

Annual Members' Meeting Monday 16 September 2019

13:00pm to 15:00pm (Showcase of our services and creative partners with refreshments available from 12noon) Wellbeing & learning centre, Fieldhead, Ouchthorpe Lane, Wakefield, WF1 3SP

Item	Time	Subject Matter	Presented by		Action					
	12:00pm	Showcase of our services and creative partners with refreshments available								
1.	13:00pm	Welcome, introduction and approval of the minutes of the previous Annual Members' Meeting held on 17 September 2018	Angela Monaghan, Chair	Verbal item / Paper	Members' Council to agree					
2.	13:05pm	Service user story	Service user	Verbal item	To receive					
3.	13:15pm	Our year, our Annual Report – an overview of the year 1 April 2018 to 31 March 2019	Rob Webster, Chief Executive	Verbal item	To receive					
4.	13:25pm	Our year, our Quality Account – an overview of the Quality Account for the year 1 April 2018 to 31 March 2019	Tim Breedon, Director of Nursing & Quality	Verbal item	To receive					
5.	13:40pm	Our year, our Finances – an overview of the financial accounts for the year 1 April 2018 to 31 March 2019	Mark Brooks, Director of Finance	Verbal item	To receive					
6.	13:55pm	An opportunity for questions from those in attendance	Angela Monaghan, Chair	Verbal item	To receive					
7.	14:05pm	Performance by members of the Cross the Sky Theatre Company	Cross the Sky Theatre Company	Performance	To receive					
8.	14:20pm	Our year, our Members' Council – how our governors have contributed to and supported the Trust for the year 1 April 2018 to 31 March 2019	Jackie Craven, Lead Governor	Verbal item	To receive					
9.	14:35pm	Looking forward, our future – where our journey take us from here for the year 1 April 2019 to 31 March 2020	Rob Webster, Chief Executive	Verbal item	To receive					
10.	14:45pm	An further opportunity for questions from those in attendance	Angela Monaghan, Chair	Verbal item	To receive					
	15:00pm	Close								





Minutes of the Annual Members' Meeting held on 17 September 2018 The Shay Stadium, Halifax

Present: <u>Trust Board</u>

Angela Monaghan Chair

Laurence Campbell Non-Executive Director Erfana Mahmood Non-Executive Director

Rob Webster Chief Executive

Tim Breedon Director of Nursing & Quality
Mark Brooks Director of Finance & Resources

Dr Subha Thiyagesh Medical Director

Members' Council

Neil Alexander
Kate Amaral
Bill Barkworth
Bob Clayden
Jackie Craven
Adrian Deakin
Public - Calderdale
Public - Wakefield
Public - Wakefield
Public - Wakefield
Staff - Nursing

Lin Harrison Staff – Psychological Therapies

Dr Nasim Hasnie OBE Public - Kirklees

Lisa Hogarth Staff – Allied Healthcare Professionals

Carol Irving Public – Kirklees

Ruth Mason Appointed – Calderdale and Huddersfield NHS FT Jules Preston Appointed – Mid Yorkshire Hospitals NHS Trust

Phil Shire Public - Calderdale Jeremy Smith Public - Kirklees

Richard Smith Appointed - Kirklees Council

Paul Williams Public – Rest of South and West Yorkshire

In attendance: Carol Harris Director of Operations

Salma Yasmeen Director of Strategy

Emma Jones Company Secretary (author)

Lucy Auld Admin Manager - Chair & Chief Executive's Office

1. Welcome and performance

The Chair, Angela Monaghan, welcomed everyone to the ninth Annual Members' Meeting of the South West Yorkshire Partnership NHS FoundationTrust (SWYPFT), covering the period from 1 April 2017 to 31 March 2018. She hoped that everyone had a chance to look at the showcase of the Trust's services and our creative partners, which included Governors from the Members' Council, volunteering, Recovery Colleges, EyUp! charity, Creative Minds linked charity, EASICup, Infection Prevention & Control, Yorkshire Smokefree, Criminal Justice System, Inclusion Service, and Research & Development. Much of the showcase highlighted the creative and partnership work that we do for the benefit of our service users.

The Chair welcomed the Albert Poets, who meet in Huddersfield and use writing as a tool for supporting mental health, to open the meeting. John Duffy, Keith Hutson, and Carol Irving gave poetry readings.

The Chair thanked the Albert Poets, noting that 'words in mind' is part funded by one of the Trust's linked charities, Creative Minds. The 'All of us' in mind Trust video was then played.



The Chair went on to say that, since commencing in the role in December 2017, it had been a pleasure and a privilege to serve the Trust and she wanted to support SWYPFT's continued focus on its values and people.

2. Introduction and approval of the minutes

The Chair asked the governors from the Members' Council in attendance for approval of the Minutes from the previous Annual Members' Meeting held on 19 September 2017.

It was RESOLVED to APPROVE the minutes of the Annual Members' Meeting held on 19 September 2017 as a true and accurate record.

3. Service user story

A service user, Ken Taylor, spoke about his experiences within the services of the Trust including attending courses through the Recovery College and involvement in Volunteering and the Trust's Charity EyUp!, which supported him in his recovery.

The Chair thanked Ken Taylor for sharing his story.

Presentations followed including the Trust's Annual Report and Accounts for the period 1 April 2017 to 31 March 2018. The full report, which includes the auditor's report, is available on the Trust's website.

4. Our year, our Annual Report – an overview of the year 1 April 2017 to 31 March 2018

The Chief Executive, Rob Webster, presented the Annual Report and overview of 2017/18 and began by commenting that the 'Our Year' booklet highlighted the work and achievements of the Trust over the period. Our mission is to help people fulfil their potential and live well in their communities. We know the people the Trust works with are some of the most vulnerable in the community and for some of their conditions there isn't a cure. That means people are partners with us and it is important that staff live our values every day in everything we do. The showcase of services prior to the meeting demonstrated some of the great work the Trust does in the community to support people.

He concluded by saying that all of these areas were achieved despite being under pressure financially and because of high demand for services. There are other areas the Trust needs to focus on, including out of area placements, staffing in some areas which are under significant pressure with temporary staff brought in, and ensuring our staff are supported and feel better connected to the organisation. He thanked all staff and volunteers for the significant role they play every day and for providing our services to the community.

5. Our year, our Quality Account – an overview of the Quality Account for the year 1 April 2017 to 31 March 2018

The Director of Nursing and Quality, Tim Breedon, presented the background to the Trust's Quality Account, which is the public account of what the Trust does around quality across the organisation. He also outlined the key headlines from the quality account and confirmed that the Trust met the timescales for the process in 2017/18.

He went on to say that as a Trust we want to improve quality through our services and the Trust's Quality Improvement Strategy covers everything that the Trust was trying to do. In 2017/18, the Trust:

- put safety first always.
- > achieved 81% of the goals we set ourselves.
- increased the percentage achievement of CQUINs, which is income from commissioners for incentives in relation to quality, from 78% to 96% over three years.
- continued to make quality improvement a priority at Board level and throughout the
- achieved key targets, including 73% of staff vaccinated against the flu, 97% of staff having an appraisal, 85% of staff trained in the Mental Health Act, 90% of staff trained in the Mental Capacity Act.
- focused efforts on reducing out of area bed placements. There was still more work to do and there was a plan in place.
- had a positive reporting culture, with more than 12,300 incidents reported.

He advised that the Care Quality Commission (CQC) visited and rated all our services as 'Good' or 'Outstanding' for being caring, with more than 85% of our service lines rated 'Good' or 'Outstanding'. Overall the Trust was rated as 'Requires Improvement, recognising the work that has been done and that there was further work to do to ensure services are rated as 'Good' for being safe and responsive.

He concluded by saying that, in 2018/19, the Trust will continue to align its quality priorities to the CQC domains: Safe, Effective, Caring, Responsive, and Well-led as well as the Trust's #allofusimprove campaign, and thanked staff for all of their hard work.

6. Our year, our Finances – an overview of the financial accounts for the year 1 April 2017 to 31 March 2018

The Director of Finance and Resources, Mark Brooks, presented the background to the Trust's financial position, the national context, and the process undertaken. He also outlined the key headlines from the accounts and confirmed that the Trust met the timescales for the process in 2017/18.

He went on to say that the Trust received an unqualified audit opinion on the 2017/18 accounts and a positive opinion on the requirement to demonstrate Value for Money from its external auditors, Deloitte. The Head of Internal Audit gave an opinion of 'significant assurance' on the Trust's systems of internal control.

He advised that, with regard to the Key Performance Indicators (KPIs) used to monitor performance against the Trust Financial Plan, the Trust achieved the following:

Indicator	Outcome			
Surplus before STF*	£1.1 million achieved against a target of £1 million			
Surplus after STF*	£4 million achieved against a target of £2.4 million			
Agency staff expenditure	£5.8 million spent against a target of £5.6 million			
Cash	£26.6 million achieved against a plan of £18.4 million			
Capital expenditure	£10 million spent against a plan of £10.8 million			
Cost improvement delivery	£7.5 million achieved against a plan of £8.3 million			
NHS Improvement's financial	Rating of 1 against a plan of 1 (1 being the highest)			
risk rating				

^{*}Sustainability & Transformation Funding (STF)

Through the Capital Programme, the Trust had invested wisely in the Trust estate and infrastructure, with ongoing work at Fieldhead on non-secure inpatient facilities and significant information management and technology investment.

He also advised that the Trust's charity was re-branded as EyUp! in 2017/18 and the Trust's charitable funds supported 64 general projects and 78 in Creative Minds. These included the purchase of therapeutic equipment and resources e.g. pottery, art, archery, pool table and the support of community groups.

He concluded with outlining the income and expenditure position for 2017/18 and the continued challenges facing the Trust, including:

- continued tendering of services, often with reduced income.
- use of out of area beds required to meet increasing demand.
- good cash management.
- continued need for efficiency savings.

A copy of the Trust's full Annual Report and accounts including the Quality Account for 2017/18 is available on the Trust's website.

7. Our year, our Members' Council – how our governors have contributed to and supported the Trust for the year 1 April 2017 to 31 March 2018

The Lead Governor, Jackie Craven (publically elected governor for Wakefield), began by saying that governors have an important role in making an NHS foundation trust publicly accountable for the services it provides. The Members' Council was made up of 34 governors – 18 public, seven staff, and nine appointed. The public and staff governors were elected by members as representatives for three-year terms, and the appointed governors were appointed by key local partner organisations such as local NHS trusts, local authorities, staff trades unions and the University of Huddersfield. Governors on the Members' Council are elected to represent the membership, and it is open to any member of the Trust to seek election. There were currently 8,779 public members, who were broadly representative of the communities we serve, and 4,138 staff members.

She went on to outline the activity of the Members' Council in 2017/18 and the valuable perspectives governors were able to contribute to the activities of the Trust. The Members' Council's role was to make sure that the Board of Directors (Trust Board), which retains responsibility for the day-to-day running of the Trust, was accountable to their local communities through holding the Non-Executive Directors to account for the Trust's performance. The configuration of the Members' Council and Non-Executive Directors will continue to be reviewed as part of an ongoing process to ensure that both have the necessary skills and expertise needed to fulfil their duties and obligations.

She also highlighted the work that had taken place in 2017/18 by the Trust in support of the Membership Strategy, approved by the Members' Council in April 2017. The Strategy set out the Trust's ambition over three years to effectively communicate, engage and involve our membership.

She concluded by advising that more information can be found on the Membership and Members' Council pages of the Trust's website or by contacting the Membership office, and thanked the staff within the Corporate Governance team, which includes the Membership office, for their support to the Members' Council.

Rob Webster added that being a 'Foundation Trust' means that we are a membership organisation, owned by the staff and accountable to the public.

8. Our future – where our journey take us from here for the year 1 April 2018 to 31 March 2019

Rob Webster described the future of the Trust being built from a strong platform within the complex environment of the NHS. As part of the 70th birthday of the NHS, the government had committed to more funding over the next five years and by November 2018 it was hoped to have a 10-year plan in place for the NHS, building on the previous "five-year forward view".

He went on to say that by working together, organisations would have a better chance of meeting the needs of people and part of that will be through Integrated Care Systems (which are emerging from sustainability and transformation plans) of which the Trust is part of two, South Yorkshire & Bassetlaw and West Yorkshire & Harrogate. Within this, for example, in West Yorkshire & Harrogate, the Trust was part of the West Yorkshire Mental Health Services Collaborative and was working towards a standard procedure for admissions to support not sending people out of area.

He also added that it would take years of focused work to get back to an underlying surplus budget, while continuing to ensure high quality care is delivered safely. Throughout will be the work to get the Trust rated by the CQC as 'Good' and then 'Outstanding'. In the middle of this, the the Trust would also be implementing a new clinical records system and continuing with improvements to the estate.

He concluded by saying that the Trust can only deliver its medium term aspirations by continuing to focus on putting people first and in the centre. Examples of how this could be achieved was through the #allofus campaign, ensuring the Trust had the right number of staff in place by supporting recruitment as well as retention, and ensuring a positive work environment to support staff in providing quality of care. He thanked staff and partners for all the hard work they do every day which makes a difference.

9. An opportunity for questions from those in attendance

The Chair invited questions from the audience.

The staff in Barnsley do a fantastic job and share a common objective to have an integrated health and care system. As part of the Overview & Scrutiny Committee there were three task and finish groups: adult mental health services in crisis, drug and alcohol abuse, and social housing. These are issues affecting the quality of life in Barnsley. Nationally it was reported that there was 1 in 10 jobs in mental health trusts that were not currently filled. In relation to vacancies, does the Trust have 1 in 10 jobs vacant?

Rob Webster responded by saying the Trust was working together with all of the partners in Barnsley to look at how care could be joined up to better meet the needs of people. In Barnsley there is a strong community and hospital based service which is able to maintain people in the community more often and not send people out of area. The Trust's turnover rate was between 10-12%, which benchmarks well with other mental health providers regionally. Vacancy rates can vary depending on services and can be affected by the tendering of services. Mark Brooks added that the Trust plans annually for a 5% vacancy rate which fluctuates between 4-7%.

In relation to national Sustainability & Transformation Funding (STF), if the Trust was projecting a deficit would that prevent the Trust from receiving STF? The numbers of people requiring care will impact on costs and given these numbers are difficult to predict, what would be the cost and revenue implications of those?

Mark Brooks responded to say national funding was time limited and provided over the last two years and again this year, however it was not known how long it would continue. The Trust regulator looks at the financial conditions and, even if in deficit, where we are showing improvement the funding can be accessed. In other years, where other organisations did not achieve their control total, that funding was provided to organisations who did. Through block contracts it meant that income was fixed and the demand growth did not get recognised. The level of demand and level of acuity has increased and part of the conversation with commissioners was to recognise that level of demand which could be difficult to demonstrate and then look at how any increase could be funded.

If the Trust has to reduce costs, become more efficient, and has reduced income coming in, are there plans in place to ensure the budget set can be achieved?

Mark Brooks responded to say over the last 12 months the Trust had a couple of significant areas which impacted, including £350k a month on out of area placements. If these costs could be reduced it would assist, however it would take time. Conversations were taking place with commissioners about the change to the level of care or potential for more income to recognise the demand. Cost reduction was more about eliminating waste and establishing best practice and the Trust has always tried to maintain frontline care. The Trust looks at potential savings in relation to areas such as assets and capital charges seeking guidance from the external auditors. A financial sustainability plan would be developed by the end of the year.

One of the challenges for people is that services were not available in Penistone meaning people have a distance to travel. What can be done to improve this?

Rob Webster responded to say that this was an issue across the Trust. He understood that if people lived in areas such as Todmorden or Hepstonstall that they would need to travel to Halifax to access services. People live and work in a broad geography and the model that was trying to be developed was looking at areas of smaller population to start to build services in communities and then start working up to bigger areas. The Integrated Care Systems were committed to that model and from a regional perspective it seems to be the direction of travel. The Trust continues to look at how easy it was for people to access care and one of the good things about everyone working together in a place is the ability to work together in partnership with other providers.

In relation to partnership working including the third sector, sometimes when services are fighting for the allocation of funding to deliver services it can mean that service users lose out.

Rob Webster responded to say practical ways to overcome this was through integration. In Wakefield one of the things taken through each of the partner boards was to create a provider alliance including the local authority and charities to work together. One of the changes to the Trust Board portfolios was to change Sean Rayners role to be the Director of Provider Development, working with providers to see how we spend our money on areas such as early intervention, support, and recovery to help support people before they get into crisis. The Chair added that working together was not always easy and the Trust had worked in an environment where it had to be competitive. The focus was now to work together to better use the resources, to learn from one another, develop trust and build better relationships. It was not just about mechanics, it was about how we work together to best support people.

Barnsley has no out of area placements, was there anything in particular that was different in their model and could it be used in other areas?

The Director of Operations, Carol Harris, responded to say that the Trust had looked at whether there were any learnings that could be taken from the acute care pathway in Barnsley to work with partners in other areas to try to develop a consistent model. This wsa factored into our current plans. In Barnsley, we know there are close relationships between community and acute services. The Trust needed to continue to work together with other providers to understand if there are areas of learning to take away to be able to provide the right care in the right place at the right time.

In relation to the #allofusimprove campaign, the Trust was previously rated overall by the CQC as 'Good' and now has gone back to 'Requires improvement' in safety and responsiveness. How will the Trust get back to being where it wants to be?

Tim Breedon responded to say that the Trust needed to continue to understand the rules by which the regulators conduct their inspection so that the Trust could in turn review its approach. Secondly, the delivery on the action plan submitted to the CQC, making sure the Trust has the right culture around improvement, safety and quality, which is what the #allofusimprove campaign is focussed on. It was important that there was improvement at all levels of the organisation and some areas had shown huge improvement. However there was still more work to do and clear communication around the plan was important so that everyone was clear. The Chair added that one of the key parts was service user and staff engagement. Salma Yasmeen, Director of Strategy, added that there was really strong evidence that if change was going to be meaningful and make a difference you need to speak to people that are involved. Part of what the Trust wants to do is work hard to ensure service users, carers and members of the public contribute from their lived experiences.

Through the Recovery Colleges and volunteering, Trust staff were working incredibly hard, recognising that prevention and education is a key part. The Trust needs to initiate new models of care and it was hard to improve efficiencies if the level of demand was not known. Were service users aware of the cost of service and pressure on the staff to deliver? It would be good to hold events in the community and information made public so people are aware of how hard the Trust was working.

Salma Yasmeen responded to say the organisation had to be able to get to the heart of communities and people we serve. As part of the Integrated Care System there needed to be a change in the conversation to get people involved in what services they need.

Αt	the	con	clusion	of	the	meeting	g, the	Chair	thanked	l all	in a	ttendance,	, including,	staff,
go	vern	ors,	Board	men	nber	s, partn	er org	ganisati	ons and	mem	bers	for their s	support in h	elping
the	e Tru	ıst im	prove.											

Signed:	Date:







Welcome to our ANNUAL MEMBERS' MEETING 16 September 2019



Angela Monaghan CHAIR













Hello, my name is Debs Teale







Our annual report and overview of the year 1 April 2018 to 31 March 2019













10 years as a foundation trust



100 years of LD Nursing





NHS Foundation Trust

Our vision

To provide outstanding physical, mental and social care in a modern health and care system

Our mission

We help people reach their potential and live well in their community

Our values

We put the person first and in the centre

We know that families and carers matter

We are respectful, honest, open and transparent

We improve and aim to be outstanding

We are relevant today and ready for tomorrow



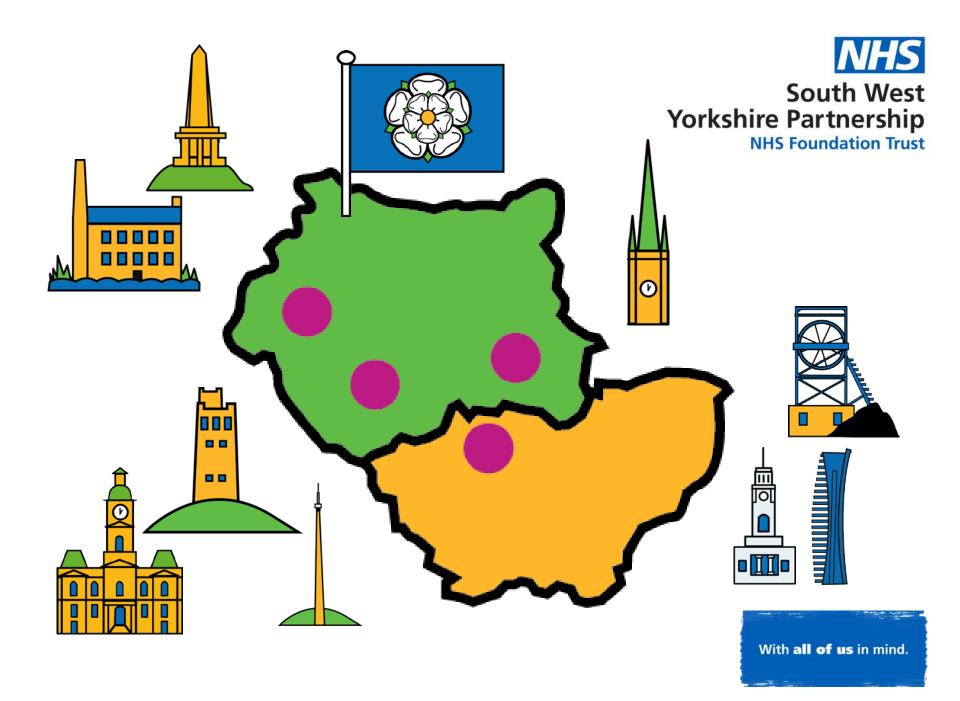




Salma Yasmeen DIRECTOR OF STRATEGY











year 1 April 2018 to 31 March 2019







NHS Foundation Trust





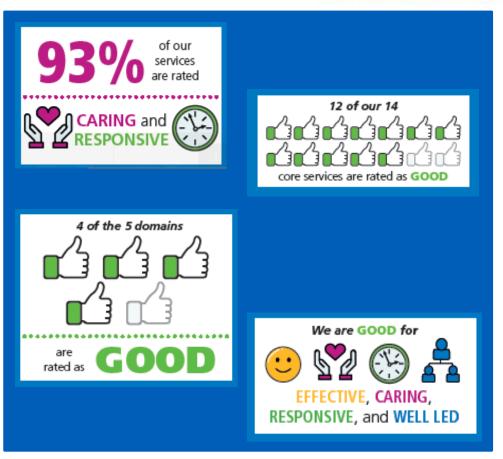
As a learning organisation we welcomed the Care Quality Commission (CQC) independent inspection in May and June 2019.

They found an organisation that has improved and we are now rated

'Good'



NHS Foundation Trust





South West Yorkshire Partnership

NHS Foundation Trust



Our community mental health services have



IMPROVED

Acute wards for adults

Acute wards for adults of working age and psychiatric care units have GOT BETTER We are now rated as

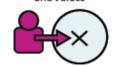


for being RESPONSIVE

Staff are kind and caring



and treat people with care and respect Our strategy, vision and values



were identified as being patient-centred Staff feel



RESPECTED, VALUED and SUPPORTED

Our clinical premises are



SAFE, CLEAN and WELL EQUIPPED

Our occupational health support

INCIDENTS AND ACT QUICKLY

They also gave a fair representation of areas where we can continue to improve: Specialist child and adolescent mental health services (CAMHS)



ARE STILL UNDER PRESSURE



too high in some areas



PHARMACY and MEDICINE MANAGEMENT





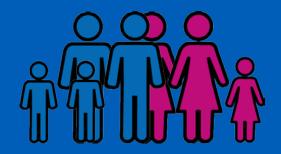
need improving



Quality is a top priority



NHS Foundation Trust



Our most recent friends and family test results show that 99% of staff would recommend community services and 95% would recommend mental health services.



We over-achieved on our Sign Up to Safety targets.



We achieved or exceeded the majority of our commissioner and regulator targets for quality and access.

We also
exceeded our
own internal
targets, including
75% front life staff
being vaccinated
against flu.





We've made significant progress in reducing harm

NHS Foundation Trust



Inpatient falls reduced by 36%. Our target was 15%. Inpatient falls resulting in moderate / severe harm or death reduced by 21%. Our target was 10%.

Moderate harm and above to patients in incidents that resulted in restraint reduced by 71%. Our target by 30%.





New pressure ulcers that are attributable to our care and avoidable reduced by 74%.

Our target was a 50% reduction.

Unintended missed doses of medication reduced by 8%.



Mental health services



87% of people experiencing a first episode of psychosis were treated within two weeks of referral

97% of patients on care programme approach who were followed up within seven days

94% of service uses in crisis were assessed within four hours.





We met key targets around improving access to psychological therapies (IAPT):

92% of referrals had a waiting time for treatment of less than 6 weeks 99% of referrals had a waiting time for treatment of less than 18 weeks 53% of services users moved to recovery

Community services



NHS Foundation Trust



99% of people were seen within six weeks for diagnostic procedures.

99% of patients waiting for treatment at the end of March 19 from a 'referral to treatment applicable' general community service had been waiting less than 18 weeks.

Improving Care: #allofusimprove

approach to enhance quality

+ design thinking

Improvement Specialists - part of their day job

+ IHI

Improvement Facilitators - help others to improve

+ bronze qi

Improvement Champions- improve in own area

Toolkit

Everybody- Service users, carers, staff, partners

i-hub and the learning library have been established as mechanisms to share learning and help others make similar improvements.

Trust-wide change programmes

- · Linked to our overall plan and priorities
- Greater risks requiring greater assurance
- Additional resources / change to resources needed
- Many people involved internal and external

Local change programmes

- Directorate aware of risks & happy to proceed
- Cost within directorate budget
- Several people involved

Do and share

- No/minimal risk
- No/minimal cost
- Few people

E.g. older people's

E.g. redesign of Pathways at Mirfield and introduction of safety huddles

Risk **Model for Improvement**

What are we trying to accomplish?

How will we know that a change is an improvement?

What change can we make that will result in improvement?



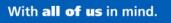


transformation / new clinical information system





Accounts for the year 1 April 2018 to 31 March 2019







Agenda



- Process for 2018/19
- Summary financial information
- Results how did we do?
- What did we spend and where?
- National context
- Challenges and outlook
- Charitable Funds



Process for 2018/19

South West Yorkshire Partnership

Draft Accounts

Deadline met for unaudited submission (24 April 2019)

External Review

- Head of Internal Audit opinion significant assurance
- External Audit opinion

Good assurance/unmodified opinion

No recommendations

External audit presented to August Members Council

Value for money opinion

Final Accounts

- Reviewed in detail with Audit Committee
- Accounts approved by Trust Board
- All returns submitted within deadlines



Summary Financial Information



NHS Foundation Trust

	2017/18 £m	2018/19 £m
Income*	222.9	224.8
Operating Expenditure	(215.5)	(231.0)
Other Costs	(2.9)	(2.5)
Surplus/(Deficit)	4.5	(8.7)

- Income includes £2.9m centrally provided Provider Sustainability Funding (PSF) funding in 2017/18 and £4.7m in 2018/19.
- Note: 2018/19 includes £11.9m of asset impairments (building revaluation).



Summary Financial Information

The surplus reported in the year-end accounts differs from the reported Trust control total as shown below:



	2017/18 £m	2018/19 £m
Year end accounts Surplus/(Deficit)	4.5	(8.7)
Less:		
Net impairments	(0.5)	11.9
Provider Sustainability Fund (PSF)	(2.9)	(4.7)
Normalised Surplus/Deficit (control total)	1.1	1.6

Results - how did we do?

Key Performance Indicators (KPI) used to

Yorkshire Partnership

MHS Foundation Trust

monitor performance against the Trust financial plan.

	2017/18	2018/19 Plan	2018/19 Actual	Rating
	£m	£m	£m	
Surplus before PSF	1.1	(2.0)	(1.6)	Green
Surplus after PSF	4.0	0.6	1.1	Green
Agency staff expenditure	5.8	5.2	6.5	Red
Cash	26.6	18.0	27.8	Green
Capital expenditure	10.0	8.3	8.3	Green
Cost improvement delivery	7.5	9.7	10.6	Green
NHS Improvement financial risk rating (scale of 1-4)	1	1	1	Green

Income



	2017/18	2018/19	Movement
	£m	£m	£m
Income	222.9	224.8	1.9

The main factors behind this reduction are:

- Our income increased by almost 1% year on year
- Effect of service provision changes such as intermediate care,
 IAPT, MSK, care navigation, health & wellbeing.
- Additional service investments e.g. IAPT, contract uplift.



What did we spend and where?

South West Yorkshire Partnership

NHS Foundation Trust

	2017/18	2018/19
	£m	£m
Pay	166.5	168.0
Non Pay	43.8	46.4
Depreciation	5.8	4.7
Net Impairments	(0.6)	11.9
Total	215.5	231.0

Costs have increased from 2017/18 to 2018/19. This is due to:

- Pay awards
- Revaluation of our assets (buildings)
- These were partly offset by savings made from cost improvement programmes

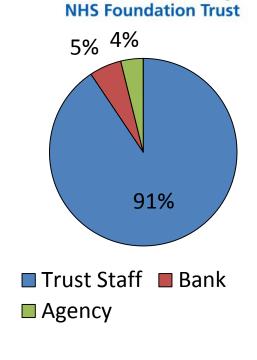


Pay Expenditure

South West Yorkshire Partnership

Our workforce is our greatest asset.

	2017/18	2018/19
	£m	£m
Trust Staff	153.2	152.2
Bank/Other	7.5	9.3
Agency	5.8	6.5
Total Pay	166.5	168.0

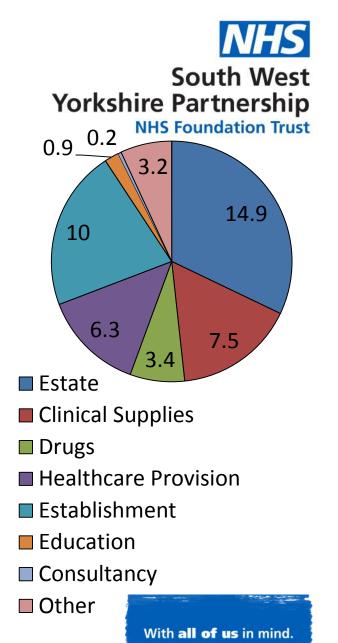


Pay costs account for 77% of operating expenditure.

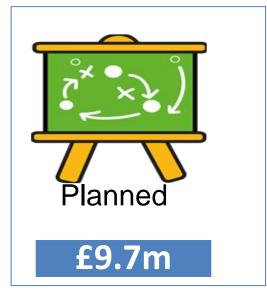
During 2018/19 we have continued to utilise temporary staff, both Trust bank and external agencies, to provide safe and quality services, when we have vacancies or particular service pressures. This has particularly been required in our inpatient wards and in CAMHS and learning disability services.

Non Pay Expenditure

	2017/18	2018/19
	£m	£m
Estate	15.2	14.9
Clinical supplies	7.5	7.5
Drugs	3.7	3.4
Healthcare provision	5.9	6.3
Establishment	8.4	10.0
Education & training	0.8	0.9
Consultancy/legal	0.5	0.2
Other	1.8	3.2
Total Non Pay	43.8	46.4



Cost Improvement Programme







- Aim is always to protect front-line care
- Focus on eliminating waste and improving efficiency
- £6.9m (71%) was delivered as per the original plan
- Key areas included:
 - Workforce review and redesign
 - Focus on non clinical areas
 - Non pay efficiencies including estates strategy and revaluation of trust buildings
 - Management of vacancies

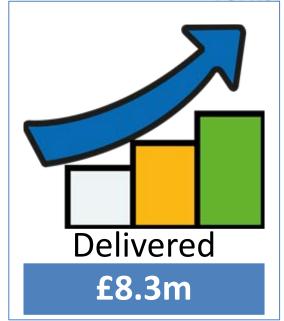


Capital Programme









- Continued investment in the Trust estate and infrastructure
- Ongoing Fieldhead non-secure inpatient development
- Significant IT investment (new clinical record system and IT infrastructure)
- One of the benefits of being a foundation trust is the ability to use surpluses created to invest in capital programmes

Capital Programme - Unity Centre South West

Yorkshire Partnership

NHS Foundation Trust















South West Yorkshire Partnership NHS Foundation Trust



National Context



- Financial performance supported by the use of £2.45bn of Provider Sustainability Funding (PSF).
- This supports the Trust's financial and cash position. We received £4.7m.
- Providers reported £575m in deficit in 2018/19 compared to £968m in 2017/18. NHS delivered overall financial balance.
- 149 out of 230 trusts met or exceeded their control totals (financial targets). 106 providers in deficit. 33 CCGs with overspends.
- Capital expenditure by providers was £4.1bn. Total capital investment in health & social care of £6.1bn.
- Over 986,000 more A&E attendances in 18/19 compared to 17/18
- 90% of CCGs have met the mental health investment standard.



Financial Outlook and Challenges South West Yorkshire Partnership

- Five year financial settlement announced which provides growth to the NHS with additional growth allocated to mental health services.
- Our financial position remains challenging and we need a sustainable plan to at least break-even each year.
- Some tendering of services, often with reduced income.
- Increased work in partnership as part of integrated care systems in both West and South Yorkshire.
- Good cash management remains vital.
- Continued need to reduce waste and be as productive as possible.





Income £509k

Expenditure £502k

Current reserves £548k



Includes EyUp! Charity and Creative Minds, Spirit in Mind and Museum linked charities Ashley Jackson welcomed as an ambassador during the year.

Projects funded include:

Gardening activities Creative writing

Live arts café Outdoor gardening space

Musical instruments Trip to the coast

Piano lessons Healthy eating group

Emotional wellbeing for women Electronic bingo machine







Our Year, Our Staff

















Any questions?









Performance CROSS THE SKY THEATRE GROUP





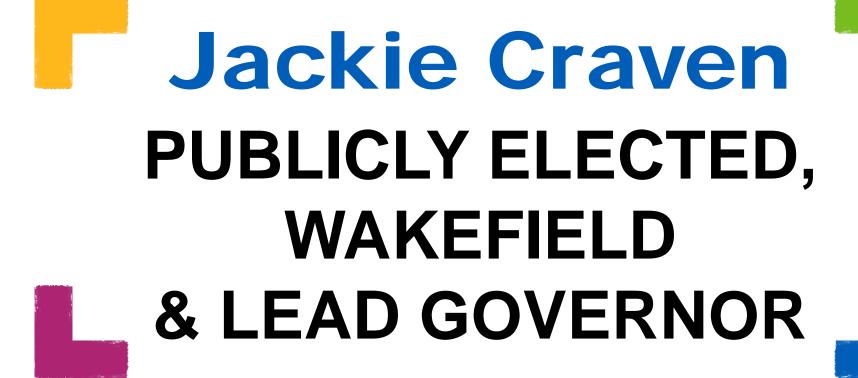




Our Year, Our Members' Council

How our governors have contributed to and supported the Trust







Our Members' Council



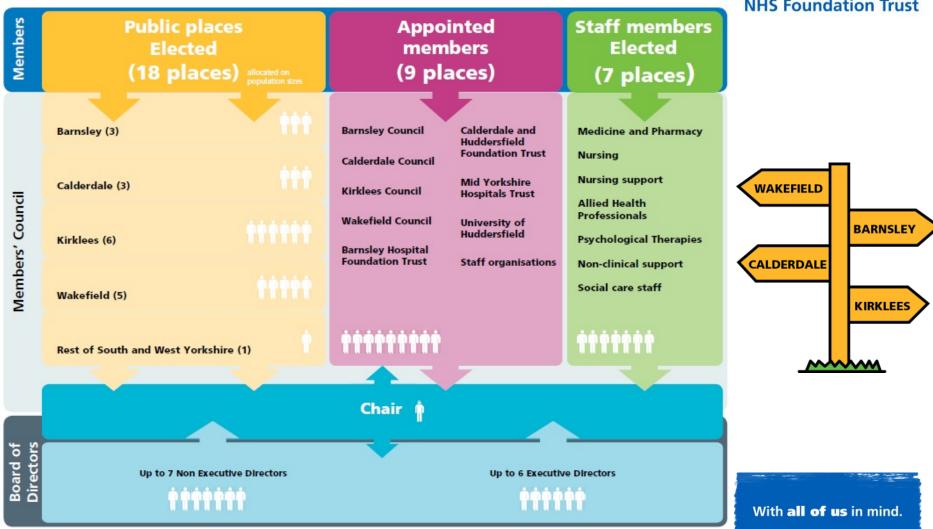
Governors have an important role in making an NHS Foundation Trust publicly accountable for the services it provides. They bring valuable perspectives and contributions to its activities.

Our Members' Council is made up of elected representatives of our members and staff, and also nominated members from key local partner organisations such as local NHS Trusts, Local Authorities and the University of Huddersfield. We currently have 34 governors places – 18 public, 7 staff, and 9 appointed.

The Council's role is to make sure that the board of directors, which retains responsibility for the day-to-day running of the Trust, is accountable to their local communities through holding the Non-Executive Directors to account for the Trust's performance.



NHS Foundation Trust



Our activity

South West Yorkshire Partnership

- Annual report and accounts
- Quality Account
- Quarterly integrated performance report
- Care Quality Commission (CQC) action plan
- Appointment and re-appointment of Non-Executive Directors and holding them to account
- Determination of Non-Executive Directors' remuneration
- Chair's appraisal
- Election of Governors to our Members' Council
- Engagement of Trusts plans for transformation (priority programmes)
- West Yorkshire and Harrogate Health and Care Partnership (WY&HHCP) task and finish groups
- Annual Governor Focus Conference
- Freedom to Speak Up Guardians / supporting staff networks







The Trust's approach to membership is to maintain a representative membership in Barnsley, Calderdale, Kirklees, Wakefield and the Rest of South & West Yorkshire with an ongoing focus on recruiting members who want to be involved and engaged to ensure and encourage an involved and active membership.



Our membership



- During 2018/19, we recruited new members and also removed some members as a result of data cleansing. As at 31 March 2019, we had:
 - 9,137 public members (9,318 in 2017/18) and
 - 3,619 staff members (4,193 in 2017/18).
- Current membership is 9,163 public and 4,052 staff
- Our membership is broadly representative in of the communities we serve. There are some exceptions including:
 - Slight over-representation in some BME groups and females.
 - Under-representation in young people 11-16 and males.



Our membership strategy



NHS Foundation Trust

With all of us in mind.

In April 2017, the Members' Council approved an updated Membership Strategy 2017-2020 which sets out our ambition over the next three years to effectively communicate, engage and involve our membership, through three high level objectives which are relevant to all stakeholder groups. Actions against these in 2018/19 include:

- 1. We will build and maintain membership numbers to meet our annual plan targets, ensuring membership is representative of the population the Trust serves
- Data cleansing of our membership database to assist with accuracy.
- Membership information refreshed on the Trust's website and intranet.
- 'Be a member!' link included on staff email signature to promote membership.
- 2. We will communicate effectively and engage with our public members and our staff members, maintaining a two way dialogue and encouraging more active involvement (in addition to actions completed under objective 1)
- Membership update newsletter sent to members twice a year (summer and winter).
- Creation of a governors@swyt.nhs.uk email address to assist members contacting the governor/s who represent their constituency.
- Social media used to promote Members' Council meetings held in public.

Our membership strategy



Members' Council role promoted at staff Welcome Events, with new governors attending

as part of their induction programme.

 Public members who have indicated they want to be informed of meetings and events invited to attend Trust public engagement events.

- Governors invited to attend Trust and partner public engagement events.

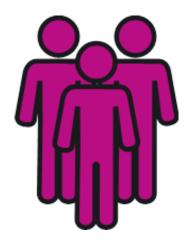
- Governor stand at the Annual Members' Meeting (AMM) to promote the work of the Members' Council and also to gather information about the views on healthcare expressed by service users, carers, members (including staff), and the public who attend the AMM.
- 3. We will develop an effective and inclusive approach to give out public members and our staff members a voice and opportunities to contribute to the organisation, our services and plans for the future (in addition to actions completed under objectives 1 and 2)
- Promotion of the Members' Council election to encourage members to stand.







The configuration of the Members' Council and Non-Executive Directors will continue to be reviewed as part of an ongoing process to ensure that both have the necessary skills and expertise needed to fulfil their duties and obligations.









Where our journey takes us from here







2019/20 Priorities



NHS Foundation Trust

OUD AIM	WILLIAM NEW L DO	THE OUTCOME
OUR AIM	WHAT WE'LL DO	THE OUTCOME
IMPROVE HEALTH	Work with our partners to join up care in our commu Improve our mental health offer for older people Advance our wellbeing and recovery approach	We deliver our role in integrated care in every place
IMPROVE CARE	Provide safe care every time and in every service Provide all care as close to home as possible Make care quickly and easily available, to reduce wai Embed #allofusimprove to enhance quality	Our CQC ratings and reports improve in every service
IMPROVE RESOURCES	Spend money wisely and reduce waste Make the most of our clinical information Make better use of digital technology	We achieve our financial plan and targets
AAAVE TIUG		
MAKE THIS A GREAT PLACE TO	Support the wellbeing of #allofus Have better conversations with all of our people We will not tolerate bullying and harassment	All our staff have a high quality appraisal and give us great feedback









Thank you for joining us



