated records".*

SWYPFT intends to take the following action to address the conclusions or requirements reported by the Care Quality Commission.

- Review care planning and assessment processes
- Support service users in accessing their right to a Health Action Plan
- Ensure all staff are adequately trained in Mental capacity Act and DOLS
- Undertake a full review of documentation

SWYPFT has made the following progress by 31 March 2012 in taking such action:-

- Review of care planning and assessment processes undertaken and additional systems introduced to ensure that the documentation reflects the care delivery.
- Inpatient pathway reviewed to ensure clear timescales for completion of documentation and appropriate care plans in place at all times to meet service users needs
- A clear process will be developed to support service users to utilise their Kirklees Health Action Plan and to ensure this is recorded in their individual documentation. Service users without a Health Action Plan will be offered support to access their GP service to initiate this.
- Implement a refresher programme of awareness raising and training sessions for all the unit clinical staff around the Mental Capacity Act and DOLS.
- A full review of the unit documentation will be undertaken to ensure there is a clear documentation pathway to support the care delivery. (The pathway will clearly identify where each record is held and this will be updated as the transition to the electronic record progresses).

The Care Quality Commission additionally visited SWYPFT sites on 6 occasions throughout 2011/12 and in total 7 compliance actions (where moderate concerns have been identified) and 11 improvement actions (where minor concerns have been identified) have been required following these visits.

Visits have taken place to the following units:-

Appleton and Chippendale Wards, Newton Lodge (Low Secure Unit), Fieldhead Hospital (June 2011 and follow up November 2011)

The CQC assessors reviewed 6 of the 16 standards:-

Outcome 04: Care and welfare of people who use services (compliant)
Outcome 07: Safeguarding people who use services from abuse (moderate concerns)
Outcome 10: Safety and suitability of premises (minor concerns)
Outcome 13: Staffing (minor concerns)
Outcome 14: Supporting staff (minor concerns)
Outcome 16: Assessing and monitoring the quality of service provision (compliant)

Following the review in June 2011, an improvement plan has been implemented and the following actions have been completed.

Actions we have undertaken

- All staff across Newton Lodge (including all staff/professional groups both SWYPFT and Local Authority employees) have undertaken Safeguarding training with the Trust Specialist Advisor for Safeguarding Adults.

- The Specialist Advisor provides direction/advice on any further measures she feels are appropriate to ensure staff maintain safeguarding skills and knowledge
- Safeguarding/Risk Governance flowchart implemented (visual prompt displayed in all staff office areas)
- Procedures implemented for safeguarding referral monitoring by the Medium Secure Forensic Unit Security Committee
- Quarterly review of Safeguarding Adult referrals, processes and learning lessons – opportunities for improved practice identified and implemented
- Enhanced procedural security measures have been implemented which include:
- Increased patient courtyard monitoring and supervision processes with staff accompanying patients in the courtyard at all times
- Increased testing of roof alarm by reception staff (Unit headcount if roof alarm activated
- Internal ground access restricted during building work (regularly reviewed to ensure patient access facilitated whilst maintaining safety and security)
- All external doors assessed and following consultation with fire officers 3 have been upgraded/replaced and now open inwardly
  (External perimeter security is being fully enhanced via a large scale longer term site re-development project)
- Team Leaders review staffing regularly throughout the shift to maintain safety and appropriate clinical care across the unit. Team Leader training will be enhanced to cover appropriate decision making on staffing levels based on risk assessment - all current Team Leaders will receive updated training to cover this aspect.
- Nursing Management re-structuring within the Learning Disability service to enable more flexible use of staff between the 2 LD wards.
- Learning Disability teaching sessions leading to the development of a LD programme for all ward based staff on Appleton and Chippendale wards by the Advance Nurse Practitioner LD in conjunction with York University.

A follow up visit was undertaken in November 2011 – the assessors concluded that all the areas of concern had been rectified and the unit was compliant against all the outcomes reviewed.

Outcome 07: Safeguarding people who use services from abuse (compliant)
Outcome 10: Safety and suitability of premises (compliant)
Outcome 13: Staffing (compliant)
Outcome 14: Supporting staff (compliant)

Chantry Ward (Older people's acute ward), Fieldhead Hospital (July 2011, and January 2012)

The CQC assessors reviewed 5 of the 16 standards:-

Outcome 01 - Respecting and involving people who use services (minor concerns)
Outcome 04 - Care and welfare of people who use services (moderate concerns)
Outcome 07 - Safeguarding people who use services from abuse (moderate concerns)
Outcome 13 - Staffing (minor concerns)
Outcome 16 - Assessing and monitoring the quality of service provision (minor concerns)

The Trust received two compliance actions following the visit in July 2011. An improvement plan was agreed and implemented and the following actions were completed:-

- Staff training focussed on Mental Capacity and Deprivation of Liberty; Supporting Staff in decision making regarding restraint, and; essence of care benchmarking for communication.
- All qualified staff will have received supervision sessions with specific focus on their understanding of record keeping and identification of any training/support issues

- The trust CPA lead delivered training with all qualified staff in regard to care planning
- Caseload management (CM) tool introduced. The tool sets out the expected standard of documentation and records that all assessments and care plans are completed. The quality of care planning will be discussed with each qualified nurse through the caseload management process
- Qualified staff record progress entries on RIO on a shift by shift basis ensuring individual care plans are followed.
- Guidance tool for care plans developed and implemented with core care plans developed for standard procedures, such as informing patients of their rights.
- Developed new role of activity coordinator
- Development of the horticulture activities on Chantry Unit
- All staff have attended safeguarding adults and abuse awareness training
- Pilot undertaken to determine how best to ensure patient access to their bedrooms (unless access is managed as part of a treatment plan). This will look at options for access, for example keys and fobs given to patients as part of their care
- An information pack has been developed for patients and carers.

A follow up visit was made in January 2012 and the 2 compliance actions were withdrawn, however the trust received a further compliance action.

Outcome 01 - Respecting and involving people who use services (moderate concerns)
Outcome 04 - Care and welfare of people who use services (minor concerns)
Outcome 07 - Safeguarding people who use services from abuse (minor concerns)
Outcome 13 - Staffing (compliant)
Outcome 16 - Assessing and monitoring the quality of service provision (compliant)

An action plan has been developed to address the issues raised and the following improvements have been made.

- Admission checklist gives clear guidance on assessments and care planning
- A detailed 8 week plan has been developed and extra support has been brought into the unit (acting unit manager) to ensure effective and efficient processes in place but also that staff have an understanding of the need for quality initiatives to underpin their practice.
- Form implemented for Patient/Carer to countersign when care plan developed jointly with them and to record that they have accepted or declined a copy of the same
- Strong visible leadership will be evident on Chantry with regular visits from service manager and spot checks from practice effectiveness nurses

The role of practice effectiveness coaches that are being developed across the Trust will have a role in supporting the implementation of the action plans and also supporting the development of practice.

Perinatal pathway (reviewed February 2012)

The CQC assessors reviewed 5 of the 16 standards:-

Outcome 01 - Respecting and involving people who use services (compliant)
Outcome 04 - Care and welfare of people who use services (minor concerns)
Outcome 06 - Cooperating with other providers (minor concerns)
Outcome 14 - Supporting staff (moderate concerns)
Outcome 16 - Assessing and monitoring the quality of service provision (compliant)

The draft report is being considered currently and a full report was received in April 2012 and an action plan is currently being developed; therefore this will be reported on in 2012/13 Quality Account.

<u>Mental Health commissioner CQC visits</u>
As a provider of mental health services South West Yorkshire Partnership NHS Foundation Trust are visited by CQC regularly to assess our compliance with Mental Health Act requirements.

26 July 2011	Willow ward, Kendray Hospital
4 August 2011	Ward 19 Priestley unit, Dewsbury District Hospital
12 August 2011	ward 18, Priestley unit, Dewsbury District Hospital
30 August 2011	Melton suite, Kendray Hospital
30 August 2011	Clarke ward, Kendray Hospital
30 August 2011	Beamshaw ward, Kendray Hospital
19 September 2011	Bronte ward, Fieldhead Hospital
19 October 2011	Gaskell unit, Fieldhead Hospital
27 October 2011	Priestley unit, Fieldhead Hospital
1 December 2011	Trinity 2, Fieldhead Hospital
1 December 2011	Trinity 1, Fieldhead Hospital

Actions suggested by the mental health commissioner following visits have all been followed up and completed. Further detail can be found in the meeting minutes of the Mental Health Act Committee that are reviewed at Board.

Data Quality

South West Yorkshire Partnership NHS Foundation Trust submitted records during 2011/12 to the secondary uses service for inclusion in the hospital episode statistics which are included in the latest published data:

The figures below are taken from the HES (hospital episode statistics) DQ reports. The data, which includes Barnsley, relates to the full financial year 2011-12.

Which included the patient's valid NHS number was:

• 99.8% for admitted patient care (99.9% in 2010/11)

Percentages for out patient care and accident and emergency care – Not Applicable

Which included the patient's valid Medical Practice Code was:

• 99.0% for admitted patient care (99.7% in 2010/11) – EXCLUDING the default code for non-registered clients

Percentages for out patient care and accident and emergency care – Not Applicable

Improving data quality remains one of the key strategic priorities. Service user care and safety depends on good quality data. Poor quality data can impact on care, damage the reputation of the organisation and individuals, lead to flawed clinical/care, administrative and planning decisions and disrupt funding.

In line with best practice, the Trust implemented the Audit Commission's Information Assurance (IA) Framework in February 2010. The Trust continues to assure the quality of its data through a framework of clear leadership, clinical engagement and the use of internal and external monitoring and review.

Governance

The Trust's approach to data quality is outlined in the Data Quality Strategy, underpinned by the data quality policy and actioned through the delivery of data quality action plans. The 2011/12 Trust Data Quality Action plan was approved by Trust Board in October 2011.

Trust Board has overall accountability with operational responsibility for data quality devolved to the Executive Management Team (EMT). Progress against the delivery of the action plan is monitored monthly by the EMT. The Trust's five Business Delivery Groups (BDUs), supported by the Quality Academy, have a key role in assuring the quality of the Trust's data.

In January 2012, the EMT approved the setting up of a High Level Data Quality group. A key remit of this group is to ensure that the approach to data quality is coordinated across the Trust and that Trust & BDU level data quality action plans are delivered.

Individual director responsibility is additionally actioned through the Information Governance Trust Action Group (TAG) and the IM&T TAG.

Mandatory Data

The quality of the data submitted through mandated data sets and returns is validated internally through the performance framework and externally through submissions to Monitor and the Department of Health. Externally generated reports are also used to monitor and address data quality. SWYPFT continues to meet:

- The Monitor/DoH targets assessing the quality of patient identity data completeness
- The Monitor target assessing data completeness for specified outcomes for patients on the Care Programme Approach

Clinical Information Systems

Clinical data collected as part of clinical/care activity and is recorded on the Trust's clinical information systems as the electronic patient health record. Clinical data used to support clinical and business activity will continue to be derived directly from the operational care record.

The RiO mental health clinical information system was the sole information system in operation prior to Transforming Community Services (TCS). Following TCS a number of additional systems are in now in use to accommodate the requirements associated with the transfer of services in April/May 2011. Work is ongoing to consolidate onto 2 systems (RiO for mental health and SystmOne for community services).

A range of training, underpinned with guidance and support is available to staff to facilitate the recording of good data quality within the Trust's information systems.

The Trust commissions an annual audit of the RiO system to provide assurance that there are adequate controls and systems in place to support the accurate and complete recording of information on RiO. The third RiO data quality audit was undertaken in 2011/12. The audit will be extended to include SystmOne in 2012/13.

Reporting

The SWYPFT performance framework provides internal and external monitoring & review of the Trust's data in line with the Trust IM&T strategy of right information in the right format at the right time. Data quality improvement is embedded within the overarching performance framework.

A hierarchy of integrated electronic performance reports have been developed on SharePoint (the Trust's Business Intelligence (BI) solution) that enable performance to be looked at from different perspectives and at different levels within the organisation. These reports provide assurance to the BDUs, EMT and Trust Board that data quality objectives are being delivered and direct

attention to significant risks, issues and exceptions. Reports include a performance dashboard built around a balanced score card set of Key Performance Indicators (KPIs).

Data quality reports at team/clinician level are circulated on a monthly basis to improve key data quality items. Staff can also access reports directly from the Trust's BI solution and/or from specifically developed Excel pivot tables. A number of data quality reports at an individual clinician/team level are available directly from the RiO system.

Area Contracting Teams have been established in all BDU areas to support the performance management contracts and to ensure the delivery of PCT and Local Authority performance objectives. Specific data quality improvement plans have been developed and are performance managed by the Barnsley contracting team.

The importance of, and need to improve, data quality is also regularly communicated to staff through a number of mechanisms including BDU/Service operational management processes, the Trust Change Management Programme, Performance & Extended EMT and generic Trust communications.

Information Governance (IG)

All Trusts are required to meet level 2 (out of 3) for all IG toolkit standards. There are 45 standards which apply to Mental Health Trusts. The Trust has expanded this year to include some non mental health elements.

The final Information Governance training percentage achieved for 2011-12 was 96.8 %

There has one serious (level 3) incident reported to the PCT and ICO in 2011/12 which has been reviewed and subsequently closed by the Information Commissioners Office, subject to the completion of actions outlined in the investigation report. There was one further lower level incident (levels 1 and 2) in 2011/12. This is not required to be reported to the Information Commissioner's Office, but has been investigated internally. There are currently three incidents which may require to be reported on, but further investigation is required to determine this. There has been a number of targeted staff communications related to information governance throughout the year.

Information governance toolkit attainment levels

South West Yorkshire Partnership NHS Foundation Trust's Information Governance assessment report has achieved a score of 73% at 31st March 2012 and has been graded green as all scores are satisfactory. The reduction in score from last year is an indicator of the work required to bring separate systems and policies together across the Trust.

Clinical coding Error rate

South West Yorkshire Partnership NHS Foundation Trust has not been subject to the Payment by Results clinical coding audit during this year.

Part 3: Other information on Quality Performance 2011/2012

Our performance against our quality metrics

The following table provides detail of our performance against a set of agreed quality metrics in 2011/12. These are reported through to the Executive Management Team and Board on a quarterly basis.

Domain of Quality		Links to Quality Priorities	KPI	Target	2011/2012	2010/11	2009/2010
Safety	1	Reducing avoidable infections	Infection Prevention – MRSA/Clos Difficile	MRSA - 0 C diff - 3 per Q/ 12 for full year	12 C diff in total year to date	Not available	Not reported
	2	Care and care planning	Mandatory Safeguarding training	80%	Adult: 63.7% Children: level 1: 100% level 2: 72.3%	74.4%	80%
	3	Care and care planning	People on CPA receive 7 day follow up	95%	98.9%	96.8%	Not reported
Clinical Effectiveness	4	Care and care planning	NICE Guidance Implementation	100%	100%	100%	100%
	5	Access	Improving access for people experiencing acute mental health problems (CQUIN 1.1)	85%	86.2%	73.5%	Not reported
	6	Care and care planning	% SU on CPA Offered a Care Plan	80%	83.7%	81.9%	85.2%
Patient Experience	7	Mutual Respect	Service User Experience (Excellent/Very good local survey) Benchmarked community survey (treated with respect – definitely)	>75%	93.6% Q4 position 94 (community survey)	88.6% Q4 position 95 (community survey)	Not reported
	8	Mutual respect	Complaints/staff attitude as issue	≤30%	17%	14%	21%
	9	Environment	Eliminating Mixed Sex Accommodation	100%	100%	100%	100%

Notes on selected metrics
1. Data is taken from our incident reporting process, which is completed by our staff when they are informed via the electronic system employed by Barnsley Hospital NHS Foundation Trust (BHNFT) microbiology laboratories that an outbreak has occurred. Each incidence of a c-diff infection is notified to NHS Barnsley and is comprehensively investigated utilising a root cause analysis approach by our infection control staff
2. Data is taken from attendance records at training and e-learning log
3. Data is taken from RiO for our Wakefield, Kirklees and Calderdale districts and is collected manually for our Barnsley district and reported to the performance team at month end and is aligned to the national definition.

4. Implementation of NICE guidance is based on undertaking audits against national NICE guidance and reporting via CIRIS, our electronic database
5. Data is taken from RiO for our Wakefield, Kirklees and Calderdale districts and is collected manually for our Barnsley district.
6. Data is collected via our RiO system and through record keeping audit for our Barnsley district
7. Data is taken from our ongoing service users surveys – these are provided either on discharge from an in patient ward or periodically in an out patient setting. This data was not reported in the 2010/11 quality account as the focus for the data was based on the benchmarked national surveys. The community survey is the national benchmarked patient survey.
8. Data is taken from our Trust customer services database who record complaints, concerns, comments and compliments received
9. Data is taken from incident reporting process and monitored through a Trust wide group and is aligned to national definition

Other areas of quality are also reported quarterly to EMT and Board as a risk rating

RED: Major Concerns **YELLOW: Minor Concerns**
AMBER: Moderate Concerns **GREEN: Compliant/no concerns**

TOPIC	*Lead Rating (subjective) Q4		QUALITY AREA REPORTED
	BBDU	OBDU	
CPA	A	G	Service users should be a partner in care planning – one indicator used by the trust is whether the service user has been offered a copy of the care plan. Lack of electronic clinical system in Barnsley means that this is recorded and reported manually and is subsequently flagged as amber until this system is in place.
Serious Incidents /Incidents	Y		To learn from incidents it is important that they are monitored as to the number, type, and the findings from root cause analysis undertaken. Due to issue with identifying investigators a business case has been approved for dedicated investigator roles.
Incidents involving restraint	G	G	The Management of Aggression and Violence (MAV) is supported in a number of ways – staff training, provision of specialist advice and monitoring of practice. Violent incidents are minimized by effective individual care planning but when they do occur the primary approach is de-escalation to defuse the situation. Other types of intervention such as the use of restraint and seclusion are carefully monitored in order to identify any themes, trends or changes occurring in practice and to facilitate learning.
Service users subject to seclusion	G	G	
Information Governance	G	G	Training provision and support to ensure all staff understand their responsibilities. Monitoring and learning from any incidents. Information governance training target achieved. Attained or exceeded level 2 for all standards on the information governance toolkit
Patient Safety Alerts	G	G	Ensuring that these are effectively and speedily acted upon in order that any identified risks are negated.
Mental Health Act	G		Ensuring CQC MHA visits are supported, information provided in a timely manner and report recommendations followed up with lessons learned from individual visits used to underpin organisation-wide learning
Safeguarding Children	G	G	The Trust must work closely in partnership. There should be active participation in and contribution to safeguarding boards and openness and transparency in regard to integrated Ofsted/CQC Inspections of Safeguarding and Services. There must also be careful incident monitoring and staff training provided to a satisfactory level and quality.
Safeguarding Adults	A		The trust is committed to ensuring that Service Users are protected against the risk of abuse both in adherence to policies/procedures and in preventative practice. Staff training is monitored, actions are implemented in response to serious case review findings and national/local safeguarding reports are carefully reviewed to underpin organisational learning and practice. The RAG rating remains at amber as the overall trajectory of 80% for training has not been achieved despite significant action undertaken to support staff undertaking the training.
Clinical Audit & Practice Evaluation	G		Careful review of service provision and audit against quality standards is imperative to support learning and improved practice
Library Services & Resource Unit	G		Provision of high quality resource enables and supports staff to provide better care
Controlled Drugs	G	G	The safe management of controlled drugs is a critical component of care

Performance against mandatory indicators

The Trust Board is required to confirm that appropriate governance arrangements are in place.

The Trust has had an increased risk rating to amber/red as a result of the compliance actions we have had following the CQC unannounced visits.

The Trust has had to confirm compliance with authorisation in relation to the healthcare targets and indicators listed below.

National targets

	KPI	target	2009/10 position	2010/2011 position	2011/12 position
1	Delayed Transfers Of Care (DTOC) (Monitor)	≤7.5%	2.8%	3.1%	4.8%
2	% Admissions Gatekept by CRS Teams (Monitor)	›90%	95.2%	96.2%	94.8% (based on Trust agreed assumptive method over the 12 month period) 96.98% (based on internal audit review of records)
3	% SU on CPA Followed up Within 7 Days of Discharge (Monitor)	95%	97.4%	96.8%	95.7%
4	% SU on CPA Having Formal Review Within 12 Months (Monitor)	>95%	Not reported	97.6%	97.2%
5	Meeting commitment to serve new psychosis cases by early intervention teams (Monitor)	>95%	229.7%	169.3%	183%
6	Data completeness: identifiers	99%	N/A	98.5%	99.4%
7	Data completeness; outcomes	50%	N/A	63.5%	76.2%

Notes on metrics

1 data taken from RiO for Wakefield/Kirklees/Calderdale and manual system in Barnsley and aligned to national definition
2 have used an assumptive method this year for Wakefield, Calderdale and Kirklees whilst developing a more accurate activity based reporting mechanism as suggested in 2010/11 external audit of data quality for the 2010/11 Quality Account please see paragraph below for further definition
3 Guidance been clarified following external audit and report altered for 2012/13 to report 7 day follow up from day after discharge. Data available from Rio for Wakefield, Calderdale, Kirklees and manual system for Barnsley
7 & 8 "Data completeness:outcomes" – no 2009/10 performance figure shown as the measure changed to contain 7 elements for 2010/11 as opposed to 8 for 2009/10. The figure for 2009/10 was 57.5%.

With all of us in mind

Admissions gatekept by Crisis Resolution service

The Trust has used an assumptive method of reporting gatekept admissions for 2011/12 for Wakefield, Calderdale and Kirklees whilst work has been undertaken to develop an alternative method of recording and reporting based on the recommendations of the 2010/2011 external audit report.

For data quality purposes an internal audit has been commissioned to enable us at this stage to report both activity based performance against the assumptive method, hence the two figures provided in the table above.

An agreement has been made to report against an activity based recording method from April 2012.

National Patient Survey

Delivering care that meets Care Quality Commission regulatory requirements is also an important indicator of service quality. This information includes reporting against the national in-patient survey, national community patient's survey and the national staff survey.

The Trust has participated in the CQC annual service user survey which involved 56 mental health trusts and primary care trusts that provide mental health services in England.

Service users aged 16 and over were eligible for the survey if they were receiving specialist care or treatment for a mental health condition and had been seen by the Trust between 1 July 2010 and 30 September 2010. The survey included all service users in contact with local NHS mental health services *(both those on standard care and on CPA).*

The response rate was 32% (266 usable responses from a final sample of 831).

For each question in the survey, individual responses are converted into scores on a scale of 0 to 100. A score of 100 represents the best possible response. Therefore, the higher the score for each question, the better the trust is performing. (The scores are not percentages, so a score of 80 does not mean that 80% of people who have used services in the trust have had a particular experience). The CQC converts this into scores out of 10 for each survey section. Benchmarking indicates whether the trust's score on each individual question places it in the top 20%, middle 60% or bottom 20% of all trusts.

HIGHEST SWYPFT SCORES (81-100)	Score 2010	Score 2011	CQC Benchmark
Did this person treat you with respect and dignity?	95	94 ↓	TOP 20%
Did this person listen carefully to you?	88	89 ↑	TOP 20%
Can you contact your care co-ordinator if you have a problem?	88	84 ↓	MIDDLE
Did this person take your views into account?	86	86 ↔	MIDDLE
How well does your care co-ordinator organise the care & services you need?	86	86 ↔	TOP 20%
Were you told that you could bring a friend, relative or advocate to your care review meeting?	75	86 ↑	TOP 20%
Were you given enough time to discuss your condition and treatment?	83	85 ↑	TOP 20%
Did you have trust and confidence in this person?	86	85 ↓	TOP 20%
Were you given a chance to express your views at the (care review) meeting?	82	84 ↑	MIDDLE
Were the purposes of the medications explained to you?	84	82 ↓	MIDDLE
Last time you called the (out of office hrs) number - Did you have any problems getting through to someone?	77	81 ↑	MIDDLE

MIDDLE SWYPFT SCORES (65-80)	Score	Score	Benchmark
Do you know who your care co-ordinator is?	82	79 ↓	MIDDLE
Were you given information about the medication in a way that was easy to understand?	69	73 ↑	MIDDLE
Overall how would you rate the care you have received from MH Services in last 12 months?	73	73 ↔	MIDDLE
Before the review meeting were you given a chance to talk to your care co-ordinator about what would happen?	73	73 ↔	MIDDLE
Has a MH or social care worker checked with you how you are getting on with your medication?	79	73 ↓	BOTTOM 20%
Did you discuss whether you needed to continue using NHS mental health services?	76	72 ↓	MIDDLE
Did you find NHS talking therapy you received in the last 12 months helpful?	68	71 ↑	MIDDLE
In the last 12 months have you had a care review meeting to discuss your care?	65	71 ↑	BOTTOM 20%
Do you think your views were taken into account in deciding which medicines to take?	76	71 ↓	MIDDLE
Did you find the NHS talking therapy you received in the last 12 months helpful?	77	71 ↓	MIDDLE
Did you find the care review helpful?	74	71 ↓	MIDDLE
Do you think your views were taken into account when deciding what was in your care plan?	74	69 ↓	MIDDLE
In the last 12 months have you received support from anyone in NHS MH services in getting help with financial advice or benefits?	72	69 ↓	MIDDLE
The last time you called the (out of office hours) number, did you get the help you wanted?	55	68 ↑	MIDDLE
Has the NHS mental health services helped you start achieving these goals?	70	67 ↓	MIDDLE
Has anyone from NHS MH services ever asked you about your alcohol intake?	----	67	MIDDLE
Does your NHS care plan cover what you should do if you have a crisis?	63	66 ↑	MIDDLE
LOWEST SWYPFT SCORES (0-64)	Score	Score	Benchmark
Do you understand what is in your NHS care plan?	64	64 ↔	BOTTOM 20%
Were you told about possible side effects of the medications?	57	63 ↑	TOP 20%
In the last 12 months have you received support in getting help finding or keeping your accommodation?	74	63 ↓	MIDDLE
Does your NHS care plan set out your goals?	63	62 ↓	MIDDLE
Have NHS MH services involved a member of your family or someone close to you as much as you would like?	65	61 ↓	MIDDLE
Have you been given (or offered) a written or printed copy of your NHS care plan?	61	59 ↓	BOTTOM 20%
In the last 12 months have you received support in getting with finding or keeping work?	74	58 ↓	MIDDLE
In the last 12 months have you received support in getting help with your physical health needs?	51	50 ↓	MIDDLE
Do you have the number of someone from your local NHS Mental Health Service that you can phone out of office hours?	45	50 ↑	MIDDLE
In the last 12 months have you received support in getting help with your care responsibilities?	34	48 ↑	MIDDLE
Has anyone from NHS MH services ever asked you about your use of non-prescription drugs?	---	44	BOTTOM 20%

The areas identified where we are in the bottom 20% of trusts are areas we have identified within our priorities for 2012/13. For example, care and care planning, recording care, involvement of service users and carers.

The National Service User Survey was undertaken for South West Yorkshire Partnership NHS Foundation Trust between January sond April 2011 and we are awaiting the results. A number of changes to the content of the questionnaire were made since the survey was last undertaken in 2010 with some new questions being added, some removed and some revised.

Staff Survey

435 staff at South West Yorkshire Partnership NHS Foundation Trust took part in this survey. This is a response rate of 51%, which is in the highest 20% of mental health/learning disability trusts in England, and compares with a response rate of 54% in this trust in the 2010 survey.

CQC annual staff survey 2011

Indicator	Score (range 1-5)	Score 2010	How this score compares to other trusts
Overall indicator - Staff Engagement	3.68	3.67	above (better than) average
Four Key Findings for which South West Yorkshire Partnership NHS Foundation Trust compares most favourably with other mental health/learning disability trusts in England			
• % staff working extra hours	56%	59%	65%
• % staff believing the trust provides equal opportunities for career progression or promotion	94%	92%	90%
• % staff receiving health and safety training in last 12 months	91%	88%	83%
• % staff feeling there are good opportunities to develop their potential at work	49%	48%	42%
Four Key Findings for which South West Yorkshire Partnership NHS Foundation Trust compares least favourably with other mental health/learning disability trusts in England			
• Impact of health and well-being on ability to perform work or daily activities (lower score better)	1.71	1.66	1.61
• Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months	16%	15%	13%
• Percentage of staff having equality and diversity training in last 12 months	42%	35%	53%
• Percentage of staff able to contribute towards improvements at work	64%	66%	66%

An action plan is currently being developed to support improvements against these areas.

Appendix 1: CQUIN indicators and quarterly performance against indicators

The tables below suggests that there are areas of improvement for the organisation in respect of achieving the CQUIN targets, however it does not provide the level of detail to demonstrate the work that has been ongoing within services to improve systems – this is evidenced throughout the quality account report and further improvements are linked to the priorities for 2012/13

Table 1: Wakefield/Kirklees and Calderdale CQUINs

CQUINs 2011/12

CQUIN indicator	Description	Trajectory	Q1	Q2	Q3	Q4
1.1 Improving access for people experiencing acute mental health problems	a. Urgent referrals within 4 hours (LD) b. Urgent referrals within 4 hours (Adult) c. Urgent referrals within 4 hours (Older)	a. 85% b. 85% c. 85%	✘	✘	✘	✘
1.2 Improving access for people experiencing non-acute mental health problems	a. Non-Urgent referrals – F-F within 14 days (LD) b. Non-Urgent referrals – F-F within 14 days (Adult) c. Non-Urgent referrals – F-F within 14 days (Older) d. Commence treatment within 6 weeks (LD) e. Commence treatment within 6 weeks (Adult) f. Commence treatment within 6 weeks (Older)	a. 65% by Q3 b. 65% c. 65% by Q3 d. 95% by Q3 e. 95% f. 95% by Q3	✘	✔	✘	✘
1.3 Improving access psychological therapies	a. New referrals assessed within 14 days – to be added b. Commencing treatment within 16 weeks – to be added c. Action plan for backlog of referrals	a. 90% b. 90% c. N/A	✘	✘	✘	✘
2.1 Falls assessment & planning	a. Falls assessment within 24 hours admission (LD) b. Number above at risk where risk of falls documented in care plan c. Falls assessment within 24 hours admission (Adult) d. Number above at risk where risk of falls documented in care plan e. Falls assessment within 24 hours admission (Older) f. Number above at risk where risk of falls documented in care plan	a. 75% from Q2 b. 100% from Q2 c. 75% from Q2 d. 100% from Q2 e. 75% from Q2 f. 100% from Q2	✔	✔	✔	✔
2.2 Reducing number and severity of falls	a. number reported falls by severity of harm (by care group) b. number of above where falls re-assessment following fall (by care group) c. number falls per month subject to root cause analysis (by care group) d. number falling more than once during their stay (by care group)	a. to be agreed b. 100% c. 100% d. to be agreed	✔	✔	✔	✔

2.3 Pressure ulcer prevention	Number having one or more existing (grade 2) pressure ulcers on admission
	  a. LD e. Adult i. older
	Number acquiring pressure ulcer within 10 days
	  b. LD f. Adult j. Older
	Number incident forms complete
	  c. LD g. Adult k. Older
	Number root cause analysis investigation undertaken grade 3 and above
	  d. LD h. Adult l. Older
		a. e. i. not applicable
		b. f. j. ≤1 per q from Q1 (older) and Q2 (LD & Adult)
		c. g. k 100% from Q1 (older) and Q2 (LD & adult)
		d. h. l 100% from Q1 (older) and Q2 (LD & adult)
			✔	✔	✔	✔

2.4 Nutritional screening	Number admitted more than 48 hrs having nutritional screening on admission
	    a. LD d. Adult g. older – 76% Q1
	Number high nutritional risk with appropriate referral/care plans
	    b. LD e. Adult h. Older – 54% Q1
	Appropriate care plan/referral on discharge
	    c. LD e. Adult i. Older – 84% Q1
		a. d. 95% from Q2
		g. 95% from Q1
		b.e. 100% from Q2
		h. 100% from Q1
		c. e. 100% from Q2
		i. 100% from Q1
			✘	✘	✘	✘

3. Dementia average stay within best practice (less than 50 days)	a. Number with dementia diagnosis with stays of up to 50 days b. Number with dementia diagnosis with stays of over 50 days c. 100% of exception reports for individual stays over 50 days d. Agreed % reduction of excess bed days	By Q2 % UNDER 50 days to increase to 55% By Q2 average days stay of those OVER 50 days to reduce to 110 days	✔	✔	✔	✔
4.1 Physical health – smoking cessation	number confirm they smoke a. LD b. Adult c. Older number referred to smoking cassation b. LD d. Adult f. Older	a.c.e not applicable b.d.f Wakefield – Q1 5%, Q2 10%, Q3 15%, Q4 30% b. d. f. Kirklees & Calderdale Q1 10%, Q2 12%, Q3 15%, Q4 30%	✔	✔	✔	✔
4.2 Physical health – physical activity	number where levels of physical activity recorded on assessment a. LD b. Adult c. Older number taking less than recommended physical activity with appropriate care plan or onward referral b. LD d. Adult f. Older	Q1 action plan Q2 10% Q3 30% Q4 60%	✔	✔	✔	✔
4.3 Physical health – weight management	number on assessment with BMI greater than 27 a. LD d. Adult g. Older number on assessment with BMI greater than 30 b. LD e. Adult h. Older number referred to local weight management programme c. LD f. Adult i. Older	Q1 action plan Q2 40% Q3 60% Q4 100%	✔	✔	✔	✔
4.4 Outcome for those on CPA	% showing improvement in outcome score a. LD b. Adult c. Older Maintain same outcome score Show worsening outcome score	a. – c. inclusive – 100%	✔	✔	✔	✔
5. Service user experience	Inpatient & community survey a. were you involved as much as you wanted in care & treatment b. were views taken into account when deciding what was in care plan c. last 6 months had care review meeting d. anyone ask about wellbeing needs/ e. get enough support with wellbeing needs f. if inpatient – get specific diet needed from hospital g. purpose of medication explained in way could understand h. possible side effects explained i. MH staff take account of family/home situation in discharge planning j Given information on how to get help in crisis In-pts only k. Hospital staff listened carefully to you i. Given enough time to discuss condition & treatment m. Treated with dignity & respect All pts n. aware how to make a complaint o. overall how rate care and treatment\?	Q1 inpt survey for baseline Q2community survey for baseline (achievement relates to performance against trajectories Q4)	✘ **(in-patient)** ✔ **(community)**			

Table 2: Barnsley CQUINs

Performance Indicator	BBDU Actual			
	Q1	Q2	Q3	Q4
Community CQUINS	-	-	-	-
Tissue Viability - Pressure Sores				
(Numerator 1) % of new pressure ulcers per 1000 bed days	3	3	1	8
(Numerator 2) % incident forms completed	100%	100%	100%	100.00%
(Numerator 3) % Root Cause Analysis undertaken for Grade II ulcers and above				
Action Plan - Essence of Care - Submitted	YES	YES	YES	Yes
Evidence of monitoring of action plan	YES	YES	YES	Yes
Patient Experience - Community				
1. Were you as involved as you wanted to be in decisions about your care and treatment?		97.59%		100%
2. Did you find someone to talk to about worries and fears?		97.10%		97.62%
3. Were you given enough privacy when discussing your condition or treatment?		98.75%		100%
4. Were you or your carer told about medication side effects to watch out for when you went home?		88.61%		87.50%
5. Were you or your carer told who to contact if you were worried about your condition after you left hospital?		92.54%		88.37%
6. Overall, are you satisfied with the personal care and treatment you have received during your hospital stay?		100%		100%
Nutrition - Nutritional Screening				
(Numerator 1 (i)) Proportion of admitted patients who underwent nutritional screening within 24 hours of admission (age 18-64)	100%	100%	100%	100%
(Numerator 1 (i)) Proportion of admitted patients who underwent nutritional screening within 24 hours of admission (age 65+)	100%	100%	100%	100%
(Numerator 1 (i)) Proportion of admitted patients who underwent nutritional screening within 24 hours of admission - ALL Ages	100%	100%	100%	100%
Numerator 1 (ii) Proportion of screened patients where appropriate action was followed (age 18-64)	100%	100%	100%	100%
Numerator 1 (ii) Proportion of screened patients where appropriate action was followed (age 65+)	92%	100%	100%	100%
Numerator 1 (ii) Proportion of screened patients where appropriate action was followed (ALL AGES)	94%	100%	100%	100%
Numerator 2 (i) Proportion of discharged patients who underwent nutritional screening prior to discharge (age 18-64)	94%	100%	100%	100%
Numerator 2 (i) Proportion of discharged patients who underwent nutritional screening prior to discharge (age 65+)	99%	100%	99%	99%
Numerator 2(ii) Proportion of screened, discharged patients who were at High nutritional risk (age 18-64)	9%	0%	4%	3%
Numerator 2(ii) Proportion of screened, discharged patients who were at High nutritional risk (age 65+)	23%	15%	11%	11%
Numerator 2 (iii) Proportion of High nutritional risk patients with appropriate referrals/continuing care plans in place (age 18-64)	100%		100%	100%
Numerator 2 (iii) Proportion of High nutritional risk patients with appropriate referrals/continuing care plans in place (age 65+)	100%	100%	100%	100%
Action Plan submitted and evidence of monitoring	Yes	Yes	Yes	Yes

Workforce - Adult Safeguarding Training	75.41%	81%	82%	75%
End of Life				
Numerator 1 Proportion of patients identified as being End Of Life who are on the End Of Life Care Register	100%	100%	100%	100%
Numerator 2 Proportion of deaths that were on the Liverpool Care Pathway or equivalent	31.85%	34.29%	29.75%	25%
Numerator 3 Proportion patients dying whilst on the LCP or equivalent with a preferred place of death, who actually died in their preferred place	97%	95%	98%	97%
Catheter Associated Urinary Tract Infections				
Total number of catheterised inpatients - primary catheterisation	0	0	0	1
% inpatients with a catheter	1.71	0.82	1.69	1.20
Urinary Tract Infections - development of monitoring tool				0
Falls (Community)				
% Falls which physical injury occurs by age band per 1000 occupied bed days				
Number of incidents where people have been physically harmed or injured by a fall	32	30	21	8
Total OBD's / 1000	6.444	7.308	7.104	6.61
% multiple falls which result in harm to the patient.				

Appendix 2: Glossary

AIMS	***Accreditation for Inpatient Mental Health Services*** – standards for inpatient wards
AOT	***Assertive outreach*** Intervention that targets people who have been diagnosed with a mental illness but have not been engaged with mental health services. Often these can be people with long term mental illnesses.
BDU	***Business Delivery Unit*** The Trust runs services on a district by district basis with support from a central core of support services. These district management units are called Business Delivery Units (BDUs). We have five BDUs; Barnsley, Calderdale, Kirklees, Wakefield and Forensics
CAMHS	***Child and adolescent mental health service*** Treatment for children and young people with emotional and psychological problems.
Care Co-ordinator ***(or maybe key worker)***	This is the member of the team who will co-ordinate the integrated care programme approach (CPA) and act as the link/contact for the service user, carer/s and other team workers
CMHT	***Community mental health team*** A community based multi-disciplinary team who aim to help people with mental health problems receive an appropriate community environment for as long as possible, and in many cases preventing hospital admission.
CPA	***Care Programme Approach CPA*** CPA is the framework for providing care for mental health service users
CQC	***Care Quality Commission*** The Care Quality Commission is the health and social care regulator for England. They look at the joined up picture of health and social care. Its aim is to ensure better care for everyone in hospital, in a care home and at home.
CQUIN	***Commissioning for Quality and Innovation.*** A payment framework that makes a proportion of providers' income conditional on quality and innovation. Its aim is to support the vision set out in High Quality Care for All (the NHS next stage review report) of an NHS where quality is the organising principle.
DOH	***Department of Health*** The Government body responsible for delivering a fast, fair, convenient and high quality health service in England.
DOLS	***Deprivation of Liberty Safeguards*** The Deprivation of Liberty Safeguards is an important protection for people in hospitals and care homes who may need to be deprived of their liberty in order to protect them from serious harm.
DTOC	***Delayed transfer of care*** – occurs when a patient is ready for transfer from acute care, but is still occupying an acute bed.
EIS	***Early intervention service*** This service provides treatment and support in the community to young people with psychosis and their families. The aim is to reduce the period of untreated psychosis, which is likely to lessen future problems and improve the person's long term health and well being.
IG	***Information Governance*** Information Governance ensures necessary safeguards for, and appropriate use of, patient and personal information.
IiP	***Investors in people*** – the national standard that sets a level of good practice for training and development of people.
IPC	***Infection prevention and control***

The Infection Prevention and Control (IPC) team provide advice, support and resources to reduce the outbreak of infectious disease, including healthcare associated infections (HCAI) in all hospital and community health settings

Lean
Lean is an improvement approach to improve flow and eliminate waste that was developed by Toyota. Lean is about getting the right things to the right place, at the right time and in the right quantities, while minimising waste and being flexible and open to change.

MDT
Multi Disciplinary team (MDT)
A team of professionals drawn from various disciplines that combine their expertise to the benefit of patients

NHSLA
National Health Service Litigation Authority.
The NHSLA handles negligence claims and works to improve risk management practices in the NHS

NHSLARMS
National Health Service Litigation Authority Risk Management Standards
Healthcare organisations are regularly assessed against these risk management standards which have been specifically developed to reflect issues which arise in the negligence claims reported to the NHSLA.

PEAT
Patient Environment Action Team

PICU
Psychiatric intensive care unit.
Provides short term management for people with acute mental illness.

PTS
Psychological Therapy Services

RiO
The electronic patient record system that is used in mental health services in Wakefield, Kirklees and Calderdale

SBAR
Situation-Background-Assessment-Recommendation
A standardised communication tool

SPA
Single Point of Access (SPA)
One place where all referrals - a request for extra help for an individual - are received. The SPA is run by very experienced nursing, medical, and social care staff who look at each referral.

SystmOne
The electronic patient record system that is used in some community services in Barnsley

Appendix 3:2011/12 Statement of Directors' Responsibilities in respect of the Quality Account

The directors are required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations 2010 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*;

- 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 2011 to June 2012;

Papers relating to Quality reported to the Board over the period April 2011 to June 2012;

Feedback from NHS Wakefield, Calderdale, Kirklees commissioners dated 02/05/2012;

Feedback from Wakefield LINks dated 03/05/2012

Feedback from NHS Barnsley dated 16/05/2012

[1]The Trust's monthly and quarterly complaints reporting between April 2011 to March 2012 and the annual Hospital and Community Services Written Complaints Return (K041 (a)) submission for 2[1]011/2012 dated 28.05.2012;

The 2011 national patient survey, July 2011

The 2012 national staff survey February 2012

The Head of Internal Audit's annual opinion over the trust's control environment dated 28/05/2012;

Care Quality Commission quality and risk profiles dated August 2011, November 2011, December 2011, February 2012, March 2012

- 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;

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[1] An annual report which amalgamates the information contained within the quarterly complaints reports and the K041 (a) submission will be produced in June 2012 to ensure the Trust fully meets the specification for an annual complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009

- 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, and 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) as well as the standards to support data quality for the preparation of the Quality Report (available at 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

28 May 2012.......Date......... ..Chair

28/5/2012   Date   Chief Executive

Appendix 4: Independent Assurance report to the council of Governors of South West Yorkshire Partnership NHS Foundation Trust

2011/12 LIMITED ASSURANCE REPORT ON THE CONTENT OF THE QUALITY REPORT AND MANDATED PERFORMANCE INDICATORS

Independent Auditors Report to the Council of Members of South West Yorkshire Partnership NHS Foundation Trust on the Annual 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 2012 (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 2012, to enable the Council of Members to demonstrate that is has discharged its 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 2012 subject to limited assurance consist of the national priority indicators as mandated by Monitor:

- 7 Day Follow-up; and
- Crisis Resolution.

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 the Independent Regulator of NHS Foundation Trusts ("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 in *NHS Foundation Trust Annual Reporting Manual;* 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.*

We read the Quality Report and considered whether it addresses the content requirements of the *NHS Foundation Trust Annual Reporting Manual,* and considered the implications for our report if we became aware of any material omissions.

We read the other information contained in the Quality Report and consider whether it is materially inconsistent with those documents listed below:

- Board minutes for the period April 2011 to May 2012;
- Papers relating to Quality reported to the Board over the period April 2011 to May 2012;
- Feedback from the Commissioners dated May 2012;
- Feedback from LINks dated May 2012;
- The Trust's annual Hospital and Community Services Written Complaints Return (K041 (a)) submission for 2011/2012 dated 8 May 2012;
- The 2011 national patient survey;
- The 2011 national staff survey;
- Care Quality Commission quality and risk profiles dated August 2011, November 2011, December 2011, February 2012, March 2012; and
- The Head of Internal Audit's signed annual opinion over the Trust's control environment for 2011/12.

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; and
- Reading the documents.

A limited assurance engagement is less 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 nature, form and content required of Quality Reports are determined by Monitor. This may result in the omission of information relevant to other users, for example for the purpose of comparing the results of different NHS Foundation Trusts.

In addition, 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 2012:
- the Quality Report is not prepared in all material respects in line with the criteria set out in the *NHS Foundation Trust Annual Reporting Manual;*
- the Quality Report is not consistent in all material respects with the sources specified in *Foundation Trust Annual Reporting Manual;* 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* and the six dimensions of data quality set out in the *Detailed Guidance for External Assurance on Quality Reports.*

Deloitte LLP

Deloitte LLP
Chartered Accountants
Leeds, UK
28 May 2012

Appendix 5: Feedback from our stakeholders

5.1 Statement from NHS Calderdale, Kirklees and Wakefield District

Broad Lea House
Dyson Wood Way
Bradley Business Park
Bradley
Huddersfield
HD2 1GZ

Tel: 01484 464016
vicky.dutchburn@kirklees.nhs.uk

RE: NHS Calderdale, Kirklees and Wakefield District Primary Care Trusts Statement to South West Yorkshire Partnership NHS Foundation Trust's Quality Accounts 2011/12

The following statement is presented on behalf of commissioning partners from NHS Calderdale, Kirklees and Wakefield District.

The published account is a comprehensive and detailed assessment of quality in 2011/12, and highlights South West Yorkshire Partnership NHS Foundation Trust's (SWYPFTs) priorities and ongoing commitment to quality going forward into 2012/13.

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 account describes the proactive work the Trust has undertaken to address key quality priorities and we are pleased to note the improvements made, particularly around access to psychological therapies and the introduction of nutritional screening across care groups. Even though the CQUIN targets for these areas were not achieved, the Trust acknowledged this, but continued to work towards improving access, safety and experience.

However, commissioners had expected the account to include the outcomes from the 2011 patient survey for community mental health services which was published in August 2011 and it is disappointing that there is no supplementary information or links to other relevant sections of the document to show how SWYPFT is proactively addressing these areas of patient experience, and outcomes to stimulate improvement.

Assurance is given that the priorities for improvement identified for 2012/13 are relevant to the range of services now provided by SWYPFT. The account states that the priorities have been

developed in consultation with a number of stakeholders, although the dialogue, involvement and engagement with the individual PCTs and emerging clinical commissioners has been variable, we are collectively supportive of the rationale for identifying the priorities as they mirror a number of the areas of concern highlighted by commissioners which have also been reflected in 2012/13 CQUIN incentives.

The quarterly quality/compliance report produced by the Trust is reviewed at the Quality Board and there has been discussion about a number of the key priorities, particularly improving access, meeting physical health needs, improving patient experience, and meeting the needs of carers.

On behalf of NHS Calderdale, Kirklees and Wakefield District, commissioners; response collated by Vicky Dutchburn – Assistant Director (Commissioning & Strategic Development)

Trust Response: The 2011 patient survey was excluded from the draft originally as it held data pertaining to 2010. The data has been included in the final Quality Account and an explanation sent to the commissioners.

5.2 Statement from NHS Barnsley

NHS
Barnsley

Your Ref:

Our Ref:

Please ask for:

14 May 2012

Karen Barnett
Assistant Director Quality & Innovation
South West Yorkshire Partnership NHS Foundation Trust

Dear Karen

NHS Barnsley welcomes the opportunity to comment on South West Yorkshire Partnership NHS Foundation Trust Quality Account 2011/2012. In making these comments they relate specifically to the services NHS Barnsley commissions from the Trust for the local population, unless otherwise indicated

As the Commissioner of services on behalf of the local population, we believe this Quality Report demonstrates the Trust's general commitment to Quality Improvement and delivery of High Quality services. To the best of our knowledge the information contained within the Quality Report, which is also provided to NHS Barnsley as part of the Contractual Agreement is accurate.

The Operating Framework for the NHS in England requires Quality to span three areas; Safety, Clinical Effectiveness and Patient Experience. The Quality Report provides an overview of these areas and overall demonstrates a fair reflection of the Trust's achievement against delivery of Quality against priorities in a changing NHS.

It is acknowledged that there has been progress demonstrated in the delivery of priorities specifically identified for Barnsley this year 2011/12.

In addition the Trust has identified priorities for the year across the whole organisation which we see as positive move; however it is disappointing that some important areas have not been included in these. For example the zero tolerance of avoidable healthcare acquired infections, the implementation of some work already taken in parts of the Trust where the sharing of learning could have had a significant impact on patient experience has not been recognised. In addition this is not included in " Priority 7: To improve the safety of our services users, carers' staff and visitors" which we would have expected to see given this is specifically mentioned in the Operating Framework 2012/13 Domain five, Treating and caring for people in a safe environment and protecting them from avoidable harm. In terms of developing the priorities for 2012/13 it would have been helpful to have been involved in the dialogue

On behalf of NHS Barnsley

Julie Finch
Assistant Chief Operating Officer Patient Safety and Governance
5.3 Statement from Wakefield Social Care and Health Overview and Scrutiny
Committee

General Overview

Throughout 2011/12 the Social Care and Health Overview and Scrutiny Committee has engaged with the Trust to review and identify quality themes and issues that members believe should be both current and future priorities. This has included specific meetings with the Trust and the provision of quarterly reports to the OSC on progress against the areas for improvement identified in the 2010/11 Quality Account. This has allowed early consideration of any potential issues that may have been of concern and has helped the OSC build up a picture over the year 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 would have liked to have seen more comparative information in the Quality Account as a means of setting the Trust's performance in context. Without such comparative information, local people may struggle to understand whether a particular number represents good or poor performance. However, the Committee believes this is a difficult balance to make, on the one hand producing comparative information whilst at the same time trying to maintain local ownership.

Specific comments

The Committee made reference in the 2010/11 Quality Account regarding the national service user survey evidence in relation to crisis care, which reflected other feedback from services users and their carers that crisis care is an area where they would like to see some changes made.

The Committee therefore welcomed the identified priority area for improvement of better definition and more effective integration of the role of the crisis and acute services. The Committee also recognised and supported the view that further work was required in 2011/12 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 encouraging. The Committee welcomes the commitment to maintain this priority over the next year. The implementation of a single point of access for new referrals across all localities in mental health services is supported.

During the Committee's review of "hidden Impairments" members considered relative adult pathways for ASC and ADHD. The National Service Framework (NSF) recommends that young people reaching the age of 18 should be supported by Adult Mental Health Services, but, the management and service provision for adolescents with ADHD who are leaving paediatric care was proven inadequate, and many young adults had no readily identifiable adult service, resource or support network.

Commissioners have demonstrated a commitment to improving the health and wellbeing of adults with ADHD through the commissioning of a specialist adult service. As a result there is now a

clear pathway for diagnosis and treatment for a significant proportion of adults with ADHD. This clearly supports the Trust's commitment to improve pathways of care and to improve transfers of care by working in partnership across the care pathway.

Further evidence of effective partnership working in terms of improving pathways of care can be seen through the integrated networks across the Wakefield district. The Committee believes the networks contribute to the quality of service provision through a joint working preventative approach to Health and Wellbeing.

The Committee has focused through its work programme on the physical needs of service users with mental health conditions, in particular nutrition screening. It is therefore disappointing to note that performance against the specific CQUIN target associated with nutrition has not been met. The Committee notes the actions that have taken place to improve performance in this area. During the Committee's inquires into dementia and dignity in care this was seen as a very clear priority by service users and carers.

We fully support the commitment to mutual respect between service users and teams/individuals and evidence from the Committee's dignity in care inquiry supports service user views that staff attitudes and behaviours feature as one of the most important aspects of care.

Much of the Committee's focus throughout the year has been on self directed care and personalisation as a means of fostering independence and control. The Committee therefore welcomes the Trust's involvement in the personal health budget pilot. The Committee supports the aim that the role of service users needs to continue to develop in order that they become active participants in the construction, production and management of their own care.

The Committee welcomes the Trust's position of achieving 100% compliance of Eliminating Mixed Sex Accommodation (EMSA) and the commitment to improve the privacy and dignity of service users by having good quality bathroom and toilet facilities. During the Committee's dignity in care review service users placed a high priority on the quality of the environment.

Care closer to home is often cited as a priority by service users who engage with the Committee during scrutiny reviews. The investment in secure facilities at Newton Lodge, particularly the additional capacity for women who are currently treated outside the local area, is supported.

Service users and carers have told the Committee that they value very highly the Forget-me-not Cafes across the district, which support both those with Dementia and their carers in a supportive environment.

The Committee supports greater emphasis on service user involvement and the Trust's commitment towards more deliberate forms of engagement, particularly creative and effective methods of feeding back results to service users and carers.

During the Committee's inquiry into "Hidden Impairments" and ADHD services, members noted the commitment to research as a driver for improving the quality of care and service user experience.

5.4 Statement from Kirklees Well-being and communities scrutiny panel

Kirklees COUNCIL

WELL-BEING & COMMUNITIES SCRUTINY PANEL
c/o Legal & Governance Service
Second Floor, Civic Centre 3
Huddersfield HD1 2EY

Tel: 01484 221916
Fax: 01484 221755
Email: laura.ellis@kirklees.gov.uk

Date: 2 May 2012

Karen Barnett
Assistant Director
Service Improvement & Development
South West Yorkshire Partnership NHS Foundation Trust
Block 6, Fieldhead Hospital
Ouchthorpe Lane
Wakefield WF1 3SP

Dear Karen

Re: Quality Account

Thank you for providing us with a copy of your Quality Account 2011/12 and inviting the Panel's comments on the report.

Members of the Panel have carefully reviewed the information contained within the report, and are supportive of the Trust's priorities as set out in the document.

The Panel has welcomed the opportunity to closely work with the Trust during 2011/12 and to actively engage on work regarding the future provision and development of mental health services in Kirklees. The Panel's particular area of interest going forward into 2012/13 is the forthcoming development of a longer term estates strategy, and the Panel have requested further briefings as the strategy is developed and to be fully consulted when proposals are drafted.

If you have any questions or require any clarification, please do not hesitate to contact me.

Yours sincerely

L. H. Ellis

Laura Ellis
Senior Scrutiny Officer
on behalf of the Well-Being & Communities Scrutiny Panel

5.5 Statement from Calderdale Council Adults Health and Social Care Scrutiny Panel

CALDERDALE COUNCIL – STATEMENT ON SOUTH WEST YORKSHIRE PARTNERSHIP NHS TRUST QUALITY ACCOUNT

The Adults Health and Social Care Scrutiny Panel is very pleased to be asked to comment on the SWYFT Quality Account.

Your report has many positive features. We welcome all the innovative quality improvements, particularly the work towards a single point of access for mental health services in Calderdale.

I will point out the impressive reduction you have made in CO2 emissions to my colleagues on the Economy and Environment Scrutiny Panel.

I am very pleased to see that targets on assessment of service users are being exceeded.

I am pleased that average lengths of stay for Calderdale residents have dropped over the year. We would welcome some discussion on home based treatments at the Scrutiny Panel during the year.

We are very interested in the Collaborative Project promoting Dementia friendly Communities in Kirklees and would be interested in finding out how some of this could be transferred to Calderdale.

It is good that you are learning from complaints, particularly through the Dementia Strategy Group.

Your 2012/13 priorities all look that they will lead to positive improvements in the care you offer your service users. There is perhaps an overemphasis on process rather than outcomes and about doing the same things better, rather than doing some different things. I appreciate that this may be significantly influenced by commissioning decisions and so will involve some of your partner organisations as well. One of the challenges for the Adults Health and Social Care Scrutiny Panel is to get better at understanding and challenging what we do, why we do it and what impact it has; in addition to how well we do things. This is a key element of the work we will be doing over the next six months as a Scrutiny Development Area and we look forward to working with you on that project.

The Quality Account shows some examples of excellent innovation in the different localities that you serve. I hope that Calderdale commissioners are able to learn from work that you have done in Barnsley, Kirklees and Wakefield and to help Calderdale residents benefit from your service development elsewhere, when appropriate.

The Scrutiny Panel completed a detailed review of services for people with dementia in April 2012. Managers and staff from SWYFT have participated fully in that review and contributed significantly. Thank you.

Our work on dementia will continue in 2012/13 and we will be monitoring closely the response to our recommendations. Our dementia work is important for two reasons. Firstly, because of the number of people affected by dementia, either because they have dementia or as a family carer and the increase in that population, with the consequent demands on all our services. Secondly,

because it demands a different type of response with some courageous and far reaching commissioning decisions that should considerably reshape services. Doing this effectively on dementia services will teach us valuable lessons that can be applied to a range of services.

I was lucky enough to hear Sir David Nicholson speak when he visited Huddersfield recently. He set us a number of challenges. He was clear that change cannot be postponed and that doing the same better or for less resource will not be a successful response. That presents us all – the Council included – with a massive task. I look forward to working on it with you throughout 2012/13.

Councillor Ruth Goldthorpe
May 2012

on behalf of the Adults Health and Social Care Scrutiny Panel

5.6 <u>Statement from Wakefield District LINKs</u>

Our Ref: NMMAY2012/SH

8th May 2012

Noreen Young
Director of Nursing, Clinical Governance & Safety
South West Yorkshire Partnership NHS Foundation Trust
Block 7,
Fieldhead
Wakefield
WF1 3SP

Dear Ms Young

Re: Quality Account 2011/12

Please find attached the Wakefield District LINks comment on the South West Yorkshire Partnership NHS Foundation Trust Quality Account 2011/12.

If you have any questions please do not hesitate to contact me.

Kind regards

Yours Sincerely

Narendra Mathur
Wakefield District LINk Quality Account Task Group Chair
Enc

Wakefield District Local Involvement Network

QUALITY ACCOUNTS 2011/2012
We thank the South West Yorkshire Partnership NHS Foundation Trust for letting us comment on their quality accounts.

The following comments were produced by a task group on quality accounts following a year round engagement with the representatives of the trust. They had eight meetings. These meetings were very frank and open.

The task group would like to have a representation on the Trusts Quality and Clinical Governance Committee but the trust has declined our request because of the following reasons:

1. Obligation to its members, the trust has a foundation status.
2. There are four LINKs in the area.

Maybe in future we will get minutes of the Clinical Governance Committees meetings on a regular basis.

During our meeting with the trust representatives, we had discussion on the following topics:-

- ➢ Progress report Re 'Priorities from Last Year and the Summary'
  - Crisis Resolution
  - Dual Diagnosis
  - Expected outcome at the end of the year

- ➢ Current Year
  - Timetable
  - When will we get the draft report?
  - When is the Trust's target date for submitting the final accounts?

- ➢ Review Trust Safety
  - How does the Trust deal with safety issues?
  - Membership of clinical governance committee
  - Risk assessment procedures
  - Appraisals etc for staff members (both clinical and non clinical)
  - Suicide rates
  - Clinical coding
  - Catchment population (1.2m)
    - o Recommended number of consultant psychiatrists and psychologists
  - How many actually in position?
  - How many locums?
  - NICE Guidelines (are they used universally, or with exceptions)
  - Being open

Our impression of the trust is that "It is a progressive, open and trustworthy trust and provides good quality clinical services". To the best of our knowledge the information given in the quality accounts is true.

All the members of the task group, found the accounts easy to read, but nobody could finish the reading in one go – it required concentration.

We found the table of contents and Appendix 2 (glossary) very useful.

The Chief Executive's statement is extremely good, easy to read and digest and is a good summary of achievements by the trust during the year.

However, as the Chief Executive says there is still much to improve the services and we would like to focus on the following items.

1. Access to Services
Wakefield District Link and its task group on mental health trust has been trying to improve access to Crisis Resolution. Still these services are not accessible easily. We are prepared to see the progress being made by Single Point of Access. We believe Quality Accounts is a year round process and we would like to monitor the progress being made on three monthly basis. We would like to start the next year's cycle as soon as this year's accounts are published.

2. Staff Appraisals
We think that over 90% of the staff should be appraised within the year.

3. Physical Health Needs

All the inpatients should have their nutrition state assessed and no patient should develop pressure ulcers whilst in the hospital. Better nutritional screening will result in more income from CQUIN (Commissioning for Quality and Innovation) payment agreements with the commissioners.

4. Patient Experience

While there is a high degree of very good patient experience in the community as proved by the CQUIN questions, in the inpatients situation there need to be some improvement, especially in regards to CQUIN questions nos. 3, 4 and 8. But we look forward to the results of the national survey due to be published in June 2012. As we consider the quality accounts to be a year round process, please let us have them as soon as possible and not to wait for next years accounts.

2012/2013

Priorities for improvement.

We support all the priorities as mentioned in the quality account, but our top priority will continue to be access to services (your priority 2). We will monitor the progress on a quarterly basis.

Clinical Audit

We applaud trust's opening statement on clinical audits. However, we believe that there is scope for increasing the number of audits. We do not know why the trust did not take part in all the national clinical audits.

There should be a little more clarity on the results of the audits; action taken and improvement achieved in the clinical care as a result of these actions.

Clinical Research

We applaud the trusts involvement in Clinical Research and to produce and improve the good standards of care.

Important item missing from the Quality Accounts:-
There is no mention about CNST (Clinical Negligence Scheme for Trusts) level of payment by the trust. This gives an indication of degree of importance given to risk assessments, patient safety and being open. We understand that the trust is level one status; we believe that they should aspire to become level two at least, although the difference in payment may be small (about £20,000).

Next Steps:-
We consider Quality Accounts as a year round process and we would like to start our engagement with the trusts representatives as soon as possible. We note not much is written about the growing problem of dementia, the task group would like to know more about this condition and the services provided for it. May we suggest a tutorial from the medical director on the subject to the task group members.

During the late stages of last years deliberations we found that the trust is not responsible for services primarily connected with Autism and Autistic Spectrum Disorder. We will deal with this condition and the services for it as soon as possible. I am sure Mental Health Trust will have some contribution to make on these deliberations.

Trust Response: The omission of CNST is due to the Trust being registered via the NHSLA rather than CNST – the Links are correct in that level one is being achieved at present and work is progressing to ensure all policies and practices are standardised across the new larger

organisation since the merger with Barnsley Care Services Direct. We have agreed to hold quarterly meetings with Wakefield Links in order to continue the excellent relationship we have built up over the last year.

5.7   Kirklees Link Quality Account Feedback

South West Yorkshire Partnership Foundation Trust (SWYPFT)

The Kirklees LINk has made the following comments:
It is initially hard to comment on the Quality Accounts for SWYPFT as Kirklees LINk has had very little contact or joint participatory working over the period we are required to comment on.
On page 16 of the Quality Account it sets out a target of 30% patient complaints which seems very high. Kirklees LINk would like a breakdown/analysis of all type of complaints and reasoning behind the higher complaints targets. The target in 2010/11 should be lower if SWYPFT is to challenge and improve service from last year's target from 14%.

Single Point of Access (SPA)
Kirklees LINk is aware that you introduced SPA a year ago and would like to know what impact this service has had and how it has met different patient needs. Has the service received any complaints? Has a Quality Impact Assessment been done and could Kirklees LINk have a copy on this. And how it has affected service user experience and whether SPA has been successful.
Kirklees LINk was unable to identify any mention or reported information of SPA in their Quality Account. Kirklees LINk would like information on SPA to be included in the Quality Accounts.

Trust Response: Kirklees Link was visited by the lead manager and an operational manager in December 2012 to provide an update on the quality account and request input into the priority setting for 2012/13. Specific requests regarding access for minority groups was identified at this meeting and included in the priority setting. An invite will be made for the lead manager and operational manager to attend more regularly over the next year and will provide a specific update on the SPA as requested.

Data entered below will be used throughout the workbook:

Trust name: South West Yorkshire Partnership NHS Foundation Trust
This year 2011/12
Last year 2010/11
This year ended 31 March 2012
Last year ended 31 March 2011
This year commencing: 1 April 2011

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 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 28 May 2012

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 28 May 2012

Signed…………… ………
Director of Finance   Date 28 May 2012

INDEPENDENT AUDITOR'S REPORT TO THE COUNCIL OF GOVERNORS 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 2012 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 39. 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 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 2012 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.

INDEPENDENT AUDITOR'S REPORT TO THE COUNCIL OF GOVERNORS AND BOARD OF DIRECTORS OF SOUTH WEST YORKSHIRE PARTNERSHIP NHS FOUNDATION TRUST. (CONTINUED)

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 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: 28 May 2012

**STATEMENT OF COMPREHENSIVE INCOME FOR THE YEAR ENDED
31 March 2012**

	note	Year Ended 31 March 2012 £000	Year Ended 31 March 2011 £000
Revenue			
Operating Income from continuing operations	6	231,055	128,347
Operating Expenses of continuing operations	7	223,486	123,680
Operating surplus (deficit)		**7,569**	**4,667**
Finance costs:			
Finance income	11	273	194
PDC Dividends payable		(1,522)	(1,535)
NET FINANCE COSTS		**(1,249)**	**(1,341)**
Surplus/(Deficit) from continuing operations		**6,320**	**3,326**
SURPLUS/(DEFICIT) FOR THE YEAR		**6,320**	**3,326**
Other comprehensive income			
Impairments		0	0
TOTAL COMPREHENSIVE INCOME / (EXPENSE) FOR THE YEAR		**6,320**	**3,326**

The notes numbered 1 to 39 form part of these accounts.

South West Yorkshire Partnership NHS Foundation Trust - Annual Accounts 2011/12

STATEMENT OF FINANCIAL POSITION		31 March 2012	31 March 2011	31 March 2010
			As Restated	As Restated
	note	£000	£000	£000
Non-current assets				
Intangible assets	14	81	91	144
Property, plant and equipment	15	63,178	55,798	52,200
Investment Property	16	801	280	270
Total non-current assets		**64,060**	**56,169**	**52,614**
Current assets				
Inventories	20	531	49	42
Trade and other receivables	21	5,323	2,374	1,525
Cash and cash equivalents	22	26,978	18,218	16,325
Total current assets		**32,832**	**20,641**	**17,892**
Current liabilities				
Trade and other payables	23	21,655	9,770	8,762
Provisions	26	2,430	453	161
Other liabilities	23	419	538	478
Total current liabilities		**24,504**	**10,761**	**9,401**
Total assets less current liabilities		**72,388**	**66,049**	**61,105**
Non-current liabilities				
Provisions	26	3,103	3,084	1,466
Other liabilities	23	0	0	0
Total non-current liabilities		**3,103**	**3,084**	**1,466**
Total assets employed		**69,285**	**62,965**	**59,639**
Financed by (taxpayers' equity)				
Public Dividend Capital		41,991	41,991	41,991
Revaluation reserve		7,282	7,604	7,884
Donated Asset Reserve		0	0	0
Other reserves		5,220	5,220	5,220
Income and expenditure reserve		14,792	8,150	4,544
Total taxpayers' equity		**69,285**	**62,965**	**59,639**

....Chief Executive……..28 May 2012.............Date

South West Yorkshire Partnership NHS Foundation Trust - Annual Accounts 2011/12

STATEMENT OF CHANGES IN TAXPAYERS' EQUITY

	Total £000	Public Dividend Capital £000	Revaluation Reserve £000	Donated Assets Reserve £000	Other Reserves £000	Income and Expenditure Reserve £000
At 1 April 2011	**62,965**	41,991	7,604	0	5,220	8,150
Surplus/(deficit) for the year	**6,320**	0	0	0	0	6,320
Asset disposals	**0**	0	0	0	0	0
Other reserve movements	**0**	0	(322)	0	0	322
Taxpayers' Equity at 31 March 2012	**69,285**	**41,991**	**7,282**	**0**	**5,220**	**14,792**

	Total £000	Public Dividend Capital £000	Revaluation Reserve £000	Donated Assets Reserve £000	Other Reserves £000	Income and Expenditure Reserve £000
At 1 April 2010 - as previously stated	**59,340**	41,991	7,884	31	5,220	4,214
Prior period adjustment	**299**		0	(31)		330
At 1 April 2010 - restated	**59,639**	41,991	7,884	0	5,220	4,544
Surplus/(deficit) for the year	**3,326**	0	0	0	0	3,326
Asset disposals	**0**	0	(183)	0	0	183
Other reserve movements	**0**	0	(97)	0	0	97
Taxpayers' Equity at 31 March 2011	**62,965**	**41,991**	**7,604**	**0**	**5,220**	**8,150**

STATEMENT OF CASH FLOWS FOR THE YEAR ENDED

31 March 2012	note	Year Ended 31 March 2012 £000	Year Ended 31 March 2011 £000
Cash flows from operating activities			
Operating surplus/(deficit) from continuing operations		7,569	4,667
Operating surplus/(deficit)		**7,569**	**4,667**
Non-cash income and expense:			
Depreciation and amortisation	7	2,502	2,074
Impairments	7	21	175
Amortisation of government grants		0	0
(Increase)/Decrease in Trade and Other Receivables	21	(2,849)	(838)
(Increase)/Decrease in Inventories	20	(482)	(7)
Increase/(Decrease) in Trade and Other Payables	23	10,388	413
Increase/(Decrease) in Other Liabilities	23	(119)	74
Increase/(Decrease) in Provisions	26	1,996	1,910
Other movements in operating cash flows	7	4	0
NET CASH GENERATED FROM/(USED IN) OPERATIONS		**19,030**	**8,468**
Cash flows from investing activities			
Interest received		273	194
Purchase of intangible assets		(42)	0
Purchase of Property, Plant and Equipment		(8,879)	(5,223)
Net cash generated from/(used in) investing activities		**(8,648)**	**(5,029)**
Cash flows from financing activities			
PDC Dividend paid		(1,622)	(1,546)
Net cash generated from/(used in) financing activities		**(1,622)**	**(1,546)**
Increase/(decrease) in cash and cash equivalents		**8,760**	**1,893**
Cash and Cash equivalents at start of period		18,218	16,325
Cash and Cash equivalents at 31 March		**26,978**	**18,218**

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 2011/12 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 31/03/12.
The compulsory redundancy provision is partly estimated based on an average salary of the expected redundant posts.
The value of property plant and equipment is reviewed each year by an appropriately qualified independent pa
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.

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 2011/12 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 imposes 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 2.8% 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 arsing 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.

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.

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 36 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.

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

1.25   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.

1.26   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 2011/12, 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)

1.27 **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.

IAS 12 Income Taxes amendment.

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.

1.28 **Transfers of financial assets**
There were none at the time these accounts were prepared.

1.29 **Going Concern**
These accounts are prepared on a going concern basis. The detail behind this assumption is included in the notes to the accounts.

2. Merger Accounting

Transforming Community Services (TCS) is a DH programme of work set up to implement necessary changes in Primary Care Trusts to support World Class Commissioning, by removing all clinical service provision from Primary Care Trusts. As part of this programme services from NHS Calderdale, NHS Wakefield District and NHS Barnsley were transferred to the Trust. Nil consideration was given for the services under TCS.

NHS Calderdale transferred community services to the Trust on the 1 April 2011. These services were integrated into the Trust in 2011/12 and had transferred annual revenue of £3.5m.

NHS Wakefield District transferred community services to the Trust on the 1 April 2011. These services were integrated into the Trust in 2011/12 and had transferred annual revenue of £6.5m.

NHS Barnsley transferred community and mental health services provided by Care Services Direct (CSD), to the Trust on the 1 May 2011. The transfer included the delivery and support functions of CSD. As part of this transfer the trust has integrated the support functions with the existing functions in the Trust, these include HR, Finance, Management, Estates & Facilities and Business Development. The full year affect from 1 April to 31 March 2012 is: £90m revenue and £70m of costs directly attributable to front line services, and the planned surplus was £1.1m.

There were no assets or liabilities transferred as part of TCS transaction and therefore the Trust's assets pre-merger as set out in the comparative Statement of Financial Position are unaffected by TCS.

For TCS transactions specifically, it is impracticable to adjust the prior period's revenue account in each body and so restatement is effected by an adjustment to 1 April 2011 opening balances rather than by full restatement of comparators.

CSD activities have been included with these accounts as if the service transferred as at 01 April 2011, the note below shows how the Statement of Comprehensive income has been compiled. There were no adjustments to the reserves of the Trust.

STATEMENT OF COMPREHENSIVE INCOME	1 month CSD £000	1 month Trust £000	11 months Trust inc 11m CSD £000	Total £000
Revenue				
Operating Income from continuing operations	6,794	11,481	212,780	231,055
Operating Expenses of continuing operations	(6,794)	(10,651)	(206,041)	(223,486)
Operating surplus (deficit)	**0**	**831**	**6,738**	**7,569**
Finance costs:				
Finance income	0	10	263	273
PDC Dividends payable	0	(167)	(1,355)	(1,522)
NET FINANCE COSTS	**0**	**(157)**	**(1,091)**	**(1,249)**
Surplus/(Deficit) from continuing operations	**0**	**673**	**5,647**	**6,320**
Surplus/(deficit) of discontinued operations and the gain/(loss) on disposal of discontinued operations	0	0	0	0
SURPLUS/(DEFICIT) FOR THE YEAR	**0**	**673**	**5,647**	**6,320**
Other comprehensive income	0	0	0	0
TOTAL COMPREHENSIVE INCOME / (EXPENSE) FOR THE YEAR	**0**	**673**	**5,647**	**6,320**

3. Pooled budget

The Trust has no pooled budgets.

4. Operating segments

The Trust has a single operating segment, Healthcare.

5.   Income generation activities

The Trust does not undertake any significant income generation activities.

6 OPERATING INCOME

6.1 OPERATING INCOME (by classification)	Year Ended 31 March 2012 Total £000	Year Ended 31 March 2011 Total £000
Income from Activities		
Block Contract income - Mental Health Services	155,044	119,834
Income from PCTs - Community Services	47,917	0
Income not from PCTs - Community Services	15,351	0
Other non-protected clinical income	1,049	904
Total income from activities	**219,361**	**120,738**
Other operating income		
Research and development	160	29
Education and training	2,229	1,617
Other	5,756	3,745
Reversal of impairment of investment property	0	10
Income in respect of staff costs where accounted on gross basis	3,549	2,208
Total other operating income	**11,694**	**7,609**
TOTAL OPERATING INCOME	**231,055**	**128,347**

6.2 Private patient income

The Trust earned no income from private patients in 2011/12 or in 2010/11.

6.3 Operating lease income

The Trust earned no income from operating leases in 2011/12 or in 2010/11.

6.4 OPERATING INCOME (by type)	Year Ended 31 March 2012 Total £000	Year Ended 31 March 2011 Total £000
Income from activities		
NHS Foundation Trusts	36	0
NHS Trusts	37	0
Strategic Health Authorities	66	0
Primary Care Trusts	202,460	117,113
Local Authorities	15,155	3,622
Department of Health - other	146	0
Non NHS: Other	1,461	3
Total income from activities	**219,361**	**120,738**
Other operating income		
Research and development	160	29
Education and training	2,229	1,617
Other	5,756	3,745
Reversal of impairment of investment property	0	10
Income in respect of staff costs where accounted on gross basis	3,549	2,208
Total other operating income	**11,694**	**7,609**
TOTAL OPERATING INCOME	**231,055**	**128,347**

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

7 Operating Expenses

7.1 Operating Expenses	Year Ended 31 March 2012 £000	Year Ended 31 March 2011 £000
Services from NHS Foundation Trusts	0	10
Services from NHS Trusts	1	21
Services from PCTs	0	3
Purchase of healthcare from non NHS bodies	2,836	561
Employee Expenses - Executive directors	1,506	1,269
Employee Expenses - Non-executive directors	135	126
Employee Expenses - Staff	166,642	91,182
Drug costs	4,077	1,919
Supplies and services - clinical (excluding drug costs)	3,732	1,472
Supplies and services - general	5,564	2,973
Establishment	8,673	3,798
Research and development	(29)	124
Transport	1,334	1,021
Premises	19,173	11,456
Increase / (decrease) in provision for impairment of receiva	73	8
Depreciation on property, plant and equipment	2,449	2,021
Amortisation on intangible assets	53	53
Impairments of property, plant and equipment	0	185
Impairments of investment property	21	0
audit services- statutory audit	77	70
Clinical negligence	333	188
Loss on disposal of other property, plant and equipment	4	0
Legal fees	260	215
Consultancy costs	589	403
Training, courses and conferences	1,353	630
Patient travel	23	23
Car parking & Security	162	126
Redundancy	2,837	2,280
Early retirements	70	(36)
Hospitality	103	55
Publishing	96	41
Insurance	262	149
Other services, eg external payroll	1	21
Losses, ex gratia & special payments	(95)	107
Other	1,171	1,206
Total Operating Expenses	**223,486**	**123,680**

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7.2 Auditor Liability

There is no limitation on the Auditors Liability in 2011/12 or in 2010/11.

7.3 The late payment of commercial debts (interest) Act 1998

There were no late payments of commercial debts in 2011/12 or in 2010/11.

7.4 Discontinued operations

The Trust had no discontinued operations during the period.

7.5 Corporation Tax

The Trust had no Corporation Tax expense during the period.

8. Employee costs and numbers

8.1 Employee costs

	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
Employee benefits expense	**171,250**	**148,800**	**22,450**
Of which are capitalised as part of assets	195	195	0
Total Employee benefits excl. capitalised costs	**171,055**	**148,605**	**22,450**

	Year Ended 31 March 2011		
	Total	Permanently Employed	Other
	£000	£000	£000
Salaries and wages	76,442	68,120	8,322
Social Security Costs	5,410	4,898	512
Pension costs - defined contribution plans			
Employers contributions to NHS Pensions	9,076	8,569	507
Termination benefits	2,280	2,280	0
Agency/contract staff	1,724	0	1,724
Employee benefits expense	**94,932**	**83,867**	**11,065**
Of which are capitalised as part of assets	201	201	0
Total Employee benefits excl. capitalised costs	**94,731**	**83,666**	**11,065**

The board has approved a cost saving programme which will result in 39 posts being made redundant (65 posts in 2010/11). The total redundancy cost provided for in 2011/12 is £3,770k (£1,893k in 2010/11).

8. Employee costs and numbers (continued)

8.2 Average number of people employed

| | Year Ended 31 March 2012 | | |
| | Total | Permanently Employed | Other |
	Number	Number	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
Total	**4,434**	**3,825**	**609**
Of which are engaged on capital projects	**4**	**4**	**0**

| | Year Ended 31 March 2011 | | |
| | Total | Permanently Employed | Other |
	Number	Number	Number
Medical and dental	128	82	46
Administration and estates	418	405	13
Healthcare assistants and other support staff	635	615	20
Nursing, midwifery and health visiting staff	822	822	0
Scientific, therapeutic and technical staff	232	229	3
Social care staff	19	19	0
Bank and agency staff	109	0	109
Total	**2,363**	**2,172**	**191**
Of which are engaged on capital projects	**4**	**4**	**0**

Unit of measure is whole time equivalent (WTE).

8.3 Employee benefits

There were no employee benefits in 2011/12 or in 2010/11.

8.4 Staff sickness absence

	Year Ended 31 March 2012 Number	Year Ended 31 March 2011 Number
Total days lost (short term)	30,550	27,729
Total staff years	2,730	2,285
Average working days lost	11.2	12.1

This information although based on Trust data is supplied for the accounts by the Department of Health.

8.5 Early retirements due to ill health
During the year there were 6 early retirements from the NHS Foundation Trust agreed on the grounds of ill-health (6 during 2010/11). The estimated additional pension liabilities of these ill-health retirements will be £409k (2010/11 £318k). The cost of these ill-health retirements is borne by the NHS Business Services Authority - Pensions Division.

8. Employee costs and numbers (continued)

8.6 Staff exit packages

Thirty five redundancies were actioned by the Trust during the accounting period. The details of these are disclosed below.

The exit packages here were made either under nationally agreed arrangements or local arrangements approved by the Remuneration and Terms of Service Committee for which Treasury approval was required.

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**
Total number of exit packages by type	**47**	**0**	**47**
Total resource cost (£000's)	**952**	**0**	**952**

31 March 2011

Exit package cost band	Number of compulsory redundancies	Number of other departures agreed	Total number of exit packages by cost band
£10,001 - £25,000	1	-	1
£25,001 - £50,000	1	-	1
Over £200,001	1	-	1
Total number of exit packages by type	**3**	**0**	**3**
Total resource cost (£000's)	**387**	**0**	**387**

In 2010/11 one payment in the £300,001 - £350,000 band related to an employee's entitlement to additional pension as a result of redundancy. This was in line with terms and conditions of employment.

9. **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. 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.

The scheme is subject to a full actuarial valuation every four years (until 2004, every five years) and an accounting valuation every year. An outline of these follows:

a) 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 to be paid by employers and scheme members. The last such valuation, which determined current contribution rates was undertaken as at 31 March 2004 and covered the period from 1 April 1999 to that date.

The conclusion from the 2004 valuation was that the scheme had accumulated a notional deficit of £3.3 billion against the notional assets as at 31 March 2004. However, after taking into account the changes in the benefit and contribution structure effective from 1 April 2008, the scheme actuary reported that employer contributions could continue at the existing rate of 14% of pensionable pay. On advice from the scheme actuary, scheme contributions may be varied from time to time to reflect changes in the scheme's liabilities. Up to 31 March 2008, the vast majority of employees paid contributions at the rate of 6% of pensionable pay. From 1 April 2008, employees contributions are on a tiered scale from 5% up to 8.5% of their pensionable pay depending on total earnings. From 1 April 2012 employees contributions are on a tiered scale from 5% - 10.9%

b) Accounting valuation

A valuation of the scheme liability is carried out annually by the scheme actuary as at the end of the reporting period by updating the results of the full actuarial valuation.

Between the full actuarial valuations at a two-year midpoint, a full and detailed member data-set is provided to the scheme actuary. At this point the assumptions regarding the composition of the scheme membership are updated to allow the scheme liability to be valued.

The valuation of the scheme liability as at 31 March 2008, is based on detailed membership data as at 31 March 2006 (the latest midpoint) updated to 31 March 2008 with summary global member and accounting data.

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.

9.   **Pension costs (continued)**
     c) Scheme provisions
     The scheme is a "final salary" scheme. Annual pensions are normally based on 1/80th of the best of the last 3 years pensionable pay for each year of service. A lump sum normally equivalent to 3 years pension is payable on retirement. Annual increases are applied to pension payments at rates defined by the Pensions (Increase) Act 1971, and are based on changes in the consumer price index in the twelve months ending 30 September in the previous calendar year. On death, a pension of 50% of the member's pension is normally payable to the surviving spouse.

     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, less pension already paid, subject to a maximum amount equal to twice the member's final year's pensionable pay less their retirement lump sum for those who die 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.

     The scheme provides the opportunity to members to increase their benefits through money purchase additional voluntary contributions (AVCs) provided by an approved panel of life companies. Under the arrangement the employee/member can make contributions to enhance an employee's pension benefits. The benefits payable relate directly to the value of the investments made.

10. Operating leases

10.1 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 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.

Operating lease payments	Year Ended 31 March 2012 £000	Year Ended 31 March 2011 £000
Minimum lease payments	5,762	1,776
	5,762	**1,776**

Future minimum lease payments due	Year Ended 31 March 2012 £000	Year Ended 31 March 2011 £000
Payable:		
Not later than one year	7,918	1,478
Between one and five years	11,631	3,558
After 5 years	6,666	5,332
Total	**26,215**	**10,368**

11. Finance Income	Year Ended 31 March 2012 £000	Year Ended 31 March 2011 £000
Interest on loans and receivables	273	194
Total	**273**	**194**

The Trust had no interest on impaired financial assets included in finance income in 2011/12 or in 2010/11.

12. Finance Costs - interest expense

The Trust incurred no finance costs in 2011/12 or in 2010/11.

13. Impairment of assets (PPE & intangibles)	Year Ended 31 March 2012 £000	Year Ended 31 March 2011 £000
Loss or damage from normal operations	0	185
Changes in market price	21	0
Total Impairments	**21**	**185**

14 Intangible assets

14.1 Intangible assets 2011/12	Total	Software licences (purchased)
	£000	£000
Gross cost at start of period	**355**	355
Additions - purchased	**43**	43
Cost or Valuation at 31 March 2012	**398**	**398**
Amortisation at start of period	**264**	264
Provided during the year	**53**	53
Amortisation at 31 March 2012	**317**	**317**
Net book value		
NBV - Purchased at 31 March 2012	**81**	81
NBV total at 31 March 2012	**81**	**81**

14.2 Intangible assets 2010/11	Total	Software licences (purchased)
	£000	£000
Gross cost at start of period	**355**	355
Additions - purchased	**0**	0
Gross cost at 31 March	**355**	**355**
Amortisation at start of period	**211**	211
Provided during the year	**53**	53
Amortisation at 31 March	**264**	**264**
Net book value		
NBV - Purchased at 31 March 2011	**91**	91
NBV total at 31 March	**91**	**91**

14.2 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.

14.3 Economic Lives of Intangible Assets

Intangible Assets are depreciated over a maximum life of five years.

15.1 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
Cost or valuation at start of period	**62,381**	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
Cost or Valuation at 31 March 2012	**72,182**	**11,731**	**49,830**	**5,668**	**2,712**	**181**	**1,525**	**535**
Accumulated depreciation at start of period	**6,583**	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
Accumulated depreciation at 31 March 2012	**9,004**	**741**	**5,273**	**0**	**1,563**	**60**	**1,042**	**325**
Net book value								
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
NBV total at 31 March 2012	**63,178**	**10,990**	**44,557**	**5,668**	**1,149**	**121**	**483**	**210**

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
As at 1 April 2011	**7,604**	1,818	5,760	0	17	1	0	8
movement in year	**(322)**	(175)	(147)	0	0	0	0	0
As at 31 March 2012	**7,282**	**1,643**	**5,613**	**0**	**17**	**1**	**0**	**8**

15.2 Property, plant and equipment 31 March 2011

	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
Cost or valuation at start of period	**56,881**	11,946	41,255	102	2,041	104	1,048	385
Additions - purchased	**5,804**	0	4,446	774	254	21	211	98
Reclassifications	**0**	0	439	(672)	233	0	0	0
Revaluations	**(304)**	0	(304)	0	0	0	0	0
Cost or valuation at 31 March	**62,381**	**11,946**	**45,836**	**204**	**2,528**	**125**	**1,259**	**483**
Accumulated depreciation at start of period	**4,681**	741	1,713	0	1,226	26	689	286
Provided during the year	**2,021**	0	1,676	0	139	16	175	15
Impairments	**185**	0	185	0	0	0	0	0
Reclassifications	**0**	0	3	0	(3)	0	0	0
Revaluation surpluses	**(304)**	0	(304)	0	0	0	0	0
Accumulated depreciation at 31 March	**6,583**	**741**	**3,273**	**0**	**1,362**	**42**	**864**	**301**
Net book value								
Net book value								
NBV - Owned at 31 March 2011	**55,798**	11,205	42,563	204	1,166	83	395	182
NBV - Donated at 31 March 2011	**0**	0	0	0	0	0	0	0
NBV total at 31 March 2011	**55,798**	**11,205**	**42,563**	**204**	**1,166**	**83**	**395**	**182**

There were no properties held at existing use value that had an open market value that was materially different to its existing use value.

NBV of property, plant and equipment in the Revaluation Reserve as at 31 March 2011

	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
As at 1 April 2010	**7,884**	1,818	6,036	0	21	1	0	8
movement in year	**(280)**	0	(276)	0	(4)	0	0	0
As at 31 March 2011	**7,604**	**1,818**	**5,760**	**0**	**17**	**1**	**0**	**8**

15.5 Economic Lives of Property, Plant and Equipment

	Max Life Years
Land	0
Buildings excluding dwellings	88
Dwellings	0
Assets under Construction & POA	0
Plant & Machinery	10
Transport Equipment	7
Information Technology	5
Furniture & Fittings	9

15.6 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
Net book value 31 March 2012								
NBV - Protected assets at 31 March 2012	**34,428**	7,375	27,053	0	0	0	0	0
NBV - Unprotected assets at 31 March 2012	**28,750**	3,615	17,504	5,668	1,149	121	483	210
Total at 31 March 2012	**63,178**	**10,990**	**44,557**	**5,668**	**1,149**	**121**	**483**	**210**

	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
Net book value 31 March 2011								
NBV - Protected assets at 31 March 2011	**34,463**	7,375	27,088	0	0	0	0	0
NBV - Unprotected assets at 31 March 2011	**21,335**	3,830	15,475	204	1,166	83	395	182
Total at 31 March 2011	**55,798**	**11,205**	**42,563**	**204**	**1,166**	**83**	**395**	**182**

15.7 Finance Leases

The Trust holds no finance lease assets.

16 Investments

16.1 Investments - Carrying Value

	Property* 31 March 2012 £000	Property* 31 March 2011 £000
At Carrying Value		
Balance at Beginning of Period	280	270
Acquisitions/Reclassifications in year	542	0
Impairments recognised in expenses	(21)	0
Gain on investment	0	10
Balance at End of Period	**801**	**280**

* 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 2011.

The net loss as a result of the valuation was charged to expenditure.

16.2 Investment Property expenses

The Trust incurred no investment property expense in 2011/12 or in 2010/11.

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

17.1 Non-current assets held for sale

There were no non-current assets held for sale in 2011/12 or in 2010/11.

17.2 Liabilities in disposal groups

There were no liabilities in disposal groups in 2011/12 or in 2010/11.

18.   Other assets

There were no other assets in 2011/12 or in 2010/11.

19. Other Financial Assets

There were no other financial assets in 2011/12 or in 2010/11.

20. Inventories

20.1. Inventories

	31 March 2012 £000	31 March 2011 £000
Drugs	68	49
Work in progress	0	0
Consumables	0	0
Energy	0	0
Inventories carried at fair value less costs to sell	0	0
Other	463	0
Total	**531**	**49**

Under the trust accounting policies, stock is valued at the lower of stock and net realisable value. The TCS Transactions did not include any transfer of assets and liabilities

The TCS transfer for NHS Barnsley included the community loans stores service and as a result increased the stock held by the Trust at the year end. There was likley to have been residual stock in the loan store at the date of transfer, however it is not possible to determine the fair value as at 1st May 2011 and therefore the transaction has been actioned through the Income and Expenditure in year

20.2 Inventories recognised in expenses

	31 March 2012 £000	31 March 2011 £000
Inventories recognised in expenses	(482)	(7)
Write-down of inventories recognised as an expense	0	0
Reversal of any write down of inventories resulting in a reduction of recognised expenses	0	0
Total	**(482)**	**(7)**

21. Trade and other receivables

21.1 Trade and other receivables

	31 March 2012 £000	31 March 2011 £000
Current		
NHS Receivables	2,359	647
Other receivables with related parties	390	264
Provision for impaired receivables	(94)	(21)
Prepayments	1,230	812
Accrued income	466	414
PDC receivable	111	11
VAT receivable	303	161
Other receivables	558	86
TOTAL CURRENT TRADE AND OTHER RECEIVABLES	**5,323**	**2,374**

The Trust had no non current trade and other receivables as at 31 March 2012 (£0 31 March 2011).

21.2 Provision for impairment of receivables

	31 March 2012 £000	31 March 2011 £000
Balance at start of period	21	13
Increase in provision	92	19
Amounts utilised	0	0
Unused amounts reversed	(19)	(11)
Balance at 31 March	**94**	**21**

The Trust provides for all non NHS receivables over 90 days past their due date.

21.3 Analysis of impaired receivables

	31 March 2012 £000	31 March 2011 £000
Ageing of impaired receivables		
0 - 30 days	6	1
30-60 Days	0	0
60-90 days	0	0
90- 180 days	58	17
over 180 days	30	3
Total	**94**	**21**
Ageing of non-impaired receivables past their due date		
0 - 30 days	1,031	481
30-60 Days	77	4
60-90 days	108	57
90- 180 days	246	13
over 180 days	84	37
Total	**1,546**	**592**

21.4   Finance lease receivables
South West Yorkshire Partnership NHS Foundation Trust has no finance lease receivables.

22. Cash and cash equivalents

	31 March 2012 £000	31 March 2011 £000
Balance at start of period	**18,218**	**16,325**
Net change in year	8,760	1,893
Balance at 31 March	**26,978**	**18,218**
Broken down into:		
Cash at commercial banks and in hand	59	30
Cash with the Government Banking Service	26,919	18,188
Cash and cash equivalents as in statement of financial position	**26,978**	**18,218**
Cash and cash equivalents as in statement of cash flows	**26,978**	**18,218**

	31 March 2012 Bank Balances £000	31 March 2012 Money on Deposit £000
Third party assets (Patient Monies) held by the NHS Foundation Trust		
At 1 April	150	162
Gross inflows	823	24
Gross Outflows	(742)	(1)
At 31 March	**231**	**185**

	31 March 2011 Bank Balances £000	31 March 2011 Money on Deposit £000
At 1 April	188	147
Gross inflows	987	162
Gross Outflows	(1,025)	(147)
At 31 March	**150**	**162**

This has been excluded from the cash and cash equivalents figure reported in the accounts.

23. Trade and other payables

23.1 Trade and other payables

	Total 31 March 2012 £000	Total 31 March 2011 £000
Current		
NHS payables - revenue	2,735	511
Amounts due to other related parties - revenue	2,386	1,384
Other trade payables - capital	2,247	750
Other trade payables - revenue	2,703	1,232
Social Security costs	1,702	1,003
Other taxes payable	1,685	935
Accruals	8,197	3,955
TOTAL CURRENT TRADE AND OTHER PAYABLES	**21,655**	**9,770**

The Trust had no non current trade and other payables as at 31 March 2012 (£0 31 March 2011).

23.2 Better Payment Practice Code

Better Payment Practice Code - measure of compliance	31 March 2012 Number	31 March 2012 £000
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	**95%**	**95%**
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	**91%**	**92%**

	31 March 2011 Number	31 March 2011 £000
Total Non-NHS trade invoices paid in the year	17,880	21,930
Total Non NHS trade invoices paid within target	17,646	21,600
Percentage of Non-NHS trade invoices paid within target	**99%**	**98%**
Total NHS trade invoices paid in the year	838	13,483
Total NHS trade invoices paid within target	820	13,209
Percentage of NHS trade invoices paid within target	**98%**	**98%**

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.

23.3 Early retirements detail included in NHS payables

The Trust has no early retirement costs included in payables as at 31 March 2012 (£0 as at 31 March 2011).

23.4 Other liabilities	**31 March 2012 £000**	**31 March 2011 £000**	**31 March 2010 £000**
Current			
Deferred Income	419	538	478
TOTAL OTHER CURRENT LIABILITIES	**419**	**538**	**478**
Non-current			
Deferred Income	0	0	0
TOTAL OTHER NON CURRENT LIABILITIES	**0**	**0**	**0**

23.5 Other Financial Liabilities

The Trust has no other financial liabilities as at 31 March 2012 (£0 as at 31 March 2011).

23.4 Accounting policy change: Prior Period Adjustment

A change in accounting policy occurred in the period in relation to the treatment of government grants and donated assets, as per IAS 20. This change required the Trust to restate their prior year balances to transfer any donated asset or government grant reserve through the income and expenditure reserve. The change in accounting policy was such that any grant income relating to assets be recognised as income when the Trust becomes entitled to it, unless the grantor imposes a condition that the future economic benefits embodied in the grant are to be consumed as specified by the grantor and if it is not, the grant must be returned to the grantor.

The Trust held balances in relation to grants and donations in the audited accounts of 2009-10 & 2010-11, primarily to support capital schemes. No conditions were attached to this income from the Commissioner's and therefore all income was released to income.

Statement of Financial Position	**31 March 2011 previously stated £000**	**Donated Asset Adjustment (1) £000**	**Deferred Income Adjustment (2) £000**	**31 March 2011 restated £000**
Total Current Liabilities*	**10,766**		(5)	**10,761**
Total Non-Current Liabilities*	**3,378**		(294)	**3,084**
Total Assets employed	**62,666**		299	**62,965**
Income and Expenditure Reserve	**7,820**	31	299	**8,150**
Donated Asset Reserve	**31**	(31)		**0**

Statement of Financial Position	**1 April 2010 previously stated £000**	**Donated Asset Adjustment (1) £000**	**Deferred Income Adjustment (2) £000**	**1 April 2010 restated £000**
Total Current Liabilities*	**9,484**		(83)	**9,401**
Total Non-Current Liabilities*	**1,682**		(216)	**1,466**
Total Assets employed	**59,340**		299	**59,639**
Income and Expenditure Reserve	**4,214**	31	299	**4,544**
Donated Asset Reserve	**31**	(31)		**0**

*The impact is limited to Other Liabilities (deferred income)

1) Removal of Donated Asset Reserve due to change in accounting policy
2) Removal of Capital grants classified as deferred income due to change in accounting policy

24. Borrowings

The Trust has no borrowings as at 31 March 2012 (£0 as at 31 March 2011).

25. 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 an 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 £41.2m in 2011/12 (£22m in 2010/11).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 2012 £000	**31 March 2011 £000**
Total long term borrowing limit set by Monitor	41,200	22,000
Working capital facility agreed by Monitor	9,200	9,200
Total Prudential Borrowing Limit	**50,400**	**31,200**
Long term borrowing at 31 March	**0**	**0**
Working capital borrowing at 31 March	**0**	**0**

26. Provisions

	Current			Non-current	
	31 March 2012 £000	31 March 2011 £000		31 March 2012 £000	31 March 2011 £000
Pensions relating to other staff	52	50		559	542
Legal claims	30	53		328	203
Equal Pay	0	0		180	180
Redundancy	2,312	302		1,458	1,591
Other		0			
Injury Benefit	36	48		578	568
Total	**2,430**	**453**		**3,103**	**3,084**

	Total £000	Pensions relating to other staff £000	Legal claims £000	Equal Pay £000	Redundancy £000	Other £000
At start of period	3,537	592	256	180	1,893	616
Change in the discount rate	10	4	0	0	0	6
Arising during the year	2,508	68	311	0	2,100	29
Utilised during the year	(373)	(53)	(60)	0	(223)	(37)
Reversed unused	(149)	0	(149)	0	0	0
At 31 March 2012	**5,533**	**611**	**358**	**180**	**3,770**	**614**
Expected timing of cash flows:						
Not later than one year;	2,430	52	30	0	2,312	36
Later than one year and not later than five years;	2,286	192	321	180	1,458	135
Later than five years.	817	367	7	0	0	443
Total	**5,533**	**611**	**358**	**180**	**3,770**	**614**

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.

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.

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 - equal pay relates to provisions for 8 equal pay claims. The provision is for legal costs only as the NHS is not presently making a provision in terms of the claims.

£770K is included in the provisions of the NHS Litigation Authority at 31 March 2012 (£270k at 31 March 2011) in respect of clinical negligence liabilities of the NHS Trust.

27. Contingencies

27.1 Contingent liabilities

The Trust has no contingent liabilities as at 31 March 2012 (£0 as at 31 March 2011).

27.2 Contingent assets

The Trust has no contingent assets as at 31 March 2012 (£0 as at 31 March 2011).

28. Revaluation reserve

	Total Revaluation Reserve	Revaluation Reserve - property, plant and equipment
	£000	**£000**
At 1 April 2011	**7,604**	**7,604**
Asset disposals	0	0
Other reserve movements	(322)	(322)
Revaluation reserve at 31 March 2012	**7,282**	**7,282**
	£000	**£000**
At 1 April 2010	**7,884**	**7884**
Revaluations	(183)	(183)
Other reserve movements	(97)	(97)
Revaluation reserve at 31 March 2011	**7,604**	**7,604**

29. Finance lease obligations

South West Yorkshire Partnership NHS Foundation Trust has no finance lease obligations.

30. Finance lease commitments

South West Yorkshire Partnership NHS Foundation Trust has not entered into any new finance leases during the period.

31 Capital commitments

Contracted capital commitments at the period end not otherwise included in these financial statements:

	31 March 2012 £000	31 March 2011 £000
Property, plant and equipment	6,750	3,045
Intangible assets	0	0
Total	**6,750**	**3,045**

32. Financial Instruments

32.1 Financial assets

	Total £000	Loans and receivables £000
Assets as per SoFP		
NHS trade and other receivables excluding non financial assets (at 31 March 2012)	**2,359**	2,359
Non NHS trade and other receivables excluding non financial assets (at 31 March 2012)	**1,268**	1,268
NHS Trade and other receivables excluding non financial assets (at 31 March 2012)	**0**	0
Non-NHS Trade and other receivables excluding non financial assets (at 31 March 2012)	**0**	0
Cash and cash equivalents (at bank and in hand at 31 March 2012)	**26,978**	26,978
Total at 31 March 2012	**30,605**	**30,605**
NHS trade and other receivables excluding non financial assets (at 31 March 2012)	**501**	501
Non NHS trade and other receivables excluding non financial assets (at 31 March 2012)	**647**	647
Cash and cash equivalents (at bank and in hand at 31 March 2011)	**18,218**	18,218
Total at 31 March 2011	**19,366**	**19,366**

32.2 Financial liabilities

	Total £000	Other financial liabilities £000
Liabilities as per SoFP		
NHS trade and other payables excluding non financial assets (31 March 2012)	**2,833**	2,833
Non-NHS Trade and other payables excluding non financial assets (at 31 March 2012)	**18,822**	18,822
Other financial liabilities (at 31 March 2012)	**0**	0
Provisions under contract (at 31 March 2012)	**5,533**	5,533
Liabilities in disposal groups excluding non-financial assets (at 31 March 2012)	**0**	0
Total at 31 March 2012	**27,188**	**27,188**
NHS trade and other payables excluding non financial assets (31 March 2012)	**511**	511
Non NHS trade and other payables excluding non financial assets (31 March 2012)	**9,259**	9,259
Provisions under contract (at 31 March 2011)	**3,537**	3,537
Total at 31 March 2011	**13,307**	**13,307**

32.3 Maturity of Financial liabilities

	31 Mar 2012 £000	31 Mar 2011 £000
In one year or less	24,085	10,223
In more than one year but not more than two years	1,815	1,815
In more than two years but not more than five years	471	472
In more than five years	817	797
Total	**27,188**	**13,307**

32.4 Fair values of financial assets at 31 March 2012

	Book Value £000
Other	26,978
Total	**26,978**

33. 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 2012 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.

34. Events after the reporting period

There were no events after the reporting period

35. Private Finance Initiative contracts
South West Yorkshire Partnership NHS Foundation Trust has no Private Finance Initiative Contracts.

36. 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 and partner, NHS Interim Management and Support. Spouse is Trustee of the Harrison Trust, a charitable body supporting mental health in the Wakefield district.

Ian Black, Acting Chair of the Trust and Non Executive Director is a Non-Executive Director, Benenden Healthcare (mutual) 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) and is an Associate, General Medical Council.

Helen Wollaston, Non Executive Director is an Associate, University of Central Lancashire School of Education and Social Science. Partner is Associate of General Medical Council.

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 further divergence 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.

36.1 Related Party Transactions	**Income £000**	**Expenditure £000**
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
Total	**227,433**	**75,203**
	Income £000	**Expenditure £000**
Value of transactions with other related parties in 2010/11		
Department of Health	0	214
Other NHS Bodies	122,427	12,463
Other	4,844	27,718
Total	**127,271**	**40,395**

36.2 Related Party Balances	**Receivables £000**	**Payables £000**
Value of transactions with other related parties in 2011/12		
Department of Health	146	61
Other NHS Bodies	2,302	3,401
Other	693	5,773
Total	**3,141**	**9,235**
	Receivables £000	**Payables £000**
Value of transactions with other related parties in 2010/11		
Department of Health	0	54
Other NHS Bodies	1,053	2,102
Other	432	2,275
Total	**1,485**	**4,377**

37. Losses and Special Payments

There were 32 cases of losses and special payments (30 during 2010/11) totalling £4,835 paid during the year (£6,848 paid during 2010/11).

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.

During 2011/12 the Trust released money put aside in 2010/11 for 1 fruitless payment case (£100,000), that related to an anticipated fine from the Health and Safety Executive which did not materialise.

38. 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.

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39 Salary and Pension entitlements of senior managers

39.1 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 2011/12 were:
Joyce Catterick (Chair of the Trust Board to 31 January 2012), Ian Black (Chair of the Committee, Non-Executive Director of the Trust and Acting Chair of the Trust from 1 February 2012),
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	31/03/2012			31/03/2011		
	Salary (bands of £5000) £000	Other Remuneration (bands of £5000) £000	Benefits in Kind Rounded to 1 decimal place £000	Salary (bands of £5000) £000	Other Remuneration (bands of £5000) £000	Benefits in Kind Rounded to 1 decimal place £000
Joyce Margaret Catterick, Chair (left 31/01/2012)	35 - 40			40 - 45		
Janice Anne Wilson, Non-Executive Director (left 26/05/2010)	-			0 - 5		
Bernard Fee, Non-Executive Director	10 - 15			10 - 15		
Ian Black, Non-Executive Director and Acting Chair of the Trust from 1 February 2012	20 - 25			15 - 20		
Peter Aspinall, Non-Executive Director	15 - 20			15 - 20		
Anne Gregory, Non-Executive Director (left 26/05/2010)	-			0 - 5		
Jonathan Jones, Non-Executive Director	10 - 15			10 - 15		
Helen Wollaston	10 - 15			10 - 15		
Julie Fox, Non-Executive Director (joined 19/08/2011)	5 - 10			-		
Steven Peter Michael, Chief Executive	155 - 160		3.5	135 - 140		3.5
Nisreen Hanna Booya, Medical Director	20 - 25	85 - 90		20 - 25	115 - 120	
Alan George Davis, Director of Human Resources and Workforce Development	100 - 105		0.9	90 - 95		0.9
Terrence Dutchburn, Director of Business Development and Planning (left 30/11/2010)	-			55 - 60	360 - 365	2.6
Alexandra Farrell, Deputy Chief Executive/Director of Finance and Acting Chief Executive (from 01/10/2010 to 31/01/2011)	110 - 115			100 - 105		
Cherrine Hawkins, Acting Director of Finance (appointed 01/10/2010 left 31/01/2011)	-			25 - 30		
Dawn Stephenson, Director of Corporate Development	120 - 125		0.4	125 - 130		
Gillian Green, Acting Director of Nursing, Compliance and Innovation (left 31/07/2011)	30 - 35		0.1	80 - 85		0.6
Noreen Young, Director of Nursing, Compliance and Innovation	85 - 90			80 - 85		
Timothy Breedon, District Service Director, Wakefield	80 - 85		0.3	30 - 35		
Anna Basford, District Service Director, Calderdale and Kirklees appointed	90 - 95		3.5	35 - 40		5.1
Adrian Berry, Director of Forensic Services	25 - 30	100 - 105	5.2	10 - 15	40 - 45	1.1
Sean Rayner, Transition Director for Barnsley (joined 01/05/2011)	90 - 95			-		
Karen Taylor, Director of Service Improvement and Development (joined 09/01/2012)	20 - 25			-		

	31/03/2012	31/03/2011
Band of Highest Paid Director's Total Remuneration (£000's)	160 - 165	405 - 410
Median Total Remuneration* £'s	26,659	27,529
Remuneration Ratio	6.1	15.8

The benefits in kind relate to child care vouchers, relocation expenses, cycle to work scheme, staff lease cars or expenses paid in accordance with the Trust's Removal Expenses Policy (which includes provision of accommodation).
Other remuneration for 2010/11 for Terrence Dutchburn includes £341k of pension enhancements paid to the NHS Pensions Authority as part of a termination benefit.
In 2010/11 Mid Yorkshire Hospital Trust recharged the salary of Dawn Stephenson and the amounts included in salary for that period are the gross costs.

* 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.

The remuneration ratio for 2010/11 was higher due to the remuneration for Terrence Dutchburn including £341k of pension enhancements paid to the NHS Pensions Authority as part of a termination benefit.

....Chief Executive.................   28-May-12

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39.2 Pension Benefits

Name and title		Real increase/ (decrease) in pension and related lump sum at age 60 (bands of £2500) £000	Total accrued pension and related lump sum at age 60 at 31 March 2012 (bands of £5000) £000	Cash Equivalent Transfer Value at 31 March 2012 £000	Cash Equivalent Transfer Value at 31 March 2011 £000	Real Increase (Decrease) in Cash Equivalent Transfer Value £000	Employers Contribution to Stakeholder Pension Rounded to 1 decimal place £000
Steven Peter Michael, Chief Executive		30 - 35	210 - 215	925	694	160	0
Alan George Davis, Director of Human Resources and Workforce Development		20 - 25	145 - 150	711	563	102	0
Noreen Young, Director of Nursing, Compliance and Innovation		5 - 10	175 - 180	888	795	63	0
Nisreen Hanna Booya, Medical Director *		-	-	-	-	-	0
Alexandra Farrell, Deputy Chief Executive/Director of Finance and Acting Chief Executive (from 01/10/2010 to 31/01/2011)		10 - 15	110 - 115	499	392	74	0
Gillian Green, Acting Director of Nursing, Compliance and Innovation (Left 31/07/2011)		5 - 10	120 - 125	610	479	91	0
Timothy Breedon, District Service Director, Wakefield (appointed 01/11/2010)		35 - 40	60 - 65	296	255	28	0
Anna Basford, District Service Director, Calderdale and Kirklees appointed 01/11/2010)		0 - 5	65 - 70	280	225	38	0
Adrian Berry, Director of Forensic Services (appointed 01/11/2010)		5 - 10	175 - 180	755	629	87	0
Dawn Stephenson, Director of Corporate Development		5 - 10	180 - 185	843	740	70	0
Sean Raynor (appointed 01/05/2011)		0 - 5	125 - 130	553	473	55	0
Karen Taylor (appointed 09/01/2012)		0 - 5	145 - 150	642	519	85	0
Cherrine Hawkins, Acting Director of Finance (from 01/10/2010 to 31/01/2011)		-	-	-	404	-	0

* Nisreen Booya was in reciept 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…………………….................................☐   28-May-12