With all of us in mind

South West Yorkshire Partnership NHS
NHS Foundation Trust

Annual Report and Accounts

for the period 1 April 2013 to 31 March 2014

SOUTH WEST YORKSHIRE PARTNERSHIP NHS FOUNDATION TRUST

ANNUAL REPORT AND ACCOUNTS FOR THE PERIOD 1 APRIL 2013 TO 31 MARCH 2014

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

Introduction

The Trust's journey since it was established in April 2002 has seen great change, growth and achievement. In May 2009, we became an NHS Foundation Trust and in April 2011, we saw a fundamental shift in core identity and purpose as the Trust moved from a specialist mental health and learning disability provider to a more integrated and partnership-based provider of community and mental health services. This followed the transfer of substance misuse and health and wellbeing services in Calderdale, and children and adolescent mental health and health and wellbeing services in Wakefield. This was followed in May 2011 by the transfer of all community and mental health services in Barnsley.

Services are now provided to a population of approximately 1.1 million people across the Yorkshire districts of Barnsley, Calderdale, Kirklees and Wakefield. The area-based business delivery units (BDUs) provide the foundation for the provision of services to a diverse population, which has:

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

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

The transfer of services from Barnsley, Calderdale and Kirklees saw the Trust double in size in terms of staff and increase its income by 71%. At 31 March 2014, the Trust employed 4,800 staff, providing services from over 50 main sites. The majority (98%) of the care we provide is in the local community, working with people in their own homes or in community-based locations.

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

Our Mission, Vision, Values and Goals

Our values help us create the common sense of purpose, which unites our services and our staff. They guide us each day to ensure we provide the best possible care for local people and they underpin the approach of our staff in providing this care. Following a consultation exercise in 2012, our mission was broadened to focus on supporting people to reach their potential rather than living life to the full, reflecting the Trust's role in supporting people to maintain their link with their lives and communities. Our mission and revised values were launched in April 2013.

Our mission is "**enabling people to reach their potential and live well in their community**".

Our values reflect the openness and transparency of the organisation, clearly and succinctly.

- **Honest, open and transparent.**

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

Our strategic objectives

Our strategic objectives are agreed by our Board to provide the organisational focus to support our strategic direction and to be clear where we need to concentrate our efforts to remain a successful and sustainable organisation. For 2013/14, our strategic objectives were as follows.

Strategy	Ensure the Trust continues to identify the key strategic priorities required to maintain organisational success in a rapidly changing environment.
Flawless Execution	Ensure the Trust identifies the best possible means to: - support the flawless execution of its strategy; - manage risk and deliver safe, high quality services, within available resources; - ensure the Trust remains viable and sustainable; and - meet both service user and commissioner expectations.
Culture	Create and sustain an approach of continuous quality improvement, in a culture which embraces equality and diversity, focussed on delivering the best possible service outcomes, through a co-production approach, engaging service users, carers, staff and partners.
Structure	Achieve the best possible structure for the Trust through Business Delivery Unit and Quality Academy development.
Partnerships	To maximise the benefit of both external and internal partnerships in support of improving the service offer, delivering better outcomes, and efficiency, economy and effectiveness.
Innovation	Drive a commitment to innovation at all levels within the Trust, with a view to the Trust being viewed as a 'brand leader' in the leadership of systems and the provision of mental health and community services, utilising the freedoms and flexibilities of Foundation Trust status to best effect.
Talent Management	Create an organisational approach, which harnesses the best talent available from all backgrounds, through the talent management programme.
Leadership	Foster a progressive approach to leadership development across all levels and disciplines within the Trust, striking an effective balance between clinical, managerial and corporate leadership.

Message from the Chair and Chief Executive

Welcome to the Trust's annual report for the year 1 April 2013 to 31 March 2014.

When we began life as a newly authorised Foundation Trust, we changed the title of the Trust to include 'partnership'. At the time, we knew working in partnership would be fundamental to our future success but 2013/14 was the year we began to fully appreciate how central partnership is to everything we do.

Our most important partnership is with our service users and carers. Re-visiting our mission through a process of engagement with service users, carers, our staff and local commissioners has helped us to be clear about why we are here: to enable people to reach their potential and live well in their community. Having this clear sense of mission is critical given that we live in challenging times. The economic recession coupled with a changing population, which sees the number of older people increasing, is placing the Trust and its services under considerable pressure.

Over 2013/14, it has become increasingly clear that we not only need partnerships with our service users and carers and our staff but with other providers, such as acute trusts, local authorities, community interest and social enterprise organisations, the voluntary sector and other broader partnerships with, for example, the police and education.

This year has seen the development of a number of such partnerships with the aim of developing a sustainable future for the whole health and social care system, not just that of the individual organisations that make up its constituent parts.

Over the past year, we have maintained a strong financial position, working hard to meet the requirements of our independent regular, Monitor, and also from a quality perspective meeting the compliance requirements of the Care Quality Commission. Throughout the year, we sought to maintain compliance by remaining true to our values, in particular, remaining open, honest and transparent in all our dealings.

As Chief Executive, throughout the year, I have continued to meet with a whole range of staff and have witnessed first-hand the excellent work they do in challenging circumstances. The drive, passion and commitment I have seen is so heartening. The NHS often comes in for criticism, which we have seen in the media over the past year. What often does go unreported is the fantastic work people do on a day-to-day basis and the real difference this makes to people's lives. It is not surprising that, when surveyed, the general public cites the NHS as the main organisation that makes this country great. We play a small part in this, but whatever we achieve is based on the loyalty, hard work and endeavour of our staff, working in partnership with service users.

This year has been challenging and demanding but we would like to highlight a number of our activities.

- We continue to develop our forensic services, supported by the development of our estate on the Fieldhead site, and with an emphasis on recovery.
- The year has seen continued development of our telehealth and telemedicine services.
- We have developed our specialist services for stroke and neurological rehabilitation with the move of the service to Kendray hospital.
- We have continued to develop innovative approaches to the management of long-term conditions, with an emphasis on co-production with service users and their families.
- Recovery is a central part of our services and we continue to develop services and activities that work in a complementary way to mainstream services, including Creative Minds and Altogether Better.

- To support this work, we are moving from a maintenance model to one of self-care and empowerment for service users through the development of recovery colleges.
- Children's and adolescents' mental health services are now provided across the Trust and this creates opportunity for the future, particularly in enhancing the quality of the service we provide.
- The year has also seen work in partnership with acute services to develop liaison services for people accessing accident and emergency services with mental health problems.

Given the challenges we face, remaining as we are is not an option. What we need to do is revise our service offer guided by our mission. Over the past year, we have continued to engage with key stakeholders, service users and carers, and our staff with a view to establishing the vision and key principles to underpin our services. During 2013/14, we developed the vision for services in mental health, general community, forensic and learning disability services. This has been achieved through a process of partnership working with clinical staff and managers engaging with service users and carers.

2013/14 has been in many senses a year of discussion where the Trust has had a critical look at where we are now and where we want to be. The transformation programme looks forward and 2014/15 will, therefore, have a greater emphasis on delivering the visions in all areas and will be characterised by two key elements – our values and delivery.

In terms of delivery, this means making the necessary changes to services to build a successful future, aligned to the transformation work led by commissioning bodies to ensure the Trust is playing a key role within partnerships and the wider health and social care economy. It will not be good enough just to make changes to our services; what is equally important is how the changes are made, which is why working to our values is so crucial. Throughout the coming year, alongside work to deliver our transformation, we will be driving a programme around our values.

Looking ahead, we face significant challenges but we have a strong platform to work from, built on a track record of achievement, putting service users at the heart of everything we do. We do not always get this right but we must learn from the times we do not; however, we remain confident that we have a strong future and that we will continue to enable people to reach their potential and live well in their community.

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

Ian Black
Chair
23 May 2014

Steven Michael
Chief Executive
23 May 2014

Contents

Contents (continued)

Section 1 – Strategic report

Our strategic direction

Our strategic direction for 2013/14 is very much focused on the strategic goals set for the organisation by Trust Board in 2012/13 to:

1. consolidate and expand local pathways with a strong emphasis on consolidation and including sub-specialisation;
2. explore opportunities for Forensic Service expansion, including sub-specialisation;
3. continue our strategic approach to thought leadership with a greater emphasis on creative and innovative approaches, such as Change Lab, Creative Minds and teleheath.

Trust Board agreed that geographical expansion would not be a priority for 2013/14, given the emphasis on local consolidation; however, expansion within our existing geographical footprint or where the area is discrete and governable would be explored.

Our business model

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

Partnership is essential to our mission and vision. We operate across five local clinical commissioning groups and four local authority areas, as well as regionally across Yorkshire and the Humber for our forensic services. Our main service areas reflect the NHS single definition of quality, that care that is effective, safe and provides as positive an experience as possible. Nationally, parity of esteem (where mental health and physical health care are seen as equal) for people with mental health needs is recognised as a priority. This and the need to work with people in a holistic recovery-focused way are central to the way we deliver and develop services. Growing demand for early diagnosis of dementia and provision of compassionate care and support for people with dementia and their families is a major driver for our services, as is the need to ensure dignity for all including at the end of life.

Locally, we support commissioner's quality priorities through quality, innovation, productivity and prevention schemes. We also work with our commissioners to agree commissioning for quality and innovation incentives, locally meaningful targets supporting commissioner's quality priorities that our relevant to our services.

Our achievements

Consolidation and expansion of local pathways, including sub-specialisation

The Trust was awarded a contract to provide Tier 3 Child and Adolescent Mental Health Services (CAMHS) in Calderdale and Kirklees from 1 April 2013. These services cover children and young people experiencing mental health difficulties of a severe nature and also meet the needs of young people with additional complex needs. With the addition of these services, we now provide CAMHS across the Trust footprint. The transfer of these services has not been without risk to the Trust and a robust action plan is in place to ensure the safe transfer of services and to address immediate concerns and laying the foundation for a programme of service transformation to improve and develop the service.

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

In the summer of 2013, the stroke rehabilitation unit previously located at Mount Vernon Hospital in Barnsley was relocated to Kendray Hospital, Barnsley, to provide patients and staff with enhanced facilities to further improve care and recovery. Following a £2 million investment, the new unit includes two consultation rooms where patients can receive one-to-one support, an extended gym with overhead hoist facilities and a decking area which can be accessed by patients from their bedrooms giving them the chance to take part in gardening therapy. State of the art design also means that each of the sixteen bedrooms in the ward now have overhead hoists to support patients moving around their room, whilst en-suite bathrooms in each of the bedrooms increases privacy and dignity.

Explore opportunities for forensic service expansion

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

During the autumn of 2013, Trust Board took a decision to delay the opening of the additional capacity to take the opportunity to temporarily move service users from Hepworth Ward following concerns raised by the Care Quality Commission about the environmental suitability of Hepworth Ward and, in particular, its seclusion facilities, which required major structural changes to bring them up to current standards. This work is due for completion in June 2014.

Become a thought leader

Creative Minds

Creative Minds was established three years ago and has gone from strength-to-strength during this time. We formally launched Creative Minds late in 2011 to show our commitment to fostering and developing a creative approach to delivering our services. Creative Minds challenges the traditional way health services are provided as well as building and supporting a community of people committed to developing creative approaches. It also exemplifies our partnership approach to helping people reach their full potential in a way that best suits them in the very heart of our local communities.

Working in partnership with other organisations and groups means we are able to offer a range of innovative wellbeing opportunities. During 2013/14, we have supported Qdos to provide activities to boost creativity and inspiration at Kendray Hospital in Barnsley, a gardening project in Kirklees for people with learning disabilities, the 'Art for Wellbeing' projects run by the Artworks in Halifax, a project in Wakefield to encourage older people to share stories about their lives, and an equine therapy project in Wakefield. More information on our innovative approach and the many projects and organisations we have supported can be found on our website, including a number of films which demonstrate the value of the Creative Minds and showcase many of our community partners.

During the year, we began a review of Creative Minds since its inception with the aim to ensure that its alternative approaches are incorporated in the core business of the Trust. The future includes development of a Creative Minds Academy, which will provide the infrastructure to implement the ethos into our service delivery across the Trust.

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

Trust museum

The development of our museum resulted from the Trust's Change Lab initiative. The Change Lab working group, consisting of services users and carers and supported by Trust staff, identified that the museum had great potential to do more than showcase the collection held by the Trust and could be used to break down barriers and reduce stigma and discrimination in our society. It was recognised that with creativity, professional museum support and the on-going collaboration with service users, carers, staff and the community, the existing collection and space could develop into a museum. The Trust provided funding for the development of the museum, which officially opened in May 2014, with the aim for it to become self-supporting within three years. The museum will continue to develop in collaboration with service users, carers, staff and the public. The museum is in a unique position to provide educational and cultural experiences to increase public awareness and reduce fear and marginalisation of mental ill health and people who experience it and also to increase the ability of health and social care providers to better understand mental health issues.

Recovery

The Trust's mission statement is focussed on recovery. This year has seen the Trust lay the foundations for recovery-based approaches to how it provides services and supports service users. We will increasingly see co-production of solutions along with empowered service users and a range of partners in organisations stretching beyond the health sector. It links closely to Creative Minds, finding creative ways to aid recovery. Key to the approach is the development of recovery colleges.

A recovery college is an innovative way for the Trust to play a role in enhancing people's recovery from health problems and to further develop partnership working with local communities. There will be five colleges in Barnsley, Calderdale, Kirklees, Wakefield and within our forensic (secure) services. The colleges will bring together different educational opportunities for people to help them on their recovery journey. The college in Barnsley is already operating in shadow form.

The Trust joined the ImROC network (Improving Recovery through Organisational Change) in April 2013 to support the recovery approach and the development of recovery colleges.

Transformation

Part of our strategic approach in 2013/14 has been to lay the foundations for the transformation of our services in mental health, general community, forensic and learning disability services across all our districts. This reflects the need to make some radical changes to the way we deliver services. Through 2013/14, we held a number of engagement and consultation events with our service users, carers, staff, partners and stakeholders. During the summer, we talked to over 450 people about their opinions and ideas and what is important to them.

The key themes from these events have influenced and informed our vision for services to ensure that:

- we provide services that keep service users at the centre and which focus on people's potential;
- if people choose to make use of technology, we need to make it available;
- all organisations, both big and small, should work together so that the joins cannot be seen;
- people recognise early on if someone is having problems so that we can provide help and support;
- we offer as much choice as possible and help people to understand those choices; and
- we support families and carers.

Building on these themes and based on our values and priorities, clinicians and support staff working together have created high level visions for our services. These include:

- care closer to home;
- supporting people to live independently in their own homes rather than living in institutional settings in the Trust or in private sector placements;
- improved outcomes for people with long-term conditions, both in mental health and general community services;
- supporting people to be more in control through the use of technology;
- establishing recovery colleges, which offer more creative approaches to recovery through education, confidence-building and participation;
- increased emphasis on self-directed support, self-care and prevention of ill-health;
- building alternative capacity through links to social networks, community groups and peer support; and
- use of lean principles across all services, improved community locations and increased agile working.

All that we do is underpinned by our values. Our new values were launched in March 2013 and this year has seen the embedding of these values throughout the organisation, leading to the development of 'Our Values' programme, a festival of learning and reflective opportunities, events and resources to enable staff to engage, or re-engage with the Trust's values through our period of transformational change. In July 2013, the Trust achieved accreditation against the Customer Service Excellence standard, the first Trust in Yorkshire and the Humber to achieve the award and the third in the country.

Earlier in the year, we held a number of 'Right First Time, Every Time' events, which asked staff who first meet, interact and help people who use Trust services to walk in their shoes, whether these are service users, carers and their families, or internal customers, in order to re-think the approaches, attitudes and processes applied in our everyday interactions to create the right impression of the Trust, first time, every time. The events were so well received that we intend to roll-out the programme to all staff.

External strategic risks

At the start of the year, we identified a number of external risks and challenges facing the Trust.

1. **We identified**
   Reduction in local authority funding and changes to the benefits system resulting in increased demand for health services (due to the potential increase in demand for services and reduced capacity in integrated teams), which will create a risk of negative impact on the ability of integrated teams to meet performance targets.
   We acted
   We have continued to engage with local authorities to develop solutions to maintain quality, participated in transformation programmes at system level to deliver improvements, created opportunities to reduce reliance on the public sector through support for third sector providers, and developed the Implementing Recovery through Organisational Change implementation plan in partnership with service users to promote recovery.
2. **We identified**
   Risk that the expectations of emerging Clinical Commissioning Groups (CCGs) for mental health and community services will create a potential reputational risk for the Trust.
   We acted
   We agreed contract terms with commissioners, built relationships through contract and quality Board meetings, have developed team-to-team meetings to strengthen partnership working, and developed a marketing strategy to ensure good communications and understanding of our service offer.
3. **We identified**
   Risk that the planning and implementation of the transformational change programme will increase clinical and reputational risk through an imbalance of staff skills and capacity between the 'day job' and the 'change job'.
   We acted
   Where appropriate, the Trust has sought to use additional resources and external consultancy to support transformation. Key deliverables are reviewed and monitored at Trust Board level and there is a robust review of the impact on the quality of the services we provide through the Quality Impact Assessment.
4. **We identified**
   Risk that the Trust does not have a clear marketing approach to enable it to maximise opportunities and mitigate threats in an increasingly competitive market.
   We acted
   Early in the year, Trust Board approved an approach to marketing, supported by a robust implementation plan.

At the start of the year, we also identified a number of challenges in terms of achieving our cost improvement programme whilst maintaining the quality and standard of service to our service users. Throughout the year, we retained a strong financial position with a robust plan to address these challenges. The Quality Impact Assessment, led by the Director of Nursing and Medical Director, has enabled robust challenge to the impact on our services of efficiency, productivity and cost savings and forms a key part of the transformation agenda to ensure that what we do does not affect the quality of the services we provide. We have continued to ensure that our services remain patient-centred and that the outcomes from the Quality Impact Assessment are monitored routinely at the highest level of the organisation, aligned with performance reports, service user and carer feedback and feedback from commissioners.

Further information on our performance, including our financial performance, can be found in Section 5, operating review, on page 63 and Section 6, financial review, on page 68 of the report.

Risk management

Our approach to the mitigation and management of risk is outlined in the Annual Governance Statement, which can be found at the end of this report.

Information on our employees and our approach to our workforce can be found in Section 5 on page 63 and information on environmental, social and community matters can be found in Section 7 on page 73.

Charitable Funds

The Trust is the Corporate Trustee for its own charitable funds and those held by Spectrum, and is governed by the law applicable to Trusts, principally the Trustee Act 2000 and the Charities Act 2011. Its objective is to promote the effective administration and management of the Trust's Charitable Funds, ensuring that access to those funds meets the expectation of the original donors. The Trustee's actions are guided by a commitment to ensure:

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

Further information can be found in the Charitable Fund Annual Report for the year ended 31 March 2013, the latest year for which information is available, on the Trust's website at http://www.southwestyorkshire.nhs.uk/about-us/performance/finance/charitable-funds/.

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

Looking ahead

Over the next two years, the Trust will face a significant level of service and financial challenge, particularly in terms of:

- sustaining a performance culture that delivers positive patient experience and continuous service improvement;
- continuing to generate efficiencies and savings to maintain services;
- implementing significant changes to workforce roles, skill mix and numbers as a key enabler of services redesign;
- navigating the expected changes in service delivery and funds flow driven by system wide integration and transformation schemes and national initiatives such as the Better Care Fund and Pioneer Status (Barnsley CCG).

The operational plan for the next two years, therefore, has the following key features.

- We will continue to focus on organisational development. 2014 will be a year of 'Living our Values' drawing on the work already undertaken to support staff in providing a good service.

- We will focus on delivery by driving efficiencies using benchmarking against our quality priorities to identify the opportunities and service line management and review of run rates to ensure delivery in year.
- We will focus on service re-design in 2014/15 to deliver significant efficiencies in 2015/16 through the transformation programme. Our service re-design programme has been aligned to commissioner intentions.
- We will maintain the level of surplus and EBITDA at greater than 1% and 5% respectively.
- We will retain a strong cash position to support our capital plan in the development of community hubs and the re-development of our key inpatient site in Wakefield.
- We will manage the level of cost improvements and efficiencies needed over the next two years (£12.9 million and £11.8 million in 2014/15 and 2015/16 respectively), which will enable us to manage cost pressures of around £4 million per year.
- Our income assumptions are prudent with downside scenario planning for those areas which are most likely to be tested competitively, such as secure services, psychological therapies and community services for dementia and long term conditions.

Our key operational deliverables are to:

- revise our service offer at team level through transformation;
- review the efficiency of our workforce;
- develop new workforce models to support a reduction in workforce capacity;
- implement a leadership development programme to support managers and staff at all levels to equip them with the skills and resilience to implement significant service and cultural change;
- roll out of different ways of working through use of technology and estate to support more efficient deployment of staff;
- review management structures and skills;
- focus on service line reporting that ensures managers have the right capacity, skills and tools to manage resources effectively; and
- ensure that the Trust continues to play a key role in developing business cases and implementation of major service change at system level working in partnership with local providers and commissioners.

In terms of risk, the main risks facing the Trust over the next two years are as follows.

- The level and pace of change required in the workforce, both internally and externally, will impact negatively on team performance and potentially service quality.
  This will be mitigated through investment in organisational development and leadership, to develop practical schemes to support staff wellbeing and proactive engagement of staff representatives. Our track record in this area is a better than average performance in the staff survey in terms of workforce resilience. We have innovative schemes to maintain staff wellbeing, some of which have been recognised by short listing for national awards. Over the last two years, we have also managed a staff reduction of 26 WTE through the Mutually Agreed Resignation Scheme.
- The commissioning intentions of clinical commissioning groups, local authorities and specialist commissioners are not yet fully aligned with the Trust's vision of the future of services; therefore, this increases the risk of de-commissioning which could undermine service and financial viability of the Trust.
  This will be mitigated by maintaining positive working relationships with commissioners and proactive involvement in system transformation projects across our footprint. Three areas where more work will be required in 2014/15 are ensuring that the Trust is involved in the implementation of the Better Care Fund in all the local authority areas, development of a credible bid in the national procurement for secure services, including

working with other providers, and ensuring that the mental health currency is understood by commissioners and developed as an enabler for transformation.

- The political and financial imperatives in local health and social care economies mean that some organisational re-configuration is likely and, therefore, the current organisational form will not be sustainable over the life of the five-year plan. The preparation and planning for this challenge continues to be reviewed and considered by our Board.
- There is a risk that managing the transition to new structures will impact negatively on the services and outcomes achieved for service users. This will be mitigated by ensuring the Trust is actively involved in influencing the future shape of health and social care economies across the geographical footprint.

Ian Black
Chair
23 May 2014

Steven Michael
Chief Executive
23 May 2014

Section 2 – Directors' report

The Directors' report has been prepared in accordance with the relevant Sections of the Companies Act 2006 and appropriate regulations, as well as making the additional disclosures required by Monitor in its Financial Reporting Manual and other disclosures as appropriate. Information on research and development, the Trust's approach to the employment of disabled persons and providing employees with information on matters of concern to them, consultation with employees and involvement of employees in the performance of the Trust, and the financial risk management objectives and policies are included in the following report.

The Directors of the Trust consider the annual report and accounts, taken as a whole, is fair, balanced and understandable, and provides the information necessary for stakeholders to assess the Trust's performance, business model and strategy.

The Way We Work

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

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

As set out in the Health and Social Care Act 2012, the Members' Council has a duty to hold the Non-Executive Directors individually and collectively to account for the performance of the Board of Directors, and to represent the interests of the members of the Foundation Trust as a whole and the interests of the public. As a Trust, we ensure that our governors are equipped with the skills and knowledge they need to fulfil their duties.

The Members' Council has a number of specific duties, which 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 (an influencing role; it is not telling the Trust Board what it should do or setting strategy);
- respond, as appropriate, when consulted by Trust Board; and
- 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 Trust has robust governance arrangements in place through its Board and its Members' Council. To ensure these arrangements remain fit for purpose and follow best practice, the Trust reviews its 'compliance' with Monitor's Code of Governance on an annual basis. The review presented to Trust Board in March 2014 demonstrates that the Trust complies with the Code although there are some areas for development, which will be addressed during 2014.

Our Trust Board

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

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

The composition of the Board is in accordance with the Trust's Constitution, providing a structure to enable it to fulfil its statutory duties and functions, and to remain within the conditions of the Trust's licence. All Non-Executive Directors are considered to be independent.

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

The Chair and Non-Executive Directors are appointed by the Members' Council following a recruitment and selection process managed on its behalf by the Nominations Committee. The Nominations Committee makes recommendations on the appointment or re-appointment of the Chair and 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 2014.

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

The current make-up of Trust Board is as follows.

	Total	Male	Female
Non-Executive Directors	6	4 (67%)	2 (33%)
Executive Directors	5	3 (60%)	2 (40%)
Other Directors	5	2 (40%)	3 (60%)

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

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

- The Deputy Chair/Senior Independent Director, with support from Non-Executive and Executive Directors and the Members' Council, has a process in place to appraise the Chair annually. The outcome of this appraisal is reported to the Members' Council. The outcome of the process to appraise the current Chair, Ian Black, was reported to the Members' Council in April 2014.
- The Chair of the Trust undertakes bi-annual reviews with Non-Executive Directors.
- The Chair of the Trust undertakes quarterly reviews with the Chief Executive.
- The Chair and the Chief Executive have undertaken 'pairs coaching' with an external facilitator, aimed at enhancing the working relationship between them.
- The Chief Executive undertakes quarterly reviews of performance against objectives with Executive Directors and his Executive Management Team.

The Trust developed a comprehensive and detailed board development plan as part of its application to become a Foundation Trust. A revised development plan will be developed to ensure Trust Board remains effective and has the balance of skills and experience to take the Trust into the next challenging phase. This will be informed by the externally facilitated development sessions for Trust Board held during 2013/14.

Name/role/appointment		Declaration of interests	Experience
Chair **<u>Ian Black</u>** Appointed as designate 20 March 2008 Substantive from 1 May 2008 to 30 April 2012 Deputy Chair from 1 June 2010 to 31 January 2012 Acting Chair 1 February 2012 to 30 April 2012 Chair 1 May 2012 to 30 April 2015		➢ Non-Executive Director, Benenden Healthcare (mutual) ➢ Non-Executive Director, Seedrs (with small shareholding) ➢ Private shareholding in Lloyds Banking Group PLC (retired member of staff) ➢ Chair, Family Fund (UK charity) ➢ Member, Advisory Group for the Point of Care Foundation's development of a report on health service leadership and management ➢ Member, Whiteknights, a charity delivering blood and organs on behalf of hospitals in West and North Yorkshire	➢ Chartered Accountant and management consultant. ➢ 20 years at Halifax plc/HBoS with a series of director roles in finance, operations, risk and customer service in the UK, Ireland, Continental Europe and Australia. ➢ Particular areas of experience are financial management, risk and funding/investment ➢ Chair of Family Fund UK ➢ Variety of charitable interests nationally and locally. ➢ School Governor for 6 years. ➢ Former pension fund Trustee ➢ Formerly Governor, Beaumont FE College, Lancaster ➢ NED Benenden Insurance ➢ NED Seedrs (FCA authorised internet investment) ➢ Formerly Treasurer (and ex-chair) of Scope (UK disability charity). ➢ Formerly NED Nisa-Today's plc
Non-Executive Director (Chair of Audit Committee) **<u>Peter Aspinall</u>** 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		➢ Director of Honley Show Society Ltd.	➢ 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.

Name/role/appointment		Declaration of interests	Experience
Non-Executive Director **Bernard Fee** Appointed as designate 20 March 2008 Substantive from 26 May 2008 to 26 May 2011 Re-appointed 27 May 2011 to 26 May 2014		No interests declared	➢ 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 delivery. ➢ 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 **Julie Fox** Appointed 1 August 2011 to 31 July 2014		No interests declared; however, does work with the Care Quality Commission in work and inspection with children and young people who offend. This is not likely to conflict with the non-executive director role.	➢ Leadership, management and partnership in criminal justice ➢ Senior manager in residential offender services and contract management ➢ Positive diversity achievements both strategic and operational ➢ Currently in probation and youth justice inspection (working closely with other inspectorates such as HM Inspectorate of Constabulary, HMI Prisons and the Care Quality Commission) ➢ HR experience in recruitment and staff development ➢ Four years restaurant ownership
Non-Executive Director **Jonathan Jones** Appointed 1 June 2010 to 31 May 2013 Re-appointed 1 June 2013 to 31 May 2016		➢ Member, Squire Sanders (UK) LLP ➢ Member, Squire Sanders MENA LLP ➢ Spouse, shareholder in Accelerate Holdings Limited (holding company of Zenith Vehicle Contracts Limited)	➢ Member of Squire Sanders, a major international law firm. ➢ Specialises in corporate finance law (with particular experience in private equity). ➢ Clients come from a variety of sectors including healthcare. ➢ Issues confronting the legal profession at present include estates, people and technology and he has applied his experience of those to his involvement in the Trust.

Name/role/appointment		Declaration of interests	Experience
Non-Executive Director **Helen Wollaston** 1 August 2009 to 31 July 2012 Re-appointed from 1 August 2012 to 31 July 2015 Interim Deputy Chair/Senior Independent Director 1 February 2012 to 30 April 2012. Interim period extended from 1 May 2012 to 31 July 2012 Deputy Chair/Senior Independent Director 1 August 2012 to 31 July 2015		➢ Director, Equal to the Occasion (consultancy) ➢ Director, WISE (Women in Science and Engineering) ➢ Partner is Fitness to Practice Panellist with the Medical Practitioners' Tribunal Service	➢ Over 20 years' experience in the public and voluntary sectors, including executive and non-executive 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 Charities Board in Yorkshire and the Humber. ➢ Strong track record in working with marginalised communities. ➢ Contacts in science and technology sector through current role as Director of the WISE campaign.
Chief Executive **Steven Michael** 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)		➢ Member of Huddersfield University Business School Advisory Board ➢ Member, Leeds University International Fellowship Scheme ➢ Partner, NHS Interim Management and Support ➢ Trustee, Spectrum People ➢ NHS Confederation selected Chief Executive representative, Mental Health Network Board ➢ Health and Wellbeing Boards, Wakefield and Barnsley ➢ Involvement in Care Quality Commission mental health inspection arrangements	➢ Occupied role of Accountable/Accounting Officer from February 2007 leading the Trust to Foundation Trust status in May 2009 ➢ Three decades experience of working 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 secondment in 2010/11 as Regional Director of Provider Development for Yorkshire and the Humber and project work for the Department of Health ➢ Long history of effective engagement with service users and carers ➢ Strong commitment to value based organisational development and the role

Name/role/appointment		Declaration of interests	Experience
			creativity plays in supporting this ➢ Record in working with a range of universities including Newcastle-upon-Tyne, Northumbria, Huddersfield and Leeds
Deputy Chief Executive/Director of Finance **Alex Farrell** Appointed 7 September 2009 (Acting Chief Executive 1 October 2010 to 31 January 2011)		➢ Spouse is general practitioner based in Beeston, Leeds	➢ Qualified medical doctor ➢ Retrained in private sector as Chartered Accountant ➢ Re-joined NHS in acute sector and has worked in acute trust, health authority, PCG and PCTs in senior management ➢ 8 years' experience as a Director of Finance. Portfolio experience in strategic financial planning and management; contract negotiation and healthcare tenders; developing Estates Strategy and capital business cases; developing IM&T Strategy and implementation of performance framework based on balanced scorecard; implementation of Integrated Governance and Change Management. ➢ Brings a drive for continual improvement, integrated working and change management linked to good understanding of commissioning, business development, performance management and governance to support the development of the Foundation Trust.
Medical Director **Nisreen Booya** Appointed 29 January 2004		➢ Honorary President of the Support to Recovery (Kirklees mental health charity) ➢ Appointed member, Yorkshire and Humber clinical senate, providing independent source of clinical advice for Yorkshire and the Humber ➢ Involvement in Care Quality Commission mental health inspection arrangements	➢ Clinical experience as Consultant Psychiatrist since 1985 in both WAA and OPS ➢ Senior Clinical Lecturer, Leeds University since 1997 ➢ Experience in medical education, training, assessment and appraisal with 17 years' experience as a college tutor ➢ Royal College of Psychiatrists examiner since 1998 ➢ Experience in Clinical Governance including national level as Clinical Governance investigator and reviewer for the CHI and Health Care Commission Associate and CQC Specialist Advisor 2014 ➢ GMC Associate 1997-2013 and GMC – MPTS Panellist since 2013 ➢ Honorary President to Support to Recovery

Name/role/appointment		Declaration of interests	Experience
			➢ Secondary care doctor on the Bassetlaw CCG ➢ Experience in service planning, development and innovative service models (won national award Doctor of the Year for Dementia Service 2001) ➢ Contributed to the development of Integrated care Pathways and Package which underpins the PbR in mental health
Director of Nursing, Clinical Governance and Safety **Tim Breedon** Appointed District Director for Wakefield 1 November 2010 Acting Director of Nursing from 16 July 2012 Director of Nursing from 17 December 2012		No interests declared	➢ 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. ➢ Nurse leadership roles in a variety of care and support settings

Name/role/appointment		Declaration of interests	Experience
Director of Human Resources and Workforce Development **<u>Alan Davis</u>** Appointed 1 April 2002		No interests declared	➢ 28 years' experience of HR in the NHS ➢ 19 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 **<u>Dawn Stephenson</u>** Secondment 8 February 2010 Substantive appointment from 1 April 2011		➢ Voluntary Trustee for Kirklees Active Leisure	➢ 20 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.

Name/role/appointment		Declaration of interests	Experience
Director of Forensic Services (non-voting) **Adrian Berry** Appointed 1 November 2010		No interests declared	➢ 16 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 – Barnsley and Wakefield (non-voting) **Sean Rayner** Transitional post as District Director, Barnsley from 22 February 2011 Substantive from 1 April 2012		➢ Member, Independent Monitoring Board for HMP Wealstun ➢ Trustee, Barnsley Premier Leisure	➢ 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. ➢ 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).

Name/role/appointment		Declaration of interests	Experience
Interim Director of Service Improvement and Health Intelligence **Diane Smith** Interim appointment 9 January 2014 for six months		No interests declared although it should be noted that this appointment is a secondment from NHS England (Head of Emergency Preparedness, Resilience and Response at NHS England (South Yorkshire and Bassetlaw)	➢ Qualified Biomedical Scientist with an early career in research in academia ➢ Moved into NHS management in Public Health in 1991, working in a District Health Authority as an Epidemiologist and in Senior Management at Regional level in both the NHS and Civil Service. ➢ Progressed into NHS senior leadership as the Chief Executive of a PCG, followed by Director posts in a Strategic Health Authority, ambulance trust and PCT and latterly senior management in NHS England. ➢ Portfolio experience in implementing transformational change; developing organisations; business planning and organisational development; project and programme management; health research methods and analysis; assurance and risk management and working in partnership.
District Service Director – Calderdale, Kirklees and Specialist Services (non-voting) **Karen Taylor** Interim appointment 9 January 2012 Substantive from 1 April 2012		➢ Trustee, Barnsley Hospice	➢ 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 member of Trust Board left office during 2013/14.

Name/role/appointment	Experience
District Service Director – Calderdale and Kirklees (non-voting) **Anna Basford** Appointed 1 November 2010 Left 4 July 2013 No interests declared	➢ Ten years' experience of working at Board level in NHS director roles with a breadth of knowledge, achievement and skills across corporate, commissioning and operational service provision. ➢ Experience of working in primary care, community, general acute, mental health and regional office organisations. ➢ Experience of leading strategic commissioning of services as Deputy Chief Executive in a PCT and Chief Executive of a Primary Care Group. ➢ Significant experience of leading the provision of community physical health services ➢ Extensive experience of implementing clinical service redesign and innovation across a range of community nursing, therapy and mental health services to improve productivity and quality of services. ➢ A proven track record of effective whole system partnership working delivering major organisational change and service innovation through collaboration with staff, partners and the public. ➢ Experience of winning competitive tenders and securing growth in income

Attendance at Board meetings 2013/14

Name	30/04	21/05	25/06	23/07	24/09	22/10	17/12	28/01	25/03	Total
BLACK, Ian	✓	✓	✓	✓	✓	✓	✓	✓	✓	9/9
ASPINALL, Peter	✓	✓	✓	✓	✓	✓	✓	✓	✓	9/9
FEE, Bernard	✓	✓	✓	✓	×	✓	✓	✓	✓	8/9
FOX, Julie	✓	✓	×	✓	✓	✓	✓	✓	✓	8/9
JONES, Jonathan **	✓	✓			✓	✓	×	✓	✓	6/7
WOLLASTON, Helen	✓	✓	×	✓	✓	✓	×	✓	✓	7/9
MICHAEL, Steven	✓	✓	✓	×	✓	✓	×	✓	✓	7/9
BOOYA, Nisreen	✓	×	✓	✓	✓	✓	✓	✓	✓	8/9
BREEDON, Tim	✓	✓	✓	×	✓	✓	✓	✓	✓	8/9
DAVIS, Alan	✓	✓	✓	✓	✓	✓	✓	✓	✓	9/9
FARRELL, Alex	×	✓	×	✓	✓	✓	✓	✓	✓	7/9
STEPHENSON, Dawn	✓	✓	×	✓	✓	×	✓	✓	✓	7/9
BASFORD, Anna *	✓									1/1
BERRY, Adrian *	✓			✓	✓	✓		✓	✓	6/6
RAYNER, Sean *	✓			✓		✓		✓	✓	5/5
SMITH, Diane								×	✓	1/2
TAYLOR, Karen *	✓			✓		×		×	✓	3/5

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

** NB Jonathan Jones took a three-month unpaid sabbatical, which included his Trust commitments in June, July and August 2013. This was agreed with the Chair of the Trust and reported through the Nominations Committee.

Our Trust Board Committees

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

The Director of Corporate Development attends all Committee meetings, with the exception of the Remuneration and Terms of Service Committee, as part of her role as Company Secretary. The Chair of the Trust and the Chair of the Audit Committee attend at least one meeting of each Committee per year as part of the review of the effectiveness of Non-Executive Directors individually and of the Committees. The Audit Committee reviews the effectiveness and integration of Trust Board Committees on an annual basis and presents the outcome of this review in its annual report to Trust Board. This was presented to Trust Board in April 2014. The Committee provided assurance that Committees are effective and integrated and that risk is effectively managed and mitigated through the assurance that Committees meet the requirements of their Terms of Reference, that Committee workplans are aligned to the risks and objectives of the organisation, which are within the scope of their remit, and that Committees can demonstrate added value to the organisation.

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

Audit Committee

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

Members during 2013/14

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

* NB During his three-month unpaid sabbatical period from June to August, Jonathan Jones's place on the Committee for the July 2013 meeting was taken by Ian Black given his previous experience on the Committee.

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 2013/14.

Internal Audit

The Committee ensures 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.	Following a robust tendering process, KPMG was awarded the internal audit service contract from 1 July 2012 for a period of three years.
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.	A draft Internal Audit Annual Plan for 2013/14 was presented to and agreed by the Audit Committee in April 2013. Final approval of the plan was given in May 2013. The plan provides a risk-based analysis of the Trust's operations,

	Progress utilising the Trust Board assurance framework, reflecting the Trust's corporate objectives, priorities and areas identified for improvement. Progress against the plan is reviewed at every meeting and this includes reports on the Trust's progress against actions identified to address recommendations made by KPMG. Regular meetings are held with the Director of Finance to monitor progress against the work plan.
Consideration of the major findings of internal audit work (and management's response) and ensures co-ordination between the Internal and External Auditors to optimise audit resources.	The Committee receives audit reports and audit findings in line with the audit plan. The recommendations are followed up to ensure actions are taken in line with the action plans agreed. To January 2014, 19 internal audit reports were presented to the Committee. Of these, there were: - no full assurance opinions; - eight substantial assurance opinions; - seven moderate assurance opinions; - three limited assurance reports (adult safeguarding, clinical record keeping (data quality) and service level agreement management (non-healthcare); and - one no assurance opinion in relation to procurement (non-pay) purchasing (see below). A limited assurance opinion was also given to a follow up report on the stewardship of financial affairs of patients. Three reports were advisory in relation to commercial strategy, clinical leadership and self-directed support. One report was the result of an investigation into a possible breach of Standing Orders (see below). Management action has been agreed for all recommended actions, reported to the Committee and, where appropriate, progressed by KPMG. In the main, there are no significant outstanding actions, although the Director of Finance has agreed to review the recommendations in relation to the change management programme for continued relevance. The Audit Committee reviewed and received the Head of Internal Audit Opinion as part of the final accounts process for 2012/13.
Ensure the Internal Audit function is adequately resourced and has appropriate standing in the organisation.	The ongoing adequacy of resources is assessed through review of the internal audit plan and monitoring rate of achievement. No significant issues have been raised in-year although some issues have been raised by the Director of Finance in relation to the planning of audit work by KPMG.
An annual review of the effectiveness of internal audit.	KPMG has identified a number of performance areas against which the Committee can assess its performance and the timing of this assessment will be agreed with the Chair of the Committee.

Counter Fraud

The Committee ensures 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.	Following a robust tendering process, KPMG was awarded the internal audit service contract from 1 July 2012 for a period of three years. 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.	KPMG presented a programme of work to the Committee in April 2013, which was approved. Progress against plan is reviewed at every meeting. The Committee received an annual report for 2012/13 in July 2013.
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 work of Counter Fraud is summarised in the annual report. A report on a risk assessment of the Trust's response to the Bribery Act 2010 was presented to the Committee in October 2013. The assessment concluded that the Trust has comprehensive and up-to-date policies and procedures in place to govern appropriate business behaviour. Ten recommendations were made, of which three are high priority, and these will be taken forward by the appropriate Director lead. The Trust was also one of a number of Trusts chosen by NHS Protect for a focussed counter fraud assessment and the assessment focussed on the area of 'Inform and Involve'. The findings of this assessment were reported to the Committee in January 2014. The Trust received an amber rating with the overall quality assessment rating red. The Trust was found to partially meet two standards and to not meet two others. A number of recommendations were made, including reviewing and publicising the anti-fraud, bribery and corruption policy, obtaining staff feedback from induction and awareness training, structured liaison with other agencies, and updating the organisation's Code of Conduct ensuring that fraud and corruption issues are covered. These recommendations have now been addressed and the Local Counter Fraud Specialist will work with the Trust to continue to improve the quality assessment rating.
An annual review of the effectiveness of Counter Fraud Services.	Based on the self-review toolkit, the Trust is rated overall as green with one area, inform and involve, where further work can be done to improve against the standard, rated as amber (see above).

External Audit

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

	Progress
Consideration of the appointment and performance of the External Auditor, as far as Monitor's rules permit.	Deloitte was awarded a three-year contract in October 2010. At its meeting in April 2013, the Audit Committee considered the appointment of the Trust's external auditor given the expiry of the current contract on 30 September 2013. The Director of Finance proposed that the Committee considered re-appointing Deloitte as the overall service levels received and client management were considered to be very good. Based on a recent tender evaluation for professional services, its audit fee represented good value for money. The Head of Procurement confirmed that there was an option in the original tender to re-appoint Deloitte for up to two years, and the Committee agreed to propose to the Members' Council an extension for two years. This was subject to a positive response from Deloitte in relation to its fees over this period, which was received. The Members' Council approved the proposal at its meeting in July 2013.
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 (January 2014). 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 as part of the re-appointment process during 2013. As part of the negotiation of the fee during this process, the Trust received a reduction in the fee level to reflect that there was no requirement for Deloitte to incur tendering or marketing expenditure for retention of the Trust's contract. A formal plan and fee proposal was presented to and approved by the Committee in January 2014.
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 2012/13 accounts; ➢ final reports and recommendations as scheduled in the annual plan.

The Committee has reported on the following 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.

- Review of progress towards implementation of service line reporting and currency development.

The Committee is also required to receive a report on any waiver of Standing Orders. Any waivers in relation to procurement are reported at each meeting through the procurement report and considered by the Committee. During 2013/14, there have been no other waivers of the Standing Orders.

As part of its regular review of Treasury Management, the Committee reviewed the Treasury Management Strategy and Policy and recommended its approval to Trust Board in December 2013. It also considered the Trust's working capital facility and, following a change in the methodology to assess financial risk within Foundation Trusts by Monitor, it recommended to Trust Board that the Trust ends its facility from October 2013. This was also approved by Trust Board.

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

- Received and approved the annual report, annual accounts and Quality Accounts for 2012/13 and received and approved the annual accounts and annual report for Charitable Funds for 2012/13.
- Received the report from External Audit for those charged with governance, which outlines findings of external audit.
- Reviewed the external audit report on the production of Quality Accounts for 2012/13. 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 2012/13.
- Reviewed and approved changes to the Trust's Accounting Policies.
- Reviewed the process for the development of the Assurance Framework.
- Reviewed the Procurement Strategy, priorities and progress against achievement of cost savings.
- Received a report on the Transforming Community Services process in terms of realization of benefits and lessons to be learned for the Trust's future strategic approach.

KPMG was asked to review an investigation previously undertaken by West Yorkshire Audit Consortium, and reported to the Audit Committee in October 2012 to establish if a breach of Standing Orders had occurred, as the previous report was inconclusive. KPMG reported its findings to the Committee in July 2013. KPMG found that there was no definitive evidence that Standing Orders and procurement procedures had been breached; however, it was apparent that they had been misinterpreted by senior staff who, if they had checked and clarified their assumptions, should have taken different actions. A further, independent review was commissioned by the Director of Corporate Development in her role as Company Secretary and presented to the Committee in October 2013. This resulted in the no assurance opinion on the Trust's procurement (non-pay) purchasing. The Committee sought robust assurance in relation to management's response to the findings and noted that the no assurance opinion could affect the Head of Internal Audit Opinion at the year-end. KPMG would also expect to see reference in the Chief Executive's Annual Governance Statement.

An audit of financial management undertaken in late 2013/early 2014 provided a substantial assurance audit opinion. This audit included a robust review of the Trust's implementation of the recommendations arising from the procurement (non-pay) purchasing audit. KPMG has confirmed that it is able to provide a clean Head of Audit Opinion for 2013/14.

The Chair of the Audit Committee ensures that 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 been commissioned for work outside the external audit brief, including support in letting the Trust's IT contract. 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 2013/14

Bernard Fee, Non-Executive Director (Chair to November 2013)	Attended five out of six meetings
Julie Fox, Non-Executive Director	Attended four out of six meetings
Helen Wollaston, Non-Executive Director (Chair from November 2013)	Attended six out of six meetings
Nisreen Booya, Medical Director	Attended six out of six meetings
Tim Breedon, Director of Nursing, Clinical Governance and Safety (lead Director)	Attended six out of six meetings
Alan Davis, Director of Human Resources and Workforce Development	Attended five out of six meetings
Dawn Stephenson, Director of Corporate Development (in role as Company Secretary)	Attended three 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.

Julie Fox, Non-Executive Director (Chair from November 2013)	Attended four out of four meetings
Jonathan Jones, Non-Executive Director *	Attended one out of three meetings
Helen Wollaston, Non-Executive Director (Chair to November 2013)	Attended four out of four meetings
Nisreen Booya, Medical Director	Attended four out of four meetings

Tim Breedon, Director of Nursing, Clinical Governance and Safety (lead Director)	Attended four out of four meetings
Dawn Stephenson, Director of Corporate Development (in role as Company Secretary)	Attended three out of four meetings

* NB Jonathan Jones took a three-month unpaid sabbatical from June to August.

Committee assurance

The Trust's internal auditors, KPMG, undertook a review of the Trust's corporate governance arrangements in 2012. The review provided a substantial assurance opinion with five low priority recommendations. KPMG followed up this audit in 2013 by assessing progress against the recommendations made with particular focus on the Mental Health Act Committee. The review found that the corporate governance arrangements at the Trust continue to be well-structured and in line with practice elsewhere in the sector, and the recommendations had been implemented. A substantial assurance opinion was given and the report presented to the Audit Committee on 18 October 2013.

Other Committees

Charitable Funds Committee

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

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

Estates Forum

The Estates Forum was established by Trust Board in May 2011 and its prime purpose is to provide assurance to Trust Board on the development and implementation of the Trust's Estates Strategy. The Forum is chaired by a Non-Executive Director and has Non-Executive and Executive Director membership.

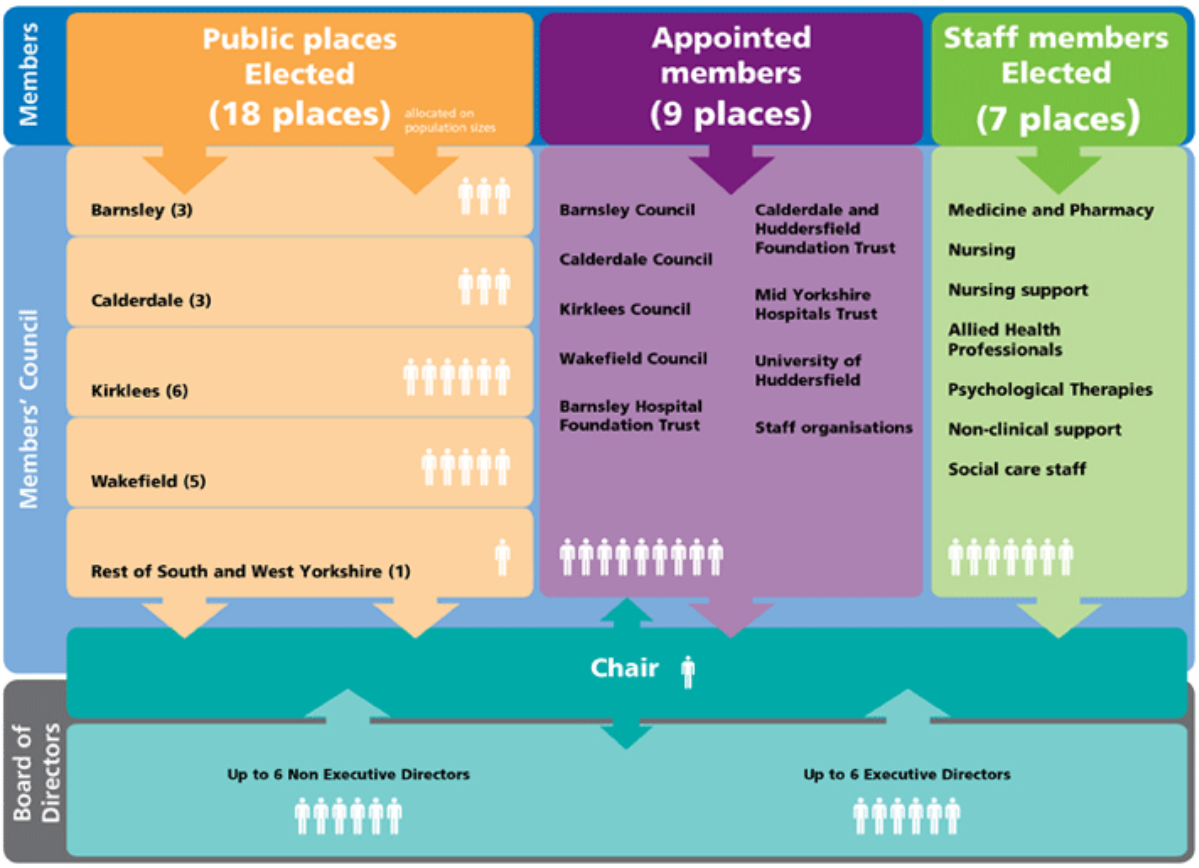
Information Management and Technology Forum

The Information Management and Technology Forum was established by Trust Board in September 2012 and its prime purpose is to provide assurance to Trust Board on the development and implementation of the Trust's Information Management and Technology Strategy. The Forum is chaired by a Non-Executive Director and has Non-Executive and Executive Director membership.

Our Members' Council

The Members' Council is made up of elected public representatives of members from Barnsley, Calderdale, Kirklees, Wakefield and, from 1 November 2013, the rest of South and West Yorkshire, elected staff representatives, and appointed members from key local partner organisations. It provides an important link between the Trust, local communities and key organisations, sharing information and views that can be used to develop and improve services. The Members' Council is chaired by the Chair of the Trust, who ensures appropriate links between the Members' Council and the Trust Board.

From 1 November 2013, there were 34 places on the Members' Council. This was made up as follows.



In October 2013, the Members' Council considered and approved a proposal from the Nominations Committee to establish a constituency to cover the local authority areas for the rest of South and West Yorkshire. This was intended to extend the public constituency to represent service users and carers who use Trust services but are outside of the Trust's four core districts.

Lead Governor

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

in the planning and setting of the Members' Council agenda. Tony Wilkinson, publicly elected governor for Calderdale, was re-appointed as Lead Governor by the Members' Council from 1 May 2013 following successful re-election as a governor.

Our governors

The table below sets out the governors in place as at 31 March 2014. Information on the elections held early in 2014 can be found in the next section.

Name/representing	Term of office	Attendance during 2013/14
ADAM, Shaun Elected – public Barnsley	1 August 2011 for 2.5 years	Attended no meetings out of four
ADAMOU, Marios Elected – staff medicine and pharmacy	1 May 2012 for three years	Attended three out of four meetings
BAINES, Stephen Appointed – Calderdale Council	27 November 2013	Attended one out of one meeting
BREARLEY, Hilary Appointed Barnsley Hospital NHS Foundation Trust	17 July 2012	Attended three out of four meetings
DALE, Doug Elected – public Wakefield	1 May 2009 for three years. Re-elected 1 May 2012 for three years	Attended three out of four meetings
DEAKIN, Adrian Elected – staff nursing	1 May 2012 for three years	Attended three out of four meetings
EDWARDS, Netty Elected – staff nursing support	1 May 2012 for three years	Attended none out of four meetings
GIRVAN, Claire Elected – staff allied health professionals	1 May 2012 for three years	Attended three out of four meetings
HASNIE, Nasim Elected – public Kirklees	1 May 2011 for three years	Attended four out of four meetings
HAWORTH, John Elected – staff non-clinical support	1 May 2012 for three years	Attended four out of four meetings
HILL, Andrew Elected – public Barnsley	1 August 2011 for 2.5 years	Attended four out of four meetings
ISHERWOOD, Margaret Appointed Wakefield Council	23 May 2012	Attended one out of four meetings
KLAASEN, Robert Elected – public Wakefield	1 May 2012 for three years	Attended two out of four meetings
MASON, Ruth Appointed Calderdale and Huddersfield NHS Foundation Trust	8 November 2011	Attended four out of four meetings
MORGAN, Margaret Appointed Barnsley Council	1 January 2012	Attended none out of four meetings
MORTIMER, Bob Elected – public Kirklees	1 May 2009 for three years. Re-elected 1 May 2012 for three years	Attended four out of four meetings
PADGETT, Kath Appointed – University of Huddersfield	1 May 2009	Attended three out of four meetings
PRESTON, Jules Appointed – Mid-Yorkshire Hospitals NHS Trust	13 June 2013	Attended one out of three 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
RIGGETT, Kevan Elected – public Barnsley	1 May 2013 for three years	Attended three out of four meetings
SEAL, Barry Elected – public Kirklees	1 May 2013 for three years	Attended one out of four meetings
SMITH, Jeremy Elected – public Kirklees	1 May 2009 for three years. Re-elected 1 May 2012 for three years	Attended three out of four meetings
SMITH, Michael Elected – public Calderdale	1 May 2010 for three years. Re-elected 1 May 2013 for three years	Attended four out of four meetings
WALKER, Hazel Elected – public Wakefield	1 May 2011 for three years	Attended three out of four meetings
WALKER, Peter Elected – public Wakefield	1 May 2010 for three years. Re-elected 1 May 2013 for three years	Attended two out of four meetings

Name/representing	Term of office	Attendance during 2013/14
WHARMBY, Laura Appointed – staff side organisations	16 May 2013	Attended three out of three meetings
WILKINSON, Tony Elected – public Calderdale	1 May 2010 for three years. Re-elected 1 May 2013 for three years	Attended three out of four meetings
WOODHEAD, David Elected – public Kirklees	1 May 2010 for three years. Re-elected 1 May 2013 for three years	Attended three out of four meetings

The following governors left the Members' Council during 2013/14.

Name/representing	Term of office ended/reason
BENNETT, Inara Appointed – staff side organisations	15 May 2013 Resigned
GILL, David Elected – public Kirklees	30 April 2013 Did not stand for re-election
HORSFALL, Grenville Elected – public Calderdale	30 April 2013 Did not stand for re-election
KERRY, Richard Elected – staff Psychological therapies	23 April 2013 Resigned
LOGUSH, Roman Elected – staff social care staff	30 April 2013 Resigned
MCALLISTER, Ann Appointed – Calderdale Council	8 November 2013 Resigned
TENNANT, Gordon Elected – public Wakefield	30 April 2013 Did not stand for re-election
WALKER, Susan Appointed – Mid-Yorkshire Hospitals NHS Trust	2 May 2013 Resigned

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

Our governors receive no payment for their involvement with the Trust on Members' Council business. We are required by Monitor to indicate in our annual report the expenses paid to our governors in the financial year and the sum for 2013/14 was £2,608.22.

Elections

Nominations for election to the Members' Council were sought in early 2014 for terms of office beginning 1 May 2014. The following seats were offered for election.

Publicly elected
Barnsley – two seats
Calderdale – one seat
Kirklees – two seats
Wakefield – two seats
Rest of South and West Yorkshire – one seat

Staff elected
Psychological therapies – one seat
Staff working in integrated teams – one seat

- In Barnsley, there were three candidates for two seats and Andrew Hill (re-elected) and Andrew Crossley were elected.
- In Calderdale, there was one candidate for one seat and Daniel Redmond was elected unopposed from 1 May 2014 for a three-year term.

- In Kirklees, there were eight candidates for two seats and Nasim Hasnie (re-elected) and Michael Fenton were elected.
- In Wakefield, there were four candidates for two seats and Hazel Walker (re-elected) and Jackie Craven were elected.
- For the staff psychological therapies vacancy, there was one candidate for one seat and Garry Brownbridge was elected unopposed from 1 May 2014 for a three-year term.

There remains one vacancy for the public constituency of the rest of South and West Yorkshire and one vacancy for the staff seat for social care staff working in integrated teams.

Members' Council involvement and engagement

The Trust continues to have regard to the reviews of its Members' Council in a number of ways by offering a range of events and opportunities for governors to share their views and engage with Trust Board, particularly in the development of the Trust's annual plan. Governors are invited to attend each public board meeting and attendance has been good during the year. Trust Board members also attend Members' Council meetings. As part of their role in holding Non-Executive Directors to account, the Chair has encouraged governors to attend public Trust Board meetings during 2013/14. Attendance has been good. Those governors who have attended have welcomed the opportunity to do so and found attendance useful in helping them to understand the way Trust Board works, to understand more about the issues Trust Board considers and discusses, and to support governors in holding Non-Executive Directors to account. Governors will continue to be encouraged to attend meetings in the future.

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. At each meeting, there is a round table discussion on key areas, such as the Trust's plans for transformation and the Trust's response to the Francis Report. A joint meeting is held annually between Trust Board and the Members Council to look at the Trust's forward strategy. At the meeting in January 2014, the focus was on the Trust's service priorities for the coming year. In groups, governors and Directors looked at five key priorities for each business delivery unit and how these support the Trust's seven quality priorities. The contribution from governors has informed and contributed to development of the Trust's annual plan for 2014/15. The key message was that, in a time of such profound change and challenge, the Trust must be able to clearly define pathways of care, the services it provides on these pathways and links into the broader system, and it needs to do this whilst building and developing alternative capacity and capability. In particular the following themes emerged.

- The Trust must turn transformation into reality.
- The Trust should continue to develop joint work/partnerships with the third/voluntary sector, despite the funding risk for this sector, particularly in terms of reliance on local authority funding.
- The Trust must make the best use of and build on partnership work with acute trusts and local authorities.
- Recovery colleges and co-production provide a strong foundation to provide alternative therapies and measures.
- Districts across the Trust have very different needs; therefore, the Trust needs to meet these different needs and respond to health inequalities.
- In some areas, the Trust should develop a clear, joined-up pathway that is easy to follow for service users, their carers, commissioners and GPs.
- The Trust must use partnerships intelligently and pull together different transformation programmes to service users' and the Trust's benefit.

- In forensic services, the Trust needs to create greater cohesion across the service to improve clarity of pathway, leading to improved outcomes at optimal cost and to develop stronger networks of community services and networks.

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

Strategy and forward plans
- Development of the Trust's Quality Accounts.
- Forward plan for 2014/15 (joint meeting with Trust Board) in January 2014.
- Consulted on the transformation of Trust services.

Statutory duties
- Appointment of Deputy Chair.
- Appointment and re-appointment of Non-Executive Directors.
- Foundation Trust Network training for the appointment of Non-Executive Directors.
- Determination of the Chair and Non-Executive Directors' remuneration.
- Received the annual report and accounts.
- Re-appointment of the Trust's external auditor.
- Changes as a result of the Health and Social Care Act 2012.

Trust activity
- Involvement in Change Lab projects.
- Involvement in judging for Excellence 2013.
- Review of the mission and values.
- Attendance at dialogue groups across the Trust.
- Attendance at members' education events.
- Involvement in Trust unannounced visits and the pilot for the '15-steps' initiative.

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

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 Quality Group to review and develop the Trust's Quality Accounts and to review in more detail the Trust's performance.

Membership

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

Any individual who lives in Barnsley, Calderdale, Kirklees and Wakefield who is aged 11 or over may become or continue as a member of the Trust. Membership 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 our employees or other persons who exercise functions for the purposes of the organisation.

As at 31 March 2014, we had 12,028 public members. This is broken down as follows.

Barnsley	1,741
Calderdale	1,854
Kirklees	4,564
Wakefield	2,997

We also have 149 members from the rest of South and West Yorkshire.

The Trust's approach to membership is to maintain a level of 1% of the population of Barnsley, 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. At the end of the year, membership was at 1% of the population it serves. Involvement of members who have expressed an interest in being involved in the Trust stands at 47% against a target of 50%.

The Trust measures its membership by ethnicity, gender, age and socio-economic group. The Trust is well-represented when compared with the makeup of its local communities and has excellent representation across most groups. The focus for recruitment of members has historically been to engage with our service users and their carers. As a result, young people aged between 11 and 14, older people over 85, and socio-economic group E are underrepresented in our membership. The Trust does, however, have a good track record of reflecting the ethnic diversity of the communities it serves in its membership.

Recruitment initiatives focus on engagement and involvement activity to enable members of the public and service users and carers to be able to influence the development and improvement of services.

The Trust's Members' Council plays a role in determining the future membership strategy and informing the Trust's approach. A revised strategy was approved by the Members' Council in October 2012 and the Trust's membership strategy and approach to recruitment and involvement will form part of a wider strategy to be developed around community involvement during 2014/15. The Members' Council will be consulted on this wider strategic approach.

The Strategy has four key strands to:

- maintain a representative membership in Calderdale, Kirklees and Wakefield (1% of population of each);

- continue to recruit towards target 1% of population of Barnsley and ensure it is representative of the local community;
- focus on recruiting members who want to be involved and engaged;
- ensure and encourage an involved and active membership.

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

Allied Health Professionals	609
Medicine and Pharmacy	197
Non-clinical support	1,130
Nursing	1,598
Nursing support	1,168
Psychological Therapies	193
Social care staff working in integrated teams	71

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 fourth annual members' meeting in October 2013. Over 100 people attended the event at the Lawrence Batley Theatre in Huddersfield. The meeting took a theatrical theme providing a spotlight on our Trust and our achievements during the year and a look forward to next year. It also included entertainment from Hoot Creative Arts in Huddersfield, an organisation that makes the arts accessible to everyone as a means of improving health, enhancing wellbeing and achieving creative and personal potential. A film about the work of the Trust received its premiere and attendees were also able to browse a showcase of Trust services before the meeting began.

During the year the Trust continued it successful series of educational insight events for members, which provided an opportunity for members to find out more about mental and other health problems. These events are led by Trust clinicians and provide an opportunity to listen to an educational talk on a particular condition, followed by time for questions. These focused on insight into depression and anxiety, and learning disabilities.

During 2013/14, the Trust has engaged and consulted service users, carers, staff and stakeholders on its plans for transformation. The first events were held in the summer of 2013 and over 450 people attended to share their opinions and ideas. These were collated into six key themes:

- I want services which keep me in the centre and which focus on my potential
- If I choose to make use of technology, I want it to be available
- I want all organisations, both big and small, to work together so I don't see the joins
- I want people to recognise early on that I'm beginning to have problems and to help me
- I want you to offer me as much choice as possible and help me understand those choices
- I want you to support my family and carers

The second set of events was held during October and November 2013. This time over 500 people's voices were heard. We used these events to confirm the six key themes and to test whether our plans for transformation were moving in the right direction. We were given reassurance that these were the right things to concentrate on as well as further detail and advice for the Trust to consider during the implementation phase of transformation.

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 of the Chair and Non-Executive Directors of the Trust, to oversee the process for the identification, nomination and appointment of the Deputy Chair and Senior Independent Director of the Board, and to oversee the process to identify, nominate and appoint the Lead Governor of the Members' Council. The Committee met twice in the period covered and its membership was as follows.

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

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

- The Nominations Committee, on behalf of the Members' Council, reviews the balance of skills, experience and knowledge on the Board to ensure it remains fit for purpose as a unitary board of a Foundation Trust. This takes into account the needs of the organisation, the skills and experience within the Executive Director function and future developments that would affect the skills and experience required. This is reviewed at least annually.
- As appropriate, the Nominations Committee works with external organisations, recognised as experts at appointments, to identify candidates with appropriate skills and experience required for the Chair and Non-Executive Director vacancies.
- Appropriate candidates are identified by the Nominations Committee through a process of open competition, which takes account of the above approach and the skills and experience required.
- The Nominations Committee is made up of the Chair of the Trust (or, when a Chair is being appointed, another Non-Executive Director), the Chief Executive, a minimum of two governors selected by the Members' Council (currently two), and the Lead Governor. The Nominations Committee has the power to co-opt other governors, to appoint external organisations or individuals to offer advice and/or support to the Committee, and to co-opt individuals to act as independent assessors.

The Nominations Committee has overseen the process, supported by Penna, to appoint a new Non-Executive Director to replace Bernard Fee whose term of office will come to an end on 26 May 2014. The Committee took the decision to seek to recruit an individual who could replace the current Chair of the Audit Committee, Peter Aspinall, when his term of office ends in April 2015. This meant a targeted process to recruit an individual who is a qualified accountant and has recent accountancy experience at a senior level. Following a robust and open recruitment process, the Members' Council appointed Lawrence Campbell from 1 June 2014 for a period of three years, following a recommendation from the Nominations Committee.

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

Section 3 – Remuneration report

The Remuneration and Terms of Service Committee has delegated authority to:

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

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

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

* NB Jonathan Jones took a three-month unpaid sabbatical from June to August.

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

Alan Davis, Director of Human Resources and Workforce Development, provides advice and guidance to the Committee, and the Committee is provided with administrative support by the Integrated Governance Manager. During the year, the Committee sought advice from Capita on Executive Director remuneration to ensure fairness, openness and transparency in its consideration of the Trust's Executive Director remuneration. This did not include consideration of the Chief Executive's remuneration. The report enabled the Committee to ensure Executive Director salaries are fair as well as being sufficient to attract, retain and motivate Directors of the quality required to run the organisation successfully but to avoid paying more than is necessary. No other external support or advice was sought by the Committee during 2013/14.

Performance related pay scheme

The Committee agreed in 2010 that a Performance Related Pay (PRP) Scheme should form part of the remuneration arrangements for Directors. The purpose of the Scheme would be to recognise and reward both the collective accountability for corporate performance and individual performance exceeding that which could reasonably be expected from an experienced and competent director.

Historically, the Scheme has comprised two elements. Firstly, three gateway corporate objectives designed to link to the Trust's medium and short term strategic goals and, secondly, ten personal objectives for each director against which their individual performance is assessed. The overall maximum performance award for a Director is 10% of base salary with 5% available for gateway objectives and 5% for personal objectives.

The three gateway corporate objectives for 2013/14 link to the Trust's medium and short term strategic goals and provide the Committee with some discretion to determine achievement and levels of award.

The three elements of the gateway objectives are:

- effective financial management and planning (the Trust achieves a minimum Monitor financial risk rating of 3 or above);
- effective governance, maintaining compliance and service quality (achievement of a Monitor Governance Rating of green, achieving a positive Care Quality Commission Quality Risk Profile of green and/or neutral and maintaining the terms of the Trust's Licence); and
- service transformation, which should progress in line with timescales agreed by the Trust Board with a specific link to the integrated Business Plan.

The gateway award has three levels:

- level 1: achievement of all three Gateway Objectives would realise a performance award of 5% plus individual awards of up to 5%;
- level 2: achievement of two Gateway Objectives would realise a performance award of 2% plus individual awards of up to 5%; and
- level 3: achievement of less than two Gateway Objectives would realise a performance award of 0% and no individual awards.

Individual performance is assessed against ten personal objectives linked to the Trust's Corporate Objectives set by the Chief Executive. Although the individual objectives are linked to the corporate objective set by Trust Board, they also seek to promote and advance three key strategic goals:

- achieving excellence in service delivery;
- delivering the Trust's strategic goals; and
- sustainability.

Achievement will attract either 0.5% or 0.25% of base salary for each objective where performance is assessed as either 'outstanding' or 'exceeding' expectations respectively. A performance of 'satisfactory' or 'good' will attract no award. The Chief Executive's objectives have been agreed by and his performance will be assessed by the Chair.

Directors eligible for the 2013/14 performance related pay scheme are the Chief Executive, the Director of Finance/Deputy Chief Executive, the Director of Nursing, Clinical Governance and Safety, the Director of Human Resources and Workforce Development, the District Service Directors for Barnsley and Wakefield, and Calderdale, Kirklees and Specialist Services, and the Director of Corporate Development.

The Committee agreed that, if a new director joins the Trust part way through the year but before 1 October, they would be eligible to join the Scheme pro-rata to the number of completed months. Directors must have completed at least six months and remain employed by the Trust on 31 March 2014.

There are a number of control measures in place to ensure the Scheme continues to promote and reward performance that exceeds expectations or is outstanding. These are that :

- no director can receive total remuneration within a year that exceeds the maximum of the pay range for their post plus 10%;
- the total performance awards for all eligible directors cannot exceed 7.5% of the total eligible directors paybill where all three Gateway Objectives are achieved; and
- the total performance awards for all eligible directors cannot exceed 4.5% of the eligible directors' paybill where only two Gateway Objectives are met.

The Chief Executive informed Trust Board in March 2014 that only two gateway objectives had been achieved and, therefore, it was likely that the Committee would approve payments to Directors under the scheme. The two gateway objectives related to effective financial management and planning, and effective governance, maintaining compliance and service quality.

In May 2014, the Committee will consider a report from the Chief Executive on the outcome of his end-of-year reviews with Directors in relation to the ten personal objectives as well as a report from the Chair on the Chief Executive's performance.

In July 2014, the Committee will consider the Trust's approach to remuneration for the coming year, particularly in relation to the performance related pay scheme for Directors for 2014/15. It is likely that this will follow the format of the scheme in previous years linking payment to the achievement of corporate and individual objectives. The detail of the scheme and the performance measures will be agreed by the Committee.

Pay framework

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

It is the Trust's intention, supported by the Committee, to introduce a senior managers' local pay framework covering staff on Agenda for Change bands 8c and above, which would take them outside of national terms and conditions. The aim of the framework is to support the achievement of the Trust's objectives, attract, retain and motivate high calibre staff, link reward to performance and support delivery of high quality care, and ensure pay is fair, justifiable and meets equal pay principles. The approach will initially mirror national terms and conditions but without automatic incremental increases to provide sufficient time to review local terms and conditions and performance arrangements for senior managers outside of Agenda for Change.

During the year, the Committee approved nine business cases for termination of employment on the grounds of redundancy at a senior level. This reflects the Trust's policy to reduce management costs to protect front-line services, involving the streamlining of both support and operational services at senior management level and to introduce new management arrangements. The Committee also approved five applications at a senior level under the Mutually Agreed Resignation Scheme. 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; however, it is the view of the Chair that Non-Executive Directors should serve a maximum of six years except in exceptional circumstances. 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 8 to the accounts.

Apart from Non-Executive Directors who are appointed for a fixed-term, no other Directors of the Trust are appointed on fixed term contracts; therefore, there are no unexpired terms and contracts do not contain provision for early termination of a contract.

Leadership and management

During the year, supported by the Committee, the Chief Executive re-aligned the Business Delivery Unit (BDU) structure to reflect a better, more equitable balance in terms of strategic approach and relationship management at a strategic level. An operational deputy role was introduced for each BDU Director and a more consistent, flatter structure adopted across BDUs with the introduction of a triumvirate arrangement of clinical/medical lead, general manager and practice governance coach.

For support services, there has been a move to a more consistent and leaner structure with stronger succession arrangements and the appointment of deputies to enable Executive Directors to focus on the strategic aspects of their portfolios.

It is expected that these arrangements will be completed by the end of May 2014.

The Trust has also identified the need to develop home-grown leadership and management talent through effective leadership and development processes given the lack of suitable candidates externally, recognising talent where it emerges across the organisation. The Chief Executive established the Talent Pool early in 2013/14 and, to date, 125 staff have joined with individuals getting involved in projects and initiatives within the Trust outside of their current job roles. In the coming year, the Trust will begin to identify key roles where the Trust needs to grow individuals to fill posts internally and identify who these individuals are. The Committee supports the Chief Executive in both these developments.

The Chief Executive has also commissioned a review of the Quality Academy to assess support services and back office ability to support the transformation and what support will be needed in the future. A specification was completed in 2014 and the review should be complete by the end of May 2014.

Off payroll arrangements

The Trust is required to disclose the following information in relation to any off-payroll arrangements in place as at 31 March 2014 and any new arrangements entered into in 2013/14.

TABLE 1: For all off-payroll engagements as of 31 March 2014 for more than £220 per day and that last longer than six months	
Number of existing engagements as of 31 March 2014	11
Of which:	
- number that have existed for less than one year at the time of reporting	6
- number that have existed for between one and two years at the time of reporting	1
- number that have existed for between two and three years at the time of reporting	1
- number that have existed for between three and four years at the time of reporting	2
- number that have existed for four or more years at the time of reporting	1
Confirmation that all existing off-payroll engagements, outlined above, have, at some point, been subjected to a risk-based assessment as to whether assurance is required that the individual is paying the right amount of tax and, where necessary, that assurance has been sought.	Yes

TABLE 2: For all new off-payroll engagements or those that reached six months in duration between 1 April 2013 and 31 March 2014 for more than £220 per day and that last for longer than six months	
Number of new engagements or those that reached six months in duration between 1 April 2013 and 31 March 2014	6
Number of the above which include contractual clauses giving the Trust the right to request assurance in relation to income tax and National Insurance obligations	0
Number for whom assurance has been requested	6
Of which: - number for whom assurance has been received - number for whom assurance has not been received - number that have been terminated as a result of assurance not being received	 6 0 0

TABLE 3: For any off-payroll engagements of board members and/or senior officials with significant financial responsibility between 1 April 2013 and 31 March 2014	
Number of off-payroll engagements of board members and/or senior officials with significant financial responsibility during the financial year	1
For the above, details of the exceptional circumstances that led to each of these engagements and details of the length of time each of these exceptional circumstances lasted.	The off-payroll engagement relates to one of our Non-Executive Directors, who is a partner in an international law firm (Squire Sanders). They allow time for him to attend to fulfil his Non-Executive Director duties and the monies are paid direct to the Squire Sanders. The Non-Executive Director does not receive any direct payment and he is taxed through Squire Sanders' payroll system. This has been the case since his appointment on 1 June 2010. He was re-appointed for a further three years on 1 June 2013 so the arrangement will effectively end on 31 May 2016. Squire Sanders invoices the Trust for the remuneration. (It should be noted that Non-Executive Directors are not 'salaried'; they receive a remuneration for their work and are not employees of the Trust although, with this one exception, Non-Executive Directors are paid through the Trust's payroll.)
Number of individuals that have been deemed 'board members and/or senior officials with significant financial responsibility' during the financial year. This figure should include both off-payroll and on-payroll engagements.	17

Steven Michael
Chief Executive

38 Salary and Pension entitlements of senior managers

38.1 Remuneration

The Salary and Pension entitlements of senior managers are set by the 'Remuneration and Terms of Services Committee' which is a sub-committee of the Trust Board. The members of this committee in 2013/14 were: Ian Black (Chair of the Committee, Chair of the Trust), Jonathan Jones (Non-Executive Director of the Trust), Helen Wollaston (Non-Executive Director of the Trust), Steven Michael (Chief Executive) with Alan Davis (Director of Human Resources & Workforce Development) in attendance and Bernie Cherriman-Sykes who is committee secretary.

The Trust follows national guidance on pay and terms and conditions for Senior Managers and the contracts are substantive contracts with NHS termination arrangements.

Name and Title	31/03/2014						
	Salary (bands of £5000) £000	Taxable Benefits Rounded to 1 decimal place £000	Annual Performance related bonuses (bands of £5000) £000	Other Remuneration (bands of £5000) £000	Expenses Rounded to 1 decimal place £000	Pension - Related Benefits (bands of £5000) £000	Total (bands of £5000) £000
Ian Black, Chair	45 - 50				2.6		50 - 55
Bernard Fee, Non-Executive Director	10 - 15				0.8		10 - 15
Peter Aspinall, Non-Executive Director	15 - 20				1.1		15 - 20
Jonathan Jones, Non-Executive Director	10 - 15						10 - 15
Helen Wollaston , Non-Executive Director	15 - 20				0.2		15 - 20
Julie Fox, Non-Executive Director	10 - 15				1.7		10 - 15
Steven Peter Michael, Chief Executive	165 - 170	2.6	5 - 10		0.2	15 - 20	190 - 195
Nisreen Hanna Booya, Medical Director	30 - 35			80 - 85			110 - 115
Alan George Davis, Director of Human Resources and Workforce Development	95 - 100	2.9	0 - 5		0.2	5 - 10	110 - 115
Alexandra Farrell, Deputy Chief Executive/Director of Finance	110 - 115		0 - 5		2.3	5 - 10	125 - 130
Dawn Stephenson, Director of Corporate Development	90 - 95		0 - 5		0.7	(40 - 45)	55 - 60
Noreen Young, Director of Nursing, Compliance and Innovation (left 31/10/2012)							0
Timothy Breedon, Director of Nursing, Clinical Governance and Safety	95 - 100	0.8	0 - 5		0.4	5 - 10	105 - 110
Anna Basford, District Service Director, Calderdale and Kirklees (Left 04/07/13)	25 - 30	1.1	0 - 5		0.3		35 - 40
Adrian Berry, Director of Forensic Services	25 - 30	9.1		100 - 105			140 - 145
Sean Rayner, District Service Director, Barnsley and Wakefield	100 - 105		0 - 5			0 - 5	110 - 115
Karen Taylor, District Service Director, Calderdale, Kirklees and specialist services	95 - 100	0.5	0 - 5		1.1	(0 - 5)	100 - 105
Diane Smith, Interim Director of Service Innovation and Health Intelligence (Joined 09/01/14) (Secondment from NHS England)	10 - 15						10 - 15

Name and Title	31/03/2013						
	Salary (bands of £5000) £000	Taxable Benefits Rounded to 1 decimal place £000	Annual Performance related bonuses (bands of £5000) £000	Other Remuneration (bands of £5000) £000	Expenses Rounded to 1 decimal place £000	Pension - Related Benefits (bands of £5000) £000	Total (bands of £5000) £000
Ian Black, Chair	40 - 45				3.7		45 - 50
Bernard Fee, Non-Executive Director	10 - 15				1.5		10 - 15
Peter Aspinall, Non-Executive Director	15 - 20				1.1		15 - 20
Jonathan Jones, Non-Executive Director	10 - 15						10 - 15
Helen Wollaston , Non-Executive Director	15 - 20				1.4		15 - 20
Julie Fox, Non-Executive Director	10 - 15						10 - 15
Steven Peter Michael, Chief Executive	155 - 160	3.2			1.0	10 - 15	170 - 173
Nisreen Hanna Booya, Medical Director	25 - 30			85 - 90			110 - 115
Alan George Davis, Director of Human Resources and Workforce Development	95 - 100	2.8				10 - 15	110 - 115
Alexandra Farrell, Deputy Chief Executive/Director of Finance	110 - 115				1.6	10 - 15	125 - 130
Dawn Stephenson, Director of Corporate Development	120 - 125	0.6			1.4	10 - 15	135 - 140
Noreen Young, Director of Nursing, Compliance and Innovation (left 31/10/2012)	55 - 60			90 - 95	1.4		150 - 155
Timothy Breedon, Director of Nursing, Clinical Governance and Safety	90 - 95	2.7			0.4	10 - 15	105 - 110
Anna Basford, District Service Director, Calderdale and Kirklees (Left 04/07/13)	90 - 95	3.6			1.0	10 - 15	105 - 110
Adrian Berry, Director of Forensic Services	25 - 30	8.0		100 - 105		10 - 15	145 - 150
Sean Rayner, District Service Director, Barnsley and Wakefield	100 - 105				0.9	10 - 15	115 - 120
Karen Taylor, District Service Director, Calderdale, Kirklees and specialist services	100 - 105	0.1			1.1	15 - 20	114 - 115

	31/03/2014	31/03/2013
Band of Highest Paid Director's Total Remuneration (£000's)	190 - 195	190 - 195
Median Total Remuneration* £'s	27,463	27,346
Remuneration Ratio	7.0	7.0

The Remuneration Ratio is a comparison of the highest paid director and the median remuneration of all staff. (For 2012/13 the highest paid directors total remuneration is based upon the annualised, full time equivalent remuneration). The Median Total Remuneration and the Remuneration Ratio do not include the value of Pension Related Benefits in their calculation.

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

For 2013/14 the accounts include £20k accrual as an estimate for the award of PRP which related to 2013/14 performance. The PRP award will be proposed by the Chief Executive and will be approved by the Remuneration and Terms of Service Committee in 2014/15. This will be disclosed in detail in the earnings in the 2014/15 accounts.

The Annual Performance Related pay in 2013 / 2014, disclosed in the table above, relates to payments made in 2013 / 2014 for performance in 2012 / 2013 which was approved by the Remuneration and terms of service Committee in 2013 / 2014.

Other remuneration for 2013/14 relates to payment for substantive clinical posts held within the Trust.
Other remuneration for 2012/13 for Noreen Young includes £90k of termination benefit.

Expenses for 2013/14 are predominately the reimbursement of travel expenses.
The benefits in kind relate to child care vouchers, relocation expenses, cycle to work scheme, staff lease cars, NHS Phone Scheme or expenses paid in accordance with the Trust's Removal Expenses Policy (which includes provision of accommodation).

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

.....  .....Chief Executive.....23 May 2014.....Date

38.2 Pension Benefits

Name and title	Normal retirement age	Real increase/ (decrease) in pension and related lump sum at retirement age (bands of £5000) £000	Total accrued pension and related lump sum at retirement age at 31 March 2014 (bands of £5000) £000	Cash Equivalent Transfer Value at 31 March 2014 £000	Cash Equivalent Transfer Value at 31 March 2013 £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	60	15 - 20	240 - 245	1,124	997	105	0
Alan George Davis, Director of Human Resources and Workforce Development	60	5 - 10	165 - 170	831	763	52	0
Nisreen Hanna Booya, Medical Director *		-	-			-	0
Alexandra Farrell, Deputy Chief Executive/Director of Finance	60	5 - 10	125 - 130	597	544	40	0
Timothy Breedon, Director of Nursing, Clinical Governance and Safety	65	5 - 10	75 - 80	413	361	44	0
Anna Basford, District Service Director, Calderdale and Kirklees (Left 04/07/13)	60	0 - 5	75 - 80	335	307	21	0
Adrian Berry, Director of Forensic Services	55	0 - 5	190 - 195	824	904	80	0
Dawn Stephenson, Director of Corporate Development	60	(40 - 45)	150 - 155	739	903	(184)	0
Sean Rayner, District Service Director, Barnsley and Wakefield	60	0 - 5	140 - 145	639	593	33	0
Karen Taylor, District Service Director, Calderdale, Kirklees and specialist services	55	(0 - 5)	160 - 165	738	714	8	0
Diane Smith, Interim Director of Service Innovation and Health Intelligence (Joined 09/01/14) (secondment from NHS England)							

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

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

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

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

.....Chief Executive……23 May 2014…….....Date

Section 4 – Operating and Financial Review

Quality Review

Our commitment and approach to quality is at the very heart of what we do. Our Quality Accounts provide a review of our performance over the year as well as agreement on our priorities for the year ahead.

Our approach to quality is set out in our Quality Improvement Strategy, which uses the definition of 'Quality' as set out in the Darzi Report, High Quality Care for All (2008), with its three main elements of patient safety, clinical effectiveness and patient experience. The purpose of the Strategy is to ensure that we capture the essence of quality and translate this effectively by bringing together national policy, strategic direction and regulatory, financial and governance requirements with our stated imperative of providing safe, effective care for every person who accesses our services.

Our seven quality priorities have remained consistent over the past two years and underpin our Quality Strategy. Against each of our quality priorities, we set measures of success. These measures have been developed through wide consultation with staff, people who use our services, our Trust's Members' Council and partners. The measures are reviewed and refreshed each year to ensure we adapt to local and national intelligence, making sure we progress against our aim to improve and be outstanding.

Priority 1: Service users are central to what we do (Listen and act)
Priority 2: Timely access to services (Access)
Priority 3: Improve care and care planning (Care planning)
Priority 4: Improve recording and evaluation of care (Recording care)
Priority 5: Improve transfers of care by working in partnership across the care pathway (Care pathways)
Priority 6: Ensure that our staff are professionally, physically and mentally fit to undertake their duties (Fit and well to care)
Priority 7: Improve the safety of our service users, carers, staff and visitors (Safety)

Feedback on our quality priorities suggested that we review priorities 3 and 4. The suggestion is that evaluation of care is part of providing care and should be included in quality priority 3. It was also suggested that data quality should be added to clinical record keeping as these are both important for clinical care provision. We have reviewed this feedback and taken the following action.

Quality priority 3: Improve care (care, care planning and evaluation)
Quality priority 4: Improve record keeping and data quality (recording care)

Quality Improvement Framework

Our quality priorities do not stand-alone; they are interconnected. We choose to describe them in this format to make them understandable for our staff and people who use our services. Our quality priorities support the elements of safe, effective care that provides a positive experience. The Trust adopted a Quality Improvement Framework in 2013/14 based on the work of the National Quality Board. It is made up of seven domains and is used by the Trust and our Board to provide assurance on and reporting against the quality of our services.

1. **Bringing Clarity to Quality** – There must be a clear and accepted definition of quality that is understood and owned by people who use services and their carers,

staff and commissioners. Assurance is derived from service offer documents, InPac definitions and outcome development.

2. **Measuring Quality** – Robust timely and relevant information must be available at all levels of the delivery system in order to demonstrate improvement. Assurance is derived from service line and BDU reporting, and the performance dashboard.
3. **Publishing Quality** – By publishing accessible information about quality performance, we increase accountability and empower people. Examples include the 'What Matters' report, the Members' Council performance report and the Trust's Excellence Awards.
4. **Partnerships for Quality** – The Trust works with others to support people. Examples include integrated community mental health teams, Spectrum partnerships and the Change Lab.
5. **Leadership for Quality** – Leadership is required at all levels to ensure focus on quality and appropriate system incentives. There is a specific role for clinical, managerial and professional leadership. Examples include professional leadership networks and managerial/clinical partnerships as our approach to service line management.
6. **Innovation for Quality** – continuous improvement requires the Trust to be alert and to seek out opportunities for innovation. This is demonstrated by our approach to developing alternative capacity to provide support for service users and their carers through such initiatives as Creative Minds and Altogether Better.
7. **Safeguarding Quality** – It is vital that the Trust ensures essential standards of safety and quality are maintained. Embedding quality in the delivery system will ensure that this happens and is monitored through robust performance reporting, unannounced visits to services, the 15-Steps challenge and the quality priority monitoring regime.

Quality Improvement Action Plan

The Quality Improvement Strategy will be implemented through a Quality Improvement Action Plan (2014/17). The plan has been developed by reviewing national and local intelligence and includes:

- workstreams associated with the quality priorities agreed by Trust Board following consultation;
- strategic quality actions identified through the external environment, such as the Francis Report and the Government's response, 'Hard Truths', the Care Quality Commission's forward strategy, and revised commissioning and quality surveillance requirements;
- actions from patient, carer and public engagement and experience feedback;
- CQUIN schemes agreed with commissioners;
- Monitor Risk Assessment Framework;
- quality improvement issues identified through clinical audit, incident analysis, external and internal inspections and visits.

Monitoring of the Quality Improvement Action Plan will be undertaken by the Clinical Governance and Clinical Safety Committee.

Our quality priorities – summary of performance in 2013/14

Throughout 2013/14, we have undertaken activity against each of the quality priorities and have reported to our Board on a quarterly basis. A summary of our progress can be found below and further detail is provided in the full Quality Accounts for 2013/14.

Quality priorities	Progress made in 2013-14 (position at quarter 4 / month 12)	Will we continue this priority in 2014-15?
Listen and act	Green	✓
Access to services	Amber	✓
Care and care planning	Amber	✓
Recording care	Amber	✓
Care pathways	Green	✓
Fit and well to care	Amber	✓
Safety	Green	✓

Code:
Green: we are meeting our goals **Green/Amber: we are achieving 75%+ of our goals.**
Amber: we are meeting 65%+ of our goals **Red: we are not achieving our goals;**

We have used a Red/Amber/Green (RAG) rating to grade our progress against the quality priorities. These ratings are based on our performance against our key performance indicators that identified in 2013/14.
In 2013/14, we set ourselves challenging goals to achieve, which were a stretch on 2012/13 goals. Performance in our quality priorities has improved or has been maintained. A fuller explanation of our performance can be found in Part 3 of our Quality Accounts (under 'Our performance in 2013/14').

Quality Risks

Throughout 2013/14, we have evidence of significant improvements made to the quality of care we provide. External and internal inspections, reviews and visits to our clinical services, patient and carer feedback and key performance data have provided us with a range of information, both positive and negative. Areas of ongoing concern for prioritised focus in 2014/15 are:

1. access to services (routine access in mental health services);
2. care planning; and
3. record keeping and data quality.

We will continue to prioritise these areas to ensure we reduce any unnecessary harm and improve the experience of all those who require care from our services.

Quality governance arrangements

The Trust has robust quality governance arrangements in place and our approach to quality reinforces the commitment to quality care that is safe, person-centred, efficient and effective. Our approach specifies the responsibilities held by individuals, business delivery units, the Executive Management Team and Trust Board, co-ordinated by the Quality Academy. The Clinical Governance and Clinical Safety Committee is the lead committee for quality governance. Trust Board and the Executive Management Team receive quarterly quality performance reports as well as monthly compliance reporting against quality indicators. We monitor performance against Care Quality Commission regulations through a quarterly self-

assessment. External validation, accreditation, assessment and quality schemes support self-assessment (for example, accreditation of areas of Trust services, Care Quality Commission Mental Health Act visits, achievement of level 1 NHS litigation authority risk management standards NHSLARMS status, and implementation of Essence of Care and Productive Ward). Measures are implemented and maintained to ensure practice and services are reviewed and improvements identified and delivered, such as the Trust's prioritised clinical audit and practice evaluation programme.

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

- Systematising the collection of service user and care feedback through kiosks and hand held tablets, with a consistent approach to action planning and communication of the response to feedback, including assessment against the Department of Health's Friends and Family Test.
- Development of 'What Matters' linked to the Trust's seven quality priorities.
- Review and implementation of a pilot exercise for the '15 Steps Challenge' in Barnsley during 2013 involving service users and carers, and stakeholders, including staff.
- Production of 'How was it for you today' working with service users and staff toolkit to receive service user carer feedback of their experience in out-patient clinics.

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

Following successful accreditation against the Customer Service Excellence standard in the Forensic Business Delivery Unit and Corporate Development Directorate during 2012, the whole Trust was awarded the standard in July 2013, the first Trust in Yorkshire and the Humber to be recognised and the third in the country.

Our response to the Francis Report

The Trust took the Francis Report findings extremely seriously and, whilst not in any way being complacent about risks within its own systems, took a pragmatic approach to the integration of the findings, working to enhance, not reinvent, governance processes. The response was, therefore, an appropriately measured one and, wherever possible, proposed action were integrated with existing and planned organisational processes.

The Trust also considered carefully the recommendations from the Government's initial response 'Patients first and foremost' (published April 2013) and its full response, 'Hard Truths – the journey to putting the patients first' published in November 2013. Key actions taken during 2013 were as follows.

- Specialist leads undertook an assurance review and gap analysis, which was completed in May 2013.
- An organisational assurance level was agreed in respect of each key action area.
- Recommendations were placed with relevant groups within the Trust to ensure appropriate action was taken.
- The Trust established a Director-level 'Francis into Action' Steering Group to provide direction and oversight for the organisational response and ensure regular progress reporting to Trust Board.
- Reporting into the steering group is a 'Francis into Action' task-group which holds responsibility for the collation and monitoring of the organisational action plan.

- Focused reviews take place at both the Executive Management Team and Trust Board.
- There has been a facilitated discussion at Members' Council about the role and responsibilities of governors.
- In addition, the Trust is in the process of ensuring it meets safe staffing requirements and have taken action to respond to 'a duty of candour'.

Regulatory Compliance

The Trust ensures it complies with the requirements of its Regulators 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 compliance with its Licence. Including provision of commissioner requested services;
- NHS Constitution;
- ongoing registration with the Care Quality Commission.

During 2013/14, there have been three visits by the Care Quality Commission as part of its role as independent regulator of health and social care services.

- The Trust has two compliance actions from the inspection visit to the Fieldhead site in July 2013. Locations visited were Trinity 2, Newton Lodge and Bretton. The CQC found that overall patients were receiving a good level of service; however, there were some concerns regarding the design and layout of some of the hospital's seclusion rooms and the general décor and environment of Hepworth ward (within Newton Lodge). The CQC also identified some concern regarding how some patients' seclusions had been reviewed and continued. A detailed action plan has been submitted to address the compliance issues, which will be fully completed by June 2014.
- The CQC identified the three Dales wards (Elmdale, Beechdale and Ashdale) as compliant in respect of all standards inspected.
- The CQC made an inspection visit to Fox View in January 2014 where the outcomes inspected were 4 (care/welfare), 6 (co-operating with other providers), 7 (safeguarding), 13 (staffing), and 21 (records). A report on this visit had still not been received at the time this report was produced.

Following investigation of whistleblowing concerns received by the CQC, the CQC requested information from the Trust on its approach to bed management and also met with the Chief Executive to discuss the matter. A written response was received on 19 August 2013 thanking the Trust for the constructive discussion and the honest and genuine attempts made to resolve the issue. No formal regulatory action is to be taken although the CQC continues to monitor the situation.

Mental Health Act visits occur regularly and following each visit an action plan is submitted to the Care Quality Commission to address any issues raised. These action plans are monitored by the Mental Health Act Committee.

Local actions have also been implemented in relation to any identified concerns arising out of the Trust's own unannounced visit programme, involving the Board and Members' Council.

Performance in terms of Monitor's governance and financial risk ratings during 2013/14 is as follows.

	Annual plan 2013/14	Q1 2013/14	Q2 2013/14	Q3 2013/14	Q4 2013/14
Under the Compliance Framework					
Financial risk rating	Green	Green	Green		
Governance risk rating	Green	Green	Green		
Under the Risk Assessment Framework					
Continuity of service rating				Green	Green
Governance rating				Green	Green
	Annual plan 2012/13	**Q1 2012/13**	**Q2 2012/13**	**Q3 2012/13**	**Q4 2012/13**
Financial risk rating	Green	Green	Green	Green	Green
Governance risk rating *	Green	Amber/Green	Green	Green	Green

* NB The Trust indicated in its annual plan for 2012/13 that it would achieve a governance rating of amber/green in Q1 of 2012/13.

There were no formal interventions in 2013/14.

Performance review and analysis of key performance indicators

Trust Board identified a number of key performance indicators for 2013/14 relating 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 2014.

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)	4	4
CQC	CQC quality regulations (compliance breach)	Green	2
CQUIN	CQUIN Barnsley	Green	Amber/Green
	CQUIN Calderdale	Green	Amber/Green
	CQUIN Kirklees	Green	Amber/Green
	CQUIN Wakefield	Green	Amber/Green
	CQUIN Forensic	Green	Amber/Green
IAPT	IAPT Kirklees % who 'moved to recovery'	52%	45%
Infection prevention	Infection prevention (MRSA and C Diff cases)	0	0
C-Diff	C-Diff preventable cases	0	0
PSA outcomes	% service users on CPA in employment	10%	7.5%
	% of service users in settled accommodation	60%	69.6%

Customer focus			
	KPI	**Target**	**Month 12 position**
Complaints	% complaints with staff attitude as an issue	<30%	17% 10/49
MAV	Physical violence – against patient by patient	19-25	Within ER
	Physical violence – against staff by patient	51-65	Within ER
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%	81%
Members' Council	% of publicly elected governors actively engaged in Trust activity	>50%	47%
	% of quorate council meetings	100%	100%
Membership	% of population served recruited as members of the Trust	1%	1%
	% of 'active' members engaged in Trust initiatives	>50%	40%

Customer focus			
Befriending services	% of service users allocated befriender within 16 weeks	>70%	75%
	% 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%

Operational effectiveness: process effectiveness			
	KPI	**Target**	**Month 12 position**
Inpatients/ community	Delayed transfers of care (DToC) (Monitor)	< = 7.5%	2.6%
	% admissions gatekept by Crisis teams (Monitor)	95%	100%
	% SU on CPA followed up within 7 days of a discharge (Monitor)	95%	96.9%
	% SU on CPA having formal review within 12 months (Monitor)	95%	98.5%
Breastfeeding	Prevalence of children breastfed at 6-8 weeks (Barnsley)	31.5%	29.46%
Data quality	Data completeness: community services (Monitor)	50%	82.7%
	Data completeness: identifiers (mental health) (Monitor)	97%	99.3%
	Data completeness: outcomes for patients on CPA (Monitor)	50%	82.7%
Mental health PbR	% of eligible cases assigned a cluster	100%	95.1%
	% of eligible cases assigned a cluster within the previous 12 months	100%	79.9%
	% inpatients (all discharged clients) with valid diagnosis code	99%	93.5%

Fit for the future: workforce			
	KPI	**Target**	**Month 12 position**
Appraisal	% of staff who have had an appraisal in the last 12 months	> = 90%	92.3%
Sickness	Sickness absence rate (YTD)	< = 4%	4.7%
Vacancy	Vacancy rate	10%	4.3%
Safeguarding	Adult safeguarding training	80%	71.6%
Fire	Fire attendance	>=80%	76.84%
Info Governance	Information Governance training	95%	96.54%

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.

Section 5 – Our staff

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

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

The table below shows the staff in post by the different occupation groups as at 31 March 2014.

Staff in post by occupation group	2013/14 FTE	2013/14 Heads
Add professional, scientific and technical	229.30	284
Additional clinical services	950.31	1,117
Administration and clerical	828.01	995
Allied health professions	267.19	320
Estates and ancillary	290.11	380
Medical and dental	161.22	182
Nursing and midwifery registered	1,392.15	1,556
Students	8.90	10
Total	**4,127.20**	**4,846**

NB it should be noted that these figures will differ from those reported on page 19 of the accounts. The above figures are at a point in time (31 March 2014) and those in the accounts represent an average over the financial year. It is also worth noting that, during the year, the Trust has taken on a number of new contracts that have resulted in an additional 76.79 whole time equivalents (WTE) being employed. The contracts are in relation to:

- Children's and adolescents' mental health services (CAMHS) (47.31 WTE);
- Rapid Assessment Interface and Discharge (RAID) (17.59 WTE);
- health visitors (7.09 WTE); and
- assessment and treatment services (4.8 WTE).

Equality and diversity			Staff as at 31.03.14
Age Band	Females	Males	Total
19 and Under	1	3	4
20 - 24	113	30	143
25 - 29	315	74	389
30 - 34	418	88	506
35 - 39	399	143	542
40 - 44	519	158	677
45 - 49	609	196	805
50 - 54	668	196	864
55 - 59	451	115	566
60 - 64	191	59	250
65 - 69	60	22	82
70+	11	7	18
Total:	**3,755**	**1,091**	**4,846**

Census Group	Grand Total
Asian	3.65%
Black	1.90%
Chinese or Other	0.92%
Mixed	0.79%
White	92.74%
Grand Total	**100.00%**

The staff turnover rate for the Trust for 2013/14 was 8.5%, which is within the target range of 5 to 10%. Trust Board set a target sickness absence rate of 4% for 2013/14; the end of year rate was 4.7%. Staff sickness data as required by the Cabinet Office will be published on the Trust's website.

Statement of approach to staff engagement and feedback arrangements in place and key priorities and targets.

The Trust recognises that well-being and engagement of staff is a key factor in improving organisational performance and delivering high quality services. The overall level of staff engagement reported in the 2013 staff survey results was better than average compared with Trusts of a similar type.

The Trust has worked on a number of initiatives to promote employee engagement and develop the workforce in the last twelve months, including the following.

- Reviewing its approach to recruitment, induction, appraisal and leadership development to ensure the Trust's values are at the centre of these key workforce processes.
- Work is ongoing to ensure all recruitment activity incorporates the values of the Trust. Assessment centres have been delivered for Band 5 staff nurse vacancies and Band 3 support worker posts where multiple vacancies exist. Recruitment for senior leadership posts has incorporated the Trust's values within an assessment centre approach.
- The Trust has been developing a values-based Induction Policy working closely with staff side colleagues.
- The Trust has undertaken an evaluation and revised the value-based appraisal process.
- The Trust has established a Head of Management and Leadership Development post to support leadership development and develop a values-based approach to leadership competencies to reflect the new challenges ahead.
- The Trust held its annual celebration of positive practice event, 'Excellence 13'. The event recognised the Trust's continued success in delivering high quality services by committed and dedicated staff and offered the chance to share good practice across districts. There was an excellent response to the awards scheme from across all services and geographical localities. Judges included service users and carers, Trust staff (from clinical and non-clinical services), Members' Council representatives, non-executive directors and external partners from our local health economy.
- The Trust continued to promote and support leadership training and development and implement its talent pool initiative with over 100 members of staff participating. The talent pool is designed to harness the abilities of staff at all levels to support both personal and organisational development.
- The Trust is undertaking a 'Transformation of the Support Worker Workforce' project in partnership with Skills for Health and further developing its apprenticeship scheme.
- The 'Well-being at Work' Partnership Group continued to be active and is made up of senior managers, clinical staff and staff side representatives to develop the well-being agenda. The Trust continued to receive regular feedback from staff and the latest results to the Trust's wellbeing at work survey received in February 2014 indicate an improvement in the six 'essentials' of employee wellbeing.

- A stress management pathway has been developed to support staff and line managers to effectively manage work related and personal stress.
- The Trust achieved Investors in People (IiP) re-accreditation in June 2012, is seeking to maintain accreditation and is also working towards Gold status.

Staff survey

The annual national NHS staff survey, which aims to improve the working experience in the NHS, was carried out in October 2013. The survey was sent to a randomly selected sample of 850 Trust staff. The response rate was 50%, which is average compared with similar NHS organisations. The survey results are presented across 28 key findings.

The Trust's results were in the best 20% in the following key findings.

- % recommending the Trust as a place to work or receive treatment.
- % feeling satisfied with the quality of work and patient care they are able to deliver.
- Extent of work pressure felt by staff.
- % staff working extra hours.
- % appraised in the last twelve months.
- % experiencing discrimination at work in the last twelve months.

Response rate

2012		2013		Trust position
Trust	**National Average**	**Trust**	**National Average**	
53%	51%	50%	50%	Average

Top 5 ranking scores

	2012		2013		Trust position
Top four ranking scores	**Trust**	**National average**	**Trust**	**National average**	
Percentage of staff feeling satisfied with the quality of work and patient care they are able to deliver	79%	78%	82%	77%	Best 20%
% Experiencing discrimination at work in the last 12 months	15%	13%	8%	13%	Best 20%
% of staff appraised in the last 12 months	90%	87%	96%	87%	Best 20%
% of staff working extra hours	56%	65%	65%	71%	Best 20%
Work pressure felt by staff	2.92 scale score	3.02	2.93	3.07	Best 20%

There were four key findings where the Trust's results were in the worst 20%.

- staff receiving equality and diversity training.
- % staff receiving health and safety training in the last twelve months.
- support from immediate managers.
- % reporting errors, near misses or incidents witnessed in the last month.

Bottom 5 ranking scores

	2012		2013		Trust position
Worse four ranking scores	**Trust**	**National average**	**Trust**	**National Average**	
Staff receiving equality and	39%	59%	48%	67%	Worst 20%

	2012		2013		Trust position
Worse four ranking scores	**Trust**	**National average**	**Trust**	**National Average**	
diversity training					
% staff receiving health and safety training in the last 12 months	59%	73%	57%	75%	Worst 20%
Support from immediate managers	3.73 scale score	3.77	3.73	3.82	Worst 20%
% of staff reporting errors, near misses or incidents witnessed in the last month	95%	93%	87%	92%	Worst 20%
% reporting good communication between senior management and staff	31%	30%	27%	31%	Worse than average

Changes in the results since 2012

The Trust's results improved in the following areas.

- % staff appraised.
- % having equality and diversity training in the last twelve months.
- % experiencing discrimination in the last twelve months.

The Trust results have worsened in the following area.

- % staff reporting errors, near misses or incidents witnessed in the last month.

Actions 2013 NHS Staff Survey

The Trust is developing an action plan in response to the NHS Staff Survey 2013, which will be overseen by the Wellbeing at Work Partnership Group. The group will also monitor progress in delivery of the action plan.

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

Health and Safety training

The Health and Safety Team are delivering a range of courses and, in addition to the mandatory/core training days, have visited individual teams and services to deliver on-site sessions. There were 6,898 episodes of health and safety-related training delivered during 2013/14; this is a 4% increase since the previous year. The Trust's Extended Management Team and Business Delivery Units will be discussing with their teams the importance of ensuring all staff are appropriately trained. Local training days will be held enabling staff to be released from their duties and to attend training.

Equality and Diversity training

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

Support from immediate managers

The Trust is committed to ensuring all staff receive appropriate support and guidance throughout their employment, and has a number of employment policies and supporting

frameworks which emphasise this approach. The Trust has established a Head of Leadership and Management Development post. The Trust will develop, implement and evaluate a leadership framework based on the NHS Leadership Academy Healthcare Leadership Model and on locally-developed Trust leadership competencies. Other supporting initiatives will also emphasise the need for staff support such as employment policies, Well-being at Work Partnership activities and the Investors in People framework.

Reporting of errors, near misses and incidents

The Trust is reviewing levels of incident reporting. The quarterly reviews during 2013/14 do not demonstrate there has been a reduction in incident reporting. The number of incidents reported during the 2013/14 year is within 25 of the previous year and, given that the Trust reports almost 10,000 incidents, this does not highlight a concern. Current workstreams include staff being trained on captivate software and guidance to support reporting of incidents. Training around incident reporting is provided at induction, including medical staff induction. Training provision will also be reviewed.

There were also some areas where the Trust was slightly below average compared to other similar NHS organisations and these areas will also be reviewed by the relevant Trust working groups.

Scores below the national average were:

- KF6. % receiving job relevant training, learning or development in the last 12 months, 81%, national average 82%;
- KF13. % witnessing potentially harmful errors, near misses or incidents in the last 12 months, 40%, national average 43%;
- KF21. % reporting good communication between senior management and staff 27%, national average 31%;
- KF25. Staff motivation at work 3.66 scale score, 3.67 national average.

Other local surveys/related workforce initiatives

The NHS Staff Survey results will be reviewed alongside the Trust's Wellbeing at Work survey results, which have recently been received in February 2014. The Wellbeing at Work survey has been administered in partnership with Robertson Cooper, Occupational Psychologists. Wellbeing at work surveys were also undertaken in 2009, 2011 and 2013 and, therefore, progress can be reviewed across a five year period. In addition, the NHS Staff Survey results will also be used by the Trust towards its commitment to achieve gold standard Investors in People accreditation during 2014/15 following re-accreditation in 2012.

Section 6 – Our 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 2013/14 and under a direction issued by Monitor under the National Health Service Act 2006. The Trust has also complied with the cost allocation and charging guidance issued by HM Treasury.

This is the first year in which the Trust has prepared Group accounts. This means that the Trust's charitable funds are included for the first time as part of the Group accounts.

There has been one significant transaction during the financial year 2013/14 in relation to Trust Board approval of the transfer of estate and buildings from NHS Barnsley to the Trust on 1 April 2013. The assets transferred are those which relate to the provision of community and mental health services in Barnsley. A review was undertaken by Monitor of the transaction, which supported Trust Board's decision.

Overview of Financial Performance 2013/14

- The Trust had an annual turnover of £235.4 million for 2013/14 and an overall surplus of £3.75 million (1.6%) for the year.

- Of the total income, 83% is generated by healthcare contracts with local Health commissioners (Clinical Commissioning Groups (CCGs) in Barnsley, Calderdale, Greater Huddersfield, North Kirklees and Wakefield and 10% is with local authorities. The majority of contract income is commissioned as a fixed payment; however, 2.5% (£4.70 million planned for 2013/14) is based on the achievement of key quality indicators. The Trust achieved 88% of the performance indicators.

- These results met the requirements of the Annual Plan.

- The financial performance is scored by the regulator Monitor using the Continuity of Service Risk Rating. The score in the Annual Plan was 4; the score achieved was 4. The maximum score achievable is 4 and is planned to be 4 going forwards.

- The Trust achieved a savings target of £8.40 million during the year. This position includes a shortfall of £1.80 million against the original savings programme, which was offset by £1.50 million met through replacement schemes.

- The capital budget for the year was £8.99 million. The actual expenditure was £8.77 million which is a £0.22 million (2.5%) variance. In December 2013, a revised capital expenditure profile was agreed and shared with Monitor. The overall total of the capital programme remained unchanged.

- This programme delivered a number of notable schemes, including commencement of work on the Fieldhead site to ensure its infrastructure can support future service developments, the start of improvements to in-patient areas, continued work to improve estate to support the Trust's medium secure services and the purchase of Laura Mitchell House in Halifax to create a community hub for Trust services in Calderdale.

- The Trust planned and maintained a healthy cash balance throughout the year with a balance of £33 million as at 31 March 2014. These cash funds have been built up over

time to fund the future investment in estates and technology which are vital to the continued provision of sustainable services.

- During 2013/14, the Trust has undertaken a review of the Purchase to Pay process, which included a review conducted by Internal Audit. As part of this review, the Trust accounting system (Agresso) has been updated and procedures and processes assessed. A consequence of the review has been an impact on the performance of the Better Payment Practice Code for NHS Trusts. Overall, the Trust has paid 95% of valid invoices within 30 days for non-NHS invoices and paid 92% on NHS invoices within 30 days. The Trust also paid 75% of local suppliers within ten days. Whilst performance against these metrics has been better than previously forecast, the team continues to identify problem areas and ensure that they are appropriately addressed.

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

Income & Expenditure Performance for 2013/14		
	2013/14	**2012/13**
	£,000	£,000
Income from Activities	220,093	219,300
Other Operating Income	15,353	13,146
Total Income	235,446	232,446
LESS		
Operating Expenses	(230,253)	(224,981)
Interest Received	88	374
Public Dividend	(1,529)	(1,538)
Asset Impairment *	(2,833)	(256)
Surplus	3,752	6,045

* NB included in operating expenses in the full accounts and labelled 'movement of fair value of investment property and other investments'.

Evidence of Good Practice in Financial Management

Treasury Management

As a Foundation Trust, the Trust is able to generate income by investing cash.

As a result of national changes to the calculation of Public Dividend Capital (PDC), the Trust has not sought external investment of cash and has, instead, taken the decision to maintain all cash balances within the Government Banking Service (GBS). As a result, this has secured the best possible financial result for the Trust with savings in PDC being greater than interest that could have been secured from elsewhere. The positive cash position has facilitated this position.

The Trust manages its working capital balances making payments on due dates in line with the NHS Better Payment Practice Code.

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

The Trust had 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. Following Trust discussions arising partly from changes in the calculation of the Financial Risk Rating, and the long-term financial plan indicating the Trust has sufficient cash to fund all its outgoings without using this facility, this facility has ceased. 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 2013/14. The accounting policies were updated for any changes in national guidance. There were no significant changes which impacted on the Trust's reporting requirements or disclosure in the 2013/14 accounts.

Valuation of Assets

In line with the Trust's Accounting Policies, a periodic review of all Trust estate has been conducted in 2013/14. This involved a full physical assessment of all estate and represents the first time that the Trust valuation methodology (Modern Equivalent Assets) was applied to Barnsley estates that transferred to the Trust on 1 April 2013. In doing so, the appropriate impairments (re-valuation impact both positive and negative) have been reflected within the Trust's accounts.

Recording of Investment Property

Estate which the Trust Board has declared surplus to requirements is recorded as investment property under IFRS and its value is updated annually to the current market value. As at 31 March 2014, these assets are Aberford Field, Southmoor and Hyde Park.

Pension Liabilities

The accounting policy for pensions and other retirement benefits are set out in Note 8 to the Accounts and the details of senior employees' remuneration can be found in Note 38 (the remuneration report) as well as in the Remuneration Report section of the annual report.

Auditors' Remuneration

Audit fees were £65,000. This covers both the annual accounts and Quality Accounts. The fee for independent examination of the charitable fund was £2,000. A further £94,000 was expended for additional work involving professional advice on the evaluation of the Trust's tender for outsourcing of technology services.

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 its audit and, in addition, that they have taken all steps required to ensure their Directors' duties are exercised with reasonable care, skill and diligence.

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

Going concern

The Trust prepares an annual plan each year, which is approved by Trust Board and submitted to Monitor for review. For 2014/15, the detailed operational plan covered a two-year time scale from 2014/15 to 2015/16. A further three-year strategic plan is currently being prepared. As part of the plan preparation and approval process, the Trust Board has considered, in detail, the Trust's position, reviewing the financial viability of the organisation

in the challenging economic climate. On the basis of this review, the Trust continues to adopt the Going Concern basis in preparing the accounts.

Non-NHS income disclosures

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

Key Financial Issues for the Future

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

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

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. The Trust's partnerships include Clinical Commissioning Groups, local authorities and other NHS and non-NHS providers, including social enterprises.

The Trust has developed an internal transformation programme with key workstreams in mental health, forensic services, learning disability and community and wellbeing services. The aim of the Transformation Programme is to improve outcomes, deliver improved services and achieve best use of resources.

In 2014/15, our overall cost improvement requirement is £12.9 million and, in 2015/16, it is £11.8 million. To reduce recurrent expenditure to meet this requirement, we will have both a cost improvement programme and a transformation programme.

In 2014/15, £500,000 of the overall cost improvement programme will be met through the transformation programme, and in 2015/16 at least £4.85 million (41%) will be achieved through transformation. The main projects contributing to this are:

- transformation of dementia/memory assessment;
- transformation of mental health rehabilitation and recovery;
- transformation of adult acute and community mental health;
- transformation of general community services (physical health);
- transformation of learning disabilities; and
- transformation of forensic services.

The Estates Strategy approved by the Trust Board remains the strategic framework for the capital plan in the coming year and specifically focuses on:

- development of community infrastructure;
- development of in-patient estate linked to acute care pathway;
- ensuring compliance with national standards and the requirements of our regulators; and
- disposal of surplus estate.

The capital programme is aligned to the Trust's long-term financial plan and provides for capital expenditure of £11.8 million in 2014/15 and £7.4 million in 2015/16. All new capital developments will be designed to support service transformation and will be based on agile working principles supported by greater use of information management and technology.

Section 7 – Other disclosures

Patient experience and customer services

Throughout 2013/14, the Trust placed increased emphasis on gaining insight into people's experience of using services to influence how services are organised and new services are planned. The Trust's Customer Services Policy was revised to ensure it reflected the recommendations arising from the Francis Report, the Government's response (Hard Truths), the Patients Association report on NHS complaints, the Rt. Hon. Ann Clwyd's review of NHS complaints management and the Parliamentary and Health Service Ombudsman's evolving stance on redress.

The Policy approved by Trust Board in December 2013 includes revised reporting arrangements for complaints to include formal quarterly reporting to Trust Board. Quarterly reports are also shared with the Extended Executive Management Team, externally with commissioners as part of the contracting process, and with HealthWatch across our geographical locations. Monthly reporting on complaints regarding staff attitude continues as part of the Trust's performance reporting.

In 2013/14, the Trust received 338 formal complaints, 171 concerns, 137 comments, 762 compliments and 907 general enquiries.

Examples of changes to practice in response to feedback include the following.

- The Kirklees Children's and Adolescents' Mental Health Service is currently reviewing staff attendance at child and family meetings to ensure full participation.
- The Kirklees Improving Access to Psychological Therapies service has improved signposting to appropriate services to best suit the needs of individual service users.
- The Barnsley district nursing service has implemented new procedures to ensure family members/carers are provided with updates and action plans where appropriate.
- The Barnsley continence service now ensures all service user manual records are checked against electronic records to ensure consistency.
- A Kirklees in-patient ward will ensure full explanations are provided to service users, family members and carers regarding bed management and out-of-area placements.
- A Barnsley community mental health team is working collaboratively to ensure effective joint crisis contingency plans are in place.
- An in-patient ward in Wakefield has reviewed the process for communicating with service users about the ward environment.
- Staff in a Calderdale community mental health team have introduced further checks on service user information and consent status prior to sharing information with any third party.
- Wakefield in-patient service is reviewing the process of admission for staff or former staff to take account of preferences for 'out-of-area' care.
- People who work in voluntary roles have been provided with additional information regarding the need to be mindful of confidentiality of people using our services in all settings.
- Staff in a Kirklees community mental health team now liaise with care home managers to ensure that care plans are always shared with hospital ward staff or accident and emergency staff (as is the procedure on transfer from a mental health ward to an acute hospital).

Sustainability

In 2013/14, the Trust maintained its commitment to social responsibility, including the introduction of measures to reduce or offset its environmental impact, including carbon

reduction. Our ambitions in regards to being a sustainable organisation are being progressed through a range of programmes, including:

- a community venues directory for the use of accessible venues with any hire costs paid into local community funds rather than to commercial and private venues;
- a sustainable procurement strategy, detailing sustainable procurement practices to make the best use of resources, taking into account the environment and social factors of purchasing decisions;
- a reduction in carbon emissions by 15% against a target of 18% by 2017 through upgrades to building management systems and increased use of energy efficient lighting, which means that the Trust is well on its way to achieving the targets set out in its carbon management plan;
- introduction of new recycling procedures in 2012/13, including separating waste into special bins for recycling and using waste that is unsuitable for usual forms of recycling to generate electricity and/or heat (68% of general waste produced by the Trust is now being recycled with the remaining 32% being used as fuel).

The Trust actively engages staff in the sustainability agenda, including producing a film to promote good practice and encouraging individuals to take responsibility to act in a more sustainable way in the course of their work.

Equality and Inclusion

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

Over the past twelve months, we have been updating our strategies and policies to take into account the amendments to the Equality Act and the Department of Health's new Equality Delivery System2 (EDS2). We have chosen four equality objectives for the coming year and are developing corresponding action plans to achieve the objectives. 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. We have recently achieved gold standard for Rainbow Tick, which is an independent assessment to determine how friendly and assessable the organisation is to the lesbian, gay, bisexual and transsexual service users. This also comes with an action plan to look at areas to improve.

To be diversity competent, we need to:

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

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

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

Research and development

R&D Performance is measured using a number of targets regionally from the research network, nationally from the National Institute for Health Research (NIHR) and Trust local indicators. These are outlined below.

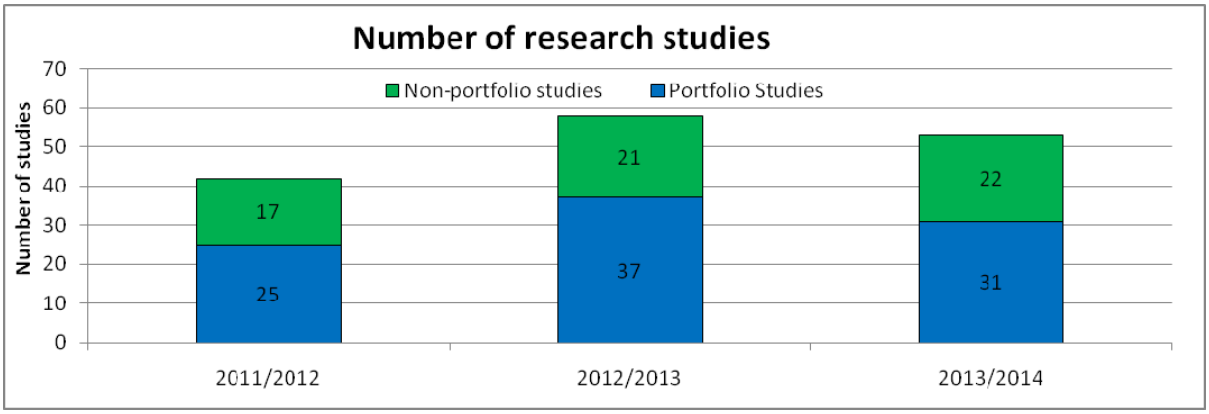
1. Timely approval of research

Target: From the receipt of a valid research application, the median number of calendar days to issuing the NHS permission letter should be no more than 30. We have achieved this target with 100% of portfolio studies receiving an approval letter within 30 days, which gives a green status for NHS permission and represents an improvement on 2012/13.

2. Increase research activity

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

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



The number of research studies has reduced in 2013/14 by five due to a number of portfolio studies closed in 2012/13. The Trust has opened new commercial and interventional studies, which take more clinical researcher time to deliver than previous observational studies.

Number of research active staff

In 2013/14, the number of research active staff has increased by 17% compared with 2012/13. This reflects the increased staff involvement in research delivery across the Trust encouraged through staff induction, the Joint Academic Psychiatric Seminar presentation and an excellence award.

Increase recruitment to portfolio studies

Research Network target: To recruit 750 participants to portfolio studies. The actual number recruited into portfolio studies was 917, which exceeds the target by 22%. Regionally, in

comparison with other mental health trusts, this Trust is now the highest recruiter for portfolio studies.

3. Recruitment to time and target

Target: all studies should recruit to time and target where possible and the Trust worked to a target of 80% in 2013/14. Of the seven portfolio studies that closed in 2013/14, four of these met or exceeded the recruitment target, giving an outcome of 57%. A new feasibility assessment process with governance staff and clinical researchers working together has been piloted in 2013/14 to ensure recruitment targets are achievable within the timeframes.

4. Create a balanced portfolio of research studies

In 2013/14, the proportion of interventional studies has increased to 22% from 16% in 2012/13. Interventional studies, such as clinical trials, generally offer patients new treatment or new assessment options through research. Additionally, the team has started running two commercial observational studies with ROCHE and Lundbeck to generate a new funding stream and increase research capacity within the Trust.

5. Increase funding available for research

Spend on research and development has reduced overall by 29% from last year. This is mainly due to a National Institute for Health Research-funded project ending in 2012/13 and a reduction in research network funding of 24% due to a cut in the overall research network budget by the NIHR. This budget cut was shared across all Trusts in the network. The Trust budget has reduced as part of the Trust's review of effectiveness and efficiency as part of the annual planning process. The establishment of a new commercial revenue income stream has lessened the impact of this reduction on the team's work.

Health and safety

Trust Board continues to recognise that the health, safety and welfare of our staff, patients, partners, clients, residents, visitors and external contractors are of paramount importance. Health and safety is a standing item on the Clinical Governance and Clinical Safety Committee agenda and the Committee receives regular reports and updates on key issues. The Trust continues to regularly review its health and safety policies to ensure compliance with relevant legislation and recognised good practice. There is an active Trust-wide Health and Safety Steering Group with strong staff side involvement to ensure that everyone understands their role in the provision of a safe working environment. The Trust-wide Steering Group is supported by two working groups, one covering Barnsley BDU and the other Calderdale, Kirklees, Wakefield and Forensic BDUs.

An annual Health and Safety Plan is approved each year by the Clinical Governance and Clinical Safety Committee, which tries, as far as is reasonably possible, to balance risks, rights and responsibilities to ensure working environments are safe. Integral to the plan are the objectives to manage and develop health and safety in the Trust and ensure this is supported through clear organisational policies, frameworks, communication and standards.

The Trust's Health and Safety Policy reflects the ethos of ensuring equal opportunities and a safe, secure environment as far as is reasonably practicable for stakeholders regardless of race, nationality, gender, culture, beliefs, sexual orientation, age or any disability including mental health problems. This policy also 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 2013/14.

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

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

Fraud and bribery

The Trust is committed to delivering an anti-fraud strategy that meets the requirements of the NHS Protect standards for providers and delivers in each of the strategic areas, including inform and involve, prevent and deter, hold to account, and strategic governance. An annual plan was agreed by the Audit Committee for an initial allocation of 40 days.

The Trust commissions Local Counter Fraud Specialist (LCFS) expertise from its internal audit provider, KPMG. KPMG has been providing the counter fraud services since 1 July 2012. During 2013/14, the nominated LCFS has undertaken work to deliver the counter fraud annual plan. The nominated counter fraud officer is accredited and supported by a wider team of specialists.

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

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

The LCFS has provided the Audit Committee with progress reports covering each of these areas in addition to arrangements in place to manage the counter fraud plan and delivery. The initial plan of 40 days was increased during 2013/14 to undertake two further reviews to provide assurance in relation to fraud risks, demonstrating the Trust's commitment to fraud prevention.

Inform and Involve	**Fraud Awareness Week (FAW)** A focused fraud awareness week was undertaken in November 2013. During this week, the counter fraud team distributed information about fraud in the NHS and carried out a staff survey following FAW. KPMG also published two newsletters during 2013/14, which included articles about fraud in the NHS, case studies and top tips for preventing fraud. The newsletters were available electronically and as printed versions.
Prevent and Deter	As part of the counter fraud plan, KPMG conducted reviews covering procurement controls, risks and data analytics.
Detect	The Trust took part in the National Fraud Initiative (NFI) in 2012/13 and, during 2013/14, continued to review matches and respond to requests for information from third parties. The LCFS dealt with a number of fraud referrals and requests for advice from Trust officers, demonstrating a commitment to report and discuss concerns openly. In some cases, fraud was not proven but there remain some open cases under investigation at March 2014.
Hold to account	There is a protocol in place which sets out the responsibilities of the LCFS and HR when investigations are underway. The Trust is committed to seeking appropriate sanctions where fraud is proven and seeks redress where possible.

A Qualitative Assessment (QA) was undertaken in October 2013. A report was received which included recommendations where the Trust could undertake further activities to further embed the anti-fraud culture across the Trust and these have been reviewed and incorporated into the 2014/15 plan. The Trust will be undertaking a self-assessment against the revised standards for providers in May 2014 alongside completion of the 2013/14 annual report, which will summarise all counter fraud carried out during 2013/14.

Consultations completed in previous year (2012/13), consultations during 2013/14 and any planned consultations in 2014/15

No formal consultations have been undertaken in the past two financial years and there are no consultations in progress at the date of this report; however, the Trust conducted a range of engagement activity in 2013/14 to involve people who use services, their carers, Trust members and the public in influencing our plans for service change. There are also processes for ongoing involvement through groups and forums and through specific projects, and with the broader membership through information shared in web-based and magazine formats. Engagement with local authority Overview and Scrutiny Committees was also a key feature in the year.

In 2014/15, the Trust will continue to move from a maintenance to a recovery-focussed service model, and will continue engagement (for example, on the establishment of recovery colleges) to facilitate improved access and a more person-centred approach to service delivery. This work is aligned to health and social care partner programmes. Continued connection to commissioners and local authority Overview and Scrutiny Committees around emerging plans will advise the need for formal consultation on any service change deemed significant.

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

The Trust has an established model of good practice around engagement with service users, carers and our broader membership on new projects and larger developments as follows.

- Initial ideas and discussions are taken to relevant service user or carer groups and specifically created engagement forums.
- Sub-groups consisting of people with a particular interest might be formed to undertake more detailed work, drawn from service user involvement and membership.
- Updates on progress are offered to established groups and forums.
- In parallel to this process, Equality Impact Assessments are undertaken and service users and carers are involved in any action plans developed from the equality issues identified.

Connection to local authority Overview and Scrutiny Committees has been maintained throughout 2013/14 by attendance at formal meetings in line with Committee work programmes and through regular update meetings with each committee Chair and lead officer.

Details of any serious incidents involving data loss or confidentiality breach

Information governance is a key compliance area for the Trust. Control measures are in place to ensure that risks to data security are identified, managed and controlled. The Trust has an information risk management process in place led by the Deputy Chief Executive/Director of Finance who is the Trust Senior Information Risk Owner (SIRO).

Information asset owners cover the Trust's main systems and record stores, along with information held at team level. An annual information risk assessment is undertaken. All Trust laptops and memory sticks are encrypted and person identifiable information is required to be only held on secure Trust servers. The Trust exceeded the target of 95% of staff completing training on information governance by 31 March 2014 (97.5%) and messages on compliance with Trust policies have been backed up by regular items in the weekly staff news. Incidents and risks are reviewed by the Information Governance team. Learning from incidents is identified by the team and disseminated through the weekly staff briefing where appropriate.

The requirements for reporting and managing serious information governance incidents changed in June 2013, along with the criteria for reporting incidents. As such the position for April to June 2013 is presented separately to the position for July 2013 to March 2014. As a result of the changes in reporting criteria, incidents where only one person's confidentiality has been breached may now be classified as reportable. This would not have been the case under the previous reporting requirements; therefore, the results in 2013/14 are not comparable with previous years.

The Trust has had nine such incidents reported since the beginning of July, and three of these incidents were at the higher level requiring reporting to the Information Commissioner's Office (see below).

April to June 2013 (previous reporting requirements)

Summary of personal data related incidents (severity grading 1 or 2) in (year)		
Category	**Nature of incident**	**Total**
I	Loss of inadequately protected equipment, devices or paper documents from secured NHS premises	0
II	Loss of inadequately protected electronic equipment devices or paper documents from outside secured NHS premises	0
III	Insecure disposal of inadequately protected electronic equipment, devices or paper documents	0
IV	Unauthorised disclosure	2
V	Other	0

NB severity levels are 1-5, where 5 is the highest level. There were no incidents above a level 2 in the period.

July 2013 to March 2014

Summary of serious incidents requiring investigation(SIRIs) involving personal data as reported to the Information Commissioner's Office

Date of incident (month)	**Nature of incident**	**Nature of data involved**	**Number of data subjects potentially affected**	**Notification steps**
July	Disclosed in error	Name; address; NHS No, clinical details	2	Individuals notified by post and telephone
Further action on information risk	The mistake was due to human error and the matter was dealt with in supervision.			
October	Disclosed in error	Name; address; NHS No, clinical information involving a child.	1	Individuals notified by post
Further action on information risk	The mistake was due to human error and the matter was dealt with in supervision.			
November	Disclosed in error	Name; address; NHS No, clinical information involving a child.	1	Incident reported by service user parent

Further action on information risk	The mistake was due to human error and the matter was dealt with in supervision.

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 South West Yorkshire Partnership NHS Foundation Trust. The relevant responsibilities of the Accounting Officer, including their responsibility for the propriety and regularity of public finances for which they are answerable, and for the keeping of proper accounts, are set out in the *NHS Foundation Trust Accounting Officer Memorandum* issued by Monitor.

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

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

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

The Accounting Officer is responsible for keeping proper accounting records which disclose with reasonable accuracy at any time the financial position of South West Yorkshire Partnership 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 South West Yorkshire Partnership NHS Foundation Trust and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

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

Signed… 

Chief Executive
23 May 2014

Annual Governance Statement 2013/14

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*.

My Annual Governance Statement reflects the challenges and changes that have faced the Trust over the past year. The complexity and diversity of the services the Trust provides and the geographical areas it covers presents a unique challenge, which is reflected in the Trust's approach to the management of risk. I would particularly like to highlight two areas.

The Trust took the Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry findings extremely seriously and must integrate the recommendations with the findings from other national reports, such as Winterbourne View, and work to enhance, not reinvent, governance processes. The response taken, therefore, has been an appropriately measured one and, wherever possible, proposed action has been integrated with existing and planned organisational processes. The Trust has established a Director-level group to oversee the work to address Francis actions involving the Directors of Nursing, Human Resources and Workforce Development, and Corporate Development and the Medical Director. The group is supported by the 'Francis into Action' group, with cross-Trust representation and led by the Director of Nursing, to ensure actions are implemented within and across the Trust's services. The Trust also received substantial assurance from internal audit on its arrangements for responding to the Report's recommendations.

This year has also seen the consolidation of the integration of services that transferred to the Trust in Barnsley, Calderdale and Wakefield. The Trust has also seen children's and adolescents' mental health services (CAMHS) transfer in Calderdale and Kirklees, and Barnsley. As a result, the Trust now provides CAMHS across its four districts; however, the transfers have not been without risk and the Trust has robust arrangements in place to address the inherited risks presented around leadership and reputation and to ensure improvements are made to service delivery. This will continue to be an area of risk for the Trust in 2014/15.

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 2014 and up to the date of approval of the annual report and accounts.

Capacity to handle risk

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

One of the strengths of the Trust is the stability of its Board. During the year, the Chair has continued to consolidate the changes to Trust Board to improve its effectiveness. The Members' Council approved the re-appointment of one non-executive director for a further three-year term and has devolved responsibility to the Nominations Committee to oversee and manage the process to appoint a replacement for another non-executive director, who will leave Trust Board in May 2014 following completion of two three-year terms of office.

One of the considerations for the Nominations Committee is to ensure effective succession planning. As a result, the Committee supported the Chair's view that the process should focus on recruiting an individual who could replace the current Chair of the Audit Committee, who will leave office in 2015. The recruitment process has now begun and the Committee took the decision to commission an external recruitment consultant to manage the process to ensure openness and transparency. A recommendation for appointment will be made by the Committee to the full Members' Council in April 2014.

To address two potential areas of risk, Trust Board has established two non-executive director-led forums for estates and information management and technology. The purpose of both groups is to ensure the Trust's strategy is developed and implemented, and that risk is managed effectively.

In July 2013, the Trust's District Service Director for Calderdale and Kirklees left the Trust to take a post at Calderdale and Huddersfield NHS Foundation Trust. Although this presented a risk in terms of leadership and management of both Business Delivery Units (BDUs), it provided an opportunity to review and consolidate the senior level structure for all four locality-based BDUs to support the transformation programme. As Chief Executive and in consultation with the Chair of the Trust, I put arrangements in place to utilise the skills and experience of two existing Directors to ensure strong and effective strategic and operational management within each BDU whilst maintaining a strong local focus.

As a result, there are now three BDU Directors leading and managing Calderdale and Kirklees BDUs, with specialist services, Barnsley and Wakefield BDUs, and forensic services. This has enabled a stronger management structure to be developed for each BDU with the appointment of deputy directors providing operational leadership and management. This will allow BDU Directors to focus on building and managing strategic and partner relationships, and to lead the transformation agenda. This will be supported by arrangements at service line level where a clinical lead, general manager and practice governance coach will work together and carry responsibility at ward, unit and department level to enact the service change required to achieve transformation. The framework for this arrangement has been agreed and will be phased in from 1 April 2014.

This re-structure left a gap at Director-level in terms of service improvement, innovation and health intelligence, and the Trust undertook a national recruitment exercise, which resulted in no appointment being made; however, with the support of the Remuneration and Terms of Service Committee, I re-evaluated the position and an interim appointment has been made to cover the role with the secondment from NHS England to the role of Director of Service Improvement and Health Intelligence for a six month period on a part-time basis.

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

Trust Board is ably supported by an involved and proactive Members' Council, which is a key part of the Trust's governance arrangements. Since becoming a Foundation Trust in 2009, the Members' Council has gone from strength-to-strength in its ability to challenge and hold non-executive directors to account for the performance of Trust Board. The agendas for Members' Council meetings focus on its statutory duties, areas of risk for the Trust and on the Trust's future direction. Starting in 2013, the Trust has developed through the Members' Council Co-ordination Group a programme of training and development to ensure governors have the skills and experience required to fulfil their duties.

The Trust has continued its ambitious transformational service change programme and associated structures to transform the way it delivers services during 2013/14, ensuring it continues to deliver services that meet local need, offer best care and better outcomes, and provide value for money whilst ensuring that the Trust remains sustainable and viable. Implementation of this programme as well as maintaining delivery of high quality and safe services has presented the Trust with its biggest challenge in 2013/14. Four workstreams are in place to cover mental health services, learning disability services, general community services and forensic services. Each has a Director sponsor and clinical lead and is supported by robust project management arrangements through the newly-established Project Management Office. Although the scale and pace has made it hard to effect and enact fundamental change during 2013/14, the work to build the framework will hold the Trust in good stead for achieving transformational change during the coming year at a faster pace.

During 2013/14, I continued to embed the organisational development model (based on "What really works: the 4+2 formula for sustained business success" (Nohria, Joyce and Robertson)) to support operational delivery. The model provides a framework for principal objectives to be agreed and set by the Board, underpinning the Board assurance framework and implementation objectives determined in line with key executive director accountabilities. These objectives are reviewed by me with individual directors on a quarterly basis. Any resulting amendments to the Assurance Framework are reported directly into the Trust Board including any changes to the organisational risk register.

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

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

- financial management;
- information and performance management;
- people management;
- estates management;
- compliance, governance and public involvement; and
- service improvement and development.

This process has been overseen and co-ordinated by me as Chief Executive and led by the Deputy Chief Executive, reviewing Quality Academy development with a formal link to appraisal, ensuring both support to and quality assurance of systems development. As the Trust enters a critical point in its development, I have commissioned a review of the Quality Academy to ensure it is fit for purpose to support BDUs in the current challenging climate.

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

Following a review of the Trust's mission and values in 2012/13, which involved extensive consultation and engagement, the Trust's new mission and values were launched in April 2013. The Trust has also engaged and consulted service users, carers, staff and stakeholders on its plans for transformation. Clear themes have emerged from the consultation and these themes have underpinned the development of a vision for each transformation programme workstream.

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

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

As Chief Executive, I have a duty of partnership to discharge, and therefore work collaboratively with other partner organisations. The Trust recognises that in the medium- and longer-term, services across the local health economy are unsustainable in their current form. Therefore, the Trust has to work in partnership with other organisations to ensure that services are provided in the most effective way and that the Trust remains sustainable and viable. One key example of this is the strategic outline case developed with partners in Calderdale and Greater Huddersfield.

The Trust is fully involved in sound and robust partnership arrangements with the four local authorities in Barnsley, Calderdale, Kirklees and Wakefield and the five clinical commissioning groups covering Barnsley, Calderdale, Greater Huddersfield, North Kirklees and Wakefield. Relationships have been fostered, developed and built on with commissioners. The Trust also has good working relationships with Local Area Teams at Director and senior management level. The relationship with the Secure Commissioning Group, covering the Trust's medium and low secure services, has proved challenging during 2013/14 as national policy affects commissioning intentions locally. This has impacted on the Trust's forensic services, and maintenance of sound relationships locally is a critical factor in supporting the future success of these services.

The Trust has also been closely involved in development of a strategic outline case in Calderdale and Greater Huddersfield with acute and community partners, proposing better integration of all aspects of health and social care and an increased focus on self-care. Closer links have also been made in mid-Yorkshire and Barnsley in relation to the Better Care Fund and, in Barnsley, the Pioneer Initiative.

All Executive Directors are fully engaged in relevant networks, including quality governance boards, nursing, medical, finance and human resources at local and regional level. Both the Chair and I attend national network meetings and I am the NHS Confederation elected Chief Executive representative on the Mental Health Network Board. Both myself and the Medical

Director have been selected to participate in the Care Quality Commission's new inspection process for mental health trusts and this will provide invaluable intelligence for the Trust.

As Chief Executive of the Trust, either I or nominated directors attend formal Overview and Scrutiny Committees in each of the local authority areas as requested and meet informally, on a regular basis, with the Chairs of each of the Committees to update on the Trust's strategic direction.

The risk and control framework

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

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

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

Agenda setting ensures that the Board 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 continues to ensure that Trust Board devotes sufficient time to setting and reviewing strategy and monitoring key risks. Within each quarterly cycle, there will be one meeting with a focus on business risk and performance, one formal public meeting and one strategic development session. Trust Board meetings are held in public and the Chair encourages governors to attend each meeting.

Strategic risk is managed in line with the Trust's Risk Management Strategy, which was amended and approved by the Trust Board in December 2013 to ensure it remains fit for purpose. The strategy sets out specific responsibilities and accountabilities for the identification, evaluation, recording, reporting and mitigation of risk in accordance with the principle to reduce risk to as low as reasonably practical. The Trust's risk matrix sets out those risks which, under this principle, are tolerable from those which are unacceptable.

The Trust has a Risk Register in place which outlines the key strategic risks for the organisation and action identified to mitigate these risks. This is reviewed on a monthly

basis by the Executive Management Team (EMT) and quarterly by Trust Board, providing leadership to the risk management process. Risk Registers are also developed at service delivery level within BDUs and within support directorates, again being subject to regular reviews in line with Trust's Risk Management Strategy and monitored monthly by EMT. This includes the opportunity to share concerns and good practice.

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

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

2. The 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 established project management arrangements and formal working groups linked to commissioners in all areas, work on currency and benchmarking included in the mental health strand of the transformation programme to evidence benefits, and input and participation in Care Packages and Pathways programme to share best practice and benchmark progress.

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

4. Risk that the planning and implementation of transformational change through the 'big ticket' programmes will increase clinical and reputational risk through an imbalance of staff skills and capacity between the 'day job' and the 'change job', mitigated by additional resources and external consultancy recruited to support the transformation programme, and key deliverables reviewed and monitored by EMT.

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

6. Changes to national funding arrangements will increase the risk that in the 2014/15 contracting round the monies prioritised by commissioners for Trust services will increase the level of savings required to maintain financial viability, mitigated by engagement of expertise to ensure capacity is in place and robust EMT review of commissioner intentions and contract management.

7. The Trust continues to closely monitor bed management pressures across the Trust and, although no regulatory action was taken following a whistleblowing incident to the Care

Quality Commission, mitigating action is in place through robust monitoring against the Bed Management Protocol across all BDUs with a clear escalation process and clinical leadership.

8. Specialist commissioning arrangements have significantly altered since the business plan to expand the medium secure women's service was approved. There is a risk that the expanded bed base will be ready for commissioning without either an agreed commissioning model or financial envelope which could potentially have a significant negative revenue impact within the Forensic contract value, mitigated by development of an internal service offer, internal financial modelling and ongoing negotiations with commissioners and the head of specialist commissioning.

In terms of future risk, the risks outlined above will continue into 2014/15 and the mitigating action will remain in place.

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

The Trust works closely with the National Patient Safety Agency (NPSA) patient safety manager. 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 that the Trust takes every opportunity to learn and develop from an incident. The Trust has a number of Serious Incidents Investigators in place to provide capacity for and independence in undertaking investigations into serious incidents. The Trust also appointed Practice Governance Coaches to work closely with BDUs to learn lessons, implement best practice and address areas of weakness and development.

The Clinical Governance and Clinical Safety Committee monitors the implementation of recommendations arising from external agencies, such as the Francis Report and Winterbourne View, independent inquiries and external reviews until actions have been completed and closed. A sub-group of the Committee was established in 2010 to provide an organisational overview of the incident review, action planning and learning processes to improve patient safety and provide assurance to the Committee on the performance management of the serious incident review process, associated learning, and subsequent impact within the organisation.

The provision of mental health services carries a significant inherent risk, resulting, on occasion, in serious incidents, which require robust and well governed organisational controls. During 2013/14 there were 101 SIs across the Trust compared to 44 SIs in 2012/13. The increase in reported SIs reflects the changes to reporting arrangements, which, from 1 April 2013, included reporting of grades 3 and 4 pressure ulcer and information governance incidents. The underlying trend for SIs, however, is stable. There were no ‘Never Events’ (as defined by the Department of Health) relating to serious, largely preventable patient safety incidents that should not occur if the available preventative measures have been implemented.

There are four SIs subject to Serious Case Review, one in Kirklees relating to an adult death, one in Kirklees and one in Barnsley relating to domestic homicide, and one in Durham relating to a service user assessed in Calderdale.

Information governance is a key compliance area for the Trust. Control measures are in place to ensure that risks to data security are identified, managed and controlled. The Trust has put an information risk management process in place led by the Trust SIRO (senior information risk owner). Information asset owners cover the Trust's main systems and record stores, along with information held at team level. An annual information risk assessment is undertaken. All Trust laptops and memory sticks are encrypted and person identifiable information is required to be only held on secure Trust servers. The Trust achieved the target of 95% of staff completing training on information governance by 31 March 2014 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.

From June, the Trust was required to report any information governance incidents scoring level 2 or above externally to the Health and Social Care Information Centre (HSCIC) and the Information Commissioners Office (ICO). This has meant that incidents which previously would not have been reported are now reported externally. Three incidents have been reported as meeting the threshold for external reporting under the new reporting requirements. Two of these, which occurred in Wakefield CAMHS, are being followed up by the ICO and could result in enforcement actions or a fine. Another incident where a letter with sensitive information was wrongly addressed may also be a level 2 score. There were two level 1 incidents. Under the previous reporting criteria for the period January to July there were three level 1 incidents and one level 2 incident. The Trust was not required to report these externally.

The Trust works closely with public stakeholders to involve them in understanding and supporting the management of risks that impact upon them. Stakeholders are able to influence the Trust in a number of ways, including patient involvement groups, public involvement in the activities of our Trust, membership of the Trust and its Members' Council, and regular dialogue with MPs and other partners. The engagement events held by the Trust during 2013/14 to support its transformation programme have also provided an opportunity to involve service users, carers and stakeholders in the management of risk.

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

As an employer with staff entitled to membership of the NHS Pension Scheme, control measures are in place to ensure all employer obligations contained within the Scheme regulations are complied with. This includes ensuring that deductions from salary, employer's contributions and payments into the Scheme are in accordance with the Scheme rules, and that member Pension Scheme records are accurately updated in accordance with the timescales detailed in the Regulations.

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 Foundation Trust is fully compliant with the registration requirements of the Care Quality Commission. The Trust continues to assess its compliance with CQC registration requirements through an internal regulatory compliance review process and a regular programme of unannounced visits. The focus of unannounced visits in 2013/14 has been on areas of risk and to follow up findings of previous visits.
The Trust has assessed itself against the NHS Constitution and a report was presented to Trust Board in June 2013. This covered all areas of the Trust. The Trust meets all the rights and pledges with the exception of the pledge "The NHS commits to make the transition as smooth as possible when you are referred between services, and to include you in the relevant discussions". It meets this partly as the Trust endeavours to consult and involve all service users and, where appropriate, their carers, in decisions about their care; however, there are occasions when the nature of an individual's illness makes this inappropriate.

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

- The Trust's approach to quality reinforces the commitment to quality care that is safe, person-centred, efficient and effective. The strategy specifies the responsibilities held by individuals, BDUs, the Executive Management Team and Trust Board, co-ordinated under the Quality Academy. The Clinical Governance and Clinical Safety Committee is the lead committee for quality governance.
- There are quarterly quality reports for Trust Board and Executive Management Team as well as monthly compliance reporting against quality indicators within performance reports. Trust Board also receives a quarterly report on complaints.
- CQC regulation leads monitor performance against CQC regulations and the Trust undertakes a quarterly self-assessment.
- External validation, accreditation, assessment and quality schemes support self-assessment (for example, accreditation of ECT, PICU and Memory Services; CQC Mental Health Act Visits, NHSLARMS status, national surveys (staff and service user), implementation of Essence of Care and Productive Ward, etc.)
- Trust Action Groups provide organisational overview and performance monitoring against key areas of governance such as SIs, Infection Prevention and Control, Information Governance, Management of Aggression and Violence, Drugs and Therapeutics and Practice Effectiveness.
- Measures are implemented and maintained to ensure practice and services are reviewed and improvements identified and delivered, such as the Trust's prioritised clinical audit and practice evaluation programme.

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

- Systematising the collection of service user and care feedback through kiosks and hand held tablets, with a consistent approach to action planning and communication of the response to feedback, including assessment against the Department of Health's Friends and Family Test.
- Development of 'What Matters' linked to the Trust's seven quality priorities.
- Review and implementation of a pilot exercise for the '15 Steps Challenge' in Barnsley during 2013 involving service users and carers, and stakeholders, including staff.

- Production of 'How was it for you today' working with service users and staff toolkit to receive service user carer feedback of their experience in out-patient clinics.

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

The Trust was also awarded Customer Service Excellence for all areas during 2013.

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

The governance framework of the Trust is determined by Trust Board. It is described in the Trust's annual report under the section 'The Way We Work'. This includes information on the terms of reference, membership and attendance at Trust Board and its Committees, including the Audit and Remuneration and Terms of Service Committees, and the Nominations Committee, which is a sub-group of the Members' Council. The Trust complies with Monitor's Code of Governance and further information is included in the Trust's annual report.

The Executive Management Team has a robust governance structure ensuring monitoring and control of the efficient and effective use of the Trust's resources. Financial monitoring, service performance, quality and workforce information is scrutinised at meetings of the Trust Board, 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 2013/14, 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 Trust's strategic objectives and quality priorities. These annual plans detail the workforce and financial resources required to deliver the service objectives and include the identification of cost savings. The achievement of the Trust's financial plan is dependent upon the delivery of these savings. A robust process is undertaken to assess the impact on quality and risks associated with cost improvements both prior to inclusion in the annual plan and during the year to ensure circumstances have not changed. The process and its effectiveness are monitored by the Clinical Governance and Clinical Safety Committee.

Quality Impact Assessments take an objective view of cost improvements developed by BDUs of the impact on the quality of services in relation to the Trust's seven quality priorities (access, listening to and involving service users, care and care planning, recording and evaluating care, working in partnership, ensuring staff are fit and well to care, and safeguarding). The Assessments are led by the Director of Nursing and the Medical Director with BDU Directors and senior BDU staff, particularly clinicians.

During 2013, the Audit Committee reviewed the Trust's external audit arrangements, and, as the original appointment of Deloitte allowed for an extension of its contract with the Trust for a further period, the Trust sought approval from the Members' Council to re-appoint Deloitte for a further two years. This represented prudent use of Trust funds as it precluded the need for a tender exercise and also resulted in a reduction in the audit fee to reflect that there was no necessity for Deloitte to incur costs on re-tendering activity.

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

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

Annual Quality Report

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

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

Governance and leadership

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

Role of policies and plans in ensuring quality of care provided

The Trust firmly believes that good clinical recording is part of good clinical practice and provision of quality care to service users. There is comprehensive guidance for staff on data quality, collection, recording, analysis and reporting which meets the requirements of national standards, translating corporate commitment into consistent practice, through the Data Quality Policy and associated IM&T policies. There are performance and information procedures for all internal and external reporting. Mechanisms are in place to ensure compliance through the Information Governance TAG and annual reports to the Audit and Clinical Governance and Clinical Safety Committees on data quality.

Systems and processes

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

People and skills

Roles and responsibilities in relation to data quality are clearly defined and documented, with data quality responsibilities referenced within the Trust's induction programme. There is a

clear RiO training strategy with the provision of targeted training and support to ensure responsible staff have the necessary capacity and skills.

Data use and reporting
Data provision is reviewed regularly to ensure it is aligned to the internal and external needs of the Trust through Performance EMT and Trust Board, with KPIs set at both service and Board level. This includes identification of any issues in relation to data collection and reporting and focussed action to address such issues.

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

Review of effectiveness

As Accounting Officer, I have responsibility for reviewing the effectiveness of the system of internal control. My review of the effectiveness of the system of internal control is informed by the work of the internal auditors, clinical audit and the executive managers and clinical leads within South West Yorkshire Partnership NHS Foundation Trust who have responsibility for the development and maintenance of the internal control framework. I have drawn on the content of the quality report attached to this Annual Report and other performance information available to me. My review is also informed by comments made by the external auditors in their management letter and other reports. I have been advised on the implications of the result of my review of the effectiveness of the system of internal control by Trust Board, the Audit Committee and the Clinical Governance and Clinical Safety Committee and a plan to address weaknesses and ensure continuous improvement of the system is in place.

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

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

The Trust has developed a values-based appraisal system for staff, which was introduced across the Trust from 1 April 2013. The Trust set a target of 80% of staff having an appraisal in the first quarter of 2013. This presented a significant challenge to the Trust in terms of ensuring staff and managers were trained in the new process and appraisals undertaken. The target was achieved in July 2013.

My review is also informed by reports from external inspecting bodies including external audit and PLACE audits. The Trust scores for each of its in-patient facilities were above the national average except for privacy and dignity in Enfield Down, The Poplars and Castle Lodge. These are community units where, as a result of their size, there were issues in relation to identifying male and female designated lounges, family visiting areas and multi-faith rooms.

As a result of an inspection visit to the Fieldhead site by the Care Quality Commission, the Trust was issued with two compliance actions in July 2013. Locations visited were Trinity

2, Newton Lodge and Bretton. The CQC found that overall patients were receiving a good level of service; however, there were some concerns regarding the design and layout of some of the hospital's seclusion rooms and the general décor and environment of Hepworth ward (within Newton Lodge). The CQC also identified some concern regarding how some patients' seclusions had been reviewed and continued. A detailed action plan has been submitted to address the compliance issues, which will be fully completed by 31 May 2014. Following the concerns raised, during the autumn of 2013, Trust Board took a decision to delay the opening of additional capacity within Newton Lodge as an opportunity to temporarily move service users from Hepworth Ward, which required major structural changes to bring the environment up to current standards. This work is due for completion in June 2014.

In addition, the effectiveness of internal control and risk management systems was subject to external scrutiny and validation through the concluding part of the Monitor assessment process for the transfer of estate from NHS Barnsley, which included external scrutiny by the independent accounting firm KPMG and Hempsons solicitors.

All Committees of Trust Board are chaired by Non-Executive Directors to reflect the need for independence and objectivity, ensuring that effective governance and controls are in place. This structure ensures that the performance of the organisation is fully scrutinised. The Committee structure supports the necessary control mechanisms throughout the Trust. The Committees have met regularly throughout the year and their minutes and annual reports are received by the Board. Further information on Trust Board Committees is contained in the annual report and in the Trust's Risk Management Strategy.

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

The role of internal audit at the Trust is to provide an independent and objective opinion to me, my managers and Trust Board on the system of control. The opinion considers whether effective risk management, control and governance arrangements are in place in order to achieve the Trust's objectives. The work of internal audit is undertaken in compliance with the NHS Internal Audit Standards. The internal audit function within the Trust is provided by KPMG.

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

From April 2013 to January 2014, 19 internal audit reports were presented to the Audit Committee. Substantial assurance was received for eight reports and moderate assurance given in seven areas. Three reports were given limited assurance in relation to adult safeguarding, data quality and service level agreements management (non-healthcare). A limited progress opinion was given to a follow up report on the stewardship of financial affairs of patients. Three advisory reports were presented in relation to the Trust's commercial strategy, clinical leadership and self-directed support. KPMG also undertook an investigation on behalf of the Trust.

One audit commissioned by the Director of Corporate Development in relation to procurement (non-pay purchasing) received no assurance. The report was presented to the Committee in October 2013 and the Committee sought robust assurance from the Director of Finance on the Trust's response to the recommendations. In January 2014, KPMG was satisfied and the Committee assured that the Trust had addressed the recommendations with one exception where further work is required, which was accepted by KPMG and the Committee. As a result and taking into consideration the preliminary findings of a financial management audit, which also looked at the progress towards completion of the recommendation arising out of the procurement audit, KPMG confirmed that it was sufficiently assured of the actions the Trust had taken that the outcome of the audit would not affect its Head of Internal Audit Opinion.

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

Seven reviews are ongoing at the end of the year and are due to report to the Audit Committee in April 2014.

The Head of Internal Audit's overall opinion for 2013/14 is one of substantial assurance.

The Trust is committed to a continual improvement in the quality of its data in order to support improvement of the service it offers to users of its services and to meet its business needs. Regular reviews of the quality of the Trust's clinical data are undertaken by the Information Management and Technology Trust Action Group (TAG) and, where data quality standards are identified as a risk factor, these will be reported to the Trust's Senior Information Risk Owner (SIRO) for further investigation. Business Delivery Units and the Executive Management Team are also responsible for reviewing and assessing the quality of data and for ensuring mitigating action is in place to ensure any areas of weakness are addressed. Trust Board, through its Committees, also considers data quality from both an operational and analytical perspective. The principles supporting the Trust's approach to data quality are contained in its Data Quality Strategy and Policy.

As Chief Executive, I am supported by the Executive Management Team. The EMT supports me in co-ordination and prioritisation of activity in the Trust ensuring that the strategic direction, set by a unitary Trust Board, is delivered. It is jointly responsible for ensuring that 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. Throughout the year, the Trust has had processes in place to identify and manage risk.

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

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

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Steven Michael
Chief Executive
23 May 2014

With all of us in mind

South West Yorkshire Partnership NHS
NHS Foundation Trust

Quality Account 2013-2014

Improve and be Outstanding

Table of Contents

Part 1: Chief Executive's and Chairman's Welcome

Welcome to our Quality Account report which gives a flavour of our quality improvements and confirms our continued commitment to improving the quality and safety of the care which we provide. Through the following pages we will demonstrate how we have fulfilled our commitment to continue to develop a culture of quality improvement by setting out:

- Our approach to quality
- Our priorities for 2014-15
- Our performance against nationally mandated priorities
- Our performance against the quality priorities we set ourselves

2013-14 has been a busy and productive year. We have welcomed new services, i.e. children's services (Health Visiting and School Nursing), Child and Adolescents Mental Health services and Well Being services into the Trust and continued our programme to transform our services.

Throughout 2013-14 we have continued to make significant progress in listening and acting on patient experience feedback, developing pathways of care and maintaining and improving the safety of our services. Areas that remain a concern to us are routine access to care, in our secondary mental health services, care planning and record keeping. We have taken action in these areas and have robust actions in place to mitigate risks presented in these areas.

As with trusts across the country we have considered carefully the recommendations from national reports and have undertaken a full review and where required have implemented action in response to Francis 2 (published February 2013) and the government's initial response 'Patients first and foremost' (published April 2013). We have reflected on the commissioned review reports including 'A Promise to learn (Berwick)', the review of the NHS Hospitals Complaints System (Clwyd - Hart) and the review into the quality of care and treatment provided by 14 hospital trusts in England (Keogh).

The challenges that the Trust continues to address are those specified for providers in the government's full response to the Francis recommendations 'Hard Truths – the journey to putting the patients first' published in November 2013. The key actions we took during 2013 were;

- Specialist leads undertook an assurance review and gap analysis which was completed in May 2013.
- Organisational assurance level agreed in respect of each key action area.
- Recommendations placed with relevant groups within the Trust to ensure appropriate action is taken.
- Established the 'Francis into Action' Steering Group to provide direction and oversight for the organisational response and ensure regular progress reporting to Trust Board.
- Reporting into the steering group is a 'Francis into Action' task-group which holds responsibility for the collation and monitoring of the organisational action plan.
- Focused review at both the Executive Management Team and Trust Board.
- Facilitated discussion at Members Council about the role and responsibilities of governors.

In addition we are in the process of ensuring we meet safe staffing requirements and have taken action to respond to ‘a duty of candour’.

Throughout 2013-14 we have continued to develop our Quality Improvement Strategy and will use 2014-15 to implement and embed our action plan in the Trust. To continue to develop the culture of strong governance and quality we have strengthened our governance structures and our management and leadership arrangements, in support of the operational delivery processes.

Delivering high quality services presents a significant challenge in the current climate. Resources are finite, not only within this Trust, but across the range of our partner agencies and despite recent economic improvements the pressures faced by the trust and partners remain significant.

Keeping quality of service at the forefront of our minds remains critical. Over the past year staff right across the Trust have worked hard to maintain an effective balance between safe and efficient delivery of services and financial responsibility. Despite this challenge we have faced we continue to strive to ***‘improve and be outstanding’***.

Date: 23 May 2014 Chief Executive:  Steven Michael, Chief Executive

Date: 23 May 2014 Chair  Ian Black, Chair

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

Part 2a: Priorities for improvement

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

Our Approach to Quality

Quality Improvement Strategy

Our Quality Improvement Strategy utilises the definition of 'Quality' as set out in the Darzi Report, High Quality Care for All (2008) with its three main elements of patient safety, clinical effectiveness and patient experience. The purpose of the strategy is to ensure that we capture the essence of quality and translate this effectively by bringing together national policy, strategic direction and regulatory, financial and governance requirements with our stated imperative of providing safe, effective care for every person who accesses our services.

Seven quality priorities, which have remained consistent over the past two years, underpin our Quality Strategy. Against each of our quality priorities we have set ourselves some measures of success. These measures have been developed through wide consultation with staff, people who use our services, our Trust's Council of Members and partners. The measures are reviewed and refreshed each year to ensure we are adapting to our local and the wider national intelligence, making sure we progress against our aim to '***improve and be outstanding'***.

Our Quality Priorities are:

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

Priority 2: Timely access to services (Access)

Priority 3: Improve care and care planning (Care planning)

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

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

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

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

Feedback on our quality priorities suggested that we review Quality Priority 3: Improve care and care planning and Quality Priority 4: Improve recording and evaluation of care. The suggestion is that evaluation of care is part of providing care and hence should be included in quality priority 3. It was also suggested that data quality should be added to clinical record keeping as these are both important for clinical care provision. We have reviewed this feedback and taken the following action:

Quality priority 3: Improve care (Care, care planning and evaluation)

Quality priority 4: Improve record keeping and data quality (recording care)

Our quality priorities are not stand alone elements of care, they interface and are interconnected. We chose to describe them in this format to make them understandable for our staff and people who use our services. All our quality priorities support the elements of safe, effective care that provides a positive experience.

Quality Improvement Action Plan

We will execute our Quality Improvement Strategy through our Quality Improvement Action Plan (2014 – 2017).

The plan has been developed from reviewing both national and local intelligence and includes:

- Work streams associated with the quality priorities agreed by the Board of Directors (following consultation as outlined above)
- Strategic quality actions identified through the external environment e.g. Francis report and Hard Truths, Care Quality Commission Strategy and revised commissioning and quality surveillance requirements
- Actions from patient, carer and public engagement and experience feedback
- Commissioning for Quality and Innovation Schemes (CQUIN's) agreed with Commissioners
- Monitor Risk Assessment Framework
- Quality improvement issues identified through clinical audit, incident analysis, external and internal inspections and visits

Monitoring of the Quality Improvement Action Plan will be undertaken by the Clinical Governance and Clinical Safety Committee.

Our quality priorities- summary of performance in 2013-14

Quality priorities	Progress made in 2013-14 (position at quarter 4 / month 12)	Will we continue this priority in 2014-15?
Listen and act	Green	✓
Access to services	Amber	✓
Care and care planning	Amber	✓
Recording care	Amber	✓
Care pathways	Green	✓
Fit and well to care	Amber	✓
Safety	Green	✓

Code:
Green: we are meeting our goals **Green/Amber: we are achieving 75%+ of our goals.**
Amber: we are meeting 65%+ of our goals; **Red: we are not achieving our goals;**

We have used a Red/Amber/Green (RAG) rating to grade our progress against the quality priorities. These ratings are based on our performance against our key performance indicators that we identified in 2013-14.

In 2013-14 we set ourselves challenging goals to achieve, which were a stretch on 2012-13 goals. Performance in our quality priorities has improved or has been maintained. A fuller explanation of our performance can be found in Part 3: Our performance in 2013-14.

Quality Risks

Throughout 2013-14 we have evidence of significant improvements made to the quality of care we provide. External and internal inspections, reviews and visits to our clinical services, patient and carer feedback and key performance data have provided us with a range of information, both positive and negative. Areas of on-going concern for prioritised focus in 2014-15 are:

1. Access to services (routine access in mental health services)
2. Care Planning
3. Record Keeping and Data Quality

We will continue to prioritise these areas to ensure we reduce any unnecessary harm and improve the experience of all those who require care from our services.

In 2013 we welcomed new Child and Adolescent Mental Health and Community Children's services into the Trust. We are closely scrutinising, monitoring and taking necessary action to ensure these services meet our expected standards of care.

Quality priorities 2014-15

Where we have achieved our quality priorities key performance indicators in 2013-14, we will not continue to monitor these in 2014-15. All key performance indicators we did not achieve will continue to be monitored in 2014-15.

Priority 1: To listen to our service users and carers and act on their feedback

Aim	Why	What will we do	How will we review our progress	Standards/ Goal
Listen and act on service user feedback, with the aim of making demonstrable improvements to our services.	A key element of our approach to quality is that people who use our services say that their experience is excellent.	Implement Friends & Family Test across all services. Act on the feedback we receive Implementation of Triangle of care in selected inpatient wards and develop a framework that can be used for implementation Trustwide.	% of people (inpatient mental health wards) rating care as excellent or good. % of people in CAMH's services rating care as excellent or good % of people in Long term conditions (all teams in service line) who rate care as excellent or good	90% Baseline position Q1 and use this information to set trajectories across Q2-Q4.

Priority 2: Timely access to services

Aim	Why	What will we do	How will we review our progress	Standards/ Goal
Improve the access times for people who are referred into our services to ensure the right support from the right service at the right time.	Access to, and response from, our services is central to the safety and effectiveness of care. It is therefore essential that people can access the most appropriate service that will meet their needs in a timely way.	Continue to review and develop access to our services in line with the national NHS agenda and our local transformation programmes.	Improve access for people experiencing non-acute mental health problems (routine). Improving access to assessment and treatment for children and young people requiring assessment and diagnosis for autism/ADHD (Wakefield services)	90% a. 90% of new referrals (Wakefield only) b. 100% of patients on the waiting list being diagnosed/discharged within 6 months (Wakefield only)

Priority 3: Improve care (care, care planning and evaluation)

Aim	Why	What will we do	How will we measure our progress	Standards/ Goal
Ensure that each service user has an appropriate assessment, care plans and treatment options to enable them to achieve their goals.	In every service, care planning is fundamental to a person's recovery. Each person should have an appropriate assessment of their needs and individualised care plans that support them in achieving their goals.	Monitor and report on progress of the Implementing Recovery through Organisational Change (IMRoC) project. Implement actions from clinical audits. Develop outcome based services. Implementation of a NICE Quality Standard in a selected service.	% people offered a copy of their care plan. % of eligible cases assigned a care cluster. Adherence to cluster review periods.	85% 100% 90%

Priority 4: Improve record keeping and data quality

Aim	Why	What will we do	How will we measure our progress	Standards/ Goal
Ensure each intervention is accurately recorded in a timely manner so that there is appropriate communication across the care team.	Our review of external and internal information available to us has indicated that we do not have consistent quality across our services in the way we record and evaluate the care that we provide.	Implementation of clinical record keeping audit action plans. Monitor reports on clinical performance data. Implementation of clinical performance data action plans.	% mental health in patients with a valid diagnosis code at discharge. % of patients with ethnicity codes completed.	99% 90% (TBC)

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

Aim	Why	What will we do	How will we review our progress	Standards/ Goal
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.	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 individual. We want to ensure people are transferred to the most appropriate service and team in a safe and effective way and that there are no delays between services.	Implementation of our Minimising Delays Transfers of Care (DToC)-Operating Procedure. Review our transition protocols across CAMH's & Working Age Adults Interface.	Communications with General Practitioners to ensure GP's have a copy of care plans for services users. Continue to monitor DToC performance figures.	Two audits, on in Quarter 2, one in Quarter 4 – 90% by Q4. =<7.5%

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

Aim	Why	What will we do	How will we review our progress	Standards/ Goal
Ensure we have appropriately qualified, skilled, competent and professional staff to undertake the role that they are required to do and to support their health and wellbeing.	Our staff are our most valuable asset. By ensuring our staff feel valued and fit and well to care we know they are more likely to provide consistently excellent care.	Implementation of Staff Friends & Family Test alongside staff PULSE surveys. Act on staff feedback. Development of Trustwide clinical supervision audit.	% sickness absence rate. Implementation of Staff Friends and Family test. Monitor a selection of mandated training items to demonstrate compliance throughout 2014-15.	4% NA Work in progress

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

Aim	Why	What we will do	How will we measure our progress	Standards/ Goals
Ensure that the people who work with us and visit us are safe from harm.	We have a duty of care to our staff, service users and visitors to ensure no undue harm comes to them.	Implementation of Mental Health Safety Thermometer as an early implementer site. Continue to implement NHS Safety Thermometer for physical health care services Implementation of national guidance related to the management of aggression and violence.	Pressure ulcer reporting. Increased reporting of medicines related incidents (higher level of reporting/ lower level of amber/red incidents).	Reduction in the prevalence of pressure ulcers The number of patients recorded as having a category 2-4 pressure ulcer (old or new) as measured using the NHS Safety Thermometer on the day of each monthly survey TBA

Progress against our measures set out in our 2014-15 Quality Account will be reported to our Board of Directors, Clinical Governance and Clinical Safety Committee and to our Council of Members, at our Members Council Quality Sub Group.

Part 2b: Statements of assurance

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

Review of services

During 2013-14 South West Yorkshire Partnership NHS Foundation Trust (SWYPFT) provided and/or subcontracted 107 relevant health services. South West Yorkshire Partnership NHS Foundation Trust has reviewed all the data available to us on the quality of care in 107 (100%) of these services.

The income generated by the relevant health services reviewed in 2013-14 represents 100 percent of the total income generated from the provision of relevant health services by the South West Yorkshire Partnership NHS Foundation Trust for 2013-2014.

Participation in clinical audit

During 2013-14, seven national clinical audits and one national confidential inquiry covered relevant health services that South West Yorkshire Partnership NHS Foundation Trust provides. During 2013-14 South West Yorkshire Partnership Foundation Trust participated in 86% of the national clinical audits and 100% of the national confidential enquiries which we were eligible to participate in.

National Clinical Audits SWYPFT was eligible to participate in during 2013-14	1. POMH Topic 7d: Monitoring of patients prescribed lithium 2. POMH Topic 4b: Prescribing anti dementia drugs 3. POMH Topic 10c: Use of antipsychotic medication in CAMHS 4. POMH Topic 13: Prescribing for attention deficit hyperactivity audit (ADHD) 5. POMH Topic 14a: Prescribing for substance misuse: Alcohol detoxification 6. National Audit of Schizophrenia 7. Sentinel Stroke National Audit Programme (SSNAP) (commencing April 2014).
National Confidential Inquiries SWYPFT was eligible to participate in during 2013- 14	1. National Confidential Inquiry into Suicide and Homicide by people with mental illness.

The national clinical audits and national confidential inquiries the South West Yorkshire Partnership Foundation Trust participated in, and for which data collection was completed during 2013-14 are:

National Clinical Audits that SWYPFT participated in during 2013-14	**1. POMH Topic 7d: Monitoring of patients prescribed lithium** **2. POMH Topic 4b: Prescribing anti dementia drugs** **3. POMH Topic 10c: Use of antipsychotic medication in CAMHS** **4. POMH Topic 14a: Prescribing for substance misuse: Alcohol detoxification** **5. National Audit of Schizophrenia**
National Confidential Inquiries that SWYPFT participated in during 2013-14	1. National Confidential Inquiry into Suicide and Homicide by people with mental illness

National clinical audit programme 2013-14

The national clinical audits and National Confidential Inquiries that South West Yorkshire Partnership NHS Foundation Trust participated in, and for which data collection was completed during 2013-14 are listed below alongside the number of cases submitted to each audit. The percentage of the number of registered cases required by the terms of that audit or inquiry is not specified as the Prescribing Observatory for Mental Health (POMH) audits do not specify a minimum number in their sampling framework criteria.

Audit title	Number of cases submitted	Actions
National Audit of Psychological Therapies	Data collection Jul-Dec 2012 from 2 teams. Service user survey 351/1704 (21%) response. Caseload audit 2833 submitted. Therapy survey 68/77 (88%) response. Report received	Significant improvements from previous audit. Action plan has been developed and submitted to NAPT by both teams.
POMH Topic 13: Prescribing for Attention Deficit Hyperactivity Disorder (ADHD)	Data collection Mar 2013. 57 cases from 2 teams submitted. Report received Sep 2013.	Consultant Psychiatrist is leading on implementing learning.
POMH Topic 7d: Monitoring of patients prescribed lithium	Data collection June 2013. 222 cases from 5 BDUs submitted. Report received Nov 2013.	BDUs are leading on implementing learning.
POMH Topic 4b: Prescribing anti dementia drugs	Data collection Nov 2013. 183 cases from 4 BDUs submitted.	Awaiting report.
POMH Topic 10c: Use of antipsychotic medication in CAMHS	Data collection Jan 2014. 56 cases from 3 teams submitted.	Report due May 2014.
POMH Topic 14a: Prescribing for substance misuse: Alcohol detoxification	Data collection Mar 2014. 29 cases from 7 teams identified for submission.	Report due August 2014.
National Audit of Schizophrenia	Data collection Aug-Nov 2013. Audit of practice 82/100 (82%) from 4 BDUs submitted. Service user survey 60/200 (30%) response. Carer survey 11/200 (6%) response.	Report due June 2014.

The reports of 3 national clinical audits were reviewed by the provider in 2013-14 and South West Yorkshire Partnership NHS Foundation Trust intends to take the following actions to improve the quality of healthcare provided:

- Each clinical audit has a project lead identified, who holds the responsibility for presenting the audit results to their respective Business Delivery Unit, in the governance group. Areas of concern or high risk are escalated to the Deputy District Director for immediate action.
- The members of the governance group will action plan against the audit recommendations

- Implementation of the action plan is monitored by the Clinical Governance Support Team and reported to the Strategic Audit Group
- Outcomes from audits are reported to our Clinical Governance & Clinical Safety Committee.

National confidential inquiry (NCI) 2013-14

Title	Number of cases submitted	Commentary
National Confidential Inquiry into Suicide and Homicide by people with mental illness	25 (81% of total cases).	There were a total of 31 cases where SWYPFT could have submitted data. 6 cases are still having data completed for submission (which is within the timeframes set by NCI).

Local clinical audit

During 2013-14 the Clinical Audit and Practice Evaluation (CAPE) prioritised plan had a total of 170 projects listed. The reports of 61 local clinical audits/ practice evaluations were reviewed by the provider in 2013-14 and South West Yorkshire Partnership NHS Foundation Trust intends to take the following actions to improve the quality of healthcare provided:

- Each clinical audit has a project lead identified; who holds the responsibility for presenting the audit results to their respective Business Delivery Unit, in the governance group. Areas of concern or high risk are escalated to the Deputy District Director for immediate action.
- The members of the governance group will action plan against the audit recommendations
- Implementation of the action plan is monitored by the Clinical Governance Support Team and reported to the Strategic Audit Group
- Outcomes from audits are reported to our Clinical Governance & Clinical Safety Committee.

Internal audit reports

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

Audit Review	Assurance level
Corporate Governance	**Substantial**
Payroll	**Substantial**
Estates Strategy Management	**Substantial**
Service Level Agreement Management (non- healthcare)	**Limited**
Procurement (non- pay purchasing)	**No Assurance**
Risk Management and Board Assurance Frame	**Moderate**
Information Governance Toolkit - initial review	**Moderate**
Information Governance Toolkit – follow up	**Substantial**
Infection Prevention	**Moderate**
Financial Management and Reporting	**Substantial**
Monitor Provider Licence	**Substantial**
Francis II	**Substantial**
Transformation	**Moderate**
Data Quality	**Moderate**
Leadership Development	**Moderate**
Significant and Serious Untoward Incidents	**Substantial**

Key: Substantial assurance: minimal low level risks have been identified. Moderate assurance: low and medium rated risks have been identified. Low assurance: low and medium risks have been identified in significant number and / or isolated high risk recommendations. No assurance: high rated risks have been identified that are pervasive to the system on internal control or a number of high rated risks.

As can be seen in the table above there are two areas of concern for the Trust as we received limited or no assurance from our internal auditors.

Service Level Agreement Management (non- healthcare): the Trust has several arrangements in place to provide or receive services with other organisations. The nature of the arrangements vary greatly across the trust. As a result, the audit work identified there was confusion across departments and Business Delivery

Units around who has overall responsibility for these arrangements, and what arrangements exist across the Trust.

Actions are being taken against the following areas to address the concerns raised:

- Central record of all service level agreements is being established
- Standard template for all service level agreements is being developed and implemented
- A system to be put in place to ensure all service level agreements are to be signed before the agreement begins
- Formal procedures are being implemented to ensure amendments to contracts are communicated to relevant people.

Procurement (non-pay purchasing): the objective of this review was to perform an audit of a suspected breach of Standing Orders following a KPMG counter fraud review of the purchase to pay process. .The audit identified a number of breaches of Standing Financial Instructions.

Actions are being taken against the following areas to address the concerns raised

- Breaches in Standing Financial Instructions
- Changes to the Purchase order process
- Changes to goods receipting process
- Changes to process and procedural documentation
- A transformational workshop to address cultural issues
- Options appraisal of the current procurement model in relation to Receipting and Distribution points.

Actions against both these audits are complete.

Participation in clinical research

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

The number of patients receiving relevant health services provided or sub-contracted by South West Yorkshire Partnership NHS Foundation Trust in 2013-14 that were recruited during that period to participate in research approved by a research ethics committee was 880. This represents a significant increase from 773 patients in 2012-13.

We were involved in conducting 53 clinical research studies in mental health, learning disabilities and community services during 2013-14. Our involvement in large scale research projects that the National Institute for Health Research (NIHR) supported was 31. Participation in clinical research helps clinical staff to be more aware of the latest treatment possibilities. In 2013-14, 238 members of staff participated as researchers in studies approved by an ethics committee with 16 of these in the role of Principal Investigator. This is an increase from 218 staff members and 15 Principal Investigators involved in 2012-13.

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

delivery. SWYPFT is committed to participating in clinical research that can make significant improvements to patients' health and wellbeing. There is a broad range of research being undertaken across mental health and non-mental health services in the Trust and during 2013-14 the Trust set up a number of new clinical trials which will increase patient treatment choices.

Goals we agreed with our commissioners

Commissioning for Quality and Innovation Payment Framework (CQUIN)

A proportion of income in 2013-14 was conditional upon achieving quality improvement and innovation goals agreed between South West Yorkshire Partnership NHS Foundation Trust and any person or body we entered into contract, agreement or arrangement with for the provision of relevant health services, through Commissioning for Quality and Innovation Payments Framework.

Further details of the agreed goals for 2013-14 and for the following 12 month period are available electronically at
http://www.monitorhsft.gov.uk/sites/all/modules/fckeditor/plugins/ktbrowser/_openTKFile.php?id=3275

An overall total of £4,659,979 was available for CQUIN to SWYPFT in 2013-14 conditional upon achieving quality improvement and innovation goals across all of its CQUIN's, and a total of £4,087,704 (88%) is expected to be received for the associated payment, hence we incurred CQUIN penalties of £572,275

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

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

We have seen a 9% increase in the achievement of our CQUIN's between the years 2011-12 and 2012-13 and a 12% decrease between 2012-13 and 2013-14. Although the actual value achieved for CQUIN's has reduced between 2012-13 and 2013-14 the percentage achieved has remained stable as a reduction in contract income due to issues including tariff deflation means a natural reduction in CQUIN income.

LOCALITY	SERVICE	GOAL	Expected Financial Value of Indicator if fully ACHIEVED	PERCENT ACHIEVED
WAKEFIELD,KIRKLEES CALDERDALE	MENTAL HEALTH	SAFETY THERMOMETER	£486,775	98%
		IMPROVING ACCESS	£587,220	78%
		LEARNING DISABILITIES	£185,251	90%
		WELL BEING	£587,308	100%
		SERVICE USER EXPERIENCE	£391,539	86%
		AUTISM	£195,770	100%
SECURE SERVICES	SECURE SERVICES	OPTIMISING PATHWAYS	£116,391	100%
		PHYSICAL HEALTHCARE	£116,391	100%
		REDUCING SOCIAL INCLUSION	£116,391	100%
		PATIENT EXPERIENCE	£58,196	100%
		SERVICE USER EXPERIENCE	£116,391	100%
		QUALITY DASHBOARD	£58,196	100%
BARNSLEY	MENTAL HEALTH, COMMUNITY SERVICES AND LEARNING DISABILITIES	SAFETY THERMOMETER	£328,832	92%
		CLINICAL COMMUNICATION	£526,130	75%
		SECONDARY MHS IN EMPLOYMENT	£197,300	50%
		IMPROVING HEALTH OUTCOMES	£263,067	100%
		SAFETY AND QUALITY – HIGH RISK	£197,299	100%
		DEVELOPING HIGH PERFORMING TEAMS	£131,533	100%

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Quality of data

Improving data quality remains one of South West Yorkshire Partnership NHS Foundation Trust's key strategic priorities. Improvements have been made in 2013-14 to improve the quality of clinical record keeping which underpins the delivery of safe effective care and assures the Executive Management Team (EMT) and the Trust Board that data taken from the clinical record and used for activity and performance monitoring and improvement is robust.

South West Yorkshire Partnership NHS Trust will take the following action in 2014-15 to further improve data quality:

Bringing Clarity to Quality	We will continue to improve the training, guidance and support available to help staff and services understand and improve data quality.
Measuring Quality	We will continue to develop a wide range of team, service line, BDU and Trust level operational and performance reports. Service line reporting and electronic dashboards will include key performance indicators and will enable users to look at performance at team, service line, BDU and Trust levels. Internal and external benchmarking will be incorporated.
Publishing Quality	The Trust will continue to publish its data to the Secondary Uses Service, Monitor and CQC, the Department of Health, Commissioners and Partners and to the Members Council.
Partnership for Quality	We will continue to work with partner organisations to ensure that all our respective quality and performance requirements are met and that duplication of data collection and inputting is minimised.
Leadership for Quality	The Data Quality Steering Group will oversee the development and delivery of the 2013-15 data quality improvement programme and will provide a quarterly progress update to EMT. BDUs will ensure the development and delivery of the individual BDU level improvement plans.
Innovation for Quality	We will continue to optimise the clinical information systems (RiO and SystmOne) and exploit new technologies to make these systems as easy to access and use as possible.
Safeguarding Quality	The Trust's Executive Management Team will ensure essential standards of safety and quality are maintained.

NHS Number and General Medical Practice Code Validity

South West Yorkshire Partnership NHS Foundation Trust submitted records during 2013-14 to the Secondary Uses service for inclusion in the Hospital Episode statistics which are included in the latest published data.

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

- 99.8% for admitted patient care
- 100% for outpatient care
- N/A for accident and emergency care

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

- 98.4% for admitted patient care (the performance has reduced due to approximately 60 clients, in Finished Consultant Episodes, being associated with GPs which are now closed – this related to 12 different

closed GP practices). The details have been passed onto our data quality administrator to establish the client's correct GP practice and update RiO accordingly.

- 100% for outpatient care
- N/A for accident and emergency care.

Information Governance Toolkit attainment

South West Yorkshire Partnership NHS Foundation Trust Information Governance Report overall score for 2013-14 is 71% and is graded green.

Clinical Coding error rate

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

Performance against national mandated items

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

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

Indicator	NHS Outcomes Framework Domain	Health and Social Care Information Centre SWYPFT performance data Goal = 95%					
The percentage of patients on Care Programme Approach who were followed up within 7 days after discharge from psychiatric in-patient care during the reporting period.	1: Preventing people from dying prematurely 2: Enhancing quality of life for people with long-term conditions	**2012-13**	**Q1**	**Q2**	**Q3**	**Q4**	**2012-13 Total**
		% Follow Up within 7 days All Specialties	91.63	94.91	94.38	94.21	93.74
		% Follow Up within 7 days Adults of Working Age (710)	95.96	97.83	97.86	96.78	97.09
		2013-14	**Q1**	**Q2**	**Q3**	**Q4**	**2013-14 Total**
		% Follow Up within 7 days All Specialties	92.11	93.81	91.92	95.18	93.23
		% Follow Up within 7 days Adults of Working Age (710)	95.77	97.07	95.28	97.21	96.33

In 2013 the Trust raised a data definition enquiry to Unify2 @ NHS England to gain some clarity on the specialty codes that should be included in the denominator for CPA – 7 day follow up. Until this point the trust had interpreted the denominator for 'adult mental health' as specialty code 710 and had been submitting data to Monitor on this basis. Unify 2 clarified that the denominator for CPA – 7 day follow up should also include specialty codes 712-Forensic, 713 – psychotherapy and 715 – Older adults. Following this clarification the trust took immediate steps to remedy this situation and in quarter 4 submitted data based on all specialty codes. We have made Monitor aware of this position and they have informed us that there is no need to restate our position for 2013-14. For clarity, if we had included all data on the table above. With regards to code 713 – psychotherapy we have no services that meet this criteria.

As the primary purpose of the target is to ensure that the proper supervision arrangements are in place to minimise safety risks on discharge. To assure ourselves that we had not compromised patient safety we undertook a thorough review into each person who had not been followed up within 7 days from specialty codes 712, 713 and 715..

Despite the lack of clarity in relation to codes 712, 713 & 715 there was a large number of people followed up within 7 days of leaving hospital. We are confident that we were providing safe care to our patients as we have reviewed all patients not followed up within the 7 day timeframe for 2013-14, and can see evidence that people had been followed up in line with our CPA policy.

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

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

- Performance data is reviewed monthly by the Executive Management Team and quarterly by the Trust Board

The South West Yorkshire Partnership NHS Foundation Trust has taken the following actions to improve this percentage, and therefore the quality of its services:

- A Data Quality Group sponsored and chaired by the Director of Nursing, Clinical Governance and Safety, that meets quarterly to focus on the quality of clinical data. Each Business Delivery Unit has developed an action plan to improve the quality of their clinical data.

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

Indicator	NHS Outcomes Framework Domain	Health and Social Care Information Centre SWYPFT performance data				
The percentage of admissions to acute wards for which the Crisis Resolution Home Treatment Team acted as a gatekeeper during the reporting period	2: Enhancing quality of life for people with long-term conditions		2013-14 Annual Position			
		SWYPFT	99.7%	99.5%	99.7%	99.2%

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

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

The South West Yorkshire Partnership NHS Foundation Trust has taken the following actions to improve this percentage, and therefore the quality of its services:

- A Data Quality Group sponsored and chaired by the Director of Nursing, Clinical Governance and Safety, that meets bi-monthly to ensure a focus on the quality of clinical data. Each Business Delivery Unit has developed an action plan to improve the quality of their clinical data.
- We undertake a weekly audit of our gate kept admissions to validate the gate keeping function.

3. Readmission rates

This information ***is not*** made available to SWYPFT by the Health and Social Care Information Centre

Indicator	NHS Outcomes Framework Domain	SWYPFT data			
		2010-11	2011-12	2012-13	2013-14
The data made available to the National Health Service trust or NHS foundation trust by the Health and Social Care Information Centre with regard to the percentage of patients aged— (i) 0 to 14; and (ii) 15 or over, readmitted to a hospital which forms part of the trust within 28 days of being discharged from a hospital which forms part of the trust during the reporting period.	3: Helping people to recover from episodes of ill health or following injury	5.44%	6.15%	6.86%	7.02%

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

- 92.98% of people were not readmitted.
- Our transformation work is, in part, focused on developing our care pathways to help reduce the number of readmissions to hospital
- This information is taken from the clinical record
- Clinical staff are given training and guidance to input data onto the system. No staff member is allowed to use the system until they have received this training
- Data is clinically validated before it is submitted to the Health and Social Care Information Centre

4. Staff Experience - staff survey 2013

Indicator	NHS Outcomes Framework Domain	2011 (score out of 5)	2012	2013	2013 National average
The data made available to the National Health Service trust or NHS foundation trust by the Health and Social Care Information Centre with regard to the percentage of staff employed by, or under contract to, the trust during the reporting period who would recommend the trust as a provider of care to their family or friends.	4: Ensuring that people have a positive experience of care	3.65	3.72	3.77	3.71

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

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

- The Well Being in Partnership group has developed an action plan to oversee the improvement work needed.
- The action plan progress will be reported into Executive Management Team, Trust Board and Member's Council, Trust's Partnership Forum (staff side and partners) and to our Quality Boards.

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

<table>
<tr><th rowspan="2">Indicator</th><th rowspan="2">NHS Outcomes Framework Domain</th><th rowspan="2">SWYPFT 2012 Score
(out of 10)</th><th colspan="2">National 2012 score</th></tr>
<tr><th>Highest trust score</th><th>Lowest trust score</th></tr>
<tr><td rowspan="3">The data made available to the National Health Service trust or NHS foundation trust by the Health and Social Care Information Centre with regard to the trust's "Patient experience of community mental health services" indicator score with regard to a patient's experience of contact with a health or social care worker during the reporting period.</td><td rowspan="3">2: Enhancing quality of life for people with long-term conditions

4: Ensuring that people have a positive experience of care</td><td>8.6</td><td>9.1</td><td>8.2</td></tr>
<tr><td rowspan="2">SWYPFT 2013 score</td><td colspan="2">National 2013 score</td></tr>
<tr><td>Highest trust score</td><td>Lowest trust score</td></tr>
<tr><td>8.6</td><td>9.0</td><td>8.0</td></tr>
</table>

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

The South West Yorkshire Partnership NHS Foundation Trust intends to take the following actions to improve this percentage and therefore the quality of its services: triangulating this information with other sources of patient experience feedback in order that we can successfully focus our action.

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

Indicator	NHS Outcomes Framework Domain
The data made available to the National Health Service trust or NHS foundation trust by the Health and Social Care Information Centre with regard to the number and, where available, rate of patient safety incidents reported within the trust during the reporting period, and the number and percentage of such patient safety incidents that resulted in severe harm or death.	5: Treating and caring for people in a safe environment and protecting them from avoidable harm

Period	Number of patient safety incidents uploaded	Total number of red/ amber incidents (uploaded)	Severe	Death
13-14 Q1	1160	30 (2.58%)	23	7
13-14 Q2	1123	30 (2.67%)	22	8
13-14 Q3	1149	29 (2.52%)	19	10
13-14 Q4	841	8 (0.95%)	2	6
Totals:	**4273**	**97 (2.27%)**	**66**	**31**

The Trust has split the data into quarters to reflect the changes we made from 01-01-2014 where the degree of harm coding was implemented. Some of the incidents in the previous quarters which were graded amber or red do not accurately reflect the degree of harm defined by the Patient Safety Agency (i.e. pressure sore incidents graded and uploaded as Amber/ Severe but actually moderate harm). The Quarter 4 data is a more accurate reflection of degree of harm except for the natural delay in uploading some incidents. (It must be noted that not all incidents for Quarter 4 have been uploaded to NHS England as some are still awaiting review by the manager therefore that figure is likely to increase.)

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

1. Locally we capture information based upon our own severity, which includes actual and potential harm. This information is mapped to coding to national categories on National Reporting and Learning System. At all levels of degree of harm, these categories do not map directly back to our local grading, i.e. amber is not directly the same as Severe – some Red incidents will be severe. This results in the Trust over reporting in these categories. From 01-01-2014 Datix was locally reconfigured to capture degree of harm as defined by Patient Safety Agency as well as continuing to capture locally the actual harm and potential harm.

In 2012-13 we reported a total of 41 severe harm and/or death incidents compared to 97 incidents in 2013-14. The reason behind this increase is attributable to the threshold changes with regards to both

Pressure Ulcer and Information Governance reporting, criteria changes in reporting rules about the time a person has been in contact with services prior to death (increased from 6 month to 12 months) and the additional services that we have acquired during the 2013-14 period.

Nationally it is believed that organisations that report more incidents usually have a better and more effective safety culture, with which we agree. If we understand what our incidents are we can learn and improve our services. Each of our BDU's have a systematic way for reviewing learning from their incidents and a trust wide Patient Safety Clinical Reference Group coordinate trust wide learning.

What others think about our services?

Care Quality Commission (CQC)

South West Yorkshire Partnership NHS Foundation Trust is required to register with the Care Quality Commission and its current registration status is that it is registered in respect of the following regulated activities:

- Assessment or medical treatment for persons detained under the Mental Health Act 1983
- Diagnostic and Screening Procedures
- Family Planning
- Maternity and Midwifery Services
- Nursing Care
- Treatment of disease, disorder or injury

There are no conditions attached to the registration other than the specified locations from which the regulated activities may be carried on at or from.

The Care Quality Commission has not taken enforcement action against South West Yorkshire Partnership NHS Foundation Trust during 2013-14.

South West Yorkshire Partnership NHS Foundation Trust has participated in special reviews or investigations by the Care Quality Commission relating to the following areas during 2013-14: **the use of and provision of seclusion facilities in our medium secure services.** South West Yorkshire Partnership NHS Foundation Trust intends to take the following action to address the conclusions or requirements reported by the Care Quality Commission:

The progress South West Yorkshire Partnership NHS Foundation Trust has made by31st March 2014 is identified on the table below.

Concern raised by CQC in relation to seclusion at our medium secure facilities	Trust Comment/ Planned action	Progress made @ 31st March 2014
A patient alleged the intercom into seclusion room had been turned off when he was in seclusion.	The General Manager found no evidence of the intercom being turned off. Despite this staff have been reminded of the importance of keeping the intercom switched on at all times	COMPLETE 31.1.2014.
Inconsistencies were identified between the Trust's seclusion policy, the Code of Practice and staff practice on the unit.	Trust's Seclusion Policy will be updated. Staff practice is consistent to Trust policy.	The Trusts seclusion policy is under review.
Information for patient's on seclusion is not clear.	Trust's Seclusion Policy will be updated	The Trusts seclusion policy is under review.
Seclusion books did not meet the required record keeping standards as stated in the Code of Practice.	The seclusion book has been updated.	Updated seclusion book is being printed.
No evidence of multi -disciplinary (MDT) reviews of seclusion	Multi-disciplinary reviews of seclusion have taken place. However these have not been formally documented. Staff are now clear that MDT reviews do need documenting in the patients records.	COMPLETE 31.1.2014
Minimal evidence of patient's individual care needs during seclusion recorded.	This has been addressed with staff. Audit to be implemented to monitor & improve in this area.	COMPLETE 31.1.2014
Incident records contained information on the reasons for seclusion that were not included in the seclusion records.	This has been addressed with staff. Audit to be implemented to monitor & improve in this area.	COMPLETE 31.1.2014
Seclusion room refurbishment is required in some areas.	The Trust has a schedule of works being implemented to upgrade all seclusion facilities to ensure they meet the standards in the Code of Practice.	Schedule of works is on-going to improve seclusion facilities across the Trust. Scheduled to be complete during 2014-15.

We also participated in a thematic review looking at the quality and safety of care provided to people experiencing a mental health crisis. The Care Quality Commission anticipate that the impact of this thematic work will be to promote improvements in practice across the system through the availability of better information about the quality of mental health crisis care locally and nationally, the development of CQC's methods and tools for assessing crisis care, and through the development of a shared understanding of what good practice looks like. The results of this survey have not been published.

External Accreditation

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

External Accreditation	Comment
Royal College of Psychiatrists Accreditation for Inpatient Mental Health Services (AIMs)	We have 2 adult mental health wards accredited with this programme
Royal College of Psychiatrists Accreditation for Inpatient Mental Health Services (AIMs) - PICU	Both of our PICU units are accredited with this programme
Royal College of Psychiatrists ECT Service Accreditation	Both of our ECT suites are accredited with this programme
Royal College of Psychiatrists Memory Service National Accreditation programme	3 of our services are accredited with this programme
Royal College of Psychiatrists Forensic Mental Health Services (Quality Network)	Our Forensic service are members of the Quality Improvement Network
Customer Service Excellence Award	We were one of the first and few trusts nationally to be awarded the Customer Service Excellence award
Library Services Accreditation	We achieved 98% in the National Library Service Accreditation
University of Leeds: associated teaching trust status	Status in place for 5 years

Part 3: Our Performance in 2013-14

In this section you will find more information about the quality of our services by looking at our performance measures and the development activity we have undertaken in 2013-14 to improve the quality of our care.

Our 7 specified quality priorities for 2013-14 are underpinned by a number of identified performance indicators including some current Key Performance Indicators and Commissioning for Quality and Innovation goals (CQUIN). **Note:** the figures/ratings used in the Quality Account do not exactly correlate with achievement of CQUIN goals set by commissioners - this is because for the Quality Account a rounded average is taken across Business Delivery Units (BDU) and care groups rather than split down into goals achievement in each care group and BDU.

In 2013-14 we set ourselves a set of challenging measures to achieve. In most cases these measures were higher than the goals set by our commissioners.

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

SWYPFT ensures that a consistent quality threshold is applied across all services.

Progress against our measures set out in our 2013-14 Quality Account have been reported to our Board of Directors, Clinical Governance and Clinical Safety Committee and to our Council of Members, at our Members Council Quality Sub Group.

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

The table below gives details of the Key Performance Indicators we have monitored throughout 2013-14 against this priority measure:

Quality Priority	Key Performance Indicators	Target	Reporting Period	Q1			Q2			Q3			Q4			Year End Position
				A	M	J	J	A	S	O	N	D	J	F	M	
Priority 1: To continue to listen to our service users and carers and act on their feedback	% people (inpatient mental health – CKW) rating care as excellent or good	90%	Quarterly	**86%**			**82%**			**82%**			**82%**			
	% people (community CKW) rating care as excellent or good	90%	Quarterly	**95%**			**100%**			**91%**			**92%**			
	% people (inpatient MVH) rating care as excellent or good	90%	Bi annually	**100%**			No collection			**92%**			No collection			
	% people (community general) rating care as excellent or good	90%	Quarterly	**97%**			**97%**			**97%**			**96%**			
	% involved as much as they wanted to be in decisions about care – LD Services (non-Barnsley)	One audit – reported in Q3								**Audit completed**						
	% of complaints including staff attitude as an issue	<=25%	Monthly	**7**	**21**	**17**	**17**	**19**	**17**	**24**	**25**	**8**	**13**	**4**	**17**	

Why did we focus on this?

A key element of our approach to quality is ensuring people who use our services always have a good experience. We believe it is important to listen to the feedback we receive and act on this appropriately.

What progress have we made?

During 2013-14 we have continued to obtain feedback from people who use our services. We have monitored key performance indicators and thematically analysed narrative feedback.

The table above demonstrates the progress we have made in this area, i.e. that we are achieving all our patient experience goals, with the exception of the inpatient survey goal. In 2012-13 we achieved this goal and for 2013-14 we made a decision to stretch the goal. We increased the goal from 75% to 95% and decreased the number of categories we reported against, i.e. in 2012-13 we reported against

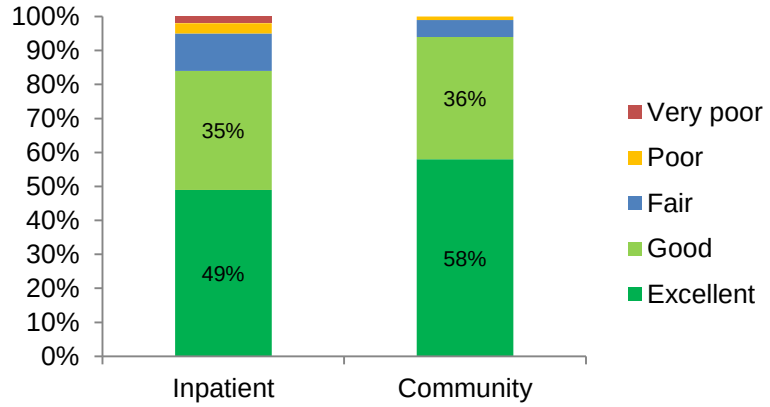
feedback that rated our care as excellent, good or fair: in 2013-14 we report against feedback that rates our care as good or excellent. We took this action as we believe a 'fair' rating does not meet the standards we want to achieve.

Patient Experience

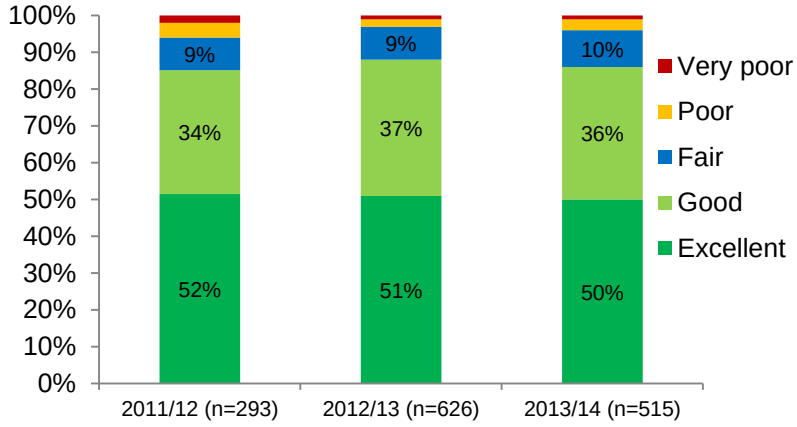
South West Yorkshire Partnership NHS Foundation Trust routinely collects patient experience as a key component of our mission to embed quality. Patient experience is one of the Trust's Commissioning for Quality and Innovation (CQUIN) goals, inpatients from nine wards across Calderdale, Wakefield and Kirklees are asked to give their opinion on services on discharge and six community teams are nominated per quarter to undertake a one week 'snapshot' survey. Barnsley Business Delivery Unit (BDU) have separate commissioning arrangements and as such were not part of this collection.

Over the past 3 years we have maintained our levels of patient satisfaction, with 80% of the feedback rating our care as good or excellent. We take patient experience feedback seriously and ward managers are taking action to address concerns received from feedback.

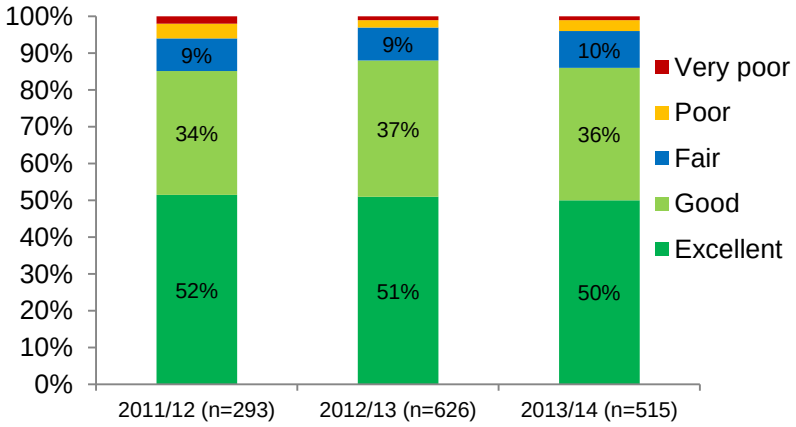
Overall, how would you rate the care and treatment you have received from mental health services?



Overall, how would you rate your care and treatment you have received from mental health services? (Inpatient and community combined)



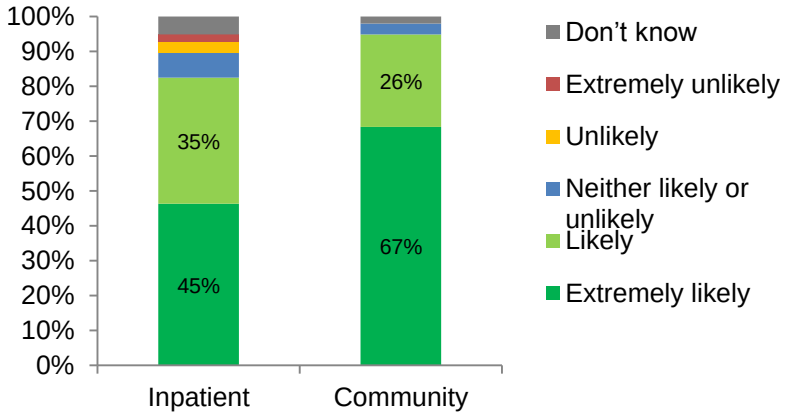
Overall, how would you rate your care and treatment you have received from mental health services? (Inpatient and community combined)



In addition to the routine CQUIN collection in 2013-14 large scale surveys were conducted across all inpatient services on a quarterly basis, a snapshot survey across all community services in Calderdale BDU and a survey across all Child and Adolescent mental health services (CAMHs) and Learning Disability services. From April 2014 a new set of questions will be asked. These questions have been co-produced; they reflect the Trusts Quality Priorities and include areas where identified improvements are needed. This new set of questions will be phased in from Quarter 1 across all services giving a comparable measure that will inform changes in practice and give the Trust assurance on patient satisfaction. As a pilot, the Friends and Family Test (FFT) has been routinely asked in all surveys over the last 12 months achieving consistently positive results. Plans are being put in place for the Trust wide implementation of the FFT before Quarter 3 2014-15.

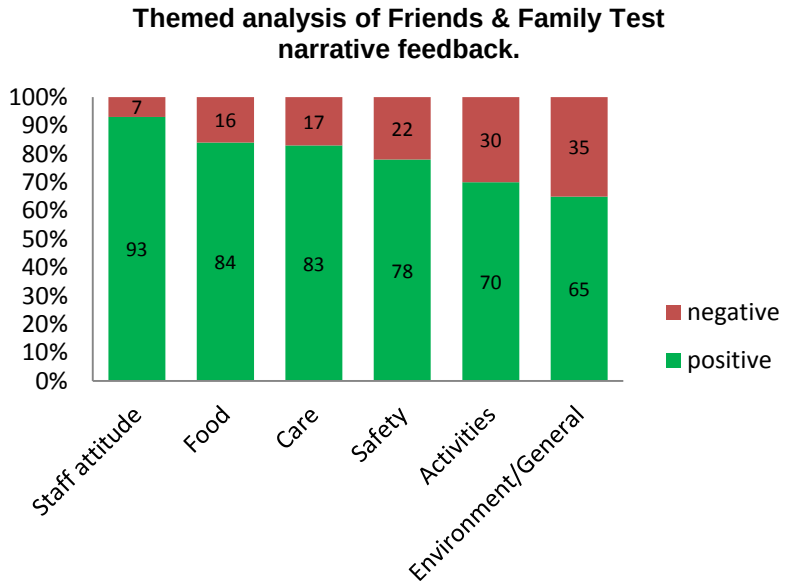
Below are our internal results from the FFT question.

The Friends and Family Test - How likely are you to recommend our services to friends and family if they required similar care or treatment?



We have themed the narrative responses from the FFT question asked in our surveys. Overall we received 778 useful comments which have been themed into 6 general categories and then split into positive and negative comments.

The following graph shows the themes and the percentage of positive and negative comments in each category.



Patient Experience: Learning Disability Services

The Trust learning disabilities service undertook a patient satisfaction survey that was based at the Calderdale, Kirklees and Wakefield 'It's My Health Day' on 18 December 2013. The event was organised by the Clinical Commissioning Groups (CCG's) that covered these three localities. Attendance was limited to 50 adults with learning disabilities with their carer from each locality. Each of the attendants was invited to provide feedback to members of the learning disabilities service using a semi-structured interview format adapted for their particular communication needs.

Actions points from feedback:

1. To review the patient information across the service and standardise the format and content. This will include:

   I. patient information for inpatients

   II. outpatient appointment letters

   III. information provided at clinics

   IV. information provided during visits

2. To identify a set of outpatient standards for all service areas to work towards and which can be used as a basis for audit and future patient satisfaction surveys. These standards will cover:

   I. information provided about appointments

   II. standards of support for patients who are waiting for their clinic appointment, during their appointment and making follow-up arrangements

3. The service will develop a patient satisfaction survey programme that uses a series of short, focused surveys specific to individual treatment areas, clinic areas and clinical teams. The effectiveness of this approach will be constantly reviewed and the approach refined.

4. The Trust will identify a process for publicising outcomes of learning disability audits and the actions taken in a way that is relevant to the patient group.

Complaints with staff attitude as an issue:

The number of complaints we have received that raise concerns about staff attitude has fluctuated throughout 2013-14, however the figure has remained within our goal.

In October and November 2013 we received a high number of complaints in respect of one of our service lines. In addition to each

complaint being given personal attention the Service Manager met with a group of carers to gain a deeper understanding of the issues and an in-depth carer survey was undertaken to gain a broader picture from a wider range of carers. Actions are currently in place to address the issues raised from the survey.

Our Commitment to Carers

Carer involvement in care planning

We recently conducted an audit of carer involvement in care planning, asking carers to complete a questionnaire. Here is some of the information people who responded to our survey told us:

- Nearly 75% of respondents had been given information about the assessed needs of the person they cared for
- 68% knew how a care plan to support them would be agreed
- 71% felt they had been involved in understanding any risks
- 87% knew how to contact the care co-ordinator for the person they cared for
- 84% knew what signs to look for showing improvement or relapse
- 83% felt listened to by staff
- 62% had been given information on groups they might join
- 96% felt staff showed them consideration

Carers Forum

A carer's forum has been set up on a Kirklees ward to obtain feedback and help improve services. The forum meets every two months and attracts around 30 carers. Recent feedback has included:

- Some staff are more approachable than others. Some take the time to listen, others don't and carers have asked for a more consistent approach.
- How difficult a first admission is for carers and that extra time should be allowed to acknowledge this.
- An information pack would be helpful.
- Carers have asked for extra support when people are discharged as they feel isolated and alone.

The ward is addressing the issues raised and really values the forum and the opportunity to work in partnership with carers.

What next?

Throughout 2014-15 we will continue to listen to people who use our services and continue our exploration of methods of obtaining feedback. We will focus on acting on the feedback we receive and embedding the patient experience cycle throughout our clinical services. Alongside these actions we will implement and embed the Friends and Family Test across our Trust. We will monitor the patient feedback from our mental health in-patient wards, as we did not achieve our target this year, our CAMH's and our Long term Conditions teams. We will implement elements of 'A Triangle of Care' in selected inpatient wards and develop a framework that can be used for implementation trust wide.

Quality priority 2: Timely access to services

The table below gives details of the Key Performance Indicators we have monitored throughout 2013-14 against this priority measure:

Quality Priority	Key Performance Indicators	Target	Reporting Period	Q1			Q2			Q3			Q4			Year End Position
				A	M	J	J	A	S	O	N	D	J	F	M	
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 (crisis) (CKW)	95%	Quarterly	**91%**			**90%**			**91%**			**91%**			
	% assessments within 4 hours for people entering urgent care pathway (B)	95%	Quarterly	**96**	**93**	**97**	**97**	**97**	**96**	**97**	**96**	**96**	**98**	**96**	**97**	
	Improving access for people experiencing non-acute mental health problems (routine) ; face to face contact within 14 days of referral (CKW)	90%	Quarterly	**69%**			**71%**			**73%**			84%			
	Improving access for people experiencing non-acute mental health problems (routine) ; commencing treatment within 6 weeks of a face to face contact (B)	90%	Quarterly	**98%**			**93%**			**93%**			**94%**			
	Improving access for people referred to psychological therapies; new referrals assessed within 14 days (CKW)	95%	Quarterly	**98%**			**98%**			**98%**			**97%**			
	% referrals (non-urgent) assessed within 14 days (B)	90%	Quarterly	**81%**			**49%**			**51%**			**53%**			
	% people who have had their admission gate kept	95%	Monthly	**100**	**100**	**93**	**99**	**100**	**100**	**98**	**99**	**99**	**98**	**99**	**99**	
	Referral to treatment within 18 weeks target achieved (B)	95%	Quarterly	**100%**			**100%**			**98%**			**98%**			

Why did we focus on this?

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

What progress have we made?

We monitored ourselves against 6 key performance indicators in relation to access to services and we achieved 4 of these goals.

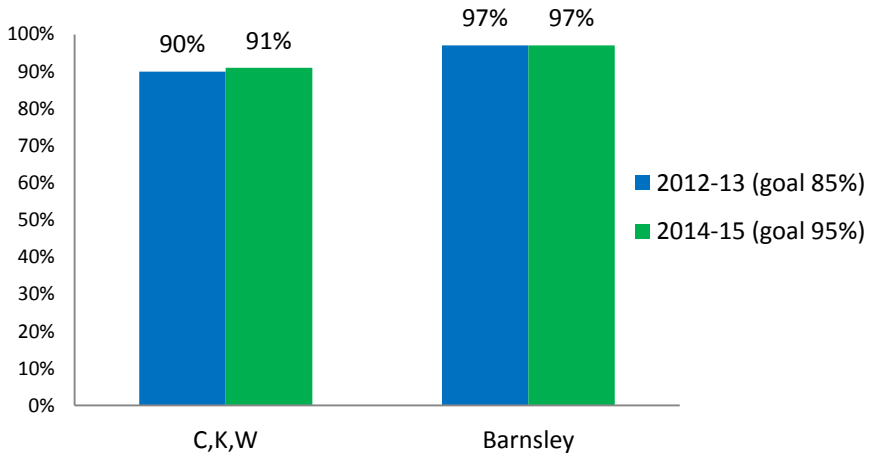
The table above demonstrates that we are good at:

- ✓ gatekeeping admissions to our mental health inpatient beds
- ✓ treating people within 18 weeks of assessment (Barnsley)
- ✓ seeing people who are referred for psychological therapies within 14 days of referral (CKW)
- ✓ seeing people for treatment within 6 weeks of a face to face contact (Barnsley)

The areas where we were we did not achieve our goals are 'Improving access for people experiencing acute mental health problems' and 'improving access for people experiencing non-acute mental health problems'.

We set our goals for the Quality Account higher than our CQUIN and contract goals and by the end of March 2014 we did achieve CQUIN and contract goals for both crisis and routine access to services.

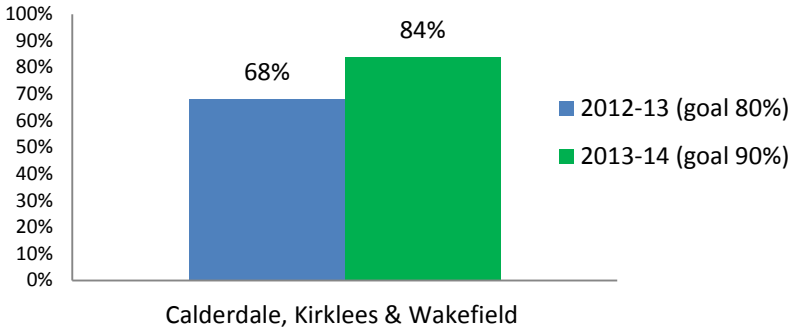
Improving access for people experiencing acute mental health problems



In our Calderdale, Kirklees & Wakefield (C,K,W) services in 2012-13 we achieved our goal of 85%. For the period 2013-14 we increased this goal to 95% and achieved a performance of 91% at month 12. Although we did not achieve our goal we have increased our performance in this area.

In our Barnsley service in 2012-13 we achieved our goal of 85% with performance at 97%. For the period 2013-14 we increased this goal to 95% and maintained our performance.

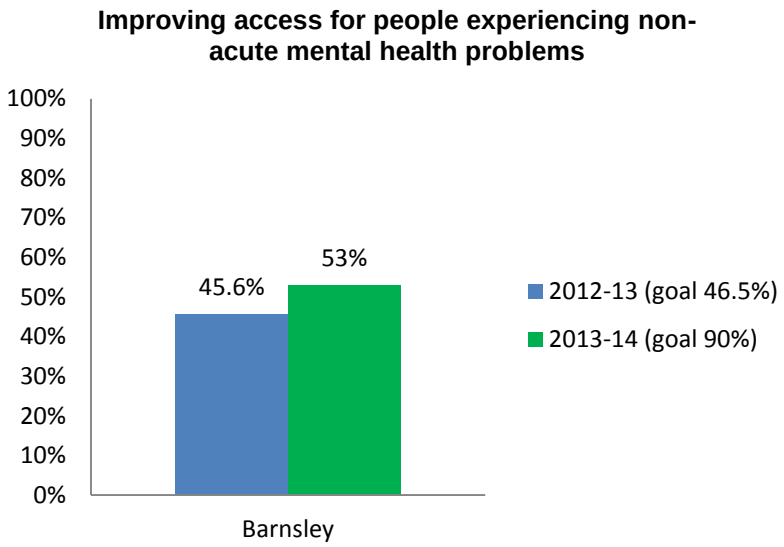
Improving access for people experiencing non-acute mental health problems



In our Calderdale, Kirklees & Wakefield services in 2012-13 we did not achieve our goal of 80% our performance figure was 68%. For the period 2013-14 we increased this goal to 95% as we wanted to keep the focus on this area as it is important to people who use our services and achieved a performance of 84% at month 12, an increase of 16%.

An internal piece of work was undertaken to understand why we were not achieving the routine access to service goals in our Calderdale, Kirklees and Wakefield localities. This work identified 5 key areas that were preventing teams achieving this goal, delays in receiving referrals from Single Point of access (SPA), errors in clinical record keeping; electronic recording system reporting of internal referrals (double counting); medical assessments and demand and capacity. By systematically addressing these issues the

goal is steadily increasing. We will continue to monitor these access goals in 2014-15.



In our Barnsley services we did not achieve the goal we set, however we achieved the contact agreement goal of 49.5%. Three of our community teams assessed 100% of their referrals within the agreed time frame, six of the teams are seeing 50% plus of referrals within the time frame and two teams are seeing an average of 40% of their referrals within the timeframe. These two teams are receiving between three and ten times more referrals than other teams within community services.

Psychiatric Liaison services:

In our Wakefield locality a Psychiatric Liaison facility has been developed and in our Kirklees and Calderdale localities our Rapid Assessment Interface and Discharge service (RAID) went live from 1st April 2014.

These service developments will ensure that hospital in-patients (general hospital) with mental health problems receive timely twenty four hour a day access to specialist support and appropriate pathways of care.

In response to patient feedback we undertook the following actions:

In feedback to a Community Mental Health Team, ***You said***: you wanted support in a community setting

We did: reviewed our day service provision and developed a community based intervention team to support people in their own homes.

In feedback to our musculoskeletal services, ***You said***: you wanted a late evening clinic to improve access

We did: Existing clinics are being reorganised to accommodate clinics in an evening and a Saturday morning.

In feedback to a clinic based service, ***You said:*** it was difficult to travel to clinics if you didn't drive

We did: offered options for appointments at a range of venues and times.

Single Point of Access (SPA)

The Single Point of Access (SPA) teams in our mental health services are critical to ensuring people receive the right service at the right time in the right place. The project aimed to improve the service quality and rationalise the operational processes of the SPA teams across the Trust using 'Lean thinking'. The project made recommendations in relation to standardising the operational

procedures across all SPA teams and communication media with GP's. These recommendations are being taken forward through our transformation work programmes.

Stroke Rehabilitation Unit relocation survey

In 2013 the Stroke Rehabilitation Unit was relocated from Mount Vernon Hospital to Kendray Hospital. The move was evaluated in terms of satisfaction and effectiveness by patients.

Patients who were admitted to Mount Vernon Hospital (MVH) (2012-13) were sent a postal survey.

Patients admitted at Kendray Hospital (KH) were given a paper questionnaire.

The results for questions related to access to services are displayed in the following table:

Survey questions	Mount Vernon Hospital (MVH)	Kendray Hospital (KH)
How easy was it for you and your family to get to/from the hospital?	54% stated 'easy' or 'very easy'	80% stated 'easy' or 'very easy'
How easy was it to park at the hospital?	27% stated 'easy' or 'very easy'	55% stated 'easy' or 'very easy'
How would you rate the general ward environment?	85% rated as 'excellent' or 'good'	100% rated as 'excellent' or 'good'
Friends and Family Test	92% rated 'extremely likely' or 'likely' to recommend services	100% rated 'extremely likely' or 'likely' to recommend services

As the results demonstrate, in relation to access, the move of the Stroke Rehabilitation Unit from Mount Vernon Hospital to Kendray Hospital site enhanced the patient experience of the service.

What next?

Throughout 2014-15 we will continue to review and develop access to our services in line with the national NHS agenda and our local transformation programmes.

Quality Priority 3: Care and Care Planning

The table below gives details of the Key Performance Indicators we have monitored throughout 2013-14 against this priority measure:

Quality Priority	Key Performance Indicators	Target	Reporting Period	Q1			Q2			Q3			Q4			Year End Position
				A	M	J	J	A	S	O	N	D	J	F	M	
Priority 3: Continue to improve care and care planning	% service users on CPA who had a formal review within the previous 12 months	95%	Monthly	96	92	95	94	94	97	97	96	98	96	95	99	
	% people offered a copy of their care plan	85%	Monthly	83	74	74	75	75	76	77	77	78	79	81	81	
	Improving health outcomes for people in secondary mental health services (exercise) target achieved	90%	Quarterly	100%			100%			100%			100%			

Why did we focus on this?

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

What progress have we made?

Care Planning

The overall percentage of people recorded as being offered a copy of their care plan has improved bringing it above the Trust's key performance target level (80%) at 81.4%. The goal of 85% for Quality Account is not being achieved.

The table above demonstrates a steady improvement across the year 2013-14. In April our electronic recording system was rolled out to additional teams and as a consequence performance dipped, throughout May & June, as the staff became accustomed to the new recording system.

We have several Trust initiatives/programmes to reinforce good practice in care and care planning, which include:

- Three training sessions on Care Co-ordination competencies have been successfully piloted. This will now be developed and rolled out Trustwide. The training focuses on professional responsibilities in delivering the 6 core competencies of care co-ordination:

- ✓ Comprehensive needs assessment
- ✓ Care planning and review
- ✓ Assessing and responding to carers needs
- ✓ Transfer of care/discharge
- ✓ Risk assessment and management
- ✓ Crisis planning and management

• The care co-ordinator cards co-produced with service users, carers and clinicians have now been circulated across the Trust. Positive feedback has been received through Dialogue Groups and from clinicians. These cards are to be given to all service users on both CPA and Standard Care

• 12 personal standards for care planning and 12 personal standards for reviews of care agreed by a group of service users, carers and clinicians continue to be disseminated into team bases as a guide/reminder for care co-ordinators and a good practice check-list. These standards will give clarity to service users about the standard of care they can expect from clinical staff and a toolkit to challenge clinical staff if they do not receive the agreed standard of care. These have been incorporated into the care Co-ordination Competencies training

• Work continues to identify how RiO can be used to populate letters and appointments with the identification and contact details of the care co-ordinator. We now understand the practicalities of what can be done and need to agree the process to support this development

• Work has commenced to develop a standardised pre-review document for reviews of care to enhance the involvement and engagement of service users and carers in care reviews. This has been developed from the good practice identified within the Trust. A draft copy will be circulated for feedback. The document has been discussed at Dialogue Groups and has been supported by those in attendance

• The CPA/Standard Care audit is currently being reviewed to coincide with developments in the patient experience questionnaires. The aim is to avoid repetition and strengthen areas such as carer experience. Monthly reporting now captures elements of systems and process checks against CPA standards. This provides real time reporting and challenges the requirement of elements of the audit

Implementing Recovery through Organisational Change (IMROC)

Recovery is about how we work together so we can deliver our mission and help people really live well in their community. It's core to everything that we do and it's based on the belief that a fulfilling life need not be limited by a problem with our health. It recognises that each person is a unique individual who has a unique view on what living well means to them and so our role is to help people gain greater control and responsibility for their future.

Work on recovery is therefore fundamental to achieving the Trust mission and therefore making a positive impact on people's lives.

A significant amount of progress has been made, this includes:

- Work to strategically link Creative Minds and Recovery to help describe an alternative service offer
- Development of Recovery Colleges across 4 geographical areas and within Forensic services
  - ✓ Agreement of a vision for the colleges

- ✓ Opening of The Exchange in Barnsley and delivery of 2 terms of courses
- ✓ Drafting of fidelity criteria
- ✓ Establishment of a coordinating group
- ✓ Development of an implementation plan

- Links to Implementing Recovery through Organisational Change (ImROC)

  - ✓ Attendance and presentations at learning sets
  - ✓ Attendance and delivery of a plenary session at the national conference
  - ✓ Delivery of a workshop on Recovery within Forensic services

- Further exploration of the concept of co-production and the development of co-production training for people with lived or professional experience which has been developed using co-production

- The establishment of a project to look at Health and Wellbeing volunteer navigators who will link into the community

- The development of a co-produced Recognition Scheme

- The development of a Recovery elevator pitch for communication purposes

- Links to partners and other organisations such as WEA, MIND, Healthy Minds, Educational establishments, Creative Partners etc.

- Stories work to provide examples of recovery in action

- Agreement of a contract with the Social Enterprise Support Centre to deliver Business Enterprise training into the Recovery Colleges and also to work with people with lived or professional experience to develop a model to measure Social Return on Investment (SROI)

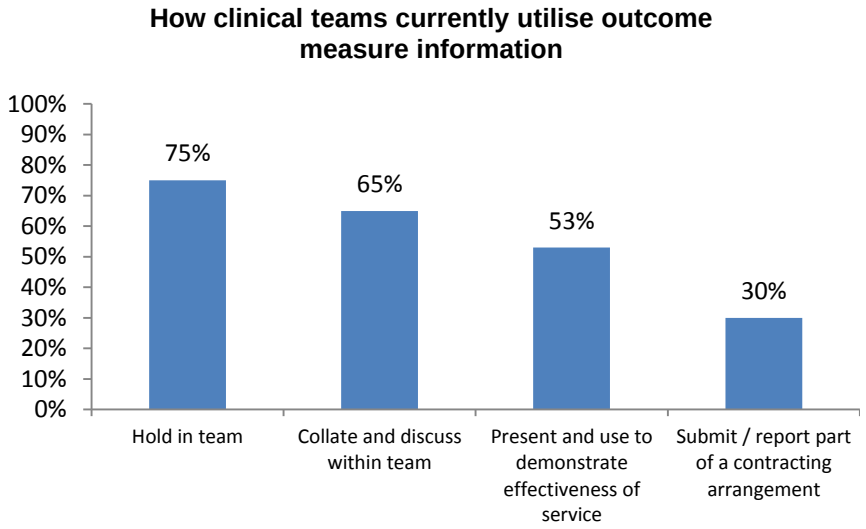
Outcomes based services

To 'enable people to reach their potential and live well in their community' we need to ensure we are meeting people's needs by delivering services that are outcomes focused.

Throughout 2013-14 we have participated in a national pilot to determine a universal outcome tool that could be used as a measure for mental health currency and payment. This pilot is ongoing and a report will be produced in June 2014.

Internally we are in the early stages of establishing a working group to focus on developing outcomes based services. In preparation for this we have undertaken a snap shot survey to determine which of our services are collecting outcome measures and how they are utilising the information.

Information from the survey informs us that in the Trust a significant number of our clinical services are collecting outcome data and that the data is being used in a number of different ways.



In 2014-15 we will progress this work with the aim of increasing the number of teams who use the outcome information to demonstrate their clinical effectiveness.

What next?

Implementing Recovery through Organisational Change (IMRoC) project is a fundamental project for shaping the way we deliver our services going forward. We will continue to monitor progress through the quality account process.

We will utilise clinical audit to demonstrate both assurance and improvements in clinical standards.

We will continue in our mission to develop outcome based services both as part of national mental health currency developments and local work streams.

We will implement a NICE Quality Standard in one of our service areas and develop a framework for wider utilisation across the Trust.

Priority 4: Improve the recording and evaluating of care

The table below gives details of the Key Performance Indicators we have monitored throughout 2013-14 against this priority measure:

Quality Priority	Key Performance Indicators	Target	Reporting Period	Q1			Q2			Q3			Q4			Year End Position
				A	M	J	J	A	S	O	N	D	J	F	M	
Priority 4:	Adherence to cluster review periods	Q3= 85% Q4= 90%								71%			73%			
Improve the recording and evaluation of care	% mental health patients with a valid diagnosis code at discharge	99%	Monthly	100	71	98	100	100	95	95	96	77	91	99	89	
	% of eligible cases assigned a cluster	100%	Monthly	98	92	92	87	89	90	91	93	94	95	95	95	

Why did we focus on this?

We want each intervention accurately recorded in a timely manner to ensure appropriate communication across a care team. This is vital in providing safe, effective clinical care and underpins all professional staffs' code of professional conduct.

What progress have we made?

Overall we have made significant progress in establishing work streams to address our clinical record keeping and data qualities priorities.

Adherence cluster assessment and frequency of cluster reviews

The indicator percentage of eligible cases assigned a cluster and percentage adherence to cluster review periods have been monitored throughout 2013-14 and trajectories for improvement set with clinical teams. This development has been a cultural change in clinical practice for teams and hence progress is steadily progressing as we would expect.

The results for percentage of eligible cases assigned a cluster has increased month on month, however, the percentage adherence to cluster review within frequency has shown a steady decline in performance. In quarter 4 the Mental Health Currency Team has focused their resources in this area to help clinical teams improve recording to underpin their clinical practice. This input has had some impact on record keeping activity and the input will continue to enable progress to be made in this area.

Clinical coding – MH Payment by Results monitoring

We monitored this measure in 2013-14 as this will be a measure used as part of mental health currency quality indicators programme. We have not achieved the goal we set. This measure will be used in the future as a Quality Indicator in the Mental Health payment system and we will continue to take action to improve this measure, which will be monitored through the mental health currency group.

Quality Forum

As part of our approach to quality we have adopted the practice of holding "Quality Forum's". The aim is to build motivation against a specific topic, focusing on people's key priorities and personal responsibilities.

The first Quality Forum was held in December 2013 and focused on clinical record keeping. The key messages from the forum are fed to members of the Executive Management Team (EMT) for strategic action and each member of staff who attended the forum had an individual action plan of improvements for themselves and/or their team. The forums will assist with the important 'Board to Ward' (clinical team) communication process.

Trust wide record keeping audit

Clinical records are among the most basic of tools which are used in almost every consultation, providing an accurate picture of the care and treatment given to an individual, and assistance in making sure they receive the best possible care. They also aid effective communication with other health care professionals.

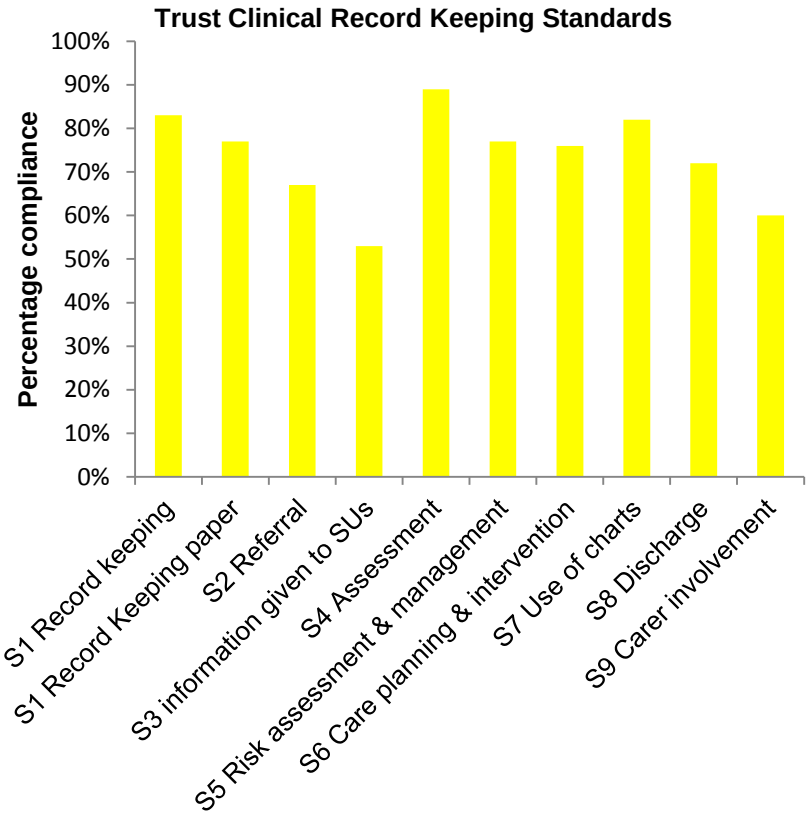
The Francis report highlighted a number of issues with record -keeping practice. These included:

- no clear registration of a patient's transfer from one ward to another
- no consistent use of care plans
- incomplete nursing records, in particular not following through identified problems
- lack of consistent nutrition and fluid charts where patients had special needs in this respect
- little by way of background information about patients e.g. social history, history of condition etc., other than brief admission clerking notes
- author of record not clearly identified
- failure to record modified early warning score (MEWS) scores
- lack of recording of discussion with patient and/or patient's family
- inaccurate recording of the time of a patient's death

In May 2013 a Trustwide record keeping (task and finish) group was established with a set of key objectives:

- Develop a set of clinical record keeping standards that can be utilised across all professional groups
- Develop an audit tool for clinical record keeping
- Undertake a Trustwide audit to establish a benchmark position on the effectiveness of our clinical records
- Lead on the development of key activity to address clinical record keeping standards

The group has delivered against these objectives, developing nine standards for generic use across all professional groups, with a Trustwide audit taking place in February 2014. Some key findings are demonstrated in the chart below:



Each clinical team have information on their performance and are developing action plans to address immediate shortfalls.

Recommendations from this Trustwide audit will be monitored at the data quality steering group.

Our internal auditors (KPMG) have undertaken two clinical record keeping/data quality audits throughout 2013-14. An action plan was developed following the first audit which identified three high risk areas for improvement. The latest audit (March 2014) recognises the progress we have made in this area and acknowledges that we have clear plans in place for improvement to continue.

What next?

In 2014-15 we will continue the work we have started on clinical record keeping and focus on implementation of clinical record keeping audit action plans. The clinical record keeping standards will be further refined.

The data quality steering group will continue to monitor clinical performance data action plans and provide strategic guidance on further action.

An e-learning package on data quality will be produced.

Two data quality indicators: % mental health in-patients with a valid diagnosis code at discharge and % of patients with ethnicity codes completed will be monitored as part of the mental health currency, quality indicators development.

Quality Priority 5: Transitions across pathways

The table below gives details of the Key Performance Indicators we have monitored throughout 2013-14 against this priority measure

Quality Priority	Key Performance Indicators	Target	Reporting Period	Q1			Q2			Q3			Q4			Year End Position
				A	M	J	J	A	S	O	N	D	J	F	M	
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	95%	Monthly	98	95	97	97	97	97	97	96	98	97	98	100	
	Delayed transfers of Care (DTOC)	<=7.5	Monthly	3.9	3.5	4.1	3.1	3.4	3.8	3.9	3.5	3.1	2.2	2.5	2.6	
	% mental health assessments with completed item scores at discharge (CROM)	In development														

Why did we focus on this?

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

What progress have we made?

We have achieved the 7 day follow up goal. This is an essential clinical practice that helps us keep people safe.

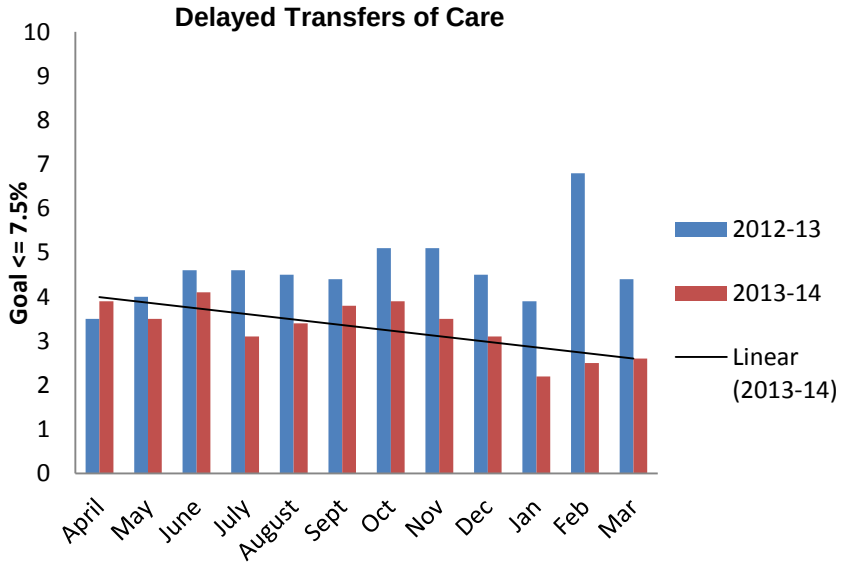
Delayed Transfers of Care

The chart below details our performance against Delayed Transfers of Care over the past two years. As the trend line identifies, we have a downward trend in relation to this goal.

In February 2013 we identified an area of inconsistent practice in the way our clinical teams reported people who could not be discharged from our inpatient beds due to a delay in the care pathway.

Throughout 2013-14 we have worked with our partners to develop a Standard Operating Procedure: Minimising Delayed Transfers of Care that sets the expectations for clinical practice on this subject. Implementation of this procedure is planned for

May 2014 and an audit to measure how effectively the procedure is being implemented is planned for November 2014.



Clinical Reported Outcome Measure

Nationally, work is progressing to develop a four factor model of the Health of the Nation Outcome Scales (HoNOS). It is expected that the statistical significance of average changes observed in the HoNOS total and four factor scores could be used to evaluate outcomes in each care cluster. The clinical significance of changes observed in the HoNOS totals scores, which involves calculating the percentage of service users that meet the criteria for reliable improvement or deterioration, could also be used to evaluate outcomes in each care cluster. The results could be reported by cluster for each organisation/service provider. We have been unable to progress with the development of this outcome measure as it is dependent upon national work that has not progressed at the pace expected.

Creative Minds

Our Creative Minds programme continues to promote partnerships with services in the community. One example of this being the Equine Therapy Programme, a partnership between South West Yorkshire partnership NHS Foundation trust and Wakefield Riding for the Disabled. Feedback from the first programme has been extremely positive both in terms of participant comments and facilitator impact observations. Staff observed an overall marked improvement in participants' well-being and participants reporting reengagement with previous interests and development of new areas of interest.

What next?

In 2014-15 we will implement and audit the effectiveness of our Minimising Delays Transfers of Care-Operating Procedure.

We will review our transition protocols for our CAMH's / Working Age Adults Interface.

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

The table below gives details of the Key Performance Indicators we have monitored throughout 2013-14 against this priority measure:

Quality Priority	Key Performance Indicators	Target	Reporting Period	Q1			Q2			Q3			Q4			Year End Position
				A	M	J	J	A	S	O	N	D	J	F	M	
Priority 6: Ensure that our staff are professionally physically and mentally fit to undertake their duties	Sickness rate	4%	Monthly	5.3	4.9	4.7	4.6	4.6	4.5	4.6	4.7	4.7	4.8	4.8	4.7	
	Appraisal rate	90% by June 2013					**85.9%**									**92.3%**
	Improvement in staff survey	Improve on 'overall' score in staff survey (score out of 5)		2011			2012			National average 2013			**3.77**			
				3.68			**3.72**			**3.71**						

Why did we focus on this?

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

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

What progress have we made?

Sickness absence goal

Our goal in 2013-14 was to achieve a 4% sickness absence rate. At March 2014 our figure is 4.7 - we have not achieved this goal and do not anticipate that we will achieve this goal until April 2016. This figure of 4.7% in April 2014 is a 0.6% reduction from last year but still above the 4.0% Trust Board target.

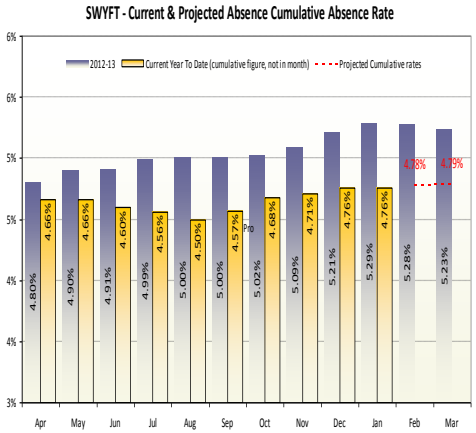
Current (2013-14) and future (2014-15) Workforce Plans have highly detailed action plans per Business Delivery Unit (BDU) in place to address absence levels with a directive to reduce absence rates. The objectives follow the same guidelines and are summarised as follows:

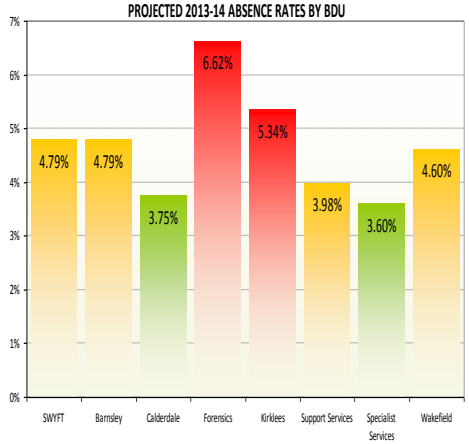
- Significant overall reduction in average days lost per employee (Currently 19.98 days per episode)
- Targeted absence management work within additional Clinical Service roles and Nursing roles
- BDU adherence to the 15-point plan in order to reduce absence overall
- Reduction of instances of absence recorded as 'Unknown' in Electronic Staff Record (ESR)
- Review of Payroll Processes surrounding the reduction of 'not known' absence being record within ESR
- Targeted absence management regarding long term absence in both staff role areas
- Targeted absence reduction in Band 3 healthcare support roles
- Targeted absence reduction in Band 5 staff nursing roles
- Agreed action plans implemented with Service Leads, supervisors and relevant Human Resources advisors in identified hot spot areas to target a reduction in absence and achieve SWYPFT absence targets. 12 month rolling plan agreed to ensure absence is reduced
- Reduction of current long term absence burden upon the BDU (Currently 81% of all absence)
- Reduction of stress related absence within the BDU (Currently 1 in every 5 days lost due to stress related absence)

The graph below shows the cumulative absence rate for SWYPFT overall (yellow columns) against the cumulative rolling absence rate from last year (blue columns) with the projected cumulative rate for the coming year (red dotted line).

Of the 33 service lines (Department level) across the whole of SWYPFT, 17 are currently experiencing cumulative absence rates beneath 4%.

Workforce Plan objectives are benchmarked in Quality Academy supported Management information through BDU Performance





Reporting (monthly) and Trust Absence Projections Reporting (monthly) which identifies both current and predicted absence per BDU with intervention measures to address rising absence, hotspots etc. There is also Quality Academy support for the management of ill health through the Sickness Absence Policy providing comprehensive sickness management between Service Leads, Occupational Health and Human Resource managers surrounding back to work interviews and progression through the Sickness Absence Policy and ill health procedure.

The Trust is also currently rolling out a joint programme surrounding the identification of stress related absence with Occupational Health as part of a full Wellbeing Agenda.

Appraisal system

Why did we introduce a new value based appraisal system?

The Trust introduced its new appraisal process on 1st April 2013 based on the requisite to reinforce organisational values. As such, appraisal is just one of a number of approaches the Trust is pursuing to ensure that the 'attitudes' and behaviours of our employees match Trust and service user expectations. The new appraisal process and associated documentation are designed to facilitate the traditional approach to appraisal of assessing and discussing 'performance' – i.e. an individual's achievements, effectiveness in the job, completion of objectives, development of skills and knowledge and so on. The radical change introduced by the new process however, is the addition of a second dimension of assessing and discussing the individual's 'attitudes' and behaviour alongside their performance. This two-dimensional approach to appraisal enables consideration of not just what an individual does in the job, but also how they do it. The heart of the new system is a set of behavioural indicators which articulate what 'desirable' behaviour actually means. The result is that for the first time, all employees have a consistent frame of reference for what 'good' looks like – and that the Trust has the means to consistently assess all staff against the associated expectations.

The behavioural indicators were generated through the input of several hundred staff after listening to service user stories recounting their experiences of the healthcare system over many years. The behavioural indicators are designed to represent what service users would want to see from staff if the Trust is to live its values. This makes the values 'real' for staff, enabling self-reflection and reinforcement of positive personal conduct – helping to ensure that interactions with service users and colleagues are similarly positive so that the service user experience is improved overall. The behavioural indicators include putting compassion into practice and the process also supports the manager to make decisions regarding dealing with 'difficult' staff or those whose behaviour needs to change if it is to reach the high standards that the Trust requires.

The new appraisal process also incorporates other features to both hold staff to account – and to provide support for staff to ensure they are fit and well to care. For example, to meet the required performance criteria set out by the new process, professional staff will be required to maintain a CPD portfolio, and to have this checked by the manager as part of the appraisal discussion. The approach also includes prompts to discuss the individual's wellbeing needs - and evaluation of the process during the first year of implementation showed that this aspect of appraisal works as 38 new referrals for work-related stress were made to the staff support service, as a direct result of this issue being identified for the first time as part of the appraisal discussion.

What progress have we made?

Almost 100% of Trust staff have been appraised using the new values-based system since launch (over 4,000 individuals).

An extensive evaluation exercise was undertaken during the summer of 2013 resulting in a detailed report published within the Trust in October 2013 (see http://nww.swyt.nhs.uk/learning- development/Documents/Appraisal Evaluation.doc). The exercise showed that compared to previous appraisal systems used in the Trust/NHS, our new process was found to be extremely useful for:

Guiding or providing structure to appraisal discussions

Leaving the individual feeling thanked, valued, recognised

Helping to identify positive contributions, achievements

Helping to identify where personal improvements can/should be made

Helping to identify support required from the manager

Helping to identify development needs

The process was found to be especially useful for encouraging reflection on acceptable attitude or conduct at work, with comments including:

'*I love the new document and find it ideal for reviewing performance and behaviour*'

'I felt the personal reflection was an excellent way for staff to reflect on their own behaviour rather than the manager giving their opinion. Staff find it harder to reflect truthfully and this was a way that they had to recognise their achievements and areas for improvement'

'The behaviours section is particularly useful. It helps build team/service/trust cultures and makes it absolutely clear what is acceptable and what is not'

'I used the appraisal system to reinforce change in a positive way and to challenge people to stop being negative'

The evaluation exercise also identified 'critical success factors' to ensure effective appraisal (regardless of the process used) – with learning transferable to all NHS organisations. It also provided excellent feedback to help improve the Trust's appraisal process and documentation still further ready for re-launch in April 2014, meaning we have a true, evidence-based appraisal system for the first time. By engaging significant numbers of staff in the development process, we are also as confident as we can be of the degree of buy-in to the new process so that this is owned by the workforce.

Staff survey

Our overall score has increased by 0.9 between 2011 and 2013 surveys, and an increase of 0.5 reflecting an upwards trend in how our staff feel able to contribute to improvements at work, that they are willing to recommend us as a place to work or receive treatment and that they feel motivated and engaged. Our wellbeing at work partnership group will oversee our staff survey action plan.

Clinical Supervision Audit

In 2013-14 we planned to undertake a Trustwide Clinical Supervision Audit. We have utilised staff from our talent pool, led by a Practice Governance Coach, to prepare the foundations for this work and will progress this throughout 2014-15.

What next?

Throughout 2014-15 we will implement the staff Friends and Family test alongside our staff wellbeing at work survey. We will listen and act on the feedback we receive.

We will progress our work on clinical supervision into 2014-15.

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

The table below gives details of the Key Performance Indicators we have monitored throughout 2013-14 against this priority measure.

Quality Priority	Key Performance Indicators	Target	Reporting Period	Q1			Q2			Q3			Q4			Year End Position
				A	M	J	J	A	S	O	N	D	J	F	M	
Priority 7: To improve the safety of our service users, carers, staff and visitors	% of never events	Nil events	Monthly	0	0	0	0	0	0	0	0	0	0	0	0	
	Achievement of NICE guidance compliance indicators	95%	Quarterly	98%			97%			97%			99%			
	Effective monitoring and response to medication errors	100%	Quarterly	100%			100%			100%			100%			
	Appropriate safeguarding referrals and response	100%	Quarterly	100%			100%			100%			100%			

Why did we focus on this?

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

What progress have we made?

Never events

Never events are a sub-set of Serious Incidents and are defined as 'serious, largely preventable patient safety incidents that should not occur if the available preventative measures have been implemented by healthcare providers.' During 2013-14 there have not been any never events.

NICE guidance

NICE Guidance (NICE Clinical Guidelines, Quality Standards, Public Health Guidance, Technology Appraisals and Interventional Procedures) are managed in SWYPFT through the NICE Steering and Overview Group, which is chaired by the Director of Nursing and has membership from throughout the Organisation. The Group reviews all forthcoming guidance to ascertain which services should be assessing their compliance, and then monitors the assessment of the guidance following publication. Guidance is assessed for both compliance and risk level, and any areas for concern are reported to the Trust Board and Commissioners. Following assessment action is implemented in respect of identified partial or non-compliance with recommendations. Compliance against the recommendations and action implementation is reviewed on a regular basis.

The organisation also contributes to a number of NICE Guidance consultations and a number of SWYPFT employees have become involved in guidance development. Where required, and especially for quality standards, partnership working occurs, where compliance is assessed across the whole pathway with other services such as local Acute Trusts.

During the year, there has been a particular focus on ensuring staff engagement with more individuals being directly involved in the development and implementation of the guidance. In 2014-15 we will be implementing more detailed evidence reviews, especially in relation to outcomes for quality standards, and continuing to ensure that all service delivery staff are fully aware of the guidance that is relevant to their area.

We have not achieved 100% compliance with NICE guidance in 2013-14 as there have been two pieces of guidance against which a significant/amber risk rating had been allocated (PH033 Increasing the Uptake of HIV testing among black Africans in England and PH043 - Hepatitis B and C - ways to promote and offer testing). This was in relation to service capacity, however audits were undertaken which have reduced the risk score allocated.

There is also a Technical Appraisal (TA123) Smoking Cessation Varenicline, which is indicated as amber risk rated, however the factors impacting on compliance are outside the scope of the Trust.

Medication errors

Throughout 2103-14 we have monitored the effectiveness of our medicines management system. One hundred percent of our medication errors have been reviewed by relevant clinical and managerial senior staff and appropriate action taken. For example, on one of our inpatient units an increase in medication errors was noted. A senior clinician identified the trend and in partnership with senior pharmacists, operational managers and the clinical team leader, took action to understand the reason for the errors. Training and a skill based assessment was undertaken of all qualified nurses on the unit. A reduction in medication errors has been maintained on this unit.

Safeguarding

Throughout 2013-14 we have monitored the effectiveness of our safeguarding reporting system. One hundred percent of our safeguarding incidents have been reviewed by relevant clinical and managerial senior staff and appropriate action taken. A Strategic Safeguarding group was established in 2013 to provide strategic oversight to the compliance requirements of Safeguarding Children and Adults. This group will ensure effective monitoring of work streams ensuring that the quality academy approach supports and enables effective safeguarding within Business Delivery Units. The group will ensure practice development activity is focused on effective outcomes for children, young people, adults and families by providing an expert advisory function.

Governance

The structures we have in place to ensure our clinical services are safe is essential for the delivery of safe services. For this reason during 2013-14 we undertook a review of our governance structures. All our Business Delivery Units have either established governance groups or reviewed and revised terms of reference

where such groups already existed. These governance groups have a cross membership of BDU and Quality Academy personnel and each group has its own discrete identity and ways of working. However all take an overview for the relevant BDU across some common areas such as: CQC regulatory compliance, audit and practice evaluation, NICE, service user experience and safety.

Glossary

A Triangle of Care: a joint framework between the carer's trust and the National mental health Development Unit. It was developed by carers and staff to improve carer engagement on inpatient areas.

AIMS ***Accreditation for Inpatient Mental Health Services***: standards for inpatient wards

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.

DATIX Datixweb is the web based version of the Trust's risk management system. It enables staff to report incidents that happen at the Trust, electronically

DOH ***Department of Health***
The Government body responsible for delivering a fast, fair, convenient and high quality health service in England.

DTOC ***Delayed transfer of care*** – occurs when a patient is ready for transfer from acute care, but is still occupying an acute bed.

FFT ***Friends & Family Test*****:** a patient experience and quality improvement tool used across the NHS.

IMRoC **Implementing Recovery through Organisational Change:** a framework that helps the trust to help people gain a greater control and responsibility for their future. The framework helps trusts promote self-care, self- management and working in partnership with people who have experience of health problems.

Information Governance: Information Governance ensures necessary safeguards for, and appropriate use of, patient and personal information**.**

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.

Long term conditions: a health problem that cannot be cured but can be controlled by medication or other therapies.

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

NICE **National Institute for Clinical Excellence:** a national group that works with the NHS to provide guidance to support healthcare professionals make sure that the care they provide is of the best possible quality and value for money

Recovery colleges: A recovery college is an exciting new way for our Trust to play a role in enhancing people's recovery from health problems and for us to further develop partnership working with our local communities.

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

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.

Annex 1. Statements from our stakeholders

1. Statement received from Wakefield Overview and Scrutiny Committee:

The Adults and Health Overview and Scrutiny Committee have engaged with the Trust to review and identify quality themes and issues that members believe should be both current and future priorities. This included discussions on progress against the areas for improvement identified in the 2012/13 Quality Account, specifically care and care planning, transitions across pathways, and safety of service users.

The Committee agrees with the Trust's seven quality priorities and believes a consistent approach is useful to underpin the quality measures against which improvement can be measured. The Committee is assured that the identified priorities are in concert with those of the public and that these have been developed through wide consultation with service users and the public in the production of the Quality Account.

The Committee welcomes the commitment of the Trust to stretch targets where appropriate in order to sustain continued improvement and the clear focus on feedback that rates care as good or excellent.

The Trust Board have a well-developed plan for service user engagement that is understood and embedded across the organisation. The Committee welcomes the development of patient experience questions which are coproduced and reflect the Trust's Quality Priorities and include areas where identified improvements are needed.

The Committee has previously recognised and supported the view that further work was required on enabling access to people in crisis and providing adequate and appropriate support. The Committee notes that whilst the Trust did not achieve their goal for the period 2013/14 they did increase their performance in this area, which was a stretch target on their CQUIN and contract goals. The Committee welcomes the commitment to review and develop access to services in line with the national agenda and the local transformation programmes.

The Committee supports the Trust's focus on Implementing Recovery through Organisational Change (IMROC), including work to strategically link Creative Minds and Recovery to help describe an alternative service offer.

The Committee agrees with the statement in the Quality Account that individualised personal care is essential in modern health care and that care planning is fundamental to providing the right support. Members welcome the development of 12 personal standards for care planning and reviews that will give clarity to service users about the standard of care they can expect from clinical staff and a toolkit to challenge clinical staff if they do not receive the agreed standard of care.

The Committee welcomes the statement around developing outcomes based services and believes it is right to reference this within the Quality Account. The NHS Outcomes Framework is too high level to demonstrate, or incentivise, change in individual services. Outcomes need to be defined (across effectiveness, safety and experience) that are important to different patient groups and for specific conditions, which are then measured, regardless of setting or service model in which care is delivered.

The Committee welcomes the development of partnerships through the Creative Minds programme which provides transformative and meaningful projects for those who use the Trust's services. The Equine Therapy Programme, a partnership between the Trust and Wakefield Riding for the Disabled, is an excellent example of this.

Tackling patient safety in the NHS collectively and in a systematic way can have a positive impact on the quality of care and efficiency of NHS organisations. The Committee held a particularly useful session with the Trust in November 2013 in relation to patient safety which reaffirmed the commitment to building a safety culture that is open and fair, and to establish an environment where the whole organisation learns from safety incidents and where staff are encouraged and have the opportunity to report and proactively assess risks. It is reassuring to note that the Trust recorded no never events.

2. Statement received from Spectrum (Wakefield)

Thank You Tim,
An impressive piece of work – you must be very proud of this representation of your approach to quality across the organisation

I look forward to working with you on pieces of quality work that lend themselves to collaboration
Many thanks

Linda (Harris)
Chief Executive
Spectrum

3. Statement received from Wakefield Healthwatch:

Healthwatch Wakefield would like to thank the South West Yorkshire Partnership NHS Foundation Trust for the opportunity to observe the Trust Quality Account for 2013-2014.

The Quality Account has been shared through networks of Healthwatch Wakefield to help gather intelligence to feed into this account. The public were given both the opportunity to provide feedback at an informal session on Friday 9th May or send in comments via website or email.

The information has helped Healthwatch gather intelligence to respond to the above South West Yorkshire Partnership NHS Foundation Trust Quality Account 2013-2014. Based on the information gathered and the best of Healthwatch knowledge the accounts are a correct and honest record.

We would like to make the following comments:

The Trust has continued to make progress and is providing a good quality service.

The Trust has achieved three of the seven targets set. We understand that the Trust has set target levels higher than The Commissioning for Quality and Innovation framework (CQUIN) level and have met the CQUIN level on all priorities.

We are happy to see that the Trust has an additional Acute Liaison Team base at Pinderfields Hospital, Mid Yorkshire Hospital seeing patients in Crisis and meeting the 4 hour waits. Also we welcome the development of a Crisis Card which is providing vital information to service users when they are in a crisis.

Last year the Trust was accessing patients within 14 days we note that the Trust has increased from 68% to 84% this year. We hope that this improves as the Trust has set a target of 90%.

Looking forward:

Healthwatch would like to therefore work with the Trust on the priorities set for 2014-2015 especially around the Access to service priority.

We would like to see an improvement in communication to patients, as consultant letters are too medical for the public to understand and need to be in a format acceptable to the patient/user.

Healthwatch would also like to see the Trust improving communications with Parents & Carers of service users especially around service users treatment and care plans.

Healthwatch will also be looking at the funding received by the Trust for Adult ADHD and the waiting list for the Wakefield residents to this service. Service users are finding it difficult to access any feedback, especially with diagnosis timescales, therefore Healthwatch has concerns and will want to look into the length of time it takes for patients being diagnosed from initial referral from GP.

Healthwatch believe patient safety is paramount. Healthwatch would like to see that risk assessments are carried out thoroughly for all patients actively and specifically in relation to pre discharge procedures.

Healthwatch would like to support the Trust in development of the Feedback Loop. We can help recruit and train independent volunteers in undertaking patient satisfaction surveys for the Trust.

Young Healthwatch would like to work with the Trust on improving Child and Adolescent Mental Health Service (CAMHS) around access for young people.

We would like to thank the Trust for the opportunity to comment on this year's quality account and hope that comments have been useful.

We look forward in maintaining good working relationship with the Trust and would like regular meetings throughout the year to have meaningful engagement.

4. Statement received from Barnsley Clinical Commissioning group:

Thank you for sending through the Trust's draft Quality Account 2013/14 for our comments. The Account was distributed to our Quality and Patient Safety Committee members last week for their consideration, and we have collated the following comments which we hope you will find helpful:

Overall we found the Quality Account to be concise and that it provided a clear overview of Trust priorities for 2014/15. However there were areas that would have benefited from further information, for example on page 8 you highlighted areas of on-going concern for prioritised focus in 2014-15, but minimal information was provided to follow this up.

Whilst we appreciate that the Account needs to strike a balance between strategic overview and content, the document in places lacked the necessary supporting evidence.

Although we acknowledge this is a Trust-wide account, we again found it very difficult to locate Barnsley consistently within it. It would have been helpful to see benchmarking between the different Business Delivery Units in order to identify whether patients are getting the same quality of services across the Trust. We also feel it is a missed opportunity to highlight some of the positive work undertaken in Barnsley such as the transformation work streams, and work in relation to the virtual ward.

We were pleased to see that those key performance indicators which were not achieved will continue to be monitored in 2014/15. However, on page 10, you have stated that where you have achieved the KPIs in 2013/14, these areas will not continue to be monitored in 2014/15. We assume that the learning and work streams in place to meet these priorities are now embedded within the Trust culture but feel that there still needs to be some way of monitoring the previous KPIs so that the good work undertaken is not lost.

We compliment you on the work you have undertaken in relation to patient safety, in particular the responsiveness to our requests for rigor within the Serious Incident process. We would also like to commend the Trust for the improved quality of investigation reports undertaken by the Tissue Viability service on pressure sores. However as is evident from these investigations there is still work that the Trust needs to undertake in relation to consistent use of the Waterlow scores across the trust.

On reviewing the document, there was minimal mention of intermediate tier or memory services, both of which are priorities for the CCG in Barnsley and need acknowledging.

Although you mention CQUINS on page 19, this provides only a basic summary of performance and does not reflect the hard work undertaken throughout the year by your clinical teams.

In relation to Infection Prevention & Control, we would have liked to have seen reference to the monitoring of C. Difficile and MRSA as considerable work has been undertaken within Barnsley and the service review being undertaken in 2014/15. It would have been good to have a comparison between the other BDUs.

We would have liked to have seen reference to the work that has been undertaken throughout the year in relation to IAPT as this was a significant challenge, and acknowledge the work of the staff in achieving the performance target.

On page 27 you make reference to the Care Quality Commission, and we would have expected to see further information in relation to the CQC visits/inspections which have been undertaken during the course of the year.

There is no mention of the '15 Steps' Challenge but acknowledge that this is in the process of being implemented across the Trust. We look forward to receiving further detail of this in the coming year.

We were pleased to see the ongoing emphasis on improving data quality as we appreciate this has been a challenge throughout the past year.

On page 31, you mention the patient experience CQUIN in relation to other BDUs however the arrangements in Barnsley were not discussed.

In October 2013 the Barnsley Child and Adolescent Mental Health and Community Children's Therapy Services returned to the direct management of the Trust. We will be working closely with you in 2014/15 to improve the quality of services delivered – most particularly CAMHS.

We hope the above comments are useful and look forward to working with you over the next year 2014/15.

Yours sincerely

Brigid Reid

Chief Nurse

5. Statement received from Calderdale, Kirklees & Wakefield Clinical Commissioning group

Statement presented by NHS Calderdale CCG in conjunction with associate commissioners from NHS Greater Huddersfield CCG, NHS North Kirklees CCG and NHS Wakefield CCG.

SWYPFT 2013/14 Quality account statement.

Thank you for providing the South West Yorkshire Partnership Foundation Trust (SWYPFT) Quality Account 2013/14 for comment. The Quality Account has been shared with members of the Clinical Commissioning Group who attend the SWYPFT Quality Board and their comments incorporated into this statement.

To the best of our knowledge we believe that the information provided is accurate and has been fairly interpreted. The Quality Account is well constructed and has a flow throughout capturing the key elements of quality (patient safety, clinical effectiveness and patient experience) and charting some significant improvements.

We are pleased to see that you continued to achieve your goals against "Listen and Act" having expanded the services involved in this priority and increased the target satisfaction rate. We support your continued commitment to patient experience, review and refresh of methods used and your intention, for 2013/14, to include CAMHs services and those providing support to people with long term conditions. We look forward to seeing the results of patient experience being used to improve quality of care for service users.

It is encouraging to note the start of work to engage carers where appropriate, in aspects of service user's care. We are interested to see the results of the Carers Forum that has been established in Kirklees and if this evaluates positively would be keen to see this developed across the SWYPFT footprint.

The quarterly quality report produced by SWYPFT is reviewed at the Quality Board and there has been discussion about a number of the 2013/14 key priorities particularly improving access targets, patient safety and patient experience.

We agree with the identification of 3 areas that continue to cause concern and have a number of comments for you to consider as you take these forward.

Improve Access. We are extremely supportive of priority 2: access to care. We are pleased that you have identified the reasons for the delay in people accessing services in a timely manner and welcome your intention to improve the current referral process through standardising operational processes. This is an area of concern for some commissioning groups following feedback from both referrers and service users. We will continue to closely monitor access targets and share any experience feedback through our quality intelligence feedback.

Improve Care (Care, Care Planning and Evaluation). We commend your commitment to develop outcome measures in order to measure clinical effectiveness within services and believe this is vital to driving quality improvements alongside performance.

Improve Record Keeping and Quality. This remains an on-going challenge for SWYPFT. We would like to see data quality improve across all areas of the trust in order to provide an accurate record of performance and intervention. Accurate and timely record keeping is essential for patient safety and clinical effectiveness and we are pleased that this has been carried forward with stretch for 2014/15.

We had expected to see some reference within priority 7 of the Infection, Prevention and Control agenda as improving standards in this area benefits the quality and safety of service delivery.

We would have expected to see some reference to SWYPFT continuing to be a key partner in the Meeting the Challenge transformation programme across Mid-Yorkshire and the Right Care, Right Time, Right Place in Calderdale and Kirklees as the work continues around these transformation schemes.

Overall we feel that the challenges ahead have been identified by SWYPFT and assurance received in terms of how those challenges will be addressed. Progress will be monitored through Quality Board. We look forward to working with you in 2014/15 and supporting you in improving the quality of services and achieving your aim of being outstanding.

Annex 2: Statement of directors' responsibilities for the quality report

The quality report must include a statement of directors' responsibilities, in the following form of words (italics indicate information that must be inserted by the trust):

The directors are required under the Health Act 2009 and the National Health Service Quality Accounts Regulations to prepare quality accounts for each financial year.

Monitor has issued guidance to NHS foundation trust boards on the form and content of annual quality reports (which incorporate the above legal requirements) and on the arrangements that NHS foundation trust boards should put in place to support 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 2013/14;
- the content of the quality report is not inconsistent with internal and external sources of information including:
  - ✓ board minutes and papers for the period 1st April 2013 to 28th May 2014
  - ✓ papers relating to Quality reported to the Board over the period 1st April 2013 to 28th May 2014
  - ✓ feedback from commissioners dated 13th May 2014
  - ✓ feedback from governors dated 12th May 2014
  - ✓ feedback from local Healthwatch organisations dated 20th May 2014
  - ✓ the trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, dated Q1 July 2014 / Q2 October 2013 / January Q3 2014/ Q4 April 2014
  - ✓ national patient survey 2013
  - ✓ national staff survey 2013
  - ✓ the head of internal audit's annual opinion over the trust's control environment dated 23rd May 2014
  - ✓ CQC quality and risk profiles dated April, June, July, August, November, December 2013 & February 2014.
- the quality report presents a balanced picture of the NHS foundation trust's performance over the period covered;
- the performance information in the quality report is reliable and accurate;
- there are proper internal controls over the collection and reporting of the measures of performance included in the quality report, and these controls are subject to review to confirm that they are working effectively in practice;
- the data underpinning the measures of performance in the quality report is robust and reliable, conforms to specified data quality standards and prescribed definitions, is subject to appropriate scrutiny and review; and
- the quality report has been prepared in accordance with Monitor's annual reporting guidance (which incorporates the Quality Accounts Regulations) as well as the standards to support data quality for the preparation of the quality report.

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

23 May 2014  Ian Black, Chair

.23 May 2014  Steven Michael, Chief Executive

2013/14 limited assurance report on the content of the quality report and mandated performance indicators

Independent auditor's report to the Council of Governors of South West Yorkshire Partnership NHS Foundation Trust on the quality report

We have been engaged by the Council of Governors 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 2014 (the "quality report") and certain performance indicators contained therein.

This report, including the conclusion, has been prepared solely for the Council of Governors of South West Yorkshire Partnership NHS Foundation Trust as a body, to assist the Council of Governors 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 2014, to enable the Council of Governors to demonstrate they have discharged their governance responsibilities by commissioning an independent assurance report in connection with the indicators. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Council of Governors as a body and South West Yorkshire Partnership NHS Foundation Trust for our work or this report, except where terms are expressly agreed and with our prior consent in writing.

Scope and subject matter

The indicators for the year ended 31 March 2014 subject to limited assurance consist of the national priority indicators as mandated by Monitor:

- Care Programme Approach, 7 day follow up (CPA); and
- Access to Crisis Resolution Teams.

We refer to these national priority indicators collectively as the "indicators".

Respective responsibilities of the directors and auditors

The directors are responsible for the content and the preparation of the quality report in accordance with the criteria set out in the *NHS Foundation Trust Annual Reporting Manual* issued by Monitor.

Our responsibility is to form a conclusion, based on limited assurance procedures, on whether anything has come to our attention that causes us to believe that:

- the quality report is not prepared in all material respects in line with the criteria set out in the *NHS Foundation Trust Annual Reporting Manual;*
- the quality report is not consistent in all material respects with the sources specified in the guidance; 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 consider whether it addresses the content requirements of the *NHS Foundation Trust Annual Reporting Manual,* and consider the implications for our report if we become aware of any material omissions.

We read the other information contained in the quality report and consider whether it is materially inconsistent with either refer back to the specified documents in the guidance with the specific documents below:

- board minutes for the period April 2013 to 28 May 2014;
- papers relating to quality reported to the board over the period April 2013 to 28 May 2014;
- feedback from the Commissioners dated13th May 2014
- feedback from local Healthwatch organisations dated 20th May 2014;
- the Trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, dated Q1 July 2014 / Q2 October 2013 / January Q3 2014/ Q4 April 2014;
- the latest national patient survey;
- the latest national staff survey;
- Care Quality Commission quality and risk profiles dated April, June, July, August, November, December 2013 & February 2014; and
- the Head of Internal Audit's annual opinion over the Trust's control environment dated 23 May 2014.

We consider the implications for our report if we become aware of any apparent misstatements or material inconsistencies with those documents (collectively the "documents"). Our responsibilities do not extend to any other information.

We are in compliance with the applicable independence and competency requirements of the Institute of Chartered Accountants in England and Wales (ICAEW) Code of Ethics. Our team comprised assurance practitioners and relevant subject matter experts.

Assurance work performed

We conducted this limited assurance engagement in accordance with International Standard on Assurance Engagements 3000 (Revised) – "Assurance Engagements other than Audits or Reviews of Historical Financial Information" issued by the International Auditing and Assurance Standards Board ("ISAE 3000"). Our limited assurance procedures included:

- Evaluating the design and implementation of the key processes and controls for managing and reporting the indicators.
- Making enquiries of management.
- Testing key management controls.
- Limited testing, on a selective basis, of the data used to calculate the indicator back to supporting documentation.
- Comparing the content requirements of the *NHS Foundation Trust Annual Reporting Manual* to the categories reported in the quality report.
- Reading the documents.

A limited assurance engagement is smaller in scope than a reasonable assurance engagement. The nature, timing and extent of procedures for gathering sufficient appropriate evidence are deliberately limited relative to a reasonable assurance engagement.

Limitations

Non-financial performance information is subject to more inherent limitations than financial information, given the characteristics of the subject matter and the methods used for determining such information.

The absence of a significant body of established practice on which to draw allows for the selection of different, but acceptable measurement techniques which can result in materially different measurements and can affect 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 of these criteria, may change over time. It is important to read the quality report in the context of the criteria set out in the *NHS Foundation Trust Annual Reporting Manual.*

The scope of our assurance work has not included governance over quality or non-mandated indicators which have been determined locally by South West Yorkshire Partnership NHS Foundation Trust.

Conclusion

Based on the results of our procedures, nothing has come to our attention that causes us to believe that, for the year ended 31 March 2014:

- the quality report is not prepared in all material respects in line with the criteria set out in the *NHS Foundation Trust Annual Reporting Manual;*
- the quality report is not consistent in all material respects with the sources specified above; and
- the indicators in the quality report subject to limited assurance have not been reasonably stated in all material respects in accordance with the *NHS Foundation Trust Annual Reporting Manual.*

Deloitte LLP
Chartered Accountants
Leeds
28 May 2014

Data entered below will be used throughout the workbook:

Trust name:	South West Yorkshire Partnership NHS Foundation Trust
This year	2013/14
Last year	2012/13
This year ended	31 March 2014
Last year ended	31 March 2013
This year commencing:	1 April 2013

STATEMENT OF THE CHIEF EXECUTIVE'S RESPONSIBILITIES AS THE ACCOUNTABLE OFFICER OF SOUTH WEST YORKSHIRE PARTNERSHIP NHS FOUNDATION TRUST

The NHS Act 2006 states that the chief executive is the accounting officer of the NHS Foundation Trust. The relevant responsibilities of the accounting officer, including their responsibility for the propriety and regularity of public finances for which they are answerable, and for the keeping of proper accounts, are set out in the NHS Foundation Trust Accounting Officer Memorandum issued by the Independent Regulator of NHS Foundation Trusts ("Monitor").

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

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

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

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

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

Signed.....
Chief Executive

Date 23 May 2014

STATEMENT OF DIRECTORS' RESPONSIBILITIES IN RESPECT OF THE ACCOUNTS

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

- apply on a consistent basis accounting policies laid down by the Secretary of State with the approval of the Treasury;

- make judgements and estimates which are reasonable and prudent; and

- state whether applicable accounting standards have been followed, subject to any material departures disclosed and explained in the accounts.

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

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

By order of the Board

Signed..... .....
Chief Executive Date 23 May 2014

Signed..... A. Fawcett .....
Director of Finance Date 23 May 2014

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

We have audited the financial statements of South West Yorkshire Partnership NHS Foundation Trust for the year ended 31 March 2014 which comprise the Consolidated and Trust Statement of Comprehensive Income, the Consolidated and Trust Statement of Financial Position, the Consolidated and Trust Statement of Cash Flows, the Consolidated and Trust Statement of Changes in Taxpayers Equity and the related notes 1 to 38. The financial reporting framework that has been applied in their preparation is applicable law and the accounting policies directed by Monitor – Independent Regulator of NHS Foundation Trusts.

This report is made solely to the Council of Governors and Board of Directors ("the Boards") of South West Yorkshire Partnership NHS Foundation Trust, as a body, in accordance with paragraph 4 of Schedule 10 of the National Health Service Act 2006. Our audit work has been undertaken so that we might state to the Boards those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Trust and the Boards as a body, for our audit work, for this report, or for the opinions we have formed.

Respective responsibilities of the accounting officer and auditor

As explained more fully in the Accounting Officer's Responsibilities Statement, the Accounting Officer is responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view. Our responsibility is to audit and express an opinion on the financial statements in accordance with applicable law, the Audit Code of NHS Foundation Trusts and International Standards on Auditing (UK and Ireland). Those standards require us to comply with the Auditing Practices Board's Ethical Standards for Auditors.

Scope of the audit of the financial statements

An audit involves obtaining evidence about the amounts and disclosures in the financial statements sufficient to give reasonable assurance that the financial statements are free from material misstatement, whether caused by fraud or error. This includes an assessment of: whether the accounting policies are appropriate to the Group and 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, and to identify any information that is apparently materially incorrect based on, or materially inconsistent with, the knowledge acquired by us in the course of performing the audit. 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 group and the Trust's affairs as at 31 March 2014 and of the group and the Trust's income and expenditure for the year then ended;
- have been properly prepared in accordance with the accounting policies directed by Monitor – Independent Regulator of NHS Foundation Trusts; and
- have been prepared in accordance with the requirements of the National Health Service Act 2006.

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

In our opinion:

- the part of the Directors' Remuneration Report to be audited has been properly prepared in accordance with the National Health Service Act 2006; and
- the information given in the Strategic Report and the Directors' Report for the financial year for which the financial statements are prepared is consistent with the financial statements.

Matters on which we are required to report by exception

We have nothing to report in respect of the following matters where the Audit Code for NHS Foundation Trusts requires us to report to you if, in our opinion:

- the Annual Governance Statement does not meet the disclosure requirements set out in the NHS Foundation Trust Annual Reporting Manual, is misleading or inconsistent with information of which we are aware from our audit. We are not required to consider, nor have we considered, whether the Annual Governance Statement addresses all risks and controls or that risks are satisfactorily addressed by internal controls;
- proper practices have not been observed in the compilation of the financial statements; or
- the NHS Foundation Trust has not made proper arrangements for securing economy, efficiency and effectiveness in its use of resources.

Certificate

We certify that we have completed the audit of the accounts in accordance with the requirements of Chapter 5 of Part 2 of the National Health Service Act 2006 and the Audit Code for NHS Foundation Trusts.

Paul Thomson (Senior Statutory Auditor)
For and on behalf of Deloitte LLP
Chartered Accountants and Statutory Auditor
Leeds, UK
Date: 23 May 2014

STATEMENT OF COMPREHENSIVE INCOME FOR THE YEAR ENDED 31 March 2014

		Group		Trust	
		Year Ended 31 March 2014	Year Ended 31 March 2013	Year Ended 31 March 2014	Year Ended 31 March 2013
	note	£000	£000	£000	£000
Operating Income from continuing operations	5	235,755	233,003	235,446	232,446
Operating Expenses of continuing operations	6	(230,626)	(225,049)	(230,253)	(224,981)
Operating surplus / (deficit)		**5,129**	**7,954**	**5,193**	**7,465**
Finance costs:					
Finance income	10	93	378	88	374
PDC Dividends payable		(1,529)	(1,538)	(1,529)	(1,538)
NET FINANCE COSTS		**(1,436)**	**(1,160)**	**(1,441)**	**(1,164)**
Movement in fair value of investment property and other investments	15	0	(256)	0	(256)
Surplus/(Deficit) from continuing operations		**3,693**	**6,538**	**3,752**	**6,045**
SURPLUS/(DEFICIT) FOR THE YEAR		**3,693**	**6,538**	**3,752**	**6,045**
Other comprehensive income					
Will not be reclassified to income and expenditure:					
Gain/(loss) from transfer by absorption from demising bodies		35,741	0	35,741	0
Impairments		(3,518)	0	(3,518)	0
TOTAL COMPREHENSIVE INCOME / (EXPENSE) FOR THE YEAR		**35,916**	**6,538**	**35,975**	**6,045**

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

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

STATEMENT OF FINANCIAL POSITION	note	Group 31 March 2014 £000	Group 31 March 2013 £000	Group 1 April 2012 £000	Trust 31 March 2014 £000	Trust 31 March 2013 £000	Trust 1 April 2012 £000
Non-current assets							
Intangible assets	13	773	457	81	773	457	81
Property, plant and equipment	14	102,608	68,333	63,178	102,608	68,333	63,178
Investment Property	15	410	410	801	410	410	801
Total non-current assets		**103,791**	**69,200**	**64,060**	**103,791**	**69,200**	**64,060**
Current assets							
Inventories	19	282	560	531	282	560	531
Trade and other receivables	20	7,022	4,715	5,329	6,771	4,718	5,323
Cash and cash equivalents	21	33,655	30,710	27,331	33,114	29,855	26,978
Total current assets		**40,959**	**35,985**	**33,191**	**40,167**	**35,133**	**32,832**
Current liabilities							
Trade and other payables	22	(23,194)	(20,147)	(21,656)	(23,194)	(20,146)	(21,655)
Provisions	25	(3,507)	(4,575)	(2,430)	(3,507)	(4,575)	(2,430)
Other liabilities	22	(843)	(787)	(419)	(843)	(787)	(419)
Total current liabilities		**(27,544)**	**(25,509)**	**(24,505)**	**(27,544)**	**(25,508)**	**(24,504)**
Total assets less current liabilities		**117,206**	**79,676**	**72,746**	**116,414**	**78,825**	**72,388**
Non-current liabilities							
Provisions	25	(3,703)	(3,495)	(3,103)	(3,703)	(3,495)	(3,103)
Other liabilities	22	0	0	0	0	0	0
Total non-current liabilities		**(3,703)**	**(3,495)**	**(3,103)**	**(3,703)**	**(3,495)**	**(3,103)**
Total assets employed		**113,503**	**76,181**	**69,643**	**112,711**	**75,330**	**69,285**
Financed by							
Taxpayers' equity							
Public Dividend Capital		43,397	41,991	41,991	43,397	41,991	41,991
Revaluation reserve	27	14,785	7,261	7,282	14,785	7,261	7,282
Other reserves		5,220	5,220	5,220	5,220	5,220	5,220
Income and expenditure reserve		49,309	20,858	14,792	49,309	20,858	14,792
Others' equity							
Charitable fund reserves		792	851	358	0	0	0
Total taxpayers' and others' equity		**113,503**	**76,181**	**69,643**	**112,711**	**75,330**	**69,285**

.....Chief Executive 23/5/14 .....Date

STATEMENT OF CHANGES IN TAXPAYERS' EQUITY

	Public Dividend Capital	Revaluation Reserve	Other Reserves	Income and Expenditure Reserve	**Trust Total**	Charity Reserve	**Group Total**
	£000	£000	£000	£000	**£000**	£000	**£000**
At 1 April 2013	41,991	7,261	5,220	20,858	75,330	851	76,181
Surplus/(deficit) for the year	0	0	0	3,752	3,752	(59)	3,693
Transfers by Modified absorption : transfers between reserves	0	11,042	0	(11,042)	0	0	0
Transfers by Modified absorption : Gains/(losses) on 1 April transfers from demising bodies (NHS Barnsley)	0	0	0	35,741	35,741	0	35,741
PDC adjustment for cash impact of payables/receivables transferred from legacy teams	1,406	0	0	0	1,406	0	1,406
Impairments	0	(3,518)	0	0	(3,518)	0	(3,518)
Other reserve movements	0	0	0	0	0	0	0
Taxpayers' Equity at 31 March 2014	**43,397**	**14,785**	**5,220**	**49,309**	**112,711**	**792**	**113,503**

	Public Dividend Capital	Revaluation Reserve	Other Reserves	Income and Expenditure Reserve	**Trust Total**	Charity Reserve	**Group Total**
	£000	£000	£000	£000	**£000**	£000	**£000**
At 1 April 2012	41,991	7,282	5,220	14,792	69,285	358	69,643
Surplus/(deficit) for the year	0	0	0	6,045	6,045	493	6,538
Other reserve movements	0	(21)	0	21	0	0	0
Taxpayers' Equity at 31 March 2013	**41,991**	**7,261**	**5,220**	**20,858**	**75,330**	**851**	**76,181**

STATEMENT OF CASH FLOWS FOR THE YEAR ENDED		Group		Trust	
31 March 2014		**Year Ended**	**Year Ended**	**Year Ended**	**Year Ended**
		31 March 2014	**31 March 2013**	**31 March 2014**	**31 March 2013**
	note	**£000**	**£000**	**£000**	**£000**
Cash flows from operating activities					
Operating surplus/(deficit) from continuing operations		5,129	7,954	5,193	7,465
Operating surplus/(deficit)		**5,129**	**7,954**	**5,193**	**7,465**
Non-cash income and expense:					
Depreciation and amortisation	6	5,144	2,944	5,144	2,944
Impairments	6	5,085	0	5,085	0
Reversal of Impairments	5	(2,252)	0	(2,252)	0
(Gain)/Loss on Disposal	6	0	0	0	0
(Increase)/Decrease in Trade and Other Receivables	20	(2,193)	634	(2,192)	634
(Increase)/Decrease in Inventories	19	278	(29)	278	(29)
Increase/(Decrease) in Trade and Other Payables	22	1,495	(513)	1,494	(513)
Increase/(Decrease) in Other Liabilities	22	57	368	57	368
Increase/(Decrease) in Provisions	25	(860)	2,537	(860)	2,537
Movements in operating cash flow in respect of Transforming Community Services transaction		(1,573)	0	(1,573)	0
NHS Charitable Funds - net adjustments for working capital movements, non-cash transactions and non-operating cash flows		(255)	9	0	0
NET CASH GENERATED FROM/(USED IN) OPERATIONS		**10,055**	**13,904**	**10,374**	**13,406**
Cash flows from investing activities					
Interest received		93	378	88	374
Purchase of intangible assets		(413)	(303)	(413)	(303)
Purchase of Property, Plant and Equipment		(6,814)	(9,168)	(6,814)	(9,168)
Sale of Investment Property		0	135	0	135
Net cash generated from/(used in) investing activities		**(7,134)**	**(8,958)**	**(7,139)**	**(8,962)**
Cash flows from financing activities					
Public dividend capital received (PDC adjustment for modified absorption transfers of payables/receivables)		1,406	0	1,406	0
PDC Dividend paid		(1,382)	(1,567)	(1,382)	(1,567)
Net cash generated from/(used in) financing activities		**24**	**(1,567)**	**24**	**(1,567)**
Increase/(decrease) in cash and cash equivalents		**2,945**	**3,379**	**3,259**	**2,877**
Cash and Cash equivalents at start of period		30,710	27,331	29,855	26,978
Cash and Cash equivalents at 31 March		**33,655**	**30,710**	**33,114**	**29,855**

Notes to the Accounts - 1. Accounting Policies

1 Accounting Policies

Monitor (the sector regulator for health services in England) has directed that the financial statements of NHS Foundation Trusts shall meet the accounting requirements of the NHS Foundation Trust Annual Reporting Manual which is agreed with HM Treasury. Consequently, the following financial statements have been prepared in accordance with the NHS Foundation Trust Annual Reporting Manual 2013 / 2014 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 31/03/14. A sample of 10% of the workforce was taken on their outstanding leave and applied across the Trust to calculate the accrual.

The redundancy provision is based on detailed working papers and review as linked to the Trust Cost Improvement Programme (CIP).

Trust owned Estate has been revalued by the District Valuer in 13/14. This took the form of a full physical revaluation.

The Trust discloses the critical judgements made by the Trust's management as required by IAS 1.122. (Presentation of Financial Statements).

1.3.2 Key sources of estimation uncertainty

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

For 2013 / 2014 no key assumptions have been made, or are required, as to future estimation uncertainty further than those already declared in their separate notes.

Information about the key assumptions for the Trust is disclosed, as required by IAS 1.125 (Presentation of Financia Statements). Disclosures include 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 Clinical Commissioning Groups (CCGs), 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.

Employer's pension cost contributions are charged to operating expenses as and when they become due.

For early retirements other than those due to ill health the additional pension liabilities are not funded by the scheme. The full amount of the liability for the additional costs is charged to 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

During 2013 / 2014 the periodic revaluation of estate has been completed by the District Valuer. This was a full revaluation of the Trust Estate which involved the District Valuer physically inspecting all the Trust buildings.

Properties in the course of construction for service or administration purposes are carried at cost, less any impairment loss. Cost includes professional fees but not borrowing costs, which are recognised as expenses immediately, as allowed by IAS 23 (Borrowing Costs) for assets held at fair value. Assets are revalued and depreciation commences when they are brought into use.

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; and
- the ability to measure reliably the expenditure attributable to the intangible asset during its development.

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

Measurement

Intangible assets are recognised initially at cost, comprising all directly attributable costs needed to create, produce and prepare the asset to the point that it is capable of operating in the manner intended by management.

Subsequently, intangible assets 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 Investment Property

Trust property, classed as Investment Property under IAS 40 (Investment Property), is valued as fair value. These assets are revalued annually with any gain / losses actioned through the Statement of Comprehensive Income and Expenditure.

1.10 Borrowing Costs

Borrowing costs are recognised as expenses as they are incurred.

1.11 Donated, government grant and other grant funded assets

Donated and grant funded property, plant and equipment assets are capitalised at their fair value on receipt. The donation/grant is credited to income at the same time, unless the donor has imposed a condition that the future economic benefits embodied in the grant are to be consumed in a manner specified by the donor, in which case, the donation/grant is deferred within liabilities and is carried forward to future financial years to the extent that the condition has not yet been met.

The donated and grant funded assets are subsequently accounted for in the same manner as other items of property, plant and equipment.

1.12 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.

1.13 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 of 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.

1.14 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.

1.15 Cash and cash equivalents

Cash is cash in hand and deposits with any financial institution repayable without penalty on notice of not more than 24 hours. Cash equivalents are investments that mature in 3 months or less from the date of acquisition and that are readily convertible to known amounts of cash with insignificant risk of change in value.

In the Statement of Cash Flows, cash and cash equivalents are shown net of bank overdrafts that are repayable on demand and that form an integral part of the Trust's cash management.

1.16 Provisions

Provisions are recognised when the Trust has a present legal or constructive obligation 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 1.80% 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.

1.17 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. (Note 25)

1.18 Non-clinical risk pooling

The Trust participates in the Property Expenses Scheme and the Liabilities to Third Parties Scheme. Both are risk pooling schemes under which the Trust pays an annual contribution to the NHS 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)

1.19 EU Emissions Trading Scheme

EU Emission Trading Scheme allowances are accounted for as government grant funded intangible assets if they are not expected to be realised within twelve months, and otherwise as other current assets. They are valued at open market value. As the NHS body makes emissions, a provision is recognised with an offsetting transfer from the government grant reserve. The provision is settled on surrender of the allowances. The asset, provision and government grant reserve are valued at fair value at the end of the reporting period.

The Trust is not a member of the EU Emission Trading Scheme in 2013 / 2014.

1.20 Contingencies

A contingent liability is a possible obligation that arises from past events and whose existence will be confirmed only by the occurrence or non-occurrence of one or more uncertain future events not wholly within the control of the Trust, or a present obligation that is not recognised because it is not probable that a payment will be required to settle the obligation or the amount of the obligation cannot be measured sufficiently reliably. A contingent liability is disclosed unless the possibility of a payment is remote.

A contingent asset is a possible asset that arises from past events and whose existence will be confirmed by the occurrence or non-occurrence of one or more uncertain future events not wholly within the control of the Trust. A contingent asset is disclosed where an inflow of economic benefits is probable.
Where the time value of money is material, contingencies are disclosed at their present value.

1.21 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 days 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.

1.22 Value Added Tax

Most of the activities of the Trust are outside the scope of VAT and, in general, output tax does not apply and input tax on purchases is not recoverable. Irrecoverable VAT is charged to the relevant expenditure category or included in the capitalised purchase cost of fixed assets. Where output tax is charged or input VAT is recoverable, the amounts are stated net of VAT.

1.23 Foreign Exchange

The Trust has no non-monetary assets and liabilities as at 31 March 2014.

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.

1.24 Third party assets

Assets belonging to third parties (such as money held on behalf of patients) are not recognised in the accounts since the Trust has no beneficial interest in them. Details of third party assets are given in Note 21 to the accounts.

1.25 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 (Financial Insturments: Presentation).

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) average daily cash balances held with the Government Banking Service (GBS) and National Loans Fund (NLF) deposits, excluding cash balances held in GBS accounts that relate to a short-term working capital facility, (iii) for 2013/14 only, net assets and liabilities transferred from bodies which ceased to exist on 1 April 2013, and (iv) any PDC dividend balance receivable or payable.

In accordance with the requirements laid down by the Department of Health (as the issuer of PDC), the dividend for the year is calculated on the actual average relevant net assets as set out in the 'pre-audit' version of the annual accounts. The dividend thus calculated is not revised should any adjustment to net assets occur as a result the audit of the annual accounts.

1.26 Taxpayers Equity - Other Reserve

The Other Reserve within tax payers equity was created as part of the Trust's predecessor organisation, South West Yorkshire Mental Health NHS Trust, in 2002. This has remained following authorisation of South West Yorkshire Partnership NHS Foundation Trust in 2009 by Monitor.

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

1.27 Losses and Special Payments

Losses and special payments are items that Parliament would not have contemplated when it agreed funds for the health service or passed legislation. By their nature they are items that ideally should not arise. They are therefore subject to special control procedures compared with the generality of payments. They are divided into different categories, which govern the way that individual cases are handled.

Losses and special payments are charged to the relevant functional headings in expenditure on an accruals basis, including losses which would have been made good through insurance cover had NHS Foundation Trusts not been bearing their own risks (with insurance premiums then being included as normal revenue expenditure). However, the note on losses and special payments is compiled directly from the losses and compensations register which reports amounts on an accruals basis with the exception of provisions for future losses.

Details of losses and special payments are given in note 36 to the accounts.

1.28 Consolidation

NHS Charitable Fund

The Trust is the corporate trustee to South West Yorkshire Partnership Foundation Trust and Other Related Charities. The Trust has assessed its relationship to the charitable fund and determined it to be a subsidiary because the Trust has the power to govern the financial and operating policies of the charitable fund so as to obtain benefits from its activities for itself, its patients or its staff.

Prior to 2013/14 the Foundation Trust Annual Reporting Manual (FT ARM) permitted the Trust not to consolidate the charitable fund. From 2013/14, the Trust has consolidated the charitable fund and has applied this as a change in accounting policy. The charitable fund's statutory accounts are prepared to 31 March in accordance with the UK Charities Statement of Recommended Practice (SORP) which is based on UK Generally Accepted Accounting Principles (UK GAAP). On consolidation, necessary adjustments are made to the charity's assets, liabilities and transactions to:

- recognise and measure them in accordance with the Trust's accounting policies; and
- eliminate intra-group transactions, balances, gains and losses.

Subsidiaries

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'.

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 using the 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)

1.29 Accounting standards and amendments issued but not yet adopted

The following standards and updates have been published by the International Accounting Standards Board but are not required to be followed until after the current reporting period.

IAS 27 Separate Financial Statements - effective 2014 / 2015
IAS 28 Investments in Associates and Joint Ventures - effective 2014 / 2015
IAS 32 Financial Instruments: Presentation - amendment - effective from 2014 / 2015
IFRS 9 Financial Instruments - uncertain - subject to consultation
IFRS 10 Consolidated Financial Statements - effective 2014 / 2015
IFRS 11 Joint Arrangements - effective 2014 / 2015
IFRS 12 Disclosure of Interests in Other Entities - effective 2014 / 2015
IFRS 13 Fair Value Measurement - effective 2013 / 2014 but not yet adopted by HM Treasury
IPSAS 32 - Service Concession Arrangement - effective 2014 / 2015

The Trust is assessing the impact of these standards and updates.

1.30 Transfers of financial assets

For 2013 / 2014 HM Treasury has approved a variation of absorption accounting principles for transactions arising from the 1st April 2013 reorganisation of the NHS. For the Trust this relates to the transfer of the Barnsley estate. As a result the net gain corresponding to the net assets transferred from NHS Barnsley is recognised within the income and expenditure reserve. This would only apply to this specific case in 2013 / 2014.

For property, plant and equipment assets and intangible assets, the Cost and Accumulated Depreciation / Amortisation balances from the transferring entity's accounts are preserved on recognition in the Trust's accounts. Where the transferring body recognised revaluation reserve balances attributable to the assets, the Trust makes a transfer from its income and expenditure reserve to its revaluation reserve to maintain transparency within public sector accounts.

A summary of the Transfer is shown in Note 14.1 below the Property, plant and equipment note.

1.31 Going Concern

These accounts are prepared on a going concern basis (Note 37). The detail behind this assumption is included in the notes to the accounts.

2. Pooled budget

The Group & Trust has no pooled budgets.

3. Operating segments

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

4. Income generation activities

The Group & Trust does not undertake any significant income generation activities.

5 OPERATING INCOME	**Group & Trust**	
5.1 Income from activities comprises	**Year Ended 31 March 2014 Total £000**	**Year Ended 31 March 2013 Total £000**
NHS Foundation Trusts	129	(17)
NHS Trusts	0	3
Strategic Health Authorities	0	280
CCGs and NHS England	195,449	0
Primary Care Trusts	0	204,256
Local Authorities	23,140	13,384
Department of Health - other	0	138
NHS Other	127	0
Non NHS: Other	1,248	1,256
Total income from activities	**220,093**	**219,300**

	Group & Trust	
5.2 Analysis of income from activities	**Year Ended 31 March 2014 Total £000**	**Year Ended 31 March 2013 Total £000**
Block Contract income - Mental Health Services	138,209	159,632
Income from PCTs - Community Services	0	45,429
Income from CCGs & NHS England - Community Services	66,478	0
Income not from CCG's, NHS England or PCTs - Community Services	14,399	13,137
Other non-protected clinical income	1,007	1,102
Total income from activities	**220,093**	**219,300**

5.3 Other Operating Income	**Note**	**Group Year Ended 31 March 2014 Total £000**	**Group Year Ended 31 March 2013 Total £000**	**Trust Year Ended 31 March 2014 Total £000**	**Trust Year Ended 31 March 2013 Total £000**
Other operating income					
Research and development		237	241	237	241
Education and training		3,011	2,428	3,011	2,428
Other		7,048	7,314	7,048	7,328
Reversal of impairments of property, plant and equipment	12	2,252	0	2,252	0
Income in respect of staff costs where accounted on gross basis		2,805	3,149	2,805	3,149
NHS Charitable Funds : Incoming Resources excluding investment income		309	571	0	0
Total other operating income		**15,662**	**13,703**	**15,353**	**13,146**
Total Operating Income		**235,755**	**233,003**	**235,446**	**232,446**

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

5.4 Income from activites from Commissioner Requested Services and all other services	**Group Year Ended 31 March 2014 Total £000**	**Group Year Ended 31 March 2013 Total £000**	**Trust Year Ended 31 March 2014 Total £000**	**Trust Year Ended 31 March 2013 Total £000**
Income from Commissioner Requested Services	220,093	219,300	220,093	219,300
Income from non-Commissioner Requested Services	15,662	13,703	15,353	13,146
Total Income	**235,755**	**233,003**	**235,446**	**232,446**

5.5 Operating lease income

The Group & Trust earned no income from operating leases in 2013/14 or in 2012/13.

6 Operating Expenses

6.1 Operating Expenses

	Note	Group Year Ended 31 March 2014 £000	Group Year Ended 31 March 2013 £000	Trust Year Ended 31 March 2014 £000	Trust Year Ended 31 March 2013 £000
Services from NHS Foundation Trusts		191	(1)	191	(1)
Services from NHS Trusts		0	0	0	0
Services from CCGs and NHS England		0	0	0	0
Purchase of healthcare from non NHS bodies		4,153	2,890	4,153	2,890
Employee Expenses - Executive directors		1,105	1,415	1,105	1,415
Employee Expenses - Non-executive directors		126	124	126	124
Employee Expenses - Staff		168,799	165,705	168,799	165,705
Supplies and services - clinical (excluding drug costs)		3,475	4,045	3,475	4,045
Supplies and services - general		4,272	5,480	4,272	5,480
Establishment		7,110	6,805	7,110	6,805
Research and development		0	8	0	8
Transport (Business travel only)		168	151	168	151
Transport (other)		909	1,061	909	1,061
Premises		10,478	14,374	10,478	14,374
Increase / (decrease) in provision for impairment of receivables		150	33	150	33
Increase in other provisions		0	0	0	0
Change in provisions discount rate		53	0	53	0
Inventories written down (net, including inventory drugs)		0	0	0	0
Drug Costs (non inventory drugs only)		1,457	779	1,457	779
Inventories consumed (excluding drugs)		486	660	486	660
Drug Inventories consumed		2,649	2,795	2,649	2,795
Rentals under operating leases - minimum lease payments		7,103	7,033	7,103	7,033
Depreciation on property, plant and equipment		4,968	2,890	4,968	2,890
Amortisation on intangible assets		177	54	177	54
Impairments of property, plant and equipment	12	5,085	0	5,085	0
Audit services- statutory audit		65	68	65	68
Audit services - charitable fund accounts		2	5	0	0
Other auditor remuneration		94	79	94	84
Clinical negligence		283	328	283	328
Loss on disposal of other property, plant and equipment		0	0	0	0
Legal fees		302	367	302	367
Consultancy costs		878	1,689	878	1,689
Training, courses and conferences		950	1,131	950	1,131
Patient travel		42	25	42	25
Car parking & Security		7	7	7	7
Redundancy		1,785	2,834	1,785	2,834
Early retirements		42	96	42	96
Hospitality		102	99	102	99
Publishing		96	157	96	157
Insurance		305	165	305	165
Other services, eg external payroll		1	6	1	6
Losses, ex gratia & special payments		5	5	5	5
Other		2,382	1,619	2,382	1,619
NHS Charitable funds: Other resources expended		371	68	0	0
Total Operating Expenses		**230,626**	**225,049**	**230,253**	**224,981**

6.2 Auditor Liability

There is no limitation on the Auditors' Liability in 2013/14 or in 2012/13.

6.3 The late payment of commercial debts (interest) Act 1998

The Group & Trust has no late payments of commercial debts in 2013/14 or in 2012/13.

6.4 Discontinued operations

The Group & Trust has no discontinued operations during the period.

6.5 Corporation Tax

The Group & Trust has no Corporation Tax expense during the period.

7. Employee costs and numbers

7.1 Employee costs

	Group & Trust Year Ended 31 March 2014		
	Total	**Permanently Employed**	**Other**
	£000	**£000**	**£000**
Salaries and wages	140,190	125,890	14,300
Social Security Costs	9,524	8,608	916
Pension costs - defined contribution plans employers contributions to NHS Pensions	16,711	15,736	975
Pension cost - other	0	0	0
Termination benefits	1,785	1,785	0
Agency/contract staff	3,685	0	3,685
Employee benefits expense	**171,895**	**152,019**	**19,876**
Of which are capitalised as part of assets	206	206	0
Total Employee benefits excl. capitalised costs	**171,689**	**151,813**	**19,876**

	Group & Trust Year Ended 31 March 2013		
	Total	**Permanently Employed**	**Other**
	£000	**£000**	**£000**
Salaries and wages	138,478	122,345	16,133
Social Security Costs	9,592	8,660	932
Pension costs - defined contribution plans employers contributions to NHS Pensions	16,112	15,218	894
Termination benefits	2,834	2,834	0
Agency/contract staff	3,127	0	3,127
Employee benefits expense	**170,143**	**149,057**	**21,086**
Of which are capitalised as part of assets	190	190	0
Total Employee benefits excl. capitalised costs	**169,953**	**148,867**	**21,086**

The Board has approved a cost saving programme which will result in approximately 87 posts being made redundant (70 posts in 2013/14). The total redundancy cost provided for in 2013/14 is £3,740k (£5,433k in 2012/13). (See note 25)

As included within the salaries and wages information above, the Trust made payments in 2013/14 of greater than £100k to the following staff groups:

	Year Ended 31 March 2014	**Year Ended 31 March 2013**
Consultant	55	46
Middle Grade Doctor	6	6
Director / Chief Executive	7	6
Total	**68**	**58**

7. Employee costs and numbers (continued) **Group & Trust**

7.2 Average number of people employed

	Year Ended 31 March 2014		
	Total	**Permanently Employed**	**Other**
	Number	**Number**	**Number**
Medical and dental	191	152	39
Administration and estates	910	847	63
Healthcare assistants and other support staff	930	897	33
Nursing, midwifery and health visiting staff	1,386	1,347	39
Nursing, midwifery and health visiting learners	17	17	0
Scientific, therapeutic and technical staff	688	645	43
Social care staff	61	61	0
Agency and Contract staff	46	0	46
Bank Staff	164	0	164
Other	1	1	0
Total	**4,394**	**3,967**	**427**
Of which are engaged on capital projects	**3**	**3**	**0**

	Group & Trust Year Ended 31 March 2013		
	Total	**Permanently Employed**	**Other**
	Number	**Number**	**Number**
Medical and dental	181	124	57
Administration and estates	853	791	62
Healthcare assistants and other support staff	969	928	41
Nursing, midwifery and health visiting staff	1,429	1,395	34
Scientific, therapeutic and technical staff	683	625	58
Social care staff	57	0	57
Agency and Contract staff	66	0	66
Bank Staff	164	0	164
Total	**4,402**	**3,863**	**539**
Of which are engaged on capital projects	**3**	**3**	**0**

Unit of measure is whole time equivalent (WTE).

7.3 Staff sickness absence

	Group & Trust	
	Year Ended 31 March 2014	**Year Ended 31 March 2013**
	Number	**Number**
Total days lost	46,154	49,870
Total staff years	4,207	4,186
Average working days lost	11.0	11.9
Total Staff Employed in Period (Headcount)	5,322	5,281
Total Staff Employed in Period with No Absence (Headcount)	2,142	1,905
Percentage Staff with No Sick Leave	**40.2%**	**36.1%**

This information although based on Trust data is supplied for the accounts by the Department of Health.
The source for disclosure of this information is from the central electronic payroll records held at the Department of Health. The figures quoted are based on a reference period January to December, i.e. for 2013-14 January 2013 - December 2013.

7.4 Early retirements due to ill health

During the year there were 8 early retirements from the NHS Foundation Trust agreed on the grounds of ill-health (5 during 2012/13). The estimated additional pension liabilities of these ill-health retirements is £344k (2012/13 £276k). The cost of these ill-health retirements is borne by the NHS Business Services Authority - Pensions Division.

7. Employee costs and numbers (continued)

7.5 Staff exit packages

38 redundancies and 31 mutually agreed resignations (MARs) were actioned by the Trust during the accounting period. The details of these are disclosed below.

The exit packages here were made either under nationally agreed arrangements or local arrangements approved by the Remuneration and Terms of Service Committee for which Treasury approval was required.

Group & Trust

31 March 2014

Exit package cost band	Number of compulsory redundancies	Cost of compulsory redundancies	Number of other departures agreed	Cost of other departures agreed	Total number of exit packages by cost band	Total cost of exit packages
	Number	£'000	Number	£'000	Number	£'000
Less than £10,001	5	39	36	125	**41**	**164**
£10,001 - £25,000	6	100	14	217	**20**	**317**
£25,001 - £50,000	5	165	6	256	**11**	**421**
£50,001 - £100,000	12	945	7	534	**19**	**1,479**
£100,001 - £150,000	8	923	0	0	**8**	**923**
£150,001 - £200,000	2	372	0	0	**2**	**372**
Total number of exit packages by type	**38**	**2,544**	**63**	**1,132**	**101**	**3,676**

The number of other departures agreed include 31 MARs, 24 contractual payments made to individuals in lieu of notice and 8 payments made in lieu of notice to individuals who received compulsory redundancy.

Exit Packages: other (non-compulsory) departure payments	Payments agreed	Total value of agreements
	Number	£'000
Voluntary redundancies including early retirement contractual costs	0	0
Mutually agreed resignations (MARS) contractual costs	31	936
Early retirements in the efficiency of the service contractual costs	0	0
Contractual payments in lieu of notice	34	196
Exit payments following Employment Tribunals or court orders	0	0
Non-Contractual payments requiring HMT approval	0	0
Total	**65**	**1,132**
of which		
non-contractual payments made to individuals where the payment value was more than 12 months' of their annual salary	0	0

The payments agreed of 65 includes 2 contractual payments in lieu of notice to individuals who received MARs.

8. Pension costs

Past and present employees are covered by the provisions of the NHS Pensions Scheme. Details of the benefits payable under these provisions can be found on the NHS Pensions website at www.pensions.nhsbsa.nhs.uk. The scheme is an unfunded, defined benefit scheme that covers NHS employers, General Practices and other bodies, allowed under the direction of the Secretary of State, in England and Wales. The scheme is not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, the scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS Body of participating in the scheme is taken as equal to the contributions payable to the scheme for the accounting period.

In order that the defined benefit obligations recognised in the financial statements do not differ materially from those that would be determines at the reporting date by a formal actuarial valuation, the FReM requires that "the period between formal valuations shall be four years, with approximate assessments in intervening years". An outline of these follows:

a) Accounting valuation

A valuation of the scheme liability is carried out annually by the scheme actuary as at the end of the reporting period. This utilises an actuarial assessment for the previous accounting period in conjunction with updated membership and financial data for the current reporting period, and are accepted as providing suitably robust figures for financial reporting purposes. The valuation of the scheme liability as at 31 March 2014, is based on the valuation data as at 31 March 2013, updated to 31 March 2014 with summary global member and accounting data. In undertaking this actuarial assessment, the methodology prescribed in IAS 19 (Employee Benefits), relevant FReM interpretations, and the discount rate prescribed by HM Treasury have also been used.

The latest assessment of the liabilities of the scheme is contained in the scheme actuary report, which forms part of the annual NHS Pension Scheme (England and Wales) Resource Account, published annually. These accounts can be viewed on the NHS Pensions website. Copies can also be obtained from The Stationery Office.

b) Full actuarial (funding) valuation

The purpose of this valuation is to assess the level of liability in respect of the benefits due under the scheme (taking into account its recent demographic experience), and to recommend the contribution rates.

The last published actuarial valuation undertaken for the NHS Pension Scheme was completed for the year ending 31 March 2004. Consequently, a formal actuarial valuation would have been due for the year ending 31 March 2008. However, formal actuarial valuations for unfunded public service schemes were suspended by HM Treasury on value for money grounds while consideration is given to recent changes to public service pensions, and while future scheme terms are developed as part of the reforms to public service pension provision due in 2015.

The Scheme Regulations were changed to allow contribution rates to be set by the Secretary of State for Health, with the consent of HM Treasury, and consideration of the advice of the Scheme Actuary and appropriate employee and employer representatives as deemed appropriate.

The next formal valuation to be used for funding purposes will be carried out as at 31 March 2012 and will be used to inform the contribution rates to be used from 1 April 2015.

8. Pension costs (continued)

c) Scheme provisions

The NHS Pension Scheme provided defined benefits, which are summarised below. This list is an illustrative guide only, and is not intended to detail all the benefits provided by the Scheme or the specific conditions that must be met before these benefits can be obtained:

The scheme is a “final salary” scheme. Annual pensions are normally based on 1/80th for the 1995 section and of the best of the last three years pensionable pay for each year of service, and 1/60th for the 2008 section of reckonable pay per year of membership. Members who are practitioners as defined by the Scheme Regulations have their annual pensions based upon total pensionable earnings over the relevant pensionable service.

With effect from 1 April 2008 members can choose to give up some of their annual pension for an additional tax free lump sum, up to a maximum amount permitted under HMRC rules. This new provision is known as "pension commutation".

Annual increases are applied to pension payments at rates defined by the Pensions (Increase) Act 1971, and are based on changes in retail prices in the twelve months ending 30 September in the previous calendar year. From 2011-12 the Consumer Price Index (CPI) has been used to replace the Retail Prices Index (RPI).

Early payment of a pension, with enhancement, is available to members of the scheme who are permanently incapable of fulfilling their duties effectively through illness or infirmity. A death gratuity of twice final year’s pensionable pay for death in service, and five times their annual pension for death after retirement is payable.

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

Members can purchase additional service in the NHS Scheme and contribute to money purchase AVC's run by the Scheme's approved providers or by other Free Standing Additional Voluntary Contributions (FSAVC) providers.

9. Operating leases

9.1 As lessee

The Group & Trust has three types of Operating Lease, these are, for Photocopiers, Vehicles and Property.
Photocopiers are on an Office of Government Commerce (OGC) negotiated contract with five year lease terms.

Vehicles are on a Purchasing and Supply Agency (PASA) NHS master lease agreement with typically three year terms.

Property is on commercial arms length contracts. At the end of the accounting period there were thirty seven lease properties, all with different Landlords. The rental periods range from one to twenty three years. 8 leases relating to LIFT properties in Barnsley have been included for 2013/14. These expire at the higher end of the rental timeframe.

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

	Group & Trust	
Operating lease payments	**Year Ended 31 March 2014 £000**	**Year Ended 31 March 2013 £000**
Minimum lease payments	7,103	7,033
	7,103	**7,033**

Future minimum lease payments due	**Year Ended 31 March 2014 £000**	**Year Ended 31 March 2013 £000**
Payable:		
Not later than one year	5,170	5,577
Between one and five years	11,768	6,061
After five years	25,408	5,722
Total	**42,346**	**17,360**

10. Finance Income	Group Year Ended 31 March 2014 £000	Group Year Ended 31 March 2013 £000	Trust Year Ended 31 March 2014 £000	Trust Year Ended 31 March 2013 £000
Interest on loans and receivables	88	374	88	374
NHS Charitable funds: investment income	5	4	0	0
Total	**93**	**378**	**88**	**374**

The Group & Trust has no interest on impaired financial assets included in finance income in 2013/14 or in 2012/13.

11. Finance Costs - interest expense

The Group & Trust incurred no finance costs in 2013/14 or in 2012/13.

12. Impairment of assets (PPE & intangibles)

	Group & Trust					
	31 March 2014			31 March 2013		
	Net Impairment £000	Impairments £000	Reversals £000	Net Impairment £000	Impairments £000	Reversals £000
Impairments charged to operating surplus / deficit:						
Loss or damage from normal operations	**0**	0	0	**0**	0	0
Over Specification of assets	**0**	0	0	**0**	0	0
Other	**396**	396	0	**0**	0	0
Changes in market price	**2,437**	4,689	(2,252)	**0**	0	0
Total Impairments charged to operating surplus / deficit	**2,833**	**5,085**	**(2,252)**	**0**	**0**	**0**
Impairments charged to the revaluation reserve	3,518	3,518	0	0	0	0
Total Impairments	**6,351**	**8,603**	**(2,252)**	**0**	**0**	**0**

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

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

13 Intangible assets

13.1 Intangible assets 2013/14	Group & Trust Total	Software licences (purchased)
	£000	£000
Gross cost at 1st April 2013	**871**	871
Transfers by absorption - Modified	**539**	539
Additions - purchased	**413**	413
Reclassifications	**0**	0
Gross Cost at 31 March 2014	**1,823**	**1,823**
Amortisation at 1st April 2013	**414**	414
Transfers by absorption - Modified	**459**	459
Provided during the year	**177**	177
Reclassifications	**0**	0
Amortisation at 31 March 2014	**1,050**	**1,050**
Net book value		
NBV - Purchased at 31 March 2014	**773**	773
NBV total at 31 March 2014	**773**	**773**

Transfers by absorption - Modified relate to Software licences transferred to the Trust from NHS Barnsley under the Estate Transfer on 1st April 2013. A summary of these transactions in shown under note 14.1.

13.2 Intangible assets 2012/13	Group & Trust Total	Software licences (purchased)
	£000	£000
Gross cost at 1st April 2012	**398**	398
Additions - purchased	**303**	303
Reclassifications	**170**	170
Gross Cost at 31 March 2013	**871**	**871**
Amortisation at 1st April 2012	**317**	317
Provided during the year	**54**	54
Reclassifications	**43**	43
Amortisation at 31 March 2013	**414**	**414**
Net book value		
NBV - Purchased at 31 March 2013	**457**	457
NBV total at 31 March 2013	**457**	**457**
NBV total at 1st April 2012	**81**	**81**

13.3 Intangible assets

Intangible Assets are all purchased software licences and are depreciated over the life of the licence which is currently no more than 5 years. There has been no revaluation of these assets.
No Intangible Assets were acquired by Government Grant.

13.4 Economic Lives of Intangible Assets

Intangible Assets are depreciated over a maximum life of five years.

14.1 Property, plant and equipment 31 March 2014

Group & Trust	Total	Land	Buildings excluding dwellings	Assets under Construction & Payments On Account	Plant & Machinery	Transport Equipment	Information Technology	Furniture & Fittings
	£000	£000	£000	£000	£000	£000	£000	£000
Cost or valuation at 1st April 2013	**79,024**	11,731	50,891	10,297	3,488	289	1,916	412
Transfers by absorption - Modified	**60,534**	7,686	48,633	0	1,045	546	1,957	667
Additions - purchased	**8,360**	270	4,677	2,337	410	26	248	392
Impairments charged to operating expenses (note 12)	**(396)**	0	0	0	0	0	(396) *	0
Impairments charged to the revaluation reserve (note 12)	**(3,518)**	(790)	(2,728)	0	0	0	0	0
Reversal of impairments credited to operating income	**0**	0	0	0	0	0	0	0
Reversal of impairments credited to the revaluation reserve	**0**	0	0	0	0	0	0	0
Reclassifications	**0**	0	10,175	(10,297)	122	0	0	0
Revaluations	**(31,447)**	(328)	(30,018)	0	0	0	(1,101) *	0
Reclassified as held for sale	**0**	0	0	0	0	0	0	0
Disposals	**0**	0	0	0	0	0	0	0
Cost or Valuation at 31 March 2014	**112,557**	**18,569**	**81,630**	**2,337**	**5,065**	**861**	**2,624**	**1,471**
Accumulated depreciation at 1st April 2013	**10,691**	741	6,758	0	1,696	85	1,179	232
Transfers by absorption - Modified	**23,300**	0	20,605	0	829	360	1,382	124
Provided during the year	**4,968**	0	4,097	0	361	92	301	117
Impairments charged to operating expenses	**4,689**	250	4,439	0	0	0	0	0
Reversal of impairments credited to operating income (note 12)	**(2,252)**	(578)	(1,674)	0	0	0	0	0
Reclassifications	**0**	0	0	0	0	0	0	0
Revaluations	**(31,447)**	(328)	(30,018)	0	0	0	(1,101) *	0
Reclassified as held for sale	**0**	0	0	0	0	0	0	0
Disposals	**0**	0	0	0	0	0	0	0
Accumulated depreciation at 31 March 2014	**9,949**	**85**	**4,207**	**0**	**2,886**	**537**	**1,761**	**473**
Net book value								
Net book value at 31 March 2014								
NBV - Owned at 31 March 2014	**102,608**	18,484	77,423	2,337	2,179	324	863	998
NBV - Donated at 31 March 2014	**0**	0	0	0	0	0	0	0
NBV total at 31 March 2014	**102,608**	**18,484**	**77,423**	**2,337**	**2,179**	**324**	**863**	**998**

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

Included within buildings is improvements to buildings which are not owned by the Trust (Leasehold). These assets are not revalued in the year and hence not all accumulated depreciation has been reversed out upon revaluation.

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

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

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

14.2 Property, plant and equipment 31 March 2013

Group & Trust	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 1st April 2012	**72,182**	11,731	49,830	5,668	2,712	181	1,525	535
Additions - purchased	**8,172**	0	1,656	5,057	960	108	391	0
Reclassifications	**(170)**	0	428	(428)	(170)	0	0	0
Reclassified as held for sale	**0**	0	0	0	0	0	0	0
Disposals	**(1,160)**	0	(1,023)	0	(14)	0	0	(123)
Cost or Valuation at 31 March 2013	**79,024**	**11,731**	**50,891**	**10,297**	**3,488**	**289**	**1,916**	**412**
Accumulated depreciation at 1st April 2012	**9,004**	741	5,273	0	1,563	60	1,042	325
Provided during the year	**2,890**	0	2,508	0	190	25	137	30
Impairments	**0**	0	0	0	0	0	0	0
Reclassifications	**(43)**	0	0	0	(43)	0	0	0
Reclassified as held for sale	**0**	0	0	0	0	0	0	0
Disposals	**(1,160)**	0	(1,023)	0	(14)	0	0	(123)
Accumulated depreciation at 31 March 2013	**10,691**	**741**	**6,758**	**0**	**1,696**	**85**	**1,179**	**232**
Net book value								
Net book value at 1 April 2012	**63,178**	10,990	44,557	5,668	1,149	121	483	210
Net book value (NBV) at 31 March 2013								
NBV - Owned at 31 March 2013	**68,333**	10,990	44,133	10,297	1,792	204	737	180
NBV - Donated at 31 March 2013	**0**	0	0	0	0	0	0	0
NBV total at 31 March 2013	**68,333**	**10,990**	**44,133**	**10,297**	**1,792**	**204**	**737**	**180**

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

14.3 Economic Lives of Property, Plant and Equipment

	Group & Trust	
	Min Life Years	Max Life Years
Land	0	0
Buildings excluding dwellings	0	90
Dwellings	0	0
Assets under Construction & POA	0	0
Plant & Machinery	0	11
Transport Equipment	0	7
Information Technology	0	5
Furniture & Fittings	0	10

The economic lives are based on the District Valuers full Estate revaluation. In this respect buildings has increased from 87 to 90 years.

14.4 Finance Leases

The Group & Trust holds no finance lease assets.

15 Investments

15.1 Investments - Carrying Value

	Group & Trust	
	Property*	Property*
	31 March 2014	31 March 2013
	£000	£000
At Carrying Value		
Balance at Beginning of Period	410	801
Acquisitions/Reclassifications in year	0	0
Movement in fair value (revaluation or impairment)	0	(256)
Transfers to/from assets held for sale and assets in disposal groups	0	(135)
Balance at End of Period	**410**	**410**

* The Group & Trust has no other investments.

Estate which the Trust Board has declared surplus to requirements is recorded as investment property under IFRS and its value is updated annually to the current market value.

15.2 Investment Property expenses

The Group & Trust incurred £0k (zero) on investment property expenses in 2013/14 (£8k in 2012/13). The 2012/13 charge related to the refurbishment of a property which was then sold.

15.3 Investments in subsidiaries

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

The following are summary statements before group eliminations which have been consolidated into these accounts in 2013/14 and in the restated Group numbers for prior years.

Summary Statement of Financial Activities

	31 March 2014	31 March 2013
	£000	£000
Total Incoming Resources	314	575
Resources expended with this NHS body	0	(9)
Resources expended with bodies outside the NHS	(373)	(73)
Net movement in funds	**(59)**	**493**

Summary Statement of Financial Position	31 March 2014	31 March 2013	01 April 2012
	£000	£000	£000
Cash and cash equivalents	541	855	353
Trade and other receivables	260	0	6
Trade and other payables	(9)	(4)	(1)
Net Assets	**792**	**851**	**358**
Other restricted income funds	29	29	30
Unrestricted income funds	763	822	328
Total Charitable Funds	**792**	**851**	**358**

Other restricted income funds relate to monies held by the Trust for Spectrum CIC (Community Interest Company).

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

16.1 Non-current assets held for sale

	Group & Trust	
	Investment properties 31 March 2014 £000	Investment properties 31 March 2013 £000
NBV of non-current assets for sale and assets in disposal groups at carrying value	0	0
Plus assets classified as available for sale in the year	0	135
Less assets sold in year	0	(135)
NBV of non-current assets for sale and assets in disposal groups at end of period	**0**	**0**

16.2 Liabilities in disposal groups

The Group & Trust has no liabilities in disposal groups in 2013/14 or in 2012/13.

17. Other assets

The Group & Trust has no other assets in 2013/14 or in 2012/13.

18. Other Financial Assets

The Group & Trust has no other financial assets in 2013/14 or in 2012/13.

19. Inventories

19.1. Inventory Movements

	Group & Trust		
	Total £000	Drugs £000	Other £000
Carrying Value at 1 April 2013	**560**	**58**	**502**
Additions	2,857	2,651	206
Inventories recognised in expenses	(3,135)	(2,649)	(486)
Carrying Value at 31 March 2014	**282**	**60**	**222**

	Total £000	Drugs £000	Other £000
Carrying Value at 1 April 2012	**531**	**68**	**463**
Additions	3,484	2,785	699
Inventories recognised in expenses	(3,455)	(2,795)	(660)
Carrying Value at 31 March 2013	**560**	**58**	**502**

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

20. Trade and other receivables

20.1 Trade and other receivables	Group 31 March 2014 £000	Group 31 March 2013 £000	Group 01 April 2012 £000	Trust 31 March 2014 £000	Trust 31 March 2013 £000	Trust 01 April 2012 £000
Current						
NHS Receivables	1,910	1,431	2,359	1,910	1,431	2,359
Receivables due from NHS charities – Revenue	0	0	0	3	3	0
Other receivables with related parties	2,124	295	390	2,124	295	390
Provision for impaired receivables	(277)	(127)	(94)	(277)	(127)	(94)
Prepayments	1,465	1,296	1,230	1,465	1,296	1,230
Accrued income	1,083	1,089	466	1,083	1,089	466
PDC receivable	0	140	111	0	140	111
VAT receivable	155	330	303	155	330	303
Other receivables	307	261	558	308	261	558
NHS Charitable funds: Trade and other receivables	255	0	6	0	0	0
TOTAL CURRENT TRADE AND OTHER RECEIVABLES	**7,022**	**4,715**	**5,329**	**6,771**	**4,718**	**5,323**

The Group & Trust has no non current trade and other receivables as at 31 March 2014 (£0 (zero) as at 31 March 2013).

20.2 Provision for impairment of receivables	Group & Trust 31 March 2014 £000	Group & Trust 31 March 2013 £000
Balance at start of period	127	94
Increase in provision	163	82
Amounts utilised	0	0
Unused amounts reversed	(13)	(49)
Balance at 31 March	**277**	**127**

The Group & Trust provides for all non NHS receivables over 90 days past their due date and all salary overpayments.

20.3 Analysis of impaired receivables	Group & Trust 31 March 2014 £000	Group & Trust 31 March 2013 £000	Group & Trust 01 April 2012 £000
Ageing of impaired receivables			
0 - 30 days	80	1	6
30-60 Days	2	6	0
60-90 days	0	1	0
90- 180 days	13	8	58
over 180 days	182	111	30
Total	**277**	**127**	**94**

	Group 31 March 2014	Group 31 March 2013	Group 01 April 2012	Trust 31 March 2014	Trust 31 March 2013	Trust 01 April 2012
Ageing of non-impaired receivables past their due date	**£000**	**£000**	**£000**	**£000**	**£000**	**£000**
0 - 30 days	2,072	620	1,031	1,817	620	1,031
30-60 Days	649	166	77	649	166	77
60-90 days	90	35	108	90	35	108
90- 180 days	241	35	246	241	35	246
over 180 days	35	41	84	35	41	84
Total	**3,087**	**897**	**1,546**	**2,832**	**897**	**1,546**

20.4 Finance lease receivables

The Group & Trust has no finance lease receivables.

21. Cash and cash equivalents	Group 31 March 2014	Group 31 March 2013	Trust 31 March 2014	Trust 31 March 2013
	£000	**£000**	**£000**	**£000**
Balance at 1st April	**30,710**	**27,331**	**29,855**	**26,978**
Net change in year	2,945	3,379	3,259	2,877
Balance at 31 March	**33,655**	**30,710**	**33,114**	**29,855**
Broken down into:				
Cash at commercial banks and in hand	663	940	122	85
Cash with the Government Banking Service	32,992	29,770	32,992	29,770
Cash and cash equivalents as in statement of financial position	**33,655**	**30,710**	**33,114**	**29,855**
Cash and cash equivalents as in statement of cash flows	**33,655**	**30,710**	**33,114**	**29,855**

Third party assets (Patient Monies) held by the Trust

	Group & Trust 31 March 2014 £000	Group & Trust 31 March 2013 £000
Bank balances	234	239
Monies on deposit	90	138
Total third party assets	**324**	**377**

This has been excluded from the cash and cash equivalents figure reported in the accounts.

22. Trade and other payables

22.1 Trade and other payables	Group 31 March 2014 £000	Group 31 March 2013 £000	Group 01 April 2012 £000	Trust 31 March 2014 £000	Trust 31 March 2013 £000	Trust 01 April 2012 £000
Current						
NHS payables - capital	232	72	0	232	72	0
NHS payables - revenue	3,145	353	2,735	3,145	353	2,735
Amounts due to other related parties - revenue	2,877	2,258	2,386	2,877	2,258	2,386
Other trade payables - capital	2,566	1,179	2,247	2,566	1,179	2,247
Other trade payables - revenue	3,630	3,751	2,703	3,630	3,751	2,703
Social Security costs	1,811	1,754	1,702	1,811	1,754	1,702
Other taxes payable	1,539	1,656	1,685	1,539	1,656	1,685
Other payables	65	92	0	65	92	0
Accruals	7,322	9,031	8,197	7,322	9,031	8,197
PDC dividend payable	7	0	0	7	0	0
NHS Charitable funds: Trade and other payables	0	1	1	0	0	0
TOTAL CURRENT TRADE AND OTHER PAYABLES	**23,194**	**20,147**	**21,656**	**23,194**	**20,146**	**21,655**

The Group & Trust had no non current trade and other payables as at 31 March 2014 (£0 (zero) as at 31 March 2013).

22.2 Better Payment Practice Code

	Group & Trust	
Better Payment Practice Code - measure of compliance	**31 March 2014 Number**	**31 March 2014 £000**
Total Non-NHS trade invoices paid in the year	43,406	48,993
Total Non NHS trade invoices paid within target	41,222	45,357
Percentage of Non-NHS trade invoices paid within target	**95%**	**93%**
Total NHS trade invoices paid in the year	891	11,351
Total NHS trade invoices paid within target	822	10,544
Percentage of NHS trade invoices paid within target	**92%**	**93%**
	31 March 2013 Number	**31 March 2013 £000**
Total Non-NHS trade invoices paid in the year	40,621	47,661
Total Non NHS trade invoices paid within target	39,289	45,716
Percentage of Non-NHS trade invoices paid within target	**97%**	**96%**
Total NHS trade invoices paid in the year	1,367	22,413
Total NHS trade invoices paid within target	1,298	21,833
Percentage of NHS trade invoices paid within target	**95%**	**97%**

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

22.3 Early retirements detail included in NHS payables

The Group & Trust has no early retirement costs included in payables as at 31 March 2014 (£0 (zero) as at 31 March 2013).

22.4 Other liabilities

	Group & Trust		
	31 March 2014 £000	**31 March 2013 £000**	**01 April 2012 £000**
Current			
Deferred Income	843	787	419
TOTAL OTHER CURRENT LIABILITIES	**843**	**787**	**419**
Non-current			
Deferred Income	0	0	0
TOTAL OTHER NON CURRENT LIABILITIES	**0**	**0**	**0**

22.5 Other Financial Liabilities

The Group & Trust has no other financial liabilities as at 31 March 2014 (£0 (zero) as at 31 March 2013).

23. Borrowings

The Group & Trust has no borrowings as at 31 March 2014 (£0 (zero) as at 31 March 2013).

24. Prudential Borrowing Limit

The Prudential Borrowing Code requirements in section 41 of the NHS Act 2006 have been repealed with effect from 1 April 2013 by the Health and Social Care Act 2012 and as a result this disclosure is no longer required.

25. Provisions

	Group & Trust Current			Group & Trust Non-current		
	31 March 2014	31 March 2013	01 April 2012	31 March 2014	31 March 2013	01 April 2012
	£000	£000	£000	£000	£000	£000
Pensions relating to other staff	56	54	52	584	584	559
Legal claims	77	35	30	770	696	328
Equal Pay	6	6	0	0	0	180
Redundancy	2,240	3,933	2,312	1,500	1,500	1,458
Other						
Injury Benefit	54	47	36	849	715	578
Other	1,074	500	0	0	0	
Total	**3,507**	**4,575**	**2,430**	**3,703**	**3,495**	**3,103**

	Group & Trust					
	Total	Pensions relating to other staff	Legal claims	Equal Pay	Redundancy	Other
	£000	£000	£000	£000	£000	£000
At start of period	8,070	638	731	6	5,433	1,262
Change in the discount rate	53	17	0	0	0	36
Arising during the year	3,578	42	415	0	2,389	732
Utilised during the year (accruals)	(28)	(14)	0	0	0	(14)
Utilised during the year (cash)	(3,658)	(43)	(98)	0	(3,478)	(39)
Reversed unused	(805)	0	(201)	0	(604)	0
At 31 March 2014	**7,210**	**640**	**847**	**6**	**3,740**	**1,977**
Expected timing of cash flows:						
Not later than one year;	3,507	56	77	6	2,240	1,128
Later than one year and not later than five years	2,688	214	770	0	1,500	204
Later than five years (see note 31.3).	1,015	370	0	0	0	645
Total	**7,210**	**640**	**847**	**6**	**3,740**	**1,977**

Pensions relating to former directors and staff - these provisions relate to the expected pension payments to former employees. The total value is based upon a standard life expectancy of the former employee. Should this life expectancy be different the value and timing of the payments will be affected. The value of the pension payment is also affected by annual pension increases, determined by the NHS Pensions Agency.

Redundancy - This provision, totalling £3.7m, relates to approximately 43 posts during 2014 / 2015 and a further 43 redundancies during 2015 / 2016. These both form an integral part of the Trust Cost Improvement Programme.

Legal claims - these provisions relate to public and employer's liability claims. The value and timing of the payments is uncertain until the claims have been fully investigated and any settlements agreed.

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

Other - injury benefits are payable by the NHS Pensions Agency. The total value of the provision is based upon a standard life expectancy of the former employee. Should this life expectancy not be achieved the value and timing of the payments will be affected. The value of the pension payment is also affected by annual pension increases, determined by the NHS Pensions Agency.

Other - A £880k provision has been made in relation to the Trust's liability for a proportion of the demolition costs of St Luke's Hospital site which the Trust previously occupied.

Other - A £194k provision has been made in relation to a potential liability resulting from HMRC guidance on VAT recovery, this relates to a 2 year potential overclaim by the Trust.

£443K is included in the provisions of the NHS Litigation Authority at 31 March 2014 (£1,046k at 31 March 2013) in respect of clinical negligence liabilities of the NHS Trust.

26. Contingencies

26.1 Contingent liabilities

The Group & Trust has no contingent liabilities as at 31 March 2014 (none as at 31 March 2013).

26.2 Contingent assets

The Group & Trust has 1 contingent asset as at 31 March 2014 (1 as at 31 March 2013).

The Group & Trust contingent asset relates to the expected sale of non Trust estate for which the Trust is entitled to a proportion of the land receipt. This relates to the provision on demolition costs made above.

27. Revaluation reserve

	Group & Trust	
	Total Revaluation Reserve	**Revaluation Reserve - property, plant and equipment**
	£000	**£000**
As at 1 April 2013	**7,261**	**7,261**
Transfers by absorption - Modified	11,042	11,042
Impairments	(3,518)	(3,518)
Other reserve movements	0	0
Revaluation reserve at 31 March 2014	**14,785**	**14,785**
	£000	**£000**
As at 1 April 2012	**7,282**	**7,282**
Revaluations	0	0
Other reserve movements	(21)	(21)
Revaluation reserve at 31 March 2013	**7,261**	**7,261**

28. Finance lease obligations

The Group & Trust has no finance lease obligations.

29. Finance lease commitments

The Group & Trust has not entered into any new finance leases during the period.

30 Capital commitments

Contracted capital commitments at the period end not otherwise included in these financial statements:

	Group & Trust	
	31 March 2014	**31 March 2013**
	£000	**£000**
Property, plant and equipment	1,925	2,195
Intangible assets	0	0
Total	**1,925**	**2,195**

These capital commitments relate to developments at Newton Lodge with the main Trust Contractor.

31. Financial Instruments

31.1 Financial assets

	Group Total £000	Group Loans and receivables £000	Trust Total £000	Trust Loans and receivables £000
Assets as per SoFP				
Trade and other receivables excluding non financial assets (at 31 March 2014)	**4,219**	4,219	**4,219**	4,219
Cash and cash equivalents (at bank and in hand at 31 March 2014)	**33,114**	33,114	**33,114**	33,114
NHS Charitable funds: financial assets (at 31 March 2014)	**796**	796	**0**	0
Total at 31 March 2014	**38,129**	**38,129**	**37,333**	**37,333**
Trade and other receivables excluding non financial assets (at 31 March 2013)	**2,333**	2,333	**2,333**	2,333
Cash and cash equivalents (at bank and in hand at 31 March 2013)	**29,855**	29,855	**29,855**	29,855
NHS Charitable funds: financial assets (at 31 March 2013)	**855**	855	**0**	0
Total at 31 March 2013	**33,043**	**33,043**	**32,188**	**32,188**

31.2 Financial liabilities

	Group Total £000	Group Other financial liabilities £000	Trust Total £000	Trust Other financial liabilities £000
Liabilities as per SoFP				
Trade and other payables excluding non financial assets (31 March 2014)	**23,194**	23,194	**23,194**	23,194
Provisions under contract (at 31 March 2014)	**7,210**	7,210	**7,210**	7,210
NHS Charitable funds: financial liabilities (at 31 March 2014)	**0**	0	**0**	0
Total at 31 March 2014	**30,404**	**30,404**	**30,404**	**30,404**
Trade and other payables excluding non financial assets (31 March 2013)	**20,147**	20,147	**20,146**	20,146
Provisions under contract (at 31 March 2013)	**8,070**	8,070	**8,070**	8,070
NHS Charitable funds: financial liabilities (at 31 March 2013)	**1**	1	**0**	0
Total at 31 March 2013	**28,218**	**28,218**	**28,216**	**28,216**

31.3 Maturity of Financial liabilities

	Group 31 March 2014 £000	Group 31 March 2013 £000	Trust 31 March 2014 £000	Trust 31 March 2013 £000
In one year or less	26,601	24,723	26,601	24,721
In more than one year but not more than two years	972	885	972	885
In more than two years but not more than five years	1,816	1,696	1,816	1,696
In more than five years (see note 25)	1,015	914	1,015	914
Total	**30,404**	**28,218**	**30,404**	**28,216**

32. Financial risk management

Financial reporting standard IFRS 7 (Financial Instruments: Disclosures) 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 Clinical Commissioning Groups and the way those Clinical Commissioning Groups are financed, the Trust is not exposed to the degree of financial risk faced by business entities. Also financial instruments play a much more limited role in creating or changing risk than would be typical of listed companies, to which the financial reporting standards mainly apply. The Trust has limited powers to borrow or invest surplus funds and financial assets and liabilities are generated by day-to-day operational activities rather than being held to change the risks facing the Trust in undertaking its activities.

The Trust's treasury management operations are carried out by the finance department, within parameters defined formally within the Trust's standing financial instructions and policies agreed by the Board of Directors. Trust treasury activity is subject to review by the Trust's internal auditors.

Currency risk
The Trust is principally a domestic organisation with the great majority of transactions, assets and liabilities being in the UK and sterling based. The Trust has no overseas operations. The Trust therefore has negligible exposure to currency rate fluctuations.

Interest rate risk
The Trust currently has no long term borrowing. The Trust had 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. As such during 2013/14 this facility was stopped as approved by the Trust Board as it is no longer a requirement for Foundation Trusts.

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 2014 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 clinical commissioning group's, which are financed from resources voted annually by Parliament. The Trust funds its capital expenditure from internally generated resources; future capital expenditure will be funded in the same way or from funds obtained within its prudential borrowing limit. The Trust is not, therefore, exposed to significant liquidity risks.

33. Events after the reporting period
The Group & Trust has no events after the reporting period

34. Private Finance Initiative contracts
The Group & Trust has no Private Finance Initiative Contracts.

35. Related party transactions

During the year Board Members or members of the key management staff or parties related to them have undertaken material transactions with South West Yorkshire Partnership NHS Foundation Trust, these are noted below.

Steven Michael, Chief Executive. Member of Huddersfield University Business School Advisory Board, member of Leeds University International Fellowship Scheme, trustee Spectrum People, NHS Confederation selected Chief Executive representative, Mental Health Network Board, member of Health & Wellbeing Boards, Wakefield and Barnsley, Involvement in Care Quality Commission mental health inspection arrangements and partner, NHS Interim Management and Support. Huddersfield University provided services to the Trust in 2013/14 to the value of £97,268 (2012/13 £34,514).

Ian Black, Chair of the Trust is a Non-Executive Director of Benenden Healthcare (mutual), Seedrs (with small shareholding), Chair, Family Fund, Member, Advisory Group for the Point of Care Foundation's development of a report on health service leadership and manager, Member, Whiteknights, a charity delivering blood and organs on behalf of hospitals in South, West and North Yorkshire and has a private shareholding in Lloyds Banking Group PLC.

Alexandra 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), Appointed member, Yorkshire and Humber clinical senate, Involvement in Care Quality Commission mental health inspection arrangements.

Helen Wollaston, Non Executive Director is a Director, Equal to the Occasion (consultancy) and WISE (Women in Science and Engineering). Partner is Fitness to Practice Panellist with the Medical Practitioners' Tribunal Service.

Peter Aspinall, Non Executive Director is a Director, Honley Show Society Ltd.

Jonathan Jones, Non Executive Director is a Director of Squire Sanders International Association, Member, Squires Sanders (UK) LLP and Squire Sanders MENA LLP. Spouse is a shareholder in Accelerate Holdings Ltd (holding company of Zenith Vehicle Contracts Ltd).

Timothy Breedon, Director of Nursing, Clinical Governance and Safety is a member, Mental Health Network Board, NHS Confederation and Chair of Learning Disabilities Steering Group.

Dawn Stephenson, Director of Corporate Development is a voluntary Trustee for Kirklees Active Leisure.

Sean Rayner, District Service Director, Barnsley is a member of the Independent Monitoring Board for HMP Wealstun and a Trustee of Barnsley Premier Leisure. Barnsley Premier Leisure provided services to the Trust in 2013/14 to the value of £152,185 (2012/13 £230,467).

Karen Taylor, District Service Director, Calderdale, Kirkless and specialist services, Trustee, Barnsley Hospice.

35.1 Related Party Transactions

	Group & Trust	
	Income	**Expenditure**
	£000	**£000**
Value of transactions with other related parties in 2013/14		
Department of Health	74	255
Other NHS Bodies	202,340	12,009
Other	25,302	4,573
Total	**227,716**	**16,837**

	Income	**Expenditure**
Value of transactions with other related parties in 2012/13	**£000**	**£000**
Department of Health	378	225
Other NHS Bodies	212,931	15,895
Other	15,176	30,353
Total	**228,485**	**46,473**

35.2 Related Party Balances

	Group & Trust	
	Receivables	**Payables**
	£000	**£000**
Value of transactions with other related parties in 2013/14		
Department of Health	6	73
Other NHS Bodies	2,268	3,959
Other	1,873	6,772
Total	**4,147**	**10,804**

	Receivables	**Payables**
Value of transactions with other related parties in 2012/13	**£000**	**£000**
Department of Health	164	4
Other NHS Bodies	1,582	1,210
Other	763	7,139
Total	**2,509**	**8,353**

36. Losses and Special Payments

	Group & Trust			
	Year Ended 31 March 2014	Year Ended 31 March 2014	Year Ended 31 March 2013	Year Ended 31 March 2013
	Total number of cases Numbers	Total value of cases £000s	Total number of cases Numbers	Total value of cases £000s
Losses:				
1. Losses of cash	3	(1)	13	1
2. Fruitless payments and constructive losses	0	0	0	0
3. Bad debts and claims abandoned	0	0	0	0
4. Damages to buildings, property etc. (including stores losses)	0	0	0	0
Total Losses	**3**	**(1)**	**13**	**1**
Special Payments				
5. Compensation under legal obligation	0	0	0	0
6. Extra contractual to contractors	0	0	0	0
7. Ex gratia payments	33	3	29	4
8. Special severance payments	0	0	0	0
9. Extra statutory and regulatory	3	3	0	0
Total Special Payments	**36**	**6**	**29**	**4**
Total Losses and Special Payments	**39**	**5**	**42**	**5**

All amounts are reported on an accruals basis but exclude provisions for future losses.

There were no clinical negligence cases where the net payment exceeded £250,000.

There were no fraud cases where the net payment exceeded £250,000.

There were no personal injury cases where the net payment exceeded £250,000.

There were no compensation under legal obligations cases where the net payment exceeded £250,000.

There were no fruitless payments where the net payment exceeded £250,000.

37. Going Concern

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

38 Salary and Pension entitlements of senior managers

38.1 Remuneration

The Salary and Pension entitlements of senior managers are set by the 'Remuneration and Terms of Services Committee' which is a sub-committee of the Trust Board. The members of this committee in 2013/14 were: Ian Black (Chair of the Committee, Chair of the Trust), Jonathan Jones (Non-Executive Director of the Trust), Helen Wollaston (Non-Executive Director of the Trust), Steven Michael (Chief Executive) with Alan Davis (Director of Human Resources & Workforce Development) in attendance and Bernie Cherriman-Sykes who is committee secretary.
The Trust follows national guidance on pay and terms and conditions for Senior Managers and the contracts are substantive contracts with NHS termination arrangements.

Name and Title	31/03/2014						
	Salary (bands of £5000) £000	Taxable Benefits Rounded to 1 decimal place £000	Annual Performance related bonuses (bands of £5000) £000	Other Remuneration (bands of £5000) £000	Expenses Rounded to 1 decimal place £000	Pension - Related Benefits (bands of £5000) £000	Total (bands of £5000) £000
Ian Black, Chair	45 - 50				2.6		50 - 55
Bernard Fee, Non-Executive Director	10 - 15				0.8		10 - 15
Peter Aspinall, Non-Executive Director	15 - 20				1.1		15 - 20
Jonathan Jones, Non-Executive Director	10 - 15						10 - 15
Helen Wollaston , Non-Executive Director	15 - 20				0.2		15 - 20
Julie Fox, Non-Executive Director	10 - 15				1.7		10 - 15
Steven Peter Michael, Chief Executive	165 - 170	2.6	5 - 10		0.2	15 - 20	190 - 195
Nisreen Hanna Booya, Medical Director	30 - 35			80 - 85			110 - 115
Alan George Davis, Director of Human Resources and Workforce Development	95 - 100	2.9	0 - 5		0.2	5 - 10	110 - 115
Alexandra Farrell, Deputy Chief Executive/Director of Finance	110 - 115		0 - 5		2.3	5 - 10	125 - 130
Dawn Stephenson, Director of Corporate Development	90 - 95		0 - 5		0.7	(40 - 45)	55 - 60
Noreen Young, Director of Nursing, Compliance and Innovation (left 31/10/2012)							0
Timothy Breedon, Director of Nursing, Clinical Governance and Safety	95 - 100	0.8	0 - 5		0.4	5 - 10	105 - 110
Anna Basford, District Service Director, Calderdale and Kirklees (Left 04/07/13)	25 - 30	1.1	0 - 5		0.3		35 - 40
Adrian Berry, Director of Forensic Services	25 - 30	9.1		100 - 105			140 - 145
Sean Rayner, District Service Director, Barnsley and Wakefield	100 - 105		0 - 5			0 - 5	110 - 115
Karen Taylor, District Service Director, Calderdale, Kirklees and specialist services	95 - 100	0.5	0 - 5		1.1	(0 - 5)	100 - 105
Diane Smith, Interim Director of Service Innovation and Health Intelligence (Joined 09/01/14) (Secondment from NHS England)	10 - 15						10 - 15

Name and Title	31/03/2013						
	Salary (bands of £5000) £000	Taxable Benefits Rounded to 1 decimal place £000	Annual Performance related bonuses (bands of £5000) £000	Other Remuneration (bands of £5000) £000	Expenses Rounded to 1 decimal place £000	Pension - Related Benefits (bands of £5000) £000	Total (bands of £5000) £000
Ian Black, Chair	40 - 45				3.7		45 - 50
Bernard Fee, Non-Executive Director	10 - 15				1.5		10 - 15
Peter Aspinall, Non-Executive Director	15 - 20				1.1		15 - 20
Jonathan Jones, Non-Executive Director	10 - 15						10 - 15
Helen Wollaston , Non-Executive Director	15 - 20				1.4		15 - 20
Julie Fox, Non-Executive Director	10 - 15						10 - 15
Steven Peter Michael, Chief Executive	155 - 160	3.2			1.0	10 - 15	170 - 173
Nisreen Hanna Booya, Medical Director	25 - 30			85 - 90			110 - 115
Alan George Davis, Director of Human Resources and Workforce Development	95 - 100	2.8				10 - 15	110 - 115
Alexandra Farrell, Deputy Chief Executive/Director of Finance	110 - 115				1.6	10 - 15	125 - 130
Dawn Stephenson, Director of Corporate Development	120 - 125	0.6			1.4	10 - 15	135 - 140
Noreen Young, Director of Nursing, Compliance and Innovation (left 31/10/2012)	55 - 60			90 - 95	1.4		150 - 155
Timothy Breedon, Director of Nursing, Clinical Governance and Safety	90 - 95	2.7			0.4	10 - 15	105 - 110
Anna Basford, District Service Director, Calderdale and Kirklees (Left 04/07/13)	90 - 95	3.6			1.0	10 - 15	105 - 110
Adrian Berry, Director of Forensic Services	25 - 30	8.0		100 - 105		10 - 15	145 - 150
Sean Rayner, District Service Director, Barnsley and Wakefield	100 - 105				0.9	10 - 15	115 - 120
Karen Taylor, District Service Director, Calderdale, Kirklees and specialist services	100 - 105	0.1			1.1	15 - 20	114 - 115

	31/03/2014	31/03/2013
Band of Highest Paid Director's Total Remuneration (£000's)	190 - 195	190 - 195
Median Total Remuneration* £'s	27,463	27,346
Remuneration Ratio	7.0	7.0

The Remuneration Ratio is a comparison of the highest paid director and the median remuneration of all staff. (For 2012/13 the highest paid directors total remuneration is based upon the annualised, full time equivalent remuneration). The Median Total Remuneration and the Remuneration Ratio do not include the value of Pension Related Benefits in their calculation.

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

For 2013/14 the accounts include £20k accrual as an estimate for the award of PRP which related to 2013/14 performance. The PRP award will be proposed by the Chief Executive and will be approved by the Remuneration and Terms of Service Committee in 2014/15. This will be disclosed in detail in the earnings in the 2014/15 accounts.

The Annual Performance Related pay in 2013 / 2014, disclosed in the table above, relates to payments made in 2013 / 2014 for performance in 2012 / 2013 which was approved by the Remuneration and terms of service Committee in 2013 / 2014.

Other remuneration for 2013/14 relates to payment for substantive clinical posts held within the Trust.
Other remuneration for 2012/13 for Noreen Young includes £90k of termination benefit.

Expenses for 2013/14 are predominately the reimbursement of travel expenses.
The benefits in kind relate to child care vouchers, relocation expenses, cycle to work scheme, staff lease cars, NHS Phone Scheme or expenses paid in accordance with the Trust's Removal Expenses Policy (which includes provision of accommodation).

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

.....Chief Executive 23/5/14 .....Date

38.2 Pension Benefits

Name and title	Normal retirement age	Real increase/ (decrease) in pension and related lump sum at retirement age (bands of £5000) £000	Total accrued pension and related lump sum at retirement age at 31 March 2014 (bands of £5000) £000	Cash Equivalent Transfer Value at 31 March 2014 £000	Cash Equivalent Transfer Value at 31 March 2013 £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	60	15 - 20	240 - 245	1,124	997	105	0
Alan George Davis, Director of Human Resources and Workforce Development	60	5 - 10	165 - 170	831	763	52	0
Nisreen Hanna Booya, Medical Director *		-	-			-	0
Alexandra Farrell, Deputy Chief Executive/Director of Finance	60	5 - 10	125 - 130	597	544	40	0
Timothy Breedon, Director of Nursing, Clinical Governance and Safety	65	5 - 10	75 - 80	413	361	44	0
Anna Basford, District Service Director, Calderdale and Kirklees (Left 04/07/13)	60	0 - 5	75 - 80	335	307	21	0
Adrian Berry, Director of Forensic Services	55	0 - 5	190 - 195	824	904	80	0
Dawn Stephenson, Director of Corporate Development	60	(40 - 45)	150 - 155	739	903	(184)	0
Sean Rayner, District Service Director, Barnsley and Wakefield	60	0 - 5	140 - 145	639	593	33	0
Karen Taylor, District Service Director, Calderdale, Kirklees and specialist services	55	(0 - 5)	160 - 165	738	714	8	0
Diane Smith, Interim Director of Service Innovation and Health Intelligence (Joined 09/01/14) (secondment from NHS England)							

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

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

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

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

.....Chief Executive.....23/5/14.....Date