



South West
Yorkshire Partnership
NHS Foundation Trust

Annual report and accounts

1 April 2021 – 31 March 2022

**SOUTH WEST YORKSHIRE PARTNERSHIP NHS FOUNDATION
TRUST**

**ANNUAL REPORT AND ACCOUNTS
FOR THE PERIOD 1 APRIL 2021 TO 31 MARCH 2022**

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

Contents

Message from our Chair and Lead Governor 2021/22	6
Section 1 – Performance report	9
Section 1.1 Overview of performance	9
Section 1.2 Performance analysis	14
Section 2 – Accountability report	41
Section 2.1 Directors’ report	41
Section 2.2 Remuneration report	71
Section 2.3 Staff report	83
Section 2.4 NHS Foundation Trust Code of Governance	97
Section 2.5 NHS England and NHS Improvement’s Oversight Framework	106
Section 2.6 Voluntary disclosures	106
Statement of Chief Executive’s responsibility as Accounting Officer	110
Annual Governance Statement	112
Auditors report	144
Signed accounts	151

Message from the Chair and Lead Governor 2021/22

Welcome to the Trust's annual report for the year 1 April 2021 to 31 March 2022.

This year was one where we focused on moving forward through recovery from Covid-19. Many people spoke of returning to "normal" - but much of the time the work we saw in our Trust was far from the ordinary. It was remarkable, with a strong focus on both doing a job well now and improving processes for the future - putting service users, families and carers at the centre and ensuring the care we provide is outstanding.

At the end of the year we achieved all the KPIs set by our regulator with the exception of the number of out of area bed placements and maximum 6-week wait for diagnostic procedures. Performance against the out of area bed placements indicator has deteriorated during the year due to pressures linked to Covid-19. There is still an aspiration to reduce all out of area placements and the Trust are now forecasting to achieve this by Q4 23/24.

Our ability to take steps towards recovery was aided in no small part by our exceptional staff vaccination programme. The Covid-19 vaccination programme started on 12 January 2021 at the Trust, and by April, all members of staff had been invited to book their first dose vaccination.

The vaccination programme was delivered through a combined effort of many teams coming together with a shared goal and purpose. We have seen many other examples of extraordinary work from our teams which we can look back on and be proud of:

- The Trust won a national award in the Healthcare People Management Association (HPMA) Award in the Social Partnership Forum category, which celebrates partnership working between employers and trade unions.
- Our Live Well Wakefield team won an award in the Social Prescribing Awards 2021.
- Our Barnsley tissue viability service was a winner at an international award ceremony celebrating the world's leading tissue viability and wound care professionals.
- The Trust's serious incident review process was accredited by the Royal College of Psychiatrists.
- Yorkshire Smokefree achieved the top 5 best quit rates in the region for people who have quit within 4 weeks. Barnsley, Wakefield, Doncaster, Calderdale and Sheffield were the top achieving services across Yorkshire and the Humber. The team were also asked to present two posters at the national stop smoking conference.
- The Wakefield research team was nominated as 'Clinical Researcher of the Year' in the PharmaTimes awards. The partnership, which includes us, Mid Yorkshire Hospitals NHS Trust, Spectrum, and Wakefield Council was nominated for the Covid-19 antibody study.
- Emma Robinson, quality and governance lead, was awarded a Chief Superintendent's Commendation for her work on the liaison and diversion service in Barnsley. She received the award for her "drive, commitment and enthusiasm" and for supporting the police to better understand mental health issues.
- Kirklees memory service received a Sustainable Mental Health Service Commendation from the Royal College of Psychiatrists.
- Professor Marios Adamou was awarded an OBE in the Queen's Birthday Honours. Marios and his Attention Deficit Hyperactivity Disorder (ADHD) team were also

invited by the Government of Iceland to present our ADHD pathway, linked to the A.I. Algorithm.

In our Trust we lead from every seat, backed with enthusiasm by our Trust Board. We saw changes to our Board in the past year, and despite this our core values and Trust culture remained strong. This is because our culture is shaped by all of us, and we all have a part to play in ensuring we deliver safe, strong and effective care for our service users and their carers.

The Trust Chair, Angela Monaghan retired in November 2021 after almost four years at the Trust, and I was appointed as Chair from 1 December 2021.

Following our former chief executive Rob Webster's appointment at the West Yorkshire Health and Care Partnership, director of finance Mark Brooks stepped into the role of interim chief executive, and James Sabin was seconded from Sheffield Health and Social Care Trust on an interim basis. Mark became substantive Chief Executive in March 2022 and the recruitment process for a new director of finance commenced in April 2022. Adrian Snarr was appointed and will take up the role in July 2022.

Tim Breedon, our director of nursing, quality and professions retired at the end of July 2021 and the role was capably filled by deputy director Darryl Thompson following an open recruitment process.

Our director of HR, OD and estates, Alan Davis also retired at the end of September after over 28 years working at our Trust enabling deputy director of HR and OD Lindsay Jensen to act up as director of HR and OD. In May 2022 Greg Moores took on the role of Chief People Officer.

Following on from the appointment of Mark Brooks as our chief executive, Carol Harris' job title became chief operating officer, and director of strategy and change Salma Yasmeen was appointed as our substantive deputy chief executive.

We also welcomed non-executive director Mandy Griffin to our Board to replace Sam Young who left the Trust in August 2021. Additionally, we have now welcomed David Webster (June 2022) who replaces Chris Jones as Non-Executive Director and Chair of the Finance Investment and Performance Committee.

Trustworthy, clear and strong leadership is key to making the Trust a positive place to work. In 2021/22, we asked our staff to complete our quarterly Great Place to Work Survey, and over 800 colleagues gave their feedback.

Results overall were positive considering the impact of the Covid-19 pandemic and the service challenges faced by the NHS and social care.

- 68% would recommend the Trust as a place to work.
- 83% feel that care of service users/patients is the Trust's top priority.
- 61% felt that can make service improvements happen in their team.
- 65% felt the Trust is a Great Place to Work.
- 54% look forward to coming to work, this is slightly lower than the 57% in the 2020 NHS Staff Survey.
- 68% are enthusiastic about their job, this is slightly lower than the 71% in the 2020 NHS Staff Survey.
- Questions on workplace wellbeing were generally in line with national averages (further detail on the staff survey can be found on page 18).

The results, including the comments, will be reviewed by our workforce strategy group and an improvement plan will be developed for 22/23.

It's essential that our staff feel supported in their roles. Our civility and respect champions were introduced to the Trust last year to listen to any issues relating to civility and respect across our Trust. Each champion is available for an informal discussion about concerns our staff may have about a lack of civility or respect in the workplace, and can support people to consider different options for dealing with their concerns.

Through the pandemic the public recognised the significant challenge that staff have had to face. In our Trust we chose to celebrate the resilience and kindness of our staff with our 'Covid-19 Heroes' campaign. By simply filling in a short form on our website, staff were able to say thank you to their colleagues for anything from changing lives to being there with a smile and a cup of tea. In these pressured times a small gesture like this meant so much to so many.

Throughout the past year we have faced uncertainty, but one constant has remained. Our staff have been there day in, day out, continuously working towards achieving our mission of helping people to reach their potential and live well in their communities. Sometimes we may have been unsure what the future held for us as a health and care organisation, however, as we move to 2022/23 we are certain that whatever we face, we will continue to be there for people with care, strength and pride.



John Laville
Lead Governor



Marie Burnham
Chair

Section 1 – Performance Report

Section 1.1 Overview of performance

Overview

The purpose of this section is to provide a short summary that provides sufficient information to understand South West Yorkshire Partnership NHS Foundation Trust (SWYPFT), its purpose, how it has performed during the year and to describe the key risks to the achievement of its objectives.

Chief executive reflections

2021/22 has been a year of significant change for the Trust. As we have continued to learn throughout the Covid-19 pandemic this has brought about different ways of working, innovation in delivering services, and transitions to situations that were once unusual becoming standard practice for us. What hasn't changed is our clear and unwavering focus on maintaining the quality of everything we do.

In our Trust the response to the pandemic demonstrated the best of us. The same compassion, care, and values-driven approach we see consistently from our staff was amplified. Each member of staff contributed to ensuring the NHS could continue to provide care in some of the most difficult and challenging times – from back office to front line, we continued to make a difference to the lives of thousands of people.

Throughout the year we have seen many notable successes locally, regionally and nationally and these are described in full in the message from our Chair and Lead Governor at the beginning of this document.

We achieved these things while facing increased acuity and demand. The pressures of the Covid-19 pandemic remain with us and it is thanks to our staff that we have been able to maintain, and in many cases improve, the quality of our services.

Quality is what matters most to people who use our services. Our service users, their families, friends and carers rightly want to be assured that the service they receive will be safe, effective, caring, well-led and responsive. We describe this as a “quality counts, safety first” approach, and it is something that is evident in many of our services.

Much of this work is recognised and commended by external bodies. The Trust's serious incident review process was accredited by the Royal College of Psychiatrists. Kirklees memory service received a Sustainable Mental Health Service Commendation from the Royal College of Psychiatrists for their commitment to enabling patients to manage their conditions and reducing waste. Health Education England wrote to the Trust to congratulate us on the success of our medical and non-medical student placements.

We deeply value feedback from the people who use our services. Suggestions for improvement from people who have first-hand experience of the care we provide is invaluable to us progressing as an organisation. One way we do this is through the Friends and Family Test – a tool to help NHS services understand whether patients are happy with the service provided. All services are required to collect Friends and Family Test feedback, as it helps us identify what is working well and what can be improved.

All feedback is shared with team managers automatically each month by email. Managers then share feedback with their team, celebrate their success and take actions where

necessary. It is hugely important for service users, carers and their families to see that we are acting upon feedback and know what we have done to improve their experience.

In our annual NHS staff survey, many of our staff spoke highly of the Trust. The staff friends and family test was put on hold during the year due to the Covid-19 pandemic and has now been replaced with the NHS People Pulse which runs in quarters 1, 2 and 4 each year. Similar questions were included in the NHS staff survey 2021.

Our quarterly Great Place to Work survey yielded similar results. The Trust's Workforce Strategy was implemented during 2021 to support the delivery of the organisational priority to make SWYPFT a great place to work based on the five themes that came out of a big conversation and engagement with staff across the Trust. The strategy focuses on these five themes and commitments. These are, staff feeling safe, being part of a supportive team, supported to be fit and well, developing potential and my voice counts. These five strategic themes aligned to the NHS People Plan are underpinned by a values-based approach to the management and development of the workforce and a strong commitment to inclusion, equality, and diversity in the workplace.

The roll out of Electronic Prescribing and Administration of Medications (EPMA) also continued throughout the year. EPMA is a key development for the Trust; designed to improve patient safety, efficiency in service delivery, improve quality of data and deliver financial benefits for the organisation by replacing the current paper medication chart with an electronic medication chart within our patient records system.

We know that how we do our work is as important as what we do. In response to valued feedback from our Members' Council, we introduced new discharge letter templates to our patient records system. The new letters better reflect our Trust values and our compassionate approach. One of the letter templates is also in easy read, to make information accessible for all.

It's our ability to recognise when and where we can make improvements to our services and acknowledge that there are always opportunities to do better that makes us a successful organisation. We are continuously learning from each other, our partner organisation colleagues, the people we care for and their families, friends and loved ones to better understand where our strengths and weaknesses lie. By consistently self-evaluating, we are able to maintain quality throughout all the services we provide and offer outstanding care to support the lives of people in our communities

Brief history of the Trust

We are a specialist NHS foundation trust providing community, mental health and learning disability services to the people of Barnsley, Calderdale, Kirklees and Wakefield. We also provide medium secure services for West Yorkshire and local low secure services. We are the lead provider for the West Yorkshire secure services provider collaborative and the lead for the South Yorkshire secure services collaborative. We are also the lead provider across Yorkshire and Humber for community forensic Child and adolescent Mental Health Serviced (CAMHS) and we provide CAMHS services in Wetherby Youth Offending Institute (YOI) and Adel Beck Secure Children's Home.

The Trust was established in April 2002. The period since has seen great change, growth and achievement. In May 2009, we became a foundation trust. Foundation trusts are still part of the NHS and operate according to NHS principles (free care, based on need, not ability to pay) and they are run locally and are accountable to their members.

In April 2011, we moved from being a specialist mental health and learning disability provider to an integrated and partnership-based provider of community and mental health services. This followed the transfer of a range of services to the Trust in Barnsley, Calderdale, and Wakefield.

Purpose and activities

We're here to help people reach their potential and live well in their communities by providing high-quality care in the right place at the right time. We continue to strive to involve people and enable them to have greater control over their own care, working in partnership with the community and voluntary sector. Playing our part in building resilient communities is at the centre of everything we do. Our strategic goals are provided in detail on the next page of this report.

Over 1 million people live in Barnsley, Calderdale, Kirklees, and Wakefield, across urban and rural communities from a diverse range of backgrounds. We aim to match our communities' needs with locally sensitive and efficient services. Where our service provision extends beyond these four main geographies, we adopt the same approach to ensure we meet the needs of the population with the aim of providing outstanding care.

Working in partnership is very important to us and is vital if we are to continue to deliver high-quality services for local people. To illustrate this, we work across the wider geographies of both West and South Yorkshire as a fully engaged partner in integrated care systems (ICS). We work with other local NHS and independent sector organisations to provide comprehensive health care to people in our area. We also work closely with local authorities, other government departments and voluntary organisations. Working in partnership also means working with our members, who have a say in how we run the Trust and how they wish our services to be developed. Over 13,000 local people (including our staff) are currently members.

The Trust now employs around 4,500 staff and, to provide the flexible, individually tailored care that local people have told us they want, we provide services from 56 sites. The majority of the care we provide is in the local community, working with people in their own homes or in community-based locations. Our community-based services are supported by inpatient services for people who need care or assessment in a hospital setting. In a typical month we make approximately 45,000 mental health and learning disability contacts and 40,000 community health service contacts. (A contact is an appointment that is held face to face, over the telephone or by digital means such as Microsoft Teams and Zoom)

Our vision, mission, values, and strategic goals



In September 2020, the Trust set four clearly identified strategic ambitions which the Board agreed would be in place for 18 months due to Covid-19 pandemic at the time. These are summarised as:

- A regional centre of excellence for learning disability, specialist and forensic mental health services
- A trusted provider of general community and wellbeing services delivering integrated care
- A strong partner in mental health and learning disability service provision across South Yorkshire and West Yorkshire
- A trusted host or partner in our four local integrated care partnerships
- A compassionate and innovative organisation with equality co-production, recovery and creativity at its heart

Our values underpin our mission and support us to create the common sense of purpose, uniting our services and our staff. They guide us each day to ensure we provide the best possible care for local people and underpin the approach of our staff in providing this care. Our values reflect the openness and transparency of the organisation, clearly and succinctly. They are:

- 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

Our strategic approach is built on our values and on the partnerships we foster and develop with the people who use our services, our staff, our stakeholders, and our wider partners. It is founded on the principles of developing and delivering person-centred approaches to our services tailored to individual need, providing greater control for individuals with an emphasis on recovery and positive outcomes for service users. This includes developing and delivering improved quality at reduced cost, and 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.

Please see our update on progress against our strategic objectives for 2021-22 on page 18 of this report.

Key issues, opportunities, and risks

The key risks that impact on the Trust in the delivery of its objectives are set out in detail in the Annual Governance Statement. In summary these relate to:

- Quality of care / patient safety
- Waiting lists
- Data and information: cyber-crime and information governance (IG)
- Workforce pressures
- Financial sustainability in a changing environment
- Out of area placements
- Health Inequalities
- Lead Adult Secure Provider Collaboratives
- Fire safety (which is considered high risk in mental health inpatient environments)

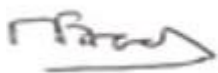
Covid-19 related risks:

- Risk that Covid-19 leads to a significant increase in demand for Trust services
- Risk of serious harm occurring to staff, service users, patients and carers whilst at work or in our care
- Service users with protected characteristics and specifically from a Black, Asian and Minority Ethnic (BAME) background and people with a learning disability may be disproportionately affected by Covid-19.
- Increased risk of legal action as a result of the Covid-19 pandemic.

The Board Assurance Framework and Organisational Risk Register, with mitigating actions, are reported to our Trust Board on a quarterly basis and are set within the context of the Board's risk appetite statement. Other key issues are identified through the biennial Board investment appraisal reports, along with PESTLE (Political, Economic, Sociological, Technological, Legal, Environmental) and SWOT (Strengths, Weaknesses, Opportunities, and Threats) analysis and are set out on page 117.

Going concern disclosure

These accounts are prepared on a going concern basis. The financial reporting framework, applicable to NHS bodies, is derived from the HM Treasury Financial Reporting Manual which defines that the anticipated continued provision of the entity's services in the public sector is normally sufficient evidence of going concern. The directors have a reasonable expectation that this will continue to be the case. This was confirmed by the Trust Board in April 2022.



Chief Executive

Date: 22 June 2022

Section 1.2 Performance analysis

Our performance

In addition to measuring performance against our quality priorities we monitor our performance against a range of other key performance indicators (KPIs). A number of these are reported to our Trust Board and others are reported and acted upon internally. A range of performance data is also shared with our commissioners.

For 2021/22, the Trust identified those metrics that would best demonstrate performance against achievement of its agreed objectives. These are reported to the Trust Board as part of the Integrated Performance Report (IPR) every month. The KPIs represent a mix of nationally and locally set targets.

During 2021/22 the impact of the Covid-19 pandemic meant that contractual arrangements and national priorities around reporting shifted. Despite this, the Trust continued to report and monitor its performance against our strategic objectives using metrics that were already in existence. Additional operational data was identified in 2020/21 to assist with monitoring the impact and effect of Covid-19. This continued to be reported on during 2021/22.

Improving health	Target	21/22 Actual	20/21 Comparison
% service users followed up within 72 hours of discharge	80%	84%	83.1%
% learning disability referrals that have had a completed assessment, care package and commenced service delivery within 18 weeks	90%	85.9%	85.0%
Inappropriate out of area beds	2,040	3,216	1,719
Improving Access to Psychological Therapy (IAPT) - proportion of people completing treatment who move to recovery	50%	52.2%	52.2%
Delayed transfers of care	3.50%	1.9%	1.7%

The NHS System Oversight Framework for 2021/22 replaces the NHS Oversight Framework, which brought together arrangements for provider and CCG oversight in a single document. A single set of oversight metrics, applicable to Integrated Care Systems, CCGs and Trusts, is used to flag potential issues and prompt further investigation of support needs with ICS's, place-based systems and/or individual Trusts and commissioners.

These metrics align to the five national themes of the System Oversight Framework: quality of care, access and outcomes; preventing ill health and reducing inequalities; people; finance and use of resources; and leadership and capability. There are potentially 37 indicators that are applicable to the Trust in the 21/22 framework.

The latest update to the technical guidance identifies 21 metrics that have been confirmed as applicable to the Trust, with 16 metrics awaiting further guidance.

At the end of the year we achieved all the Key Performance Indicators (KPI's) set by our regulator with the exception of the number of out of area bed placements and maximum 6-week wait for diagnostic procedures.

The majority of out of area bed usage related to psychiatric intensive care patients. The actual use of out of area bed placements has seen an increase during 2021/22 and this is linked to the impact of Covid-19, which caused significant staffing issues and ward closures to maintain isolation of infected patients. During 2019/20 we used 2,428 days of out of area placements, which reduced to 1,719 in 2020/21. We have seen an increase in 2021/22 to 3,216 but this had been planned in response to a decision to support local acuity and staffing pressures.

The Trust had managed to reduce use of out of area beds during the first quarter of 2021/22, with just a small number of people requiring gender specific out of area placements. From this time our acute inpatient wards began see higher levels of acuity and service user distress, with further challenges in managing isolated and cohorted patients. The difficulties were compounded by staff absences and difficulties sourcing bank and agency staff, leading to staffing shortages across the wards. As a result the Trust established an inpatient improvement programme, focusing on workforce to try and resolve these challenges.

Current priorities in the out of area programme plan include:

- Active action to move people through their inpatient stay in a timely way
- Role of home based treatment (IHBT) in facilitating timely discharge
- Establishing consistent community support and enable timely flow.
- Coordinating and input into current OOAs
- Agreeing continuity of care principles

A patient flow and discharge oversight group has now been established to oversee the work required to put in place strong and effective systems to manage the flow of patients through the wards and inpatient stays. The particular focus will be on ensuring:

- Barriers to discharge being identified and addressed.
- Barriers to discharge being routinely escalated (when required) and proactive action taken.
- Appropriate and consistent in-reach and support to facilitate timely discharge wherever appropriate from IHBT and community services.
- Proactive coordination of any out of area placement to ensure appropriate stays.

As part of this work, we will be using information more systematically. The ability to do this has been enhanced by the recent ability to develop reports based on our criteria led discharge system and build on this to show throughput through the wards

It is also worth noting that the paediatric audiology service was suspended at times during the pandemic and as such was below the historic target in terms of the maximum six week wait for two months during the 21/22 period. The service is small with less than two whole time equivalents, sickness and annual leave therefore have a significant impact on capacity. To assist with under-performance at year end, the service have secured some bank staff and additional clinics have been established to assist with the backfill.

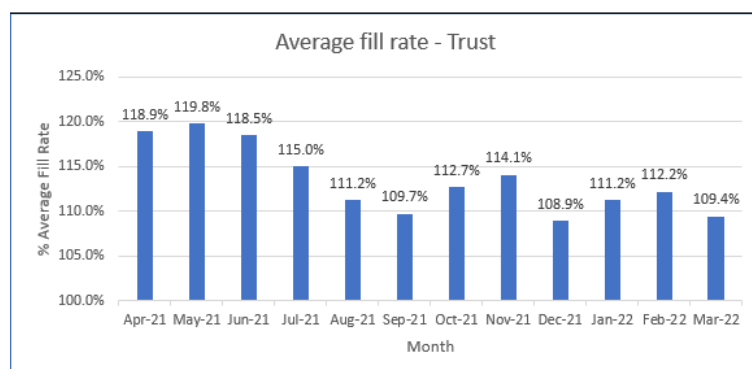
Improving care	Target	21/22	20/21 comparison
Friends and Family Test - mental health	85%	84%	82%
Friends and Family Test – community	98%	94%	96%
Patient safety incidents involving moderate or severe harm or death	trend monitor*	292	356

Information governance confidentiality breaches	<12	116	189
Proportion of people detained under the Mental Health Act who are BAME	trend monitor*	19.7%	16.2%
Total number of children and younger people under 18 in adult inpatient wards	0	15	23
CAMHS referral to treatment - percentage of clients waiting less than 18 weeks	trend monitor*	69.7%	55.8%

* trend monitoring is utilised to identify themes that may require action or move outside of anticipated range

Further details of the number and type of incidents reported can be found in our Quality Account which will be published later in 2022. We place great focus on the reporting of and learning from incidents. Trends are reviewed and all incidents highlighted in the table above are comprehensively investigated.

Our safer staffing fill rates (which aim to monitor, at a ward level, the extent to which rota hours are being filled by registered nurses and midwives and unregistered care staff) are depicted in the diagram below:



Safer staffing approaches ensured that we continued to provide a safe standard of care throughout the year, despite the numerous challenges linked to the pandemic such as shielding and self-isolating as well as the need to increase staffing numbers to deal with outbreaks.

Although the roll out of the SafeCare programme was paused during the Covid-19 pandemic, the programme now continues and will allow for an up to the minute view of acuity and staffing levels/needs.

Safer staffing also supports the international recruitment that is currently ongoing. At the end of 21/22 we have eight international colleagues within the Trust. We have three working on our wards in our forensics service, two in older people's wards in Calderdale and three who are completing their Observed Structured Clinical Examination (OSCE) training. We have developed a year 2 plan for international recruits consisting of a monthly cohort of approximately six nurses.

Friends and Family Test results for mental health and community services show a large number of respondents and generally very positive feedback. In comparison to 2020/21 data, mental health results have increased slightly in 2021/22 and community services have decreased slightly. On review of the data, this performance is spread across all service areas and there are no real trends or themes. Work is underway to improve access to patient experience reporting systems, allowing staff to view their patient feedback in near

real time. The quality improvement and assurance team aim to support teams to improve care using quality improvement methodologies.

Information governance has had continued focus through 2021/22 through proactive monitoring of incidents, providing awareness raising sessions at all levels in the organisation (including senior level through Extended Executive Management Team), and offering advice and increasing availability of training for staff. Although a slight reduction on 2020/21 the Trust did still see a higher number of incidents due to working from home during the pandemic. Information governance had a continuous and high profile in the Brief, cascaded monthly to all staff.

Waiting times for CAMHS services has seen a general improvement in performance since the previous year, despite the impact of Covid-19, and continues to remain an area of focus for the Trust. Children and young people waiting less than 18 weeks for treatment has improved from 64% at the end of last year (March 2021) to 68.4% at the end of March 2022.

The Trust has had 15 admissions of young people under the age of 18 to adult wards during the year. These admissions are only allowed as a last resort and are due to the national unavailability of a bed for young people to meet their specific needs.

The Trust routinely notifies the Care Quality Commission (CQC) of these admissions and discuss the detail in our liaison meetings, actioning any points that the CQC request. The Trust has robust governance arrangements in place to safeguard young people. This includes guidance for staff on legal, safeguarding and care and treatment reviews.

Improving resources (Trust)	Plan	21/22 end	Year end	20/21 Year end
Surplus/(Deficit)	£5m	£7.9m		£2.8m
Agency spend	N/A	£8.7m		£7.4m
Cash	£54.7m	£81.1m		£36.4m

The cumulative Trust plan was for a surplus of £5.0m and ultimately delivered a surplus of £7.9m. This is explained further in the finance section of the annual report on pages 27 to 33. We maintained good financial control during this period, whilst ensuring our services received the support they needed to deliver effective and safe services.

The closing cash position was higher than plan at £81.1m. This was largely due to an improved year-end surplus position, the timing and value of capital expenditure, receipt of additional national support, and continued focus on working capital management.

Agency staffing spend in 2021/22 is £8.7m, which is £1.3m greater than last year. Agency staff have continued to provide an integral part of the overall Trust workforce solution. This has been challenging with pressures remaining from the Covid-19 pandemic and increased service investments. This has resulted in an increase in all staffing costs with increased substantive staffing numbers, additional overtime payments and bank staffing usage. This additional headcount contributes to the overall increased total pay bill with other increases from incremental payments and pay uplifts.

Despite this increase in costs, staffing shortages remain in key areas and as such recruitment into substantive posts and new posts resulting from investment continues.

Making SWYPFT a great place to work	Target	21/22	20/21
Sickness absence	4.5%	4.8%	3.9%
Staff turnover	10%	12.8%	10.3%
Staff Friends and Family Test (FFT) survey - % staff recommending the Trust as a place to receive care and treatment	80%	74% (Q4)*	71.8%
Staff FFT survey - % staff recommending the Trust as a place to work	65%	68% (Q4)*	69%

* Results from the NHS People pulse

The level of non-Covid-19 sickness increased from 3.9% in 20/21 to 4.8% in 2021/22. Staff health and well being continues to remain a focus for the Trust. To accelerate preventative programmes for our workforce who are at greatest risk of poor health outcomes, we have invested in our occupational health service by appointing a health and wellbeing practitioner for the BAME workforce. We also offer our colleagues support to maintain a healthy weight and offer smoking cessation support. The Trust menopause support group has re-commenced. We have a number of staff networks which support the Trust to address health inequalities and improve staff experience. To support our colleagues who experience mental ill health we have an in-house occupational team including advisors, a mental health nurse, and an occupational therapist. We also provide an in-house staff counselling service, providing a range of therapies and have access to psychological support through the West Yorkshire & Harrogate Integrated Care System.

Staff absence due to Covid-19 was monitored and reported on a daily basis. Over the course of the year this averaged 1.36% - which is slightly lower than the previous year (1.8%). The highest number of staff not working due to Covid-19 at any one time was 320 (5.71%) (up from 254 in 2020/21) these figures do not include people that were working from home.

The staff friends and family test was put on hold during the year due to the Covid-19 pandemic and has now been replaced with the NHS People Pulse which runs in quarters 1, 2 and 4 each year. Similar questions were included in the NHS staff survey 2021; the results of which can be seen above. We continue to perform better than average against the two questions which are reported in the IPR in the staff survey relating to staff recommending the Trust as a place to receive care and treatment (up from 71.8% in 2020) and staff recommending the Trust as a place to work (down from 69% in 2020).

As previously stated, in order to ensure there is a balanced approach to monitoring organisational performance a range of other metrics are reviewed regularly at both Trust Board and other forums. These include Board Committees, the Executive Management Team meeting on a monthly basis, as well as our Operational Management Group and within each of our Business Delivery Units (BDUs). Examples of what these metrics cover include quality, customer focus and workforce.

Our strategic objectives

Our mission to 'help people reach their potential and live well in their community' is at the centre of our core values. During 2021/22, we have continued to review our strategy and strategic direction and revised this to ensure that it is aligned and responsive to internal and external factors. We pride ourselves on being a values driven organisation, something that has been recognised by our regulators.

In 2021/22 our focus of work has been on responding to and recovery from the pandemic, both within the Trust and as a partner in each of our places to ensure we deliver a joined-up response. In addition, we have made the following progress against the achievement of our four strategic objectives

Improve Health

Working in partnership

During 2021/22 we have undertaken a significant amount of work in integrated care partnerships in each of our four local areas. We have also worked with partners in each of our places to develop the governance structures and approach in response to the NHSE/I white paper 'Integration and innovation: working together to improve health and social care for all' (February 2021)

In Barnsley we continue to be a key partner within the Barnsley Integrated Care Partnership which brings partners together from across the system to develop new models of care and integrated clinical pathways, and monitor system performance.

Over the year we have worked as part of the Covid-19 pandemic command structures to deliver a robust and coordinated response. We have provided data and insight into the intelligence cell and have provided significant support into the public vaccination programme. Our community services have worked consistently and seamlessly with those of the acute hospital to ensure that people have been discharged quickly and efficiently with the right level of support.

We have contributed to a place-based recovery and reset plan which focuses on addressing health inequalities in the Barnsley population. Collectively we have developed a three-tier model for addressing inequalities which is being populated by all the different system elements

We have further developed an alliance agreement with the Barnsley Healthcare Federation with joint leadership arrangements, to enable closer alignment between primary and community care for the people of Barnsley

We have worked with the whole system to refresh the Mental Health strategy under the leadership of the Mental Health Partnership Board. We are working with system partners to deliver the community mental health transformation in Barnsley

In Calderdale we have worked as part of the command structures to deliver the response to the pandemic. We have contributed to a place-based recovery and reset plan which focuses on addressing health inequalities in the Calderdale population. We have continued to work with the system leadership to implement the single plan for Calderdale, Calderdale Cares, that sets out the vision to improve, health, social and economic outcomes for local residents. This has included working with partners to accelerate the arts, health, and wellbeing agenda. We have helped lead the collaborative work within community and primary care services for the people of Calderdale. This has included work with care homes and the community mental health transformation programme.

This year we have continued to support creativity and health within Calderdale with positive feedback. This has been recognised as exemplary practice by the National Centre for Creative Health. Projects have included music in care homes and developing bespoke lullabies for families under the care of the perinatal mental health team. We have also continued to integrate physical activity into systems and processes as part of the Active Calderdale Programme, which through its strategy aims to ensure Calderdale is the most

active borough in the North of England by 2024. We have also contributed to the development of a whole system approach to supporting the needs of black and minority ethnic communities that may be at higher risk of Covid-19 and inequalities, as well as continuing to play a leading role in supporting the development of a whole system approach to reducing inequalities for people with learning disabilities in Calderdale.

In Kirklees we have worked as part of the command structures to deliver the response to the pandemic. We have contributed to a place-based recovery and reset plan which focusses on addressing health inequalities in the Kirklees population. We have continued work on the development of an alliance of partners to deliver mental health and wellbeing service improvements for the people of Kirklees, through the Kirklees Mental Health Alliance. We have been a pro-active partner in the development of Kirklees place-based partnership arrangements as part of the establishment of the statutory West Yorkshire Integrated Care System during 2022.

Across Kirklees, Calderdale, and Wakefield:

We continue to work closely with colleagues in the Mid Yorkshire Hospitals and Calderdale and Huddersfield Trusts at a strategic and operational level to improve care and pathways for people with a mental health problems who access their emergency and inpatient services.

In Wakefield we have worked as part of the command structures to deliver the response to the pandemic. We have contributed to a place-based recovery and reset plan which focuses on addressing health inequalities in the Wakefield population. We have played a strong role in the Wakefield District Health and Care Partnership, which has continued to progress the integration agenda underpinned by a System partnership principles of ways of working together. We are leaders within the Wakefield Mental Health Alliance, which is accountable to the Wakefield Provider Collaborative. The Alliance provides a mechanism for all partners to be involved in service transformation, improvement, and investment prioritisation. This work is led by the Trust through our Director of Provider Development.

We have pro-actively contributed to the Wakefield Families Together transformation of children's services in Wakefield through our emotional health and mental wellbeing input to the 'Team around the School' service model. Strong partnership working was recognised in the Ofsted inspection of Wakefield Council's Children and Young People's Services, which moved from an 'Inadequate' to 'Good' rating.

Our partnership with Nova to provide the social prescribing service in Wakefield, Live Well Wakefield, secured a further 2 years funding through Public Health and the Primary Care Networks.

Annual health checks (AHC) for people with learning disabilities in Wakefield were among the highest in the country pre-Covid-19. The Trust has worked with partners to improve the quality of AHC processes during the pandemic year and this continues. The community learning disabilities team have developed much more joined up partnership relationships with other providers, such as care homes, to support reduction of health inequalities for people with learning disabilities in care homes and other provider settings.

The Trust is an active participant in two Integrated Care Systems (ICS) and we have continued to work with partners. In both ICSs we have participated in the development of the transformation of community mental health services achieved 'go live' for the West Yorkshire Adult Secure Provider Collaborative on 1 October 2021.

In **South Yorkshire and Bassetlaw Integrated Care System** we have worked with partners to implement the QUIT programme, ensuring individuals within hospital settings have access to support stop smoking. We have worked with partners to implement Individual Placement Support (IPS) across the region, creating additional IPS posts within our mental health services in Barnsley. We have worked with provider partners to develop a mental health learning disabilities and autism provider collaborative across the ICS. We have worked as a partner in a range of programmes to improve care and experiences including suicide prevention, crisis pathways and developing specialist provider collaboratives including eating disorders, Children and young people and adult secure new models of care. We are the lead for South Yorkshire in the Adult Secure Services Provider Collaborative, called Horizon.

In the **West Yorkshire Health and Care Partnership** we have been involved in a range of work under the auspices of the West Yorkshire Mental Health, Learning Disabilities & Autism Programme Board, including work streams on suicide prevention; learning disabilities assessment and treatment units; complex mental health rehabilitation; psychiatric intensive care unit beds. The Trust is the lead provider for the WY Adult Secure Provider Collaborative, working with NHS and independent sector providers in West Yorkshire. Provider collaboratives are a partnership of mental health, learning disability and autism service providers led by an NHS lead provider working to provide co-ordinated and improved specialised services across a specified geography. They work in partnership to improve services and ensure that services are provided as close as possible to patients' homes, using commissioning budgets innovatively to improve patients' experience and outcomes across whole care pathways. We are a partner in the WY Adult Eating Disorder Provider Collaborative, and the WY Tier 4 CAMHS Provider Collaborative – both led by Leeds and York Partnership NHS Foundation Trust.

We are an active partner in work to improve learning disabilities assessment and treatment provision across West Yorkshire. The reconfiguration of Assessment and Treatment Units (ATUs) has progressed during 2021/22, and the provision of a Regional Centre of Excellence across two sites (Bradford and the Horizon Centre at Fieldhead Hospital, Wakefield) will be implemented in 2022. Bradford District Care Trust is the Lead Provider for these arrangements.

In 2021/22 the Trust has continued to host the Learning Disability Operational Delivery Network (ODN) for Yorkshire and the Humber.

In addition to our strong partnership working at a wider system level, we continue to work effectively and collaboratively to join up care with partner organisations and communities at local and service level.

Improving care

Patient safety

The Trust's approach to quality reinforces its commitment to quality care that is well led, safe, caring, responsive, efficient and effective. It covers the requirements for quality planning, quality assurance and quality improvement and links closely to the Integrated Change Framework. During 2021/22 we have undertaken a stocktake of our approach to quality and quality improvement, to understand our strengths and weaknesses. This analysis is being used as a basis for developing a new Quality Strategy which is planned for 2022.

Our approach to quality is supported by the Patient Safety Strategy to improve the safety culture throughout the organisation, whilst supporting people on their recovery journey. It aims to reduce the frequency and severity of harm resulting from patient safety incidents, to

enhance the safety, effectiveness and positive experience of the services we provide, and to reduce the costs, both personal and financial, associated with patient safety incidents.

The Trust works closely with safety teams in NHS England/Improvement and uses Root Cause Analysis (RCA) as a tool to undertake structured investigation to ensure learning from serious incidents. Our aim is to identify the contributory factors and potential root cause of serious incidents, to identify the learning and improvement actions necessary to minimise the opportunity of recurrence and to ensure that the Trust takes every opportunity to learn and develop from an incident and mitigate future risk.

Suicide prevention is now an integral part of the patient safety strategy and a robust suicide prevention action plan is in place. Our work closely aligns with the West Yorkshire and Harrogate Suicide prevention strategy.

The learning from healthcare deaths policy lays out the Trust's process for reporting deaths, and which will be in scope for review. It describes the processes we must follow and responsibilities, including those of the Trust Board who are accountable for ensuring compliance with national guidance on learning from deaths. It also includes our work on developing support for bereaved families in line with the National Quality Board guidance on 'Learning from deaths: Guidance for NHS trusts on working with bereaved families and carers'.

Our mortality data is included in quarterly incident management reports, which when approved by our Trust Board, are published on the Trust website.

Quality improvement training

We continue to embed our #allofusimprove campaign to enhance quality, to build improvement capability and capacity in the Trust, and continue to use improvement tools in key projects to capture impact. We continue to work with the Institute of Healthcare Improvement (IHI) and have trained a wide range of people in the Certificate of Quality and Safety who then become recognised improvement facilitators and support quality improvement work across the Trust. We have established a network for all these people to come together and share good practice.

Education, training and development

As a result of the pandemic, the Trust continues to review the delivery of non-medical education, training, and development through face-to-face training to digital training whilst risk assessed programmes continue to be delivered face-to-face in a classroom setting.

As universities and further education colleges reopen their doors for continuing professional development, including apprenticeship programmes, the Trust is moving towards a recovery and reset phase leading into a new way education and training is delivered. This will be through a hybrid of digital and non-digital facilitated delivery. Estates and training risk assessments continue to be used to ensure good infection, prevention and control, and the required social distancing measures, in addition to reviewing the methodology of training to determine if training could be delivered differently.

Mandatory training continues to be classed as essential training with ongoing risk assessments in how training can be delivered to keep staff and participants safe.

NHS trusts have received national funding for the continuing professional development, specifically for nurses, Allied Health Professionals, and midwives. The Trust has Health

Education England (HEE) -approved plans for the delivery of training for our nurses and AHPs which, though delayed due to the pandemic and service pressures, has commenced this year. The Trust expects additional funding to be received for 2022/23.

Through our leadership and management development framework, we have continued to support our leaders and managers in their needs-led development on a limited basis during the year. We have provided continuing access to:

- Institute of Leadership and Management (ILM) qualification & non-qualification programmes and CPD activities
- Executive coaching, 1:1 & peer coaching, mentoring, and reciprocal mentoring.
- Building Leadership for Inclusion (BLFI) programmes to support the development of colleagues from under-represented communities or with protected characteristics
- Talent pool and talent programmes in partnership with the Wakefield District Health and Care Partnership and the West Yorkshire Mental Health Collaborative.
- Hosting of both a Fellow and an NHS Graduate Trainee.

We are closing 2021-22 with a review and reset of our leadership and management framework to reflect our post pandemic needs and role as a leader in place and system from 2022-23 onwards

Improving resources

In 2021/22, the Trust has continued to focus on making best use of our available resources during the pandemic financial arrangements. This includes:

Use of agency staff

The Trust has utilised various temporary staffing solutions during 2021/22 to ensure that we have safe and appropriate staffing levels. Agency staffing continues to form an important part of the overall workforce strategy including agency, overtime and additional hours worked. Reasons for usage included responding to Covid-19 and to cover both normal staff absence and absence resulting from Covid-19 (including staff shielding). Other reasons included addressing waiting list and other shorter-term initiatives and covering vacancies, including roles where there are known challenges in terms of staff availability. Controls and governance has been maintained but overall agency staff costs increased from £7.4m to £8.7m in year. The most significant use is for medical locums in a number of specialised services, and a higher use of unregistered nursing staff to support high demand in our inpatient wards.

Use of out of area placements

Our use of out of area beds has been affected this year by the impact of the pandemic and the need to manage patient safety and staff wellbeing. Our total cost for 2021/22 was £5.02m compared to £1.52m in 2020/21.

Many of these factors link to the inpatient pressures and include:

- Ongoing higher demand and higher acuity in the system.
- Workforce challenges (as identified by the inpatient programme). This has led to some wards recently limiting the numbers of admissions they can take and Covid-19 pressures.
- IPC restrictions and ongoing presence of Covid-19 outbreaks, which has also led to periods where some wards have been closed to admission.
- Pathway problems, in particular from Psychiatric Intensive Care Unit (PICU) to acute pathway but also other pathway such as forensic services.

Priorities for the out of area programme in 2022/23 have been identified and include proactive activity on flow and increased grip, co-ordination and input into out of area placements, whilst there is also a comprehensive improvement plan in place to support the inpatient wards.

Achievement of Financial Control Total

Financial arrangements have followed the exceptional precedents set in 2020/21. Financial plans were initially set for a six month period (April to September 2021) and this was then extended to cover the full 12 monthly period. The Trust plan continued to rely upon funding from the Integrated Care System (ICS). This included specific funding for additional Covid-19 costs.

The cumulative Trust plan was for a surplus of £5.0m and ultimately delivered a surplus of £7.9m. This is explained further in the finance section of the annual report on pages 27 to 33. We maintained good financial control during this period, whilst ensuring our services received the support they needed to deliver effective and safe services.

Digital health

In March 2021 the Trust launched its new Digital Strategy following approval at Trust Board This following a significant programme of engagement in the development of the strategy.

The launching of this digital strategy forms the start of our next stage of digital evolution and aids the Trust's overall digital maturity by nurturing and developing a culture that embeds digital options and digital approaches in everything that we do, in line with our value to ensure we are 'relevant today, ready for tomorrow'. The views of our staff, service users and carers from their day-to-day experiences are critical in driving forward our digital agenda and in designing fit for purpose, secure and robust digital solutions, ensuring that no one is left behind or excluded.

To support the delivery of the digital strategy, we have set out to achieve the following outcomes: -

- Championing digital inclusion, digital equality, and thus ensuring that no-one is left behind.
- Keeping our staff, service users and carers information safe.
- Digital being integral throughout the organisational culture.
- Adopting and learning from digital best-practices.
- Developing a digital capable workforce that embraces flexible and adaptable work-life balance.
- Designing services that are fit for today and ready for tomorrow whilst being in a state of readiness for the future.
- Reduce duplication and waste in processes to optimise care delivery, ways of working and improve service user, carer, and staff experience.

The realisation of these outcomes and associated benefits will be underpinned by a digital roadmap that plots our path towards further digital maturity This will be underwritten by digital milestone delivery plans which consider the required resources necessary and available to implement this strategy.

Covid-19 and technology

Digital continues to play a pivotal role in enabling and supporting the Trust's response to the pandemic. Whilst a number of digital solutions and technologies were rapidly deployed at the outset, focus throughout the prevailing time has been on the continued utilisation of these digital capabilities in a safe, secure and sustainable manner. Below is a summary of the Trust's ongoing digital response in mobilising resources and effectively maintaining services:

- The use of video conferencing and consultation solutions across the Trust, with the circa 30,000 Microsoft Teams and, 9,000 AccuRX consultations taking place annually.
- Following the significant increase in demand and the ability for Trust staff to work from home, the Trust has focused on enabling a sustainable and future-proofed way of hybrid working, developing a robust framework supporting the ongoing organisational response to Covid-19 pandemic and winter pressures.
- A digital initiative (formerly 'virtual visitor') offering capabilities that uses dedicated Trust issued android devices on inpatient wards that enable service users to stay connected with families, friends, and carers. Feedback on this is very positive.
- Sharing out of the SystmOne for Mental Health record across the wider SystmOne local community via the regulations within the Covid-19 Act

Other notable digital achievements in 2021/22

- The Trust achieved email accreditation from NHS Digital enabling the use of the @SWYPFT.nhs.uk corporate email addresses for all sensitive/PID correspondence as opposed to NHSmail, which was decommissioned at the end of 2021/22.
- The Trust has successfully and seamlessly completed the replacement of its current virtual private network (VPN) solution.
- Effective continued management of the digital infrastructure and delivery of the recurrent programme of enhancements supported by the capital allocation throughout an extremely challenging year.
- Effectively supported the continued development of the integrated Barnsley Neighbourhood Team Service within SystmOne.
- Successfully implemented Electronic Prescribing and Medicines Administration (EPMA) in a number of inpatient service areas, utilising functionality in SystmOne, led by the pharmacy team.
- To further enhance the digital systems training offer, we are continuing to develop bespoke and tailored eLearning training packages.
- Progressing the integration with the Yorkshire and Humber Care Record (YHCR), initially to consume available YHCR data. The provision of data to the YHCR will follow in 2022/23. The richness of the YHCR datasets will increase as more partner organisations onboard to the YHCR.
- The Trust is continuing to deliver its Information Governance service during these challenging times and compliance with the Data Security and Protection Toolkit.
- Team dashboards have been developed and rolled out across services. Further analysis on the Trust's benchmarking and model hospital data and additional dashboards created to support the Trust's recovery and restoration programme and monitoring of progress against the Trust's data quality action plan.

The Trust continued to consult with staff, service users and carers on digital developments in line with the digital strategy, which articulates how our digital ambitions and goals will lead to

actual changes on the ground to the benefits of service users, carers, their families, our staff and our wider communities.

Making SWYPFT a great place to work (GPTW)

The Trust workforce strategy was revised during 2020/21 and approved by the Trust Board in early 2021/22. The strategy has been developed with a focus on making our Trust a great place to work. The Workforce and Remuneration Committee agreed the dates for the 12-month implementation programme and the performance measures in May 2021.

The Workforce Strategic Steering Group was established in Q3 2021/22 with 4 sub-groups focusing on aspects of the GPTW essentials. Each group is led by a Deputy Director of Operations, with allocated HR support. The focus of the 4 groups are:

- Recruitment, retention and workforce planning
- Flexible working and flexible workforce
- Health and wellbeing
- Leadership and team development.

There was an increased focus on the health and wellbeing of Trust staff during the Covid-19 pandemic, therefore our performance measures will continue to be developed, alongside our staff and reviewed on a regular basis by the Workforce and Remuneration Committee.

The planned roll out of the Great Place to Work Leadership Forum was paused due to a pausing of non-essential learning & development activity and service pressures. The programme has been co-designed with colleagues working in ward manager & team leader roles, with input from senior managers. The programme re-started in April 2022.

Quality and quality governance

Improvement and innovation for quality is about making healthcare safe, effective, service user centred, timely and efficient. Our key driver is to ensure systematic quality improvement throughout our services so we support our service users to achieve positive outcomes and live life to the full

We believe strong clinical leadership, supported by opportunities for innovation, continuous improvement and robust governance arrangements will help us deliver a culture where high quality services will flourish.

Quality improvement is a priority at Board level and throughout the Trust. The Clinical Governance and Clinical Safety Committee reports directly to the Trust Board (see page 64) and the lead is the Executive Director of Nursing, Quality and Professions in partnership with the Non-executive Director Chair. A number of standing sub-groups which cover quality and safety areas are chaired by the Medical Director, Director of Nursing, Quality and Professions, or their deputies, and report directly into the Clinical Governance and Clinical Safety Committee. Quality improvement is routinely reported to our Trust Board through our Integrated Performance Report.

We have aligned our strategic objectives, priorities and programmes and quality initiatives and use these as a framework to focus on continuous improvement, innovation, and monitor assurance. In addition, we ensure all our improvement efforts make the best use of expertise and resources with a co-ordinated approach underpinned by our Integrated Change Framework.

Throughout 2021/22, we measured activity against each of our quality priorities and reported them to our Clinical Governance and Clinical Safety Committee. Our Quality Account sets out our achievements in this area and will be published at the end of June 2022.

Our financial performance 2021/22

This section and the accounts have been prepared in line with appropriate guidance including the Group Accounting Manual for NHS Foundation Trusts 2021/22 and under direction issued by NHS England & NHS Improvement, under the National Health Service Act 2006. The Trust has also complied with the cost allocation and charging guidance issued by HM Treasury. The Trust continues to prepare group accounts. This means that the Trust's charitable funds are included as part of the group accounts. The Trust accounts can still be viewed in isolation.

There are various levels of surplus or deficit referred to in this report. The following table provides a reconciliation between the Trust total comprehensive income for the year of £13.1m as noted above and the £7.9m surplus reported in our management accounts. This excludes the Trust charity which is consolidated in the overall group accounts. It should be noted the Trust had a control total target for the year of £5.0m surplus as agreed with the ICS and the £7.9m surplus represents an over achievement of £2.9m in the year.

	£m
Total Comprehensive Income/(Expense)	13.1
Impairments and Revaluations *	(4.0)
Gain on disposal	(1.2)
Pre adjusted surplus in our management accounts	7.9

*Includes £1.2m of income and expenditure impairment that is presented differently in the Trust management accounts, for consistency of measurement against NHS Improvement targets

Income

The Trust generated annual income of £301.2m. This is £34.0m more than the £267.2m generated in 2021/22 (12.7%). £286.4m (95%) compared to last year £244.6m (92%), of this income is provided from clinical commissioning groups (CCGs), the specialist commissioner within NHS England, Local Authorities, and other NHS bodies for the provision of healthcare services. For 2021/22 the income received has been in line with the financial regimes introduced nationally in response to COVID-19. This regime has fundamentally been continued from 2020/21.

Income has been received from nationally calculated block contracts plus agreed additions relating to the Mental Health Investment Standard (MHIS) and System Recovery funding. This included funding for additional costs incurred in relation to the covid-19 response which was allocated through the West Yorkshire Integrated Care System.

From 1 October 2021 the Trust became the lead provider for the West Yorkshire Adult Secure Collaborative. This resulted in an additional £16.4m (total adult secure income

including continuation of SWYPFT services was £27.2m) of income for this six-month period which has been offset by additional costs.

Notional income is also recorded in the accounts for additional pension contributions which have been paid directly to NHS pensions in year. For 2021/22 this was £8.3m compared to £7.8m in the previous year.

Group Accounts	Year ended 31 March 2022 £000s	Year ended 31 March 2021 £000s
Income from patient care activities	286,397	244,603
Other operating income	15,386	23,081
Operating income from continuing operations	301,783	267,684
Operating expenses	(290,038)	(261,860)
Operating surplus/(deficit)	11,745	5,824
Finance income	39	1
PDC dividends payable	(2,070)	(2,109)
Net finance costs	(2,031)	(2,108)
Gains/(losses) on disposals of assets	1,154	(157)
Surplus/(Deficit) for the year	10,868	3,559
Impairments	2,881	(1,342)
Revaluations	0	0
Total Comprehensive Income (Expense) for the year	13,749	2,217

In total the Group delivered a total comprehensive income position of £13.7m the year. It is recognised that the financial arrangements have continued with the different arrangements in place due to covid-19. Differing levels of income, and costs being incurred, mean that year on year positions are not totally comparable. It is positive that the Trust has been able to deliver a surplus during this year of pandemic and that appropriate financial resources have been made available to it.

Going into 2022/23 there is a return to more traditional financial arrangements, and the Trust is planning to break-even during this period. Elements of the interim Covid-19 regime have been retained with most of the income received as block payments from commissioners and some additional costs linked to Covid-19 being paid directly nationally such as continued personal protective equipment. There is a return to a focus on financial efficiency, and we need to ensure we can continue the trajectory of improvement made in previous years and have appropriate measures in place to ensure our services remain financially sustainable.

Operating expenses

Our group operating expenses were £290.0m, which compares to £261.4m in the previous year. This is an increase of £28.6m. The main factor has been the addition of the lead provider role for the West Yorkshire Adult Secure Collaborative. From go live on 1 October 2021 this has resulted in an additional £16.4m of spend.

£212.9m of the total cost is attributable to staff and executive director costs, which is £10m higher than the previous year. This is explained by incremental payments, pay uplifts and clinical excellence awards. The remaining pay cost increases are largely due to additional headcount due to service investments and the impact of Covid-19.

The Trust identified £7.3m of cost as being incurred as part of its response to the Covid-19 pandemic. This compares to £8.0m in the prior year. Examples of these costs include additional staffing requirements, infection control requirements, PPE, IT equipment to enable staff to work remotely, and improvements to our estate.

Cost savings

The in-year requirement to deliver cost savings has been suspended in 2021/22 due to the Covid-19 pandemic. The 2022/23 annual plan includes a financial sustainability and efficiency requirement.

Capital

Our capital budget for the year was £9.6m with a further £0.3m added from national funding. Total in year spend was £8.6m. A major scheme, refurbishment of the Bretton Centre, was agreed in year and this is progressing although only £0.1m was spent by 31 March 2022. This related to initial design and set up costs for the project. The Trust has continued to invest in its estate and IT infrastructure.

Cash

The Trust (excluding charity) closing cash position was higher than plan at £81.4m. The value as at 31 March 2021 was £56.7m. This was largely due to an improved year-end surplus position, the timing and value of capital expenditure, receipt of additional national support and continued focus on working capital management.

Outlook

The situation for finance in 2022/23 remains not fully clear both in terms of the financial architecture and the evolution of Integrated Care Boards (ICB's) from ICS's in year. A financial plan has been submitted for the full 12 month period of 1st April 2022 to 31 March 2023 although work is continuing with commissioners to ensure that new investments in mental health and community health services are progressed.

It is expected that demand for our services will continue to increase even further and we will need to work with commissioners and other stakeholders to determine how that demand is best met.

Whilst the accounts for this year show a healthy surplus, the previously identified underlying deficit still needs to be addressed. At the same time demand and increasing cost inflationary pressures continue. In addition to securing income growth to achieve our financial targets we need to focus on how we can continually be more productive and efficient, eliminate waste and work closely with our partners to re-design service models and pathways.

Evidence of good practice in financial management

Treasury management

As a Foundation Trust we are able to generate income by investing cash. There has been an increase in interest rates in year (these had been at 0%) resulting in interest earned of £39k.

The Trust makes payments in line with the NHS Better Payment Practice Code (payment within 30 days of a valid invoice). The table below shows performance against this metric by NHS/non-NHS supplier and shows the volume and value of invoices paid.

	2021 / 22				2020 / 21			
	NHS		Non NHS		NHS		Non NHS	
	Volume	Value £k	Volume	Value £k	Volume	Value £k	Volume	Value £k
Total trade invoices paid in the year	581	21,520	30,815	61,508	506	15,202	27,642	66,333
Total trade invoices paid within target	554	21,186	29,091	57,982	439	13,643	26,569	63,908
Percentage of trade invoices paid within target	95%	98%	94%	94%	87%	90%	96%	96%

The Trust was not required to make any payments to suppliers under the Late Payment of Commercial Debts (interest) Act 1988.

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

International Financial Reporting Standards

As part of its annual work programme the Audit Committee has reviewed the accounting policies applied in 2021/22. These were updated for any changes in national guidance. This included incorporation of changes in the following standards:

- IFRS 16 Leases – work was undertaken for the implementation of this standard. Adoption has been confirmed as April 2022, in line with national agreement, and an estimated impact has been included within the accounting policies note.

Valuation of assets

The value of property plant and equipment is reviewed each year by an appropriately qualified independent valuer. Based upon this review, the Trust considered whether or not there is evidence that a material change in valuation has occurred, and in which case, the movement is recognised within the Trust accounts.

The Trust estate was re-valued by the District Valuer as at 31 December 2021, and as a result the revaluation was recognised in the accounts

Recording of investment property

Recording of investment property estate which the Trust Board has declared surplus to requirements is recorded as investment property under International Financial Reporting Standards (IFRS) and its value is updated annually to the current market value. As at March 2022 there was no investment property estate during the course of the year.

Pension liabilities

The accounting policy for pensions and other retirement benefits is set out in Note 8 to the accounts. Details of senior employees' remuneration can be found in the Remuneration Report section of the annual report.

Auditor's remuneration

Audit fees (exclusive of VAT) were £72k. This covers the annual report and accounts. The fee for the audit of the charitable funds was £6k.

Linked to their role of auditor additional work under the heading of Value For Money audit has been undertaken in year with fees estimated at £11k.

Plans for 2022/23

For 2021/22 the original financial settlement was agreed initially for the first half of the year (H1) and then for H2 based upon nationally determined block payments (funded by each CCG) and an allocation of system funding. The H1 plan was to achieve a breakeven position which was subsequently updated at H2 to a £5m full year surplus based upon detailed run rate information and assumptions at that time. The year end position achieved was a surplus of £7.9m. Our level of vacancies continues to be a significant contributor to this surplus and has been factored into the assumptions for 2022 / 23.

The 2022/23 priorities and operational planning guidance for the NHS in England was published on 24 December 2021. Subsequent information and updates have been received and incorporated into the draft position reported below.

In order to deliver the best estimate of how resources will be used to deliver services the following updates have been made to base budgets;

- Pay base budgets have been adjusted for the impact of incremental drift, pay award and national insurance uplifts. This has been calculated centrally and validated by the BDU finance leads.
- Non-pay budgets have been derived from recent run rate rather than historic budgets. These assumptions have been reviewed by the BDU finance teams and adjusted where appropriate for example new services or known cost pressures.

These assumptions will be reviewed with budget holders as part of the next steps of the planning process and overall director sign off.

Each directorate was asked to provide their new investment requirements required to deliver 2022/23 activity and key objectives. These have been quantified and prioritised and the first phase totalling £2.2m has been signed off by EMT.

The following table shows the key financial headlines (draft) for 2022/23.

£000's	Trust 2020 / 21	Trust 2021 / 22	Trust 2022 / 23
Revenue	267,156	301,181	341,603
Operating Expenses	(255,405)	(282,900)	(326,211)
EBITDA	11,751	17,281	15,392
Depreciation & Amortisation	(6,233)	(7,126)	(13,344)
PDC Paid	(2,109)	(2,070)	(2,148)
Interest Received	(0)	39	100
Surplus / (Deficit)	3,409	8,124	0

Gain / (loss) on disposal	(157)	1,154	0
Surplus / (Deficit)	3,252	9,278	0

It should be noted that 2022/23 assumes the full year impact of the West Yorkshire Adult Secure lead provider collaborative that went live on 1 October 2021. South Yorkshire Adult Secure collaborative has been included for 11 months, with effect from 1 May 2022. At this stage it will be assumed that income is equal to expenditure with any potential risks or opportunities picked up via in year reporting.

To ensure we have operational agreement the draft plans and key movements have been reviewed by each directorate ahead of the final plan submission in April. A more detailed review by each budget holder is underway to ensure sign off and agreement for the 2022/23 plan.

The financial and workforce plans have been triangulated to ensure alignment of assumptions and output. In line with the workforce plan the financial plan reflects substantive staffing growth of c295 WTE by March 2023. The majority of this increase is assumed to be band 5 nursing roles across in-patient services, recruitment to clinical roles within IAPT, perinatal services, C&YP and community mental health services along with expansion of key clinical support workforce roles.

The focus now needs to shift to our longer-term planning with a re-emphasis on financial sustainability which will include efficiencies. The Trust Board and senior management is committed to putting plans in place to deliver its CIP and financial plans, identifying further savings opportunities and mitigating risk.

Efficiency savings for 2022/23

In the latest plan the CIP target of £2.8m (0.8% of income) is required to deliver a balanced plan. Initial areas for focus have been identified although it is likely that in 2022/23 a significant proportion of this CIP challenge will be delivered through continued vacancies within existing roles and non-recurrent slippage for new investment recruitment, in particular during Q1.

Our charity – EyUp!

The Trust is a corporate trustee for EyUp! and is governed by the law applicable to trusts, principally the Trustee Act 2000 and the Charities Act 2011. EyUp! has a number of linked charities: Creative Minds, Spirit in Mind, and the Mental Health Museum. The corporate trustee's objective is to promote the effective administration and management of EyUp!, ensuring that funds are used effectively to meet the objectives of the respective charities. The Trustee's actions are guided by a commitment to ensure:

- Funds are expended for the purpose for which they were donated
- Accurate documentation of donor wishes
- Compliance with statutory duties and Charity Commission guidance; and
- Accountability for all monies received or expended.

EyUp! funds are created from a combination of fundraising activities, successful funding bids and donations. We acknowledge receipt of these donations, including from national sources such as NHS Charities and the work they enable to be completed.

Further information can be found in the EyUp! annual report for the year ended 31 March 2021, the latest year for which information is available on the Trust's website. The annual report for 2021/22 will be produced later in the year.

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 EyUp! are administered by the Trust.

Service developments

The Trust has continued to improve and develop services during 2021/22. In line with our agreed Integrated Change Framework some of these changes are small scale and local, others cover more than one service and some span the whole Trust. Our framework has three levels to recognise the different levels of support and governance that each requires based on cost, risk, and complexity of the change.

The improvement network was launched in September 2020 to support this work.

In the past the Trust has experienced an increase in demand for hospital beds that has exceeded our capacity. People therefore have had to be placed outside the Trust bed base and this impacts on them and their family/friends. The factors which are contributing to this situation are many and complex.

Significant work has been undertaken to understand and manage the bed pressures. Through recent years, an improvement programme has been established to focus on areas which will have the biggest impact on reducing demand pressures and enabling a strategic longer-term approach to implementing a lower admission model. The work has been focused on providing all care as close to home as possible.

The Trust has continued to support improvement activity via the out of area programme including:

- Implementing criteria-led discharge across the inpatient service, which helps ensure appropriate stays in our wards by identifying and addressing barriers to discharge in a timely manner.
- Extending our Trustwide patient flow service to 7 days a week and until 7pm on weekdays, which helps ensure the most appropriate use of inpatient beds / and optimise bed usage, with systems to make sure that all viable options are tested before people go out of area.
- Establishing strong trauma-informed pathways in every place that better enable us to support people in the community.
- Ensuring effective gatekeeping for people in crisis.

Acute placements have reduced and the Trust achieved the target of having zero acute out of Trust placements by March 2021, although there remained a need for a small number of gender specific PICU placements (not commissioned for). However, since April 21, there has been an increase in demand for out of area beds, which has been exacerbated by some of current pressures across acute inpatient wards in recent months.

There remain challenges in the system, as evidenced by the ongoing use of PICU beds, especially for gender specific requirements, and some recent challenges with increases in demand across the whole system. This is in the context of the Trust acute service operating under considerable and ongoing pressure for the last two years. The wards continue to deal with Covid-19 requirements for admission and episodic testing, and routine or infection-

related isolation and quarantining arrangements and they have seen further sustained increases in pressures in recent months in terms of demand and acuity.

Cohorting standard operating procedures to support the separation of people with symptoms or a positive Covid diagnosis are in place for acute and older people's services, together with an inpatient clinical pathway for Covid-19 positive patients. This is proving a robust framework within the parameters of demand and limitations of estate.

Work continues in front line services to adopt collaborative approaches to care planning, to build community resilience, and to explore all possible alternatives to hospital admission for people who need acute care. This has included continued developments in the trauma-informed personality disorder pathway. Work continues in the intensive home-based treatment teams (IHBT) to look at building up early discharge, alternatives to admission and to ensure robust gatekeeping.

Going forward, we are continuing with our change programme, in a partnership approach with commissioners, until we have confidence that we have established a sustainable lower admission and bed use model.

Due to the increased pressures, the Trust agreed a revised trajectory for out of area placements, with a target of reducing to 10 by the end of March 2022 and zero by end of September 2022 (this latter target acknowledges the potential need to agree continuity of care principles for the small number of gender specific PICU placements that are likely to be ongoing). Our planned trajectories for out of area bed use are currently being reviewed with ICS partners in light of increased demand for out of area beds.

Whilst work will continue to focus on crisis alternatives to admissions, a key priority for the Trust will be to refocus on ensuring timely discharge from the wards and more proactive care management of the people that are placed out of area to ensure they can be discharged or repatriated as soon as appropriate.

A separate programme board has been established to oversee activity to ease some of the current challenges across the inpatient wards. Whilst reducing out of area placements isn't a direct objective of that work, having a fully staffed, confident, effective and well led workforce will assist with patient flow and contribute to easing of out of area pressures.

We continue to experience demand-led growth in activity and acuity in areas such as CAMHS, intensive home-based treatment, speech and language therapy, neighbourhood rehabilitation, specialist palliative care and neighbourhood nursing. Due to Covid-19 waits for some services such as CAMHS neurodevelopmental assessment have increased. We have reviewed our activity, workforce, and financial data to ensure these triangulate so that we have appropriate resources in place to deliver effective services. It also takes into account national guidance and deliverables identified in the planning guidance and local demographic and population needs, as identified through place-based commissioning intentions. Our ability to absorb demand through improvements in productivity has largely been expended. We have been able to agree with our commissioners further investment in services with long waits. In 2021/22, the Trust has secured additional investment to support addressing CAMHS neurodevelopmental waiting times in Kirklees and Calderdale, and adult speech and language therapy waits in Barnsley.

We continue to experience pressure regarding staffing levels and challenges in recruitment and retention of the workforce, which is currently a barrier to post-Covid stabilisation and recovery. The above has created specific challenges around achieving safer staffing levels on wards, for example in ensuring sustainable access to Section 136 suites. A key issue

moving forward is to strengthen 24/7 crisis provision (all ages), improving triage support for police and the Yorkshire Ambulance Service, and developing helpline and safe space options (most likely through the 3rd sector). We continue to have challenges accessing tier 4 beds for children and young people and increasing demand/acuity regarding children/young people eating disorders.

Changes to our service portfolio through tendering activity, business cases and managed system care pathway change have resulted in movements in activity both up and down. We anticipate impacts from the development of integrated pathways and alliance contracts aligned to emergent integrated care arrangements.

Successful Bids

In 2021/22 the tender activity remained below what it had been pre pandemic. However, the Trust has been successful in a number of bids to retain or expand provision. These included:

- The Trust was successful in a bid to retain the Wakefield Stop Smoking Service, to continue to deliver community stop smoking service in Wakefield as part of the Trusts Yorkshire Smokefree offer (£842,796 per annum for 18 months from 1 Jan 2022)
- The Trust was successful in its bid to Barnsley Council's Suicide Prevention Innovation Fund. The successful bid provides Barnsley recovery college the with the resource to develop group and 1:1 sessions including information sessions for the Barnsley Transgender community. (1/04/22 to 31/3/23 - £27.5k)
- We have continued to work with colleagues across the West Yorkshire ICS and South Yorkshire ICS to maximise opportunities presented by community mental health transformation funding. Opportunities have included the development of the interface between primary and secondary care and seen the development of roles such as the Mental Health Practitioner, Mental Health Pharmacy roles in Kirklees and Wakefield
- Liaison diversion successful submission for the development and delivery of Community service treatment requirements in Barnsley (£167k October 2021 to September 24)

Further service developments have included:

- The introduction of individual placement support offer in Kirklees and Wakefield and the further development of the offer in Calderdale
- The introduction of a trauma informed personality disorder pathway in Calderdale
- Continuation of the partnership working in Barnsley to re-design the CAMHS service pathways.
- Development of the children and young people's crisis and eating disorder offers across the Trust
- Increased capacity in the Calderdale and Kirklees community mental health core and enhanced teams
- Additional funding for the early intervention and Prevention teams across the Trust, to enable them to meet increased demand and extend support to people on the At Risk Mental State Service (ARMs) pathway for 2 year
- Access to funding to support system recovery
- Access to funding to meet seasonal pressures

- Development of an assessment and treatment unit for adults with Learning disability – in collaboration with WY ICS

Care Quality Commission (CQC) The Foundation Trust is fully compliant with the registration requirements of the Care Quality Commission (CQC). The Trust continues to assess its compliance with CQC registration requirements on a regular basis through our quality improvement and assurance team. To support our assessment, we have developed a quality assurance and improvement 'self-governing' assessment model. This philosophy builds on our emphasis on self-governance and evaluation. As a series of methods and tools, this approach helps map the relationships between quality improvement and quality assurance and will provide a continual source of evidence for teams to inform how well they are performing against appropriate and helpful metrics for quality.

The Care Quality Commission has not taken enforcement action against South West Yorkshire Partnership NHS Foundation Trust during 2021/22.

There has not been a CQC inspection completed during 2021/22, however, the CQC rated our Trust as 'Good' in 2019, recognising the improvements we have made since their last inspection in 2018, and the strength and quality of the services we provide. We delivered on the actions from the last report, which has led to four of the five overall domains now being rated as Good. We are also pleased that our mental health community services have improved and are now rated Good.

Overall, we are now rated Good for being responsive, caring, well led and effective, and requires improvement for being safe. This means that overall, we have been rated Good as a Trust.

However, the CQC did identify areas for improvement. Therefore, in line with the vision we set out in our Quality Strategy we will use the Model for Improvement to address themes identified in the CQC inspection report (2019) which not only impacts on our requires improvement rating for safety but in serious incident reports, fitness to practice cases and CQC Mental Health Inspections.

These areas are:

- Risk assessment
- Care planning
- Record keeping
- Safe medicines
- Reducing violence against staff
- Always Events® : Dignity and respect

How we have responded

Clinical record keeping:

- Regular clinical record keeping audits, with improvement plans in response owned by BDUs
- Dip sampling of quality of clinical record keeping by matrons and quality leads
- Data quality reviews are ongoing to ensure current reporting accuracy
- Committee to review our approach to the clinical practice and recording of risk assessment and care planning has taken place

Staffing:

- Current review of establishment to explore potential of new roles
- New external facing recruitment website
- Strong social media recruitment campaign currently underway
- Continuing focus of training and development to support retention
- International nurse recruitment is ongoing, with some recruits already in post
- Collaborative bank in planning across the West Yorkshire ICS

Waiting lists

- As an example, waits for children's neuro-developmental diagnostic assessments in Kirklees have continued to increase and agreed waiting list initiatives have been implemented
- Partnership work with an external stakeholders to reduce waiting times for Adult Speech and Language Therapy (SALT) continues
- Waiting lists are a particular focus within operational services, and a report is going to the Operational Management Group and Clinical Governance Clinical Safety Committee

In addition, these actions are being monitored and mitigated by:

- Strategic, Trustwide improvement projects
- Local quality improvement projects and initiatives
- Local governance arrangements (ward manager and matron checks)
- Support from corporate services
- Clinical record keeping audits
- Quality monitoring visits
- Clinical audit
- Patient experience triangulation (surveys, complaints, staff surveys etc.)
- Ongoing dialogue with the CQC – being open, honest and transparent

In our 2021/22 Quality Account (which will be published separately) the Trust approach and priorities for improvement are provided in detail.

Environmental matters - working in partnership with our stakeholders

As an NHS organisation which spends public funds, we have an obligation to work in a way that has a positive effect on the communities we serve. Sustainability means spending public money well, the smart and efficient use of natural resources, and building healthy, resilient communities. By making the most of social, environmental, and economic assets we can improve health both in the immediate and long term, even in the context of rising cost of natural resources. Demonstrating that we consider social and environmental impacts ensures that the legal requirements in the Public Services (Social Value) Act (2012) are met.

We recognise that sustainable development is a critical factor in being able to deliver outstanding physical, mental, and social care in a modern healthcare system, both now and in the future. We are therefore dedicated to ensuring we create and embed sustainability and resource efficiency throughout our operations and to ensuring our operations, and our estate, are as efficient, sustainable, and resilient as they possibly can be.

The Foundation Trust has undertaken risk assessments and has a green management plan in place which takes account of UK Climate Projections 2018 (UKCP18). The Trust ensure that its obligations under the Climate Change Act and the adaptation of reporting requirements are complied with. The Trust Board approved the Trust's Green Plan in March 2021. Progress against the plan was monitored by the Board in 2021/22. The current focus is to design a net zero carbon road map which will give high level plans and costing for the Trust to decarbonise emissions from its estate. Initial surveys of premises are underway.

The past 12 months in particular have shown that sustainability has a number of different but interrelated components and can only be delivered through collective effort and collaboration. In recognition of this the Green Plan will be supported and complemented by a social responsibility and sustainability strategy, which is currently being developed, to ensure that all aspects to a sustainable future for our communities, service users, carers, staff and their families are covered.

The key focus of the Green Plan derived from national policies and guidance are:

- Reduce carbon, waste, and water
- Improve air quality
- Reduce the use of avoidable single-use plastics

The Green Plan agrees annual action plans to ensure the objectives are achieved and progress monitored.

In respect of our procurement activities we continue to build on the work of previous plans to procure our services using the whole-life costing model. We monitor the use of local SME (Small, Medium Enterprises) suppliers and work proactively to maintain and increase engagement with these organisations.

Any contracts which are tendered for are conducted via the Trust's e-Tendering portal and are advertised on "*Contracts Finder*", the recommended website for advertising public sector contract opportunities to local community suppliers. In addition, all tenders include a section on sustainability which requests the submission of a statement from the bidder on their organisations position linked to the Good Corporate Citizen concept.

Social, community, anti-bribery, and human rights issues

We aim to ensure that everyone who needs to can access Trust services; and that we have a workforce which represents the communities we serve, that is free from discrimination and harassment in line with our values.

The Trust believes that an integrated approach to equality, involvement, and communication (bolstered by our membership) will ensure we deliver on our inclusion agenda.

The Trust approved an equality, involvement, communication and membership strategy in 2020 which has supporting annual action plans to ensure an integrated approach. This is insight driven and will ensure:

- Every person living in the communities we serve will know our services are appropriate and reflect the population we serve
- That our workforce reflects communities, ensuring our services are culturally appropriate and fit for purpose
- Service users, carers and families receive timely and accessible information and communication, ensuring a person-centred approach to care

- That our services are co-created and designed with our staff and communities

The Equality, Inclusion and Involvement Committee oversees the implementation of the equality, involvement, communication and membership strategy to improve access, experience, and outcomes for people from all backgrounds and communities. This includes people who use, work and volunteer for our Trust services and those who work in partnership with the Trust with the strategic aim of improving health, care, resources and making our Trust a great place to work.

The Trust has improved in all four Workforce Race Equality Standards (WRES) indicators published in the NHS Staff Survey and has plans identified to continue this improvement.

The Trust submitted its 2021 gender pay gap audit as required by law, in March 2022.

The Trust has adopted the National EDS2 Framework and focussed on improving the following areas, working closely with service users, public and commissioners:

1. Better health outcomes for all
2. Improved patient access and experience
3. Empowered, engaged, and well supported staff
4. Inclusive leadership at all levels

Trust priorities

The proposed strategic priorities are summarised in the table below, aligned to the strategic objectives.

Summary chart of proposed priorities

	Priority
Improve health	Ensure that equality, involvement and inclusion is central to everything we do to reduce inequalities , tackle stigma & eliminate discrimination
	Support social responsibility & sustainability in the Trust & our communities
	Work in partnerships at System & Place to improve the health of our communities
Improve care	Deliver safe care including our quality priorities to improve coproduction of care plans and risk management
	Continually improve the care we provide, ensuring it is responsive, inclusive & timely
Improve use of resources	Spend money wisely & increase value
	Use our estates to enable effective ways of working to support staff & deliver best care
	Use digital approaches to deliver best care and support to service users, carers, staff and the wider community
Great Place to work	Make SWYPFT a great place to work , supporting staff & addressing workforce challenges

It is important to note that the nine priority areas set out in the diagram above are not discrete and separate pieces of work. They are interrelated and some are enablers for others. There are several priority areas which are golden threads which run through many of

the other pieces of work. These underpin the other priorities and are essential for successful delivery in line with the values of the Trust and to make sure we follow good practice in quality improvement and change management.

These golden threads are:

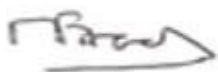
- Equality, inclusion and involvement
- Social responsibility and sustainability
- Safety
- Improvement
- Spending money wisely
- Digital
- Make SWYPFT a great place to work

Details of any overseas operations

The Trust does not have any overseas operations.

Details of any significant events since the year end

There have been no events after the reporting period, commitments, or contingencies other than those already disclosed in the accounts and annual report.



Mark Brooks
Chief Executive

Date: 22 June 2022

Section 2 – Accountability Report

Section 2.1 Directors' report

This section of our annual report supports the performance report setting out our governance arrangements and how these have operated over the last year. The framework for these arrangements is set out in the Trust's constitution including standing orders, which is supported by the Trust's standing financial instructions and scheme of delegation.

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 NHS Improvement in its Annual Reporting Manual and other disclosures as appropriate.

The directors of the Trust consider the annual report and accounts, taken as a whole, are fair, balanced and understandable, and provide the information necessary for people who use our services, regulators and other stakeholders to assess the Trust's performance, business model and strategy.

Our Board is responsible for setting the strategic direction and associated priorities for the organisation to enable it to deliver appropriate, high quality, safe, effective, and efficient services to our service users and their carers whilst remaining effective, sustainable, and viable. The Board ensures effective governance for all services and provides a focal point for public accountability. It also has overall responsibility for probity (standards of public behaviour) within the Trust and is accountable for monitoring the performance of the organisation against its strategic direction, and ensuring corrective action is taken where necessary. Our Trust Board has a variety of individual skills and experience, which directors bring to bear on the work of the Trust. Each director's experience is described in the tables from page 44 to page 52.

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 ensure the Trust continues to meet the conditions of its Licence.

Declaration of interests

The Trust's Constitution requires Board members to declare any personal or business interests which may influence or be perceived to influence their judgement and in accordance with the Standing Orders those interests that are declarable are any which are relevant and material. The Board receives assurance that there is no conflict of interest in the administration of its business through an annual declaration exercise and the requirement for the Chair and directors to consider and declare any interests at each meeting. As part of this process, the Board considers any potential risk or conflict of interests. If any should arise, they are recorded in the minutes of the meeting. Information on directors' interests as at 31 March 2022 can be found on the Trust's website.

Non-Executive Director declaration of independence

Monitor's (now referred to as NHS England / Improvement) Code of Governance requires the Trust to determine whether it considers all Non-Executive Directors to be independent in character and judgement and whether there are any relationships or circumstances which are likely to affect, or could appear to affect, the director's judgement. This Trust considers all its Non-Executive Directors to be independent and the Chair and all Non-Executive Directors have signed an annual declaration to this effect.

Fit and proper person requirement

There is a requirement for members of Boards of providers of NHS services to make a declaration against the fit and proper person requirement for directors set out in the new fundamental standard regulations in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, which came into force on 1 April 2015. Within the new regulations, the duty of candour and the fit and proper person requirements for Directors came into force earlier for NHS bodies on 1 October 2014. Although the requirement is in relation to new director appointments, Trust Board took the decision to ask existing directors to make a declaration as part of the annual declaration of interest's exercise. All directors have signed the declaration stating they meet the fit and proper person requirements. Failure to comply with this standard would be a breach of the Trust Code of Conduct for Directors and may result in removal from the Board.

The Trust considers that the balance and membership of the Trust Board is appropriate and has the balance of skills, experience, and knowledge it needs 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 Governors in this process through the Nominations Committee, and the final decision on recruitment of Non-Executive Directors to the Board rests with the Members' Council.

The make-up of Trust Board and other directors at 31 March 2022 was as follows.

	Total	Male	Female	BAME
Non-Executive Directors	7	2 (28%)	5 (72%)	1 (14%)
Executive Directors	6	3 (50%)	3 (50%)	2 (33%)
Other Directors (non-voting)	2	2 (100%)	0 (0%)	0 (0%)
Total	15	7 (47%)	8 (53%)	3 (20%)

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



In 2021/22 no political donations have been made. This is the same as year 2020/21.



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




- The Deputy Chair / Senior Independent Director, with support from the Board and the Members' Council, appraised the former Chair (Angela Monaghan) and set interim objectives in the knowledge she would be leaving the Trust mid-year. The outcome of this appraisal was reported to the Members' Council.
- The new Chair (Marie Burnham) was appointed on 1 December 2021 and Members' Council agreed to set interim objectives for the remainder of 2021/22.
- The Chair of the Trust undertakes annual reviews with Non-Executive Directors.
- The Chair of the Trust undertakes annual reviews with the Chief Executive.
- The Chief Executive undertakes annual reviews of performance against objectives with Executive Directors and his Executive Management Team.



The Chair also holds monthly meetings with the Non-Executive Directors without the executive Directors present, with the Deputy Chair and Senior Independent Director in attendance.



Trust Board 2021/22



Role / name / appointment	Experience	Public Board attendance 2021/22
<p>Former Chair <u>Angela Monaghan</u></p>  <p>Appointed Non-Executive Director 1 August 2017 to 31 July 2020 Appointed Chair 1 December 2017 to 30 November 2020 Reappointed Chair 1 December 2020 to 30 November 2021 (retired)</p>	<ul style="list-style-type: none"> • Over 20 years' experience of leading charities and social enterprises at both regional and national level (14 of those as a Chief Executive) and NHS bodies. • Former Chief Executive of a children's hospice. • Former Non-Executive Director and Chair of an NHS Primary Care Trust. • Significant experience of non-executive roles in a wide range of voluntary and community sector organisations. 	8/8
<p>Chair <u>Marie Burnham</u></p> <p>Appointed Chair 1 December 2021</p> 	<ul style="list-style-type: none"> • Marie brings with her over 25 years of leadership experience from health services and the charitable sector, including NHS executive and non-executive roles with responsibility for performance and governance. Prior to this she was a registered nurse. • Marie has a wealth of expertise and understanding regarding the importance of joined up care for people and communities across all health and social care sectors, which includes being the independent chair of the Central Lancashire Integrated Care Partnership since 2018. Other roles include being the National chair for NICE (National Institute for Clinical Excellence). Marie is also the chair of Pennine Trust Academy of Schools, where she has worked on a volunteer basis since 2017. 	3/4

Role / name / appointment	Experience	Public Board attendance 2021/22
<p>Former Deputy Chair / Senior Independent Director (to 31 January 2021)</p> <p>Non-Executive Director (1 February 2021 – 30 April 2021)</p> <p><u>Charlotte Dyson</u></p>  <p>Appointed 1 May 2015 to 30 April 2018 Deputy Chair / Senior Independent Director from 1 August 2017 to 31 July 2020 (re-appointed as Deputy Chair / Senior Independent Director 1 August 2020 to 31 January 2021 to support the Trust through the Covid-19 pandemic) Re-appointed 1 May 2018 and left the Trust 30 April 2021</p>	<ul style="list-style-type: none"> • Marketing Consultant. • Formerly Non-Executive Director for Calypso Soft Drinks. • Formerly Non-Executive Director Leeds Teaching Hospital. • Particular area of expertise in strategic brand marketing. • Lay member for Royal College of Surgeons of Edinburgh and chair for Advisory Appointments Committee for Leeds Teaching Hospitals NHS Trust. • Member of the National and Local Advisory Committee for Clinical Excellence awards. 	1/1
<p>Non-Executive Director</p> <p><u>Natalie McMillan</u></p> <p>Appointed 1 May 2021</p> 	<ul style="list-style-type: none"> • Nat is a human resources (HR) and organisational development (OD) professional with significant board-level experience across the NHS. She has previously enjoyed over 10 years at York Hospitals FT and more recently at Locala Community Partnerships. • Nat now runs her own business specialising in HR and OD. Nat continues to play a role in the West Yorkshire and Harrogate Health and Care Partnership as chair of the Primary Care Workforce group. • She is passionate about reducing inequalities and growing diverse representation. This has led her to her current role of as Chair of Kyra, a women's project based in York 	9/11



Role / name / appointment	Experience	Public Board attendance 2021/22
<p>Deputy Chair / Senior Independent Director <u>Chris Jones</u></p>  <p>Appointed 2 August 2019 to 1 August 2022 Appointed at Deputy Chair / Senior Independent Director from 1 February 2021 and left the Trust 30 April 2022 (early retirement)</p>	<ul style="list-style-type: none"> • Qualified accountant with previous experience in public and private sectors including the NHS. • Seven years as Principal and Chief Executive of Calderdale College. • Formerly a member of the Calderdale Safeguarding Children Board. • Trustee of Children's Food Trust. • Interested in leadership and governance and the impact on service standards and organisational performance. 	12/12
<p>Non-Executive Director <u>Erfana Mahmood</u></p>  <p>Appointed 3 August 2018 to 2 August 2021 Re-appointed 3 August 2021 to 4 August 2024</p>	<ul style="list-style-type: none"> • Qualified Solicitor • Experience in the housing sector. • Non-Executive Director for Chorley and District Building Society • Non-Executive Director for Plexus/Omega Housing (part of the Mears Group). 	11/12
<p>Non-Executive Director <u>Kate Quail</u></p>  <p>Appointed 1 August 2017 to 31 July 2020 Re-appointed 1 August 2020 to 31 July 2023</p>	<ul style="list-style-type: none"> • Experienced, qualified Public Health professional with deep understanding of social determinants of health and wellbeing. • Previously Head of two Department of Health National Support Teams, including one for Children and Young People's Emotional Wellbeing and Mental Health. • Experienced in putting people with learning disability and/ or autism and/ or mental health problems and their families and carers at the centre. For example: • Member of Advisory Group to Improving Health and Lives Learning Disability Observatory (Public Health England until March 2019). • Original national Transforming Care steering group member. • Expert for Care & Treatment Reviews and Care Education & Treatment Reviews 	11/12

Role / name / appointment	Experience	Public Board attendance 2021/22
	<ul style="list-style-type: none"> • Extensive experience of working in partnership across whole systems. • In-depth experience of working in and with large complex organisations, from national & local charities and local community organisations, to Local Authorities, health organisations and Whitehall Departments • FT Governor for 5 years, including Lead Governor. 	
<p>Former Non-Executive Director <u>Sam Young</u></p>  <p>Appointed 3 August 2018 and left the Trust 2 August 2021</p>	<ul style="list-style-type: none"> • Runs own consultancy business with a focus on technology and transformation. • Previously worked in the housing, local authority, and IT sectors in a number of senior roles. Previous head of IT at Kirklees Council, worked for BT on NHS contracts and spent 2 years as a Director of Business Transformation at the New Charter Group. • Non-Executive Director at Great Places Housing Group. 	5/5
<p>Non-Executive Director <u>Mandy Griffin</u></p> <p>Appointed 1 October 2021 (Deputy Chair from 1 April 2022)</p> 	<p>As managing director of the Health Informatics Service and the lead for the delivery of one of the biggest electronic patient record launches in Europe, Mandy has a strong interest in supporting Trust strategies with a focus on digital transformation. She has extensive experience of partnership working across integrated care systems and primary care services, and brings previous Board and members' council experience to her role. Mandy is also the Board sustainability champion, and hopes to be a knowledgeable and worthy advocate for sustainable practices.</p>	6/6



Role / name / appointment	Experience	Public Board attendance 2021/22
<p>Non-Executive Director Appointed 1 September 2020 (Senior Independent Director from 1 April 2022) <u>Mike Ford</u></p>  <p>Appointed 1 September 2020 to 31 August 2023</p>	<ul style="list-style-type: none"> • Qualified accountant with a successful track record at senior level in both commercial and public sector organisations. • Previously worked as a senior executive at the BBC with roles in finance, internal audit, risk management and technology. • Has been responsible for the successful delivery of a range of significant technical and business change projects. • Regularly involved in the promotion of inclusivity and diversity across the BBC with a specific focus on disability. 	11/12
<p>Chief Executive <u>Rob Webster</u></p> 	<ul style="list-style-type: none"> • Joined Trust from the NHS Confederation, where he was chief executive for over two years. • Worked in healthcare since 1990, including national roles at the Department of Health and Social Care on policy, transformation and delivery and has been a director for both the Prime Minister's Delivery Unit in the Cabinet Office and a national public/private partnership. • Also spent seven years as a successful chief executive in the NHS in West Yorkshire, running a commissioning organisation (NHS Calderdale) and a provider organisation (Leeds Community Healthcare NHS Trust). Has been a trustee at Leeds Mencap and has chaired formal national networks including cancer, primary care, community services and learning disabilities. • As well as leading the Trust, is also leading the work of the West Yorkshire & Harrogate Health & Care Partnership, bringing together West Yorkshire health and care leaders, organisations and communities to develop local plans for improved health, care and finances over the next five years. • Defined by a values-based approach to leadership with a history of effective partnership working and a strong commitment to system leadership. • Visiting professor at the school of health and care at Leeds Beckett University and an honorary fellow of both the Queen's Nursing Institute and the Royal College of GPs. 	3/3
<p>*Appointed 16 May 2016 and took up the full-time secondment of Chief Executive to the ICS on the 5th July 2021.</p>		


Role / name / appointment	Experience	Public Board attendance 2021/22
	<ul style="list-style-type: none"> • A fellow of the Royal Society for the encouragement of Arts, Manufactures and Commerce. 	
<p>Chief Executive from 1 March 2022 <u>Mark Brooks</u> Interim Chief Executive from 5th July 2021 to 28th February 2022</p>  <p>Director of Finance and Resources Appointed 1 June 2016 – 4 July 2021</p>	<ul style="list-style-type: none"> • 12 years' experience in the NHS. • Fellow of the Chartered Institute of Management Accountants. • Experience of working in community and mental health organisations. • Experience in corporate governance, procurement, estates and IT. • Experience in UK and international industry senior finance roles and chief financial officer. • Trustee of Emmaus (Hull & East Riding) <ul style="list-style-type: none"> • 12 years' experience in the NHS. • Fellow of the Chartered Institute of Management Accountants. • Experience of working in community and mental health organisations. • Experience in corporate governance, procurement, estates and IT. • Experience in UK and international industry senior finance roles and chief financial officer. • Trustee of Emmaus (Hull & East Riding) • 	<p>9/9</p> <p>3/3</p>
<p>Darryl Thompson Director of Nursing, Quality and Professions Appointed 1 August 2021</p> 	<ul style="list-style-type: none"> • Since qualifying as a mental health nurse in 1991, Darryl has held a range of clinical and leadership roles. He originally joined the Trust as a community psychiatric nurse in 2002, and returned in 2020 after four years as the deputy director of nursing and quality governance in Derbyshire. • Darryl is a Health Foundation Fellow, and previously contributed to guideline and quality standard development at the National Institute for Health and Care Excellence (NICE). He is committed to quality improvement and co-production. • Darryl is accountable for clinical governance, safety, infection prevention and control and non-medical professional leadership at the Trust. 	<p>8/8</p>

Role / name / appointment	Experience	Public Board attendance 2021/22
<p>**Interim Director of Finance and Resources <u>James Sabin</u> Appointed 11 August 2021</p> 	<ul style="list-style-type: none"> James is a chartered management accountant and a member of the Chartered Institute of Management Accounts. James has worked in the NHS since 2002 and worked extensively in the provider sector across various organisations covering acute, specialist, learning disabilities, mental health and social care settings. Most recently, since 2015 he was the deputy director of finance at Sheffield Health and Social Care Trust, responsible for overseeing the portfolio of finance, procurement, contracting and tender management. James has a range of experience having progressed his earlier career in smaller Trusts with broad portfolios whilst supporting the delivery of strong financial performance. He is an experienced contract lead who has overseen commissioner relationship changes and transition to a more collaborative and partnership approach for the benefit of service users and patients. 	8/8
<p>Director of Human Resources, Organisational Development and Estates <u>Alan Davis</u></p>  <p>Appointed 1 April 2002 Interim Deputy Chief Executive 1 April 2016 to 31 August 2016 Interim Deputy Chief Executive 1 July 2017 to 8 July 2018 Retired 30 September 2021</p>	<ul style="list-style-type: none"> 39 years' experience of HR in the NHS. 29 years' as an Executive Director of this Trust. Human resource management. Staff health and wellbeing Leadership and workforce development. Staff Side/Staff Engagement/Consultation. Strategic Estates Management at Board Level 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 for SWYPFT and major acquisition. 2009 runner up in NHS HR Director of the Year: nominated by Chief Executive and Staff Side Organisations. 	5/6

Role / name / appointment	Experience	Public Board attendance 2021/22
<p>Interim Director of Human Resources and Organisational Development</p> <p><u>Lindsay Jensen</u></p> 	<ul style="list-style-type: none"> Lindsay is a HR professional and a Fellow of the Chartered Institute of Personnel and Development. Lindsay has worked in the NHS since 2001 all of that time working in a provider mental health and learning disability Trust and has been in a senior leadership role since 2012. Prior to that Lindsay worked in a senior HR role in local government. Lindsay joined the Trust on 30 November 2020 as Deputy Director of HR and OD responsible for the overseeing the delivery of the workforce strategic plan about making the Trust a great place to work, organisational development strategy, equality and diversity, workforce planning, recruitment and retention, equality, diversity and inclusion and staff wellbeing. Lindsay has a wealth of experience working in a similar Trust, a track record of excellent partnership relationships with staff side and trade unions and has a passion for supporting staff wellbeing, development, compassionate and values based HR and OD practice to support the delivery of quality service user/patient care. 	6/6
<p>Medical Director</p> <p><u>Subha Thiyagesh</u></p>  <p>Appointed 19 April 2018</p>	<ul style="list-style-type: none"> Doctorate in Medicine in the dementia field from the University of Sheffield. Previously deputy medical director and a consultant in older people's services in Calderdale and Kirklees for the Trust. Previous posts include being appointed to the Royal College of Psychiatrists' Board of Examiners and as a national peer reviewer of the Memory Service National Accreditation Programme. Subha is the clinical lead for our older people's change programme and has been leading the development of our medical workforce strategy. Awarded the Nye Bevan NHS Leadership Academy Award in Executive Healthcare Leadership and was the winner of the Leader of the Year award in our Trust's Excellence awards in 2016. 	12/12

Other directors (non-voting) *

Role/name/appointment	Experience	Public Board attendance 2020/21
<p>Chief Operations Officer (non-voting) <u>Carol Harris</u></p>  <p>Appointed District Director – Forensic and Specialist Services from 21 March 2016 District Director – Forensic and Specialist Services, Calderdale, and Kirklees from 1 October 2016 Director of Operations from 1 August 2018</p>	<ul style="list-style-type: none"> • Broad clinical experience as a nurse in both inpatient and community settings • Previous experience in professional and operational leadership at Board level. • Worked with service user and carer stakeholder groups in all aspects of service change. • Led a number of transformation programmes both within mental health services and working with acute and third sector providers. • Provided mentorship to candidates on leadership programmes. • Supported the development of the foundation degree programme for assistant practitioner trainees with Manchester Metropolitan University. 	11/12*
<p>Director of Provider Development (non-voting) <u>Sean Rayner</u></p>  <p>Transitional post as District Director, Barnsley from 22 February 2011 Substantive District Director – Barnsley and Wakefield from 1 April 2012 Director of Provider Development from 1 August 2018</p>	<ul style="list-style-type: none"> • Over 30 years' experience in the NHS, with 13 years' experience as an Executive Director. • Barnsley Transition Director in support of SWYPFT acquisition process and subsequently Director of Wakefield & Barnsley services. • Experience in leadership, business planning, and contract management in multi-agency environments. • Partnership working over 25 years, including chairing and leading service user/carers Partnership Boards. • Experience in project management, including capital projects and LIFT as a premises procurement vehicle. • Experience in GP engagement and accountable officer in a Primary Care Group. • Experience of working in a voluntary capacity in not for profit sector, and formerly a member of HMP Wealstun Independent Monitoring Board (IMB). 	12/12*

Role/name/appointment	Experience	Public Board attendance 2020/21
<div data-bbox="138 328 472 451"> Director of Strategy and Change and Deputy Chief Executive <u>Salma Yasmeen</u> </div> <div data-bbox="582 320 719 531">  </div> <div data-bbox="138 536 472 564">Appointed 12 January 2017</div> <div data-bbox="138 584 719 643">Acted as interim Deputy Chief Executive until appointed into substantive post on 1 March 2022</div>	<ul style="list-style-type: none"> • Former director of nursing services and transformation in Saudi Arabia • Former deputy director at an NHS Foundation Trust with responsibility for the mental and physical health care of older people. • Former chief executive of Bradford-based third sector organisation. • Mental health nurse. • Experience in developing partnership, transformation, and innovation. 	12/12

** Mark Brooks covered the Director of Finance and Resources role from 5 July 2021 – 11 August 2021 in addition to being the interim Chief Executive

All voting directors have a six-month notice period whilst non-voting directors have a three month notice period. The Medical Director has a Consultant Contract

NHS England and NHS Improvement's well-led framework

In 2014, Monitor (now referred to as NHS England / Improvement) stated its expectation that all foundation trust boards would carry out an external review of their governance arrangements every three years given that:

- Good governance is essential in addressing the challenges the sector faces.
- Oversight of the Trust's governance arrangements is the responsibility of Trust Board.
- Governance issues are increasing across the sector.
- Regular reviews can provide assurance that governance arrangements are fit for purpose.

As a result, guidance was issued to support trusts in ensuring they are 'well-led'. The framework supports the NHS response to the Francis Report and is aligned with the assessment the Care Quality Commission (CQC) makes on whether a foundation trust is well-led as part of its revised inspection regime. The framework has four domains, ten high-level questions and a description of 'good practice' that can be used to assess governance. The four domains cover:

- Strategy and planning – how well the Board sets the direction for the organisation.
- Capability and culture – whether the Board takes steps to ensure it has the appropriate experience and ability, now and into the future, and whether it positively shapes the organisation's culture to deliver care in a safe and sustainable way.
- Process and structures – whether reporting lines and accountabilities support the effective oversight of the organisation.
- Measurement – whether the Board receives appropriate, robust, and timely information and that this supports the leadership of the Trust.

Since then the CQC has carried out well-led reviews as part of its inspection process. In April 2018 the CQC carried out a well-led review of the Trust which was followed up by a further review in June 2019 which received a rating of 'Good'. There were no inspections during 2021/22.

Governance arrangements

Trust Board discharges its responsibilities through a number of Committees. Trust Board has established seven committees:

- The membership and work of the Audit
- Clinical Governance and Clinical Safety
- Equality, Inclusion and Involvement
- Finance, Investment and Performance
- Mental Health Act
- West Yorkshire Mental Health, Learning Disability and Autism Collaborative Committees (are outlined below)
- Workforce and Remuneration Committee in the Remuneration Report.

The Trust has in place three internal lines of assurance, these are described in the diagram below:

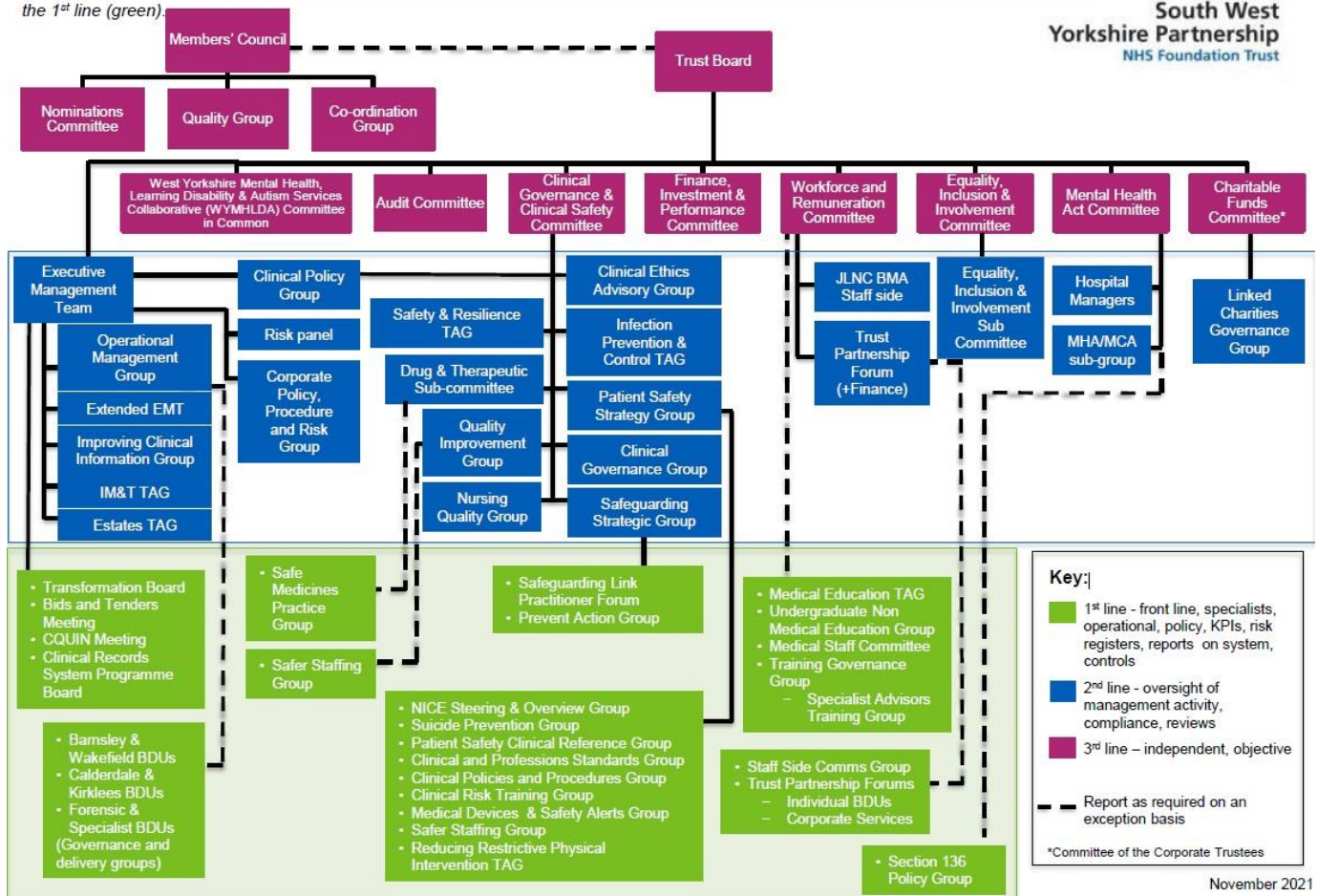
Internal governance structures – 3 lines of assurance

Board are required to ensure appropriate risk management processes are in place.

Executive Management Team are responsible for the delivery of the strategy and plans within the organisation which are managed through the 1st line (green).



**South West
Yorkshire Partnership**
NHS Foundation Trust



(The diagram above is accurate as at November 2021 and will be updated in Q2 22/23)

Following the increase in prevalence of Covid-19 in winter 2021/22 the Chief Operating Officer of NHS England wrote to all NHS trusts in January 2022 asking them to reduce the burden and release capacity to manage the response to the Covid-19 pandemic.

In January 2022, the Trust Chair, Chief Executive, Director of Finance and Resources and Chair of the Audit Committee reviewed the content of the communication and asked committee chairs to review workplans accordingly. It should be noted that there were minimal changes as a result of the review and committee business was able to continue with little deviation from normal business.

Trust Board

During 2021/22 Trust Board meetings continued to take place virtually with plans being put in place to enable members of staff and the public to listen to the meetings and submit questions at the end of the meeting.

Minutes and papers continue to be provided on the Trust's website. The referenced 'emergency powers and urgent decisions' process referred to in the March 2021 board papers has not been used to date.

Delegated authority was agreed at the May 2022 Board to allow the Chief Executive and Chair to approve the final annual report and accounts in order to allow submission to Parliament in a timely manner.

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 2022.

The Audit Committee provided assurance that Committees are effective and integrated and that risk is effectively managed and mitigated through the assurance that Committees are meeting the requirements of their Terms of Reference, that their work plans are aligned to the risks and objectives of the organisation, which are within the scope of their remit, and that they can demonstrate added value to the organisation.

Whilst conducting this review the comprehensiveness of the work completed by Board committees despite the impact of the pandemic was clearly evident.

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. The Committee met six times in 2021/22 and its membership was as follows:

Membership

The Committee is made up of Non-Executive Directors and members from 1 April 2021 to 31 March 2022 were as follows.

Name/role	Attendance 2021/22
Mike Ford, Non-Executive Director - Committee chair	6/6
Chris Jones, Non-Executive Director	5/6
Sam Young, Non-Executive Director (until July)	2/3
Mandy Griffin, Non-Executive Director (from October)	2/2

The Director of Finance and Resources attends as lead Director.

Governance, risk management and internal control

The Committee shall review the establishment and maintenance of effective systems and processes that provide internal control within the organisation.

	Progress
Review all risk and control related disclosures, in particular, the Annual Governance Statement and declarations of compliance with value for money assessments together with any accompanying Head of Internal Audit opinion, external audit opinion or other appropriate independent	As part of its consideration of the annual report, and accounts, the Committee received and recommended for approval the Chief Executive's Annual Governance Statement for 2020/21. The Committee also received the statement from external audit for those with responsibility for

	Progress
assurances.	governance in relation to 2020/21 and the Head of Internal Audit opinion.
Review underlying assurance processes that indicate the degree of achievement of corporate objectives, the effectiveness of management of principle risks and the appropriateness of the disclosure statements (above), including the fitness for purpose of the assurance framework.	<p>The Committee was presented with the external audit plan for 2021/22. Significant audit risks were outlined as follows.</p> <ul style="list-style-type: none"> - Management override of controls - Validity of accruals <p>These were noted by the Committee and the Trust's annual report will specifically outline the management action to address these risks, explaining the mitigating action in place to address the risks or, where appropriate, an explanation as to why the Trust does not consider these to be risks, and explaining its tolerance of any residual risk.</p> <p>The Trust Board has agreed to conduct the full process to develop the Board Assurance Framework (BAF), which is presented quarterly to Trust Board. As such the fitness for purpose of the BAF is currently covered at Trust Board</p>
Review policies and processes for ensuring compliance with relevant regulatory, legal or code of conduct requirements, including the Monitor risk assessment framework.	<p>The Committee last reviewed and approved the Treasury Management Policy and Strategy in January 2022. An update is provided at each Committee meeting.</p> <p>The Committee last reviewed the Trust Scheme of Delegation in July 2021, and Risk Management Strategy in April 2019 and supported their approval by Trust Board. Review of the Risk Management Strategy was deferred in 2020 as part of the response to Covid-19 but has been updated and was received at Audit Committee in April 2022. This will then be approved at Board in April 2022. The Committee reviewed the Standing Financial Instructions in October 2019 and supported their approval by Trust Board. Review was deferred in 2020 as part of the response to Covid-19. They were reviewed briefly in July 21 with another update planned linked to the timing of the formation of the ICB structure</p>
Review the systems for internal control, including the risk management strategy, risk management systems and the risk register.	<p>Approval of the Trust's Risk Management Strategy is a matter reserved for Trust Board. It was last reviewed and approved by Trust Board in April 2019 and is currently in the process of being updated. This went back into Audit Committee in April 2022 and was approved at April's Board.</p> <p>The Committee receives a report at each meeting on the triangulation of risk, performance and governance, which provides assurance that all key strategic risks are captured by the risk management process, that risks are appropriately highlighted and managed through governance committees and operational meetings, and there is a clear link between risk management and identifying areas of poor performance by the cross-reference of performance reporting to the risk register. The Committee finds this report</p>

	Progress
	particularly helpful in supporting scrutiny of performance and risk through Trust Board. The corporate / organisational risk register is reviewed quarterly by Trust Board and risks aligned to the Committee are reviewed at each meeting.
Review the policies and procedures for all work related to fraud and corruption as set out in the Secretary of State's directions and as required by the Counter Fraud and Security Management Service.	See section on Counter Fraud (page 60)
Review the work of other Committees whose work can provide relevant assurance regarding the effectiveness of controls and governance arrangements.	See section on Internal Audit below
Review the arrangements that allow Trust staff to raise, in confidence, concerns about possible improprieties in matters of financial reporting and control, clinical quality, patient safety and other matters.	Updates in relation to 'whistleblowing' arrangements and Freedom to Speak Up Guardians are provided to the Clinical Governance and Clinical Safety Committee.

Internal Audit

The Committee shall consider the appointment of the internal auditor (for approval by Trust Board) and ensure that there is an effective internal audit function, established by management, that meets Public Sector Internal Audit Standards and provides appropriate independent assurance to the Audit Committee, Chair, Chief Executive and Trust Board.

	Progress
Consideration of the provision of the Internal Audit service, the cost of the audit and any questions of resignation and dismissal.	Through a procurement framework and tender process, 360 Assurance was appointed as the Trust's internal auditor from 1 July 2017. Under the Public Sector Internal Audit Standards, all internal audit service providers are required to develop an internal audit charter, which is a formal document that defines the activities, purpose, authority and responsibilities of internal audit at the Trust. It also ensures the internal audit service provided to the Trust meets the requirements of both Professional Internal Auditing Standards and 360 Assurance's own Internal Audit Manual. The contract with 360 Assurance is for a maximum of five years, with a break clause after three years. The performance of 360 Assurance was evaluated and the Committee agreed to continue to use them for the full five-year duration of the contract. The Trust recommenced a procurement process to reappoint its internal auditors for 2022/23. This was overseen by a small project group including the chair of Audit Committee and the Interim Director of Finance. This process concluded in late 2021/22 with the outcome being the reappointment of 360 Assurance.
Review and approval of the Internal Audit strategy and programme of work, ensuring that this is consistent with the audit needs of the organisation as identified in the Assurance	The Internal Audit Annual Plan for 2021/22 was presented to and approved by the Committee in April 2021. This followed a period of engagement with the Chair of the Audit Committee and

	Progress
Framework.	<p>Director of Finance. The plan provides a risk-based analysis of the Trust's operations, utilising the Trust Board assurance framework, reflecting the Trust's corporate objectives, priorities and areas identified for improvement.</p> <p>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 internal audit. Regular meetings are held between the Head of Internal Audit and Director of Finance to monitor progress against the work plan.</p>
Consideration of the major findings of internal audit work (and management's response) and ensure co-ordination between the Internal and External Auditors to optimise audit resources.	<p>The Audit Committee reviewed and received the Head of Internal Audit Opinion in June 2021 as part of the final accounts process for 2020/21. This provided significant assurance.</p> <p>The Audit Committee received the formal HOIA opinion for 21/22 at its meeting on the 2 June 2022 and it's conclusion was Significant</p> <p>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. In 2021/22, 11 internal audit reports have been completed and presented to the Committee.</p> <p>Management action has been agreed for all recommendations. These are reported to the Committee and, where appropriate, progressed by 360 Assurance. In the main, there are no significant outstanding actions.</p>
Ensure the Internal Audit function is adequately resourced and has appropriate standing in the organisation.	The ongoing adequacy of resources is assessed as part of the review of the internal audit plan and monitoring progress. No significant issues have been raised in-year.
An annual review of the effectiveness of internal audit.	<p>Performance is reported to the Committee through the internal audit progress report at each meeting and a summary included in the internal audit annual report.</p> <p>In previous years the Committee and other relevant staff have also completed an established internal audit questionnaire to obtain feedback on the performance of internal audit.</p>

Counter Fraud

The Committee shall review the policies and procedures for all work related to fraud and corruption as set out in the Secretary of State's directions and as required by the Counter Fraud and Security Management Service. The Committee shall also review the work and findings of the Local Counter Fraud Specialist as set out in the NHS Counter Fraud Authority Standards for Providers and as required by the NHS Counter Fraud Authority.

	Progress
Consideration of the appointment of the Trust's Local Counter Fraud Specialist, the fee and any questions of resignation or dismissal.	Through a procurement framework and tender process, Audit Yorkshire was appointed as the Trust's Local Counter Fraud Specialist from 1 July 2017. A recent retendering process has been concluded to appoint a Counter Fraud provider for 2022/23. This was overseen by a small project group including the chair of Audit Committee and the Interim Director of Finance. This process concluded in late 2021/22 with the outcome being the appointment of 360 Assurance. This has now been amalgamated into one provider and contract. This was solely based on the tender evaluation process outcome and not reflective of any concerns with regards to the current service.
Review the proposed work plan of the Local Counter Fraud Specialist ensuring that it promotes a pro-active approach to counter fraud measures.	Audit Yorkshire presented a programme of work to the Committee in May 2021, which was approved. The Committee receives a Counter Fraud update report at each meeting to identify progress and any significant issues for action.
Receive and review the annual report prepared by the Local Counter Fraud Specialist.	The Committee received a progress report from the Local Counter Fraud Specialist at each meeting during 2021/22
Receive update reports on any investigations that are being undertaken.	These are included in the progress reports to the Committee.

External Audit

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

	Progress
Consideration of the appointment and performance of the External Auditor, as far as Monitor's rules permit.	Following a re-procurement exercise during 2020, the Members' Council approved a proposal to re-appoint Deloitte as the Trust's external auditor from 1 October 2020 for an initial period of three years with the ability to extend to up to five years. Members of the Audit Committee and the Deputy Lead Governor for the Members' Council were involved in the tender process.
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 Audit Plan, and ensure coordination, as appropriate, with other External Auditors in the local health economy.	The Audit Committee received and approved the Annual Audit Plan for 2021/22 in April 2022.
Discussion with the External Auditors of its local evaluation of audit risks and assessment of the Trust and associated impact on the audit fee.	The fee for Deloitte was approved as part of the re-appointment process in 2020. A formal audit plan for 2021/22 was presented to

	Progress
	and approved by the Committee in April 2022 This included an evaluation of risk, which is summarised under section Governance, risk management and internal control above
Review of External Audit reports, including agreement of the annual audit letter before submission to Trust Board and any work carried on outside of the annual audit plan, together with the appropriateness of management responses.	The Audit Committee received and approved: <ul style="list-style-type: none"> ➤ the statement for those with responsibility for governance in relation to 2020/21 accounts; ➤ final reports and recommendations as scheduled in the annual plan.
Review of each individual provision of non-audit services by the External Auditor in respect of its effect on the appropriate balance between audit and non-audit services.	Nil

Financial reporting

	Progress
The Committee has responsibility for approving accounting policies.	The Committee considered and approved changes to accounting policies at its meeting in January 2022. For 2021/22, changes are very minimal. Further guidance may be provided before the year-end, which will be communicated to the Audit Committee when available. The adoption of the changes included in IFRS 16 – accounting for leases has been deferred for a further year and will come into force on the 1 st April 2022
The Committee has delegated authority from Trust Board to review the annual report and financial statements, both for the Trust and charitable Funds, and the Quality Accounts/Report and to make a recommendation to the Chair, Chief Executive and Director of Finance on the signing of the accounts and associated documents prior to submission.	The Committee recommended to the Trust Board for approval the annual report and accounts for 2020/21 at its meeting in June 2021 prior to submission to NHS Improvement (Monitor). As part of the consideration of the auditor's report, the Committee received and reviewed the Use of Resources Assessment for 2020/21. Revised arrangements were put in place for the Quality Account in 2021/22 and these were reviewed and recommended for approval by the Clinical Governance and Clinical Safety Committee. The Committee also recommended for approval the stand-alone annual report and accounts for charitable funds in July 2021 in draft form. The final accounts went to the Charitable Trustee Committee.
The Committee also ensures that the systems for, and content of, financial reporting to Trust Board are subject to review so as to be assured of the completeness and accuracy of the information provided.	The internal audit programme includes routine testing of the Trust's financial reporting systems; however, financial reporting and scrutiny remains with Trust Board and Finance, Investment and Performance Committee, including any review of the adequacy of reporting. The Committee also receives a detailed report on procurement activity at each meeting, which monitors non-pay spend and progress on tenders, the use of single tender waivers, and progress against the Procurement Strategy and associated cost improvement programme. The Committee is also required, on behalf of Trust Board, to approve the methodology for

	Progress
	determining the Trust's reference cost submission. This was considered in the July meeting. The Audit Committee also received the outcome of a national EY audit into costing. The Committee received and reviewed the Use of Resources Assessment for 2021/22.
The Committee also: - reviews proposed changes to the Trust's Standing Orders, Standing Financial Instructions and Scheme of Delegation; - examines circumstances associated with each occasion Standing Orders are waived; - reviews the schedules of losses and compensations on behalf of Trust Board.	The Committee reviewed the Standing Financial Instructions in year with future ICS changes in mind and a formal review will take place along with the Trust's Scheme of Delegation in 2022/23 following the move to ICS. There were no occasions when Standing Orders were waived in 2021/22. The losses and special payments report is received by the Committee at each meeting.

Review of Audit Committee administrative arrangements

The Committee met the requirement for the number of meetings in the year and has been quorate at each meeting. Given the impact of Covid-19 all meetings were held virtually during the year. Agendas were reviewed regularly by the Chair of the Committee and Interim director of finance and resources. A small number of items were deferred in the early part of the year in response to the Covid-19 pandemic, but typically the work plan for the year has been fully adhered to.

The requirement to send papers out five working days prior to the meeting has been met throughout the year.

Audit Committee self-assessment

In line with the terms of reference, the Audit Committee has an agreed self-assessment process. The proforma used is that recommended by the Audit Committee Handbook. The self-assessment has eight sections:

- Composition, establishment and duties;
- Compliance with the law and regulations governing the NHS;
- Internal control and risk management;
- Internal audit;
- External audit;
- Annual accounts;
- Administrative arrangements
- Other issues

The self-assessment survey was completed by two of the three members of the Audit Committee with some difference in views identified within it. Potential areas for future consideration raised in the survey included a more robust induction programme with a full walk through of the audit committee work programme.

The terms of reference have been approved by the Chair of the committee and lead director. A small number of changes are recommended based on discussions with Internal Audit. These relate to attendance requirements of counter fraud, areas of focus for financial reporting and other assurance functions. The work programme for 2022/23 has been updated and agreed by the Chair of the committee and lead director. This will be subject to regular review given the ongoing impact of the Covid-19 pandemic.

Governance assurance

Review of committee effectiveness

Each Committee has terms of reference and is required to produce an annual report outlining achievements against objectives and compliance with the terms of reference. The annual reports, work programmes and updated terms of reference were provided to the Audit Committee to provide assurance to Trust Board.

Audit Committee review of the effectiveness of Trust Board committees

In April 2010, the Audit Committee agreed an approach and process to fulfilling its role to provide oversight and assurance to Trust Board on the effectiveness of the other sub-committees of the Board.

The committees assumed within scope of the Audit Committee review are:

- Clinical Governance and Clinical Safety Committee;
- Equality, Inclusion and Involvement Committee
- Mental Health Act Committee;
- Workforce and Remuneration Committee
- Finance, Investment and Performance Committee

The draft annual report, annual work programme and the outcome of self-assessments for these committees was provided to the Audit Committee on 12 April 2022 for 2021/22. The purpose of the review is for the Audit Committee to provide assurance to Trust Board that:

- each meets the requirements of its terms of reference;
- each work programme is aligned to the risks and objectives of the organisation, which are in the scope of its remit;
- each can demonstrate added value to the organisation.

The review was undertaken as part of formal Audit Committee business with committee chairs and lead directors invited to present to provide assurance to the Audit Committee, on the assurance each committee has provided to Trust Board in terms of meeting its terms of reference, in identifying and mitigating risk, and in integrating with other committees.

In addition, as part of the Audit Committee overall assurance of Committee effectiveness, the Audit Committee chair attends at least one of the above Committee meetings on an annual basis.

Non-NHS income disclosures

Fees and charges (income generation)

There is no income and full cost to report associated with fees and charges levied by the trust where the full cost exceeds £1 million or the service is otherwise material to the accounts.

Income disclosures required by Section 43(2A) of the NHS Act 2006

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 than 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.

Statement as to disclosure to auditors (s418)

For each individual who was a director at the time that the report is approved:

- so far as the director was aware, there was no relevant audit information of which the NHS foundation trust's auditor is unaware; and
- the director has taken all the steps that they ought to have taken as a director in order to make themselves aware of any relevant audit information and to establish that the NHS foundation trust's auditor is aware of that information.

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. The Committee met five times in 2021/22 and its membership was as follows:

Name/role	Attendance 2021/2022
Charlotte Dyson, Deputy Chair of the Trust - Committee Chair	1/ 1 (left the Trust May 2021)
Natalie McMillan, Non-Executive Director – Committee Chair	3 /4 (started May 2021)
Angela Monaghan, Chair of the Trust	4 / 4 (left the Trust November 2021)
Marie Burnham, Chair of the Trust	1/1 (started November 2021)
Kate Quail, Non-Executive Director	4 / 5
Tim Breedon, Director of Nursing & Quality - Lead Director	2 / 2 (retired July 2021)
Darryl Thompson, Director of Nursing, Quality & Professions – Lead Director	3 /3
Dr Subha Thiyagesh, Medical Director	4 / 5
Alan Davis, Director of Human Resources, Organisational Development & Estates	0/3 (retired Sept 2021)

The Chief Operating Officer continues to attend the Committee to ensure strengthened operational input and to enable the Committee to gain assurance more effectively.

Equality, Inclusion and Involvement Committee

The Committee's prime purpose is to ensure the Trust improves the diversity of its workforce and embeds diversity and inclusion in everything it does, through promoting the values of inclusivity and treating people with respect and dignity. The Committee was established to develop and oversee a strategy, including an approach to positive action, to improve access, experience and outcomes for people from all backgrounds and communities, including people

who work and volunteer for the organisation, those who use Trust services and their families, and those who work in partnership with the Trust to improve the health and well-being of local communities.

The duties of the Committee are:

- To promote the values of inclusivity, mainstreaming equality, diversity, and inclusion across the Trust.
- To ensure a co-ordinated approach to promoting the values of inclusivity developed in partnership with other key stakeholders including service users, carers and staff and Members' Council.
- To ensure that the Trust embeds diversity and inclusion in all its activities and functions.
- To agree an annual work plan/schedule of priorities that link to the Trust's strategic direction, workforce plan and the wider transformation of services and to monitor progress.
- To ensure that, as a consequence of promoting the values of inclusivity, the Trust's services comply with legal and national guidance, including the NHS Equality Delivery System (EDS2), the Workforce Race Equality Standard (WRES), and the Workforce Disability Equality Standard (WDES).

The Committee met four times in 2021/22 and its membership was as follows:

Name/role	Attendance 2021/22
Angela Monaghan, Chair of the Trust - Committee chair (until 30.11.21)	2 / 2
Marie Burnham, Chair of the Trust – Committee chair (from 01.12.21)	2 / 2
Salma Yasmeen, Lead Director & Director of Strategy/Interim Deputy Chief Executive	4 / 4
Tim Breedon, Director of Nursing & Quality – lead Director (until 31.07.21)	1 / 1
Darryl Thompson, Director of Nursing, Quality and Professions (from 01.08.21)	3 / 3
Alan Davis, Director of Human Resources, Organisational Development & Estates (until 30.09.21)	0 / 2
Lindsay Jensen, Interim Director of HR and OD (from 01.10.21)	4 / 4
Mike Ford, Non-Executive Director (member from 1 September 2020)	4 / 4
Chris Jones, Non-Executive Director* (*member from 2 August 2019)	3 / 4
Erfana Mahmood, Non-Executive Director	3 / 4
Rob Webster, Chief Executive (until 30.06.21)	1 / 1
Mark Brooks, Interim Chief Executive (from 01.07.21) (substantive from 01.03.22)	3 / 3

Finance, Investment and Performance Committee

The Finance, Investment and Performance Committee was established in 2019/20, replacing the Finance Oversight Group. The Committee is responsible for providing oversight and

challenge of the Trust's financial performance and financial plans to ensure the Trust and the services it provides remain financially sustainable. It also reviews capital plans with particular focus on the scrutiny of major investments, including post evaluation reviews. The committee also reviews the overall performance metrics of the Trust to identify key trends and issues. The key areas of focus in the year were financial reporting and planning for the year, assessing risk, reviewing key investments such as the adult secure lead provider collaborative work, horizon scanning and some deep dives on service performance. The Committee met eleven times in 2021/22 and its membership was as follows:

Name/role	Attendance 2021/22
Chris Jones, Non-Executive Director - Committee Chair	11/11
Mark Brooks, Director of Finance & Resources Lead Director - April – July 2021	4/4
Interim Chief Executive – August - March	7/7
Rob Webster, Chief Executive (April – July)	2/4
James Sabin, Interim Director of Finance and Resources (August – March)	7/7
Tim Breedon, Director of Nursing & Quality / Deputy Chief Executive (April – July 2021)	2/4
Darryl Thomson, Director of Nursing, Quality and Professions (Sept – March)	6/7
Kate Quail, Non-Executive Director	9/11
Sam Young, Non-Executive Director (April – July 2021)	4/4
Natalie McMillan, Non-Executive Director	7/10
Carol Harris, Chief Operating Officer	7/11

The Chief Operating Officer is in attendance at meetings and has attended 11 out of the 11 meetings that have taken place. The Deputy Director of Finance has attended 6 out of 11 meetings that have taken place during 2021/22. The Chair of the Trust, other directors, and relevant officers attend the Finance, Investment and Performance Committee by invitation.

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 Standards. The Committee met four times in 2021/22 and its membership was as follows:

Name/role	Attendance 2021/22
Kate Quail, Non-Executive Director - Committee chair	4 / 4
Erfana Mahmood, Non-Executive Director	4 / 4
Mandy Griffin, Non-Executive Director	2 / 2
Dr Subha Thiyagesh, Medical Director - lead Director	3 / 4

Tim Breedon, Director of Nursing and Quality (to July 2021)	1 / 1
Darryl Thompson, Director of Nursing, Quality and Professions (from August 2021)	3 / 3
Carol Harris, Director of Operations	4 / 4

West Yorkshire Mental Health, Learning Disability and Autism Collaborative Committee in Common (WYMHSC CinC)

The WYMHSC CinC is responsible for leading the development of the West Yorkshire Mental Health, Learning Disability and Autism services Collaborative Programme and its work streams, in accordance with the key principles, and setting overall strategic direction in order to deliver the collaborative programme.

There is a memorandum of understanding (MOU) between Bradford District Care Foundation Trust (BDCFT), Leeds and York Partnership Foundation Trust (LYPFT), SWYPFT and Leeds Community Healthcare Trust (LCH) to form the West Yorkshire Mental Health, Learning Disability and Autism Services (WYMHLDAS) Collaborative.

The CinC meets quarterly, or more frequently as required. At the quarterly meetings the WYMHSC CinC discuss items under governance, problem solving, assurance and horizon scanning. The meeting uses an Alert, Assure and Advise report (AAA) which is designed to accompany the meeting papers for Trust Board's to enable tracking and escalation items determined by the WYMHSC CinC.

In 2021/22 the group discussed highlighted areas including; the workplan in the Learning Disability Challenge, Assessment and Treatment Unit (ATU) transformation plan (whereby the ATU reconfiguration was agreed), Child and Adolescent Mental Health (CAMHS), WY suicide prevention and complex rehabilitation.

Staff retention, recruitment and wellbeing has been an ongoing focus for the group. WY MHLDA programme updates are a standard featured item. Work has also been undertaken in mapping provider collaborative functions which in turn has produced lead provider collaborative functions for services including CAMHS and Adult Secure. The WYMHSC CinC have also been recently involved in their role in the Integrated Care System (ICS) with updates on the ICS developments received at the meeting.

Each member of the Collaborative appoints their Chair and Chief Executive as CinC members and may nominate a deputy to attend on their behalf. The nominated deputy will be a voting board member of the Trust. The Collaborative's Programme Director, Keir Shillaker, is in attendance.

The CinC. The members select one of the Chairs to act as the Chair of the CinC meetings on a rotational basis for a period of twelve months. Cathy Elliot, Chair of Bradford District Care NHS Foundation Trust has acted as Chair of the CinC during 2021/22 until late 2021 to help to maintain stability during implementation of the Government's White paper and formalisation of ICS structures.

Brodie Clark, Chair of Leeds Community Healthcare Trust was already in attendance at meetings in 2021/22 but took over the Chair of the CinC meeting from January 2022.

Attendance during 2021/22 was as follows:

Name/role	Attendance 2021/22
Angela Monaghan, Chair SWYPFT –Chair (up to November 2021)	2/3 (due to term)
Marie Burnham, Chair, SWYPFT (From Dec 2021	1/1 due to term)
Mark Brooks, CEO, SWYPFT	3/4
Sue Proctor, Chair, LYPFT	4/4
Sara Munro, CEO, LYPFT	3/4
Cathy Elliott, Chair, BDCFT (up to Dec 2021)	2/3 (due to term)
Carol Panteli, Interim Chair BDCFT (from Dec 2021)	1/1 (due to term)
Therese Patten, CEO, BDCFT	4/4
Thea Stein, CEO, LCH	4/4
Brodie Clark, Chair, LCH. (CinC Chair from Jan 2022)	3/4

Enhanced quality governance reporting

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. The Clinical Governance and Clinical Safety Committee is the lead committee for quality governance. Trust Board and the Executive Management Team receive monthly Integrated Performance Reports which include 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, Care Quality Commission inspections). 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.

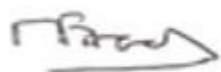
The Trust continues to build on its existing service user insight framework to enhance and increase understanding of the Trust's services, to demonstrate the quality of services and to show the actions taken in response to the feedback. This has resulted in an increase in the number of issues raised, which is a positive development in the context of the encouragement that the Trust gives to people to offer feedback in all its forms. More information on the Trust's

approach to quality governance and its performance against its quality priorities can be found in Section 1 of this report and will be shown in the Trust's Quality Account for 2021/22 when published later this year.

The arrangements for internal control can be found in the Chief Executive's Annual Governance Statement later in this report. Both the Statement and the Board Assurance Framework are subject to independent review.

An assessment by internal audit found the Trust's arrangements around the overarching governance and risk management arrangements provided significant assurance and the Head of Internal Audit Opinion is one of significant assurance on the overall adequacy and effectiveness of the organisation's framework of governance, risk management and control.

There are no material inconsistencies between the Annual Governance Statement and reports arising from the Care Quality Commission (CQC).



Mark Brooks
Chief Executive

Date: 22 June 2022

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Section 2.2 Remuneration report

Annual statement on remuneration

The Trust's remuneration policy remains that the terms and conditions for staff reflecting nationally determined arrangements under Agenda for Change. 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 Workforce and Remuneration Committee for staff above 8b.

- The salary and pension entitlements of senior managers are set by the Workforce and Remuneration Committee which is a committee of the Trust Board.
- The Trust follows national guidance on pay and terms and conditions for senior managers and the contracts are substantive with NHS termination arrangements.
- As Non-Executive members do not receive pensionable remuneration there are no entries in respect of pensions for Non-Executive members.

The Trust operates a local Clinical Excellence Award Scheme for consultant medical staff in line with the nationally agreed arrangements. Due to the pandemic it was agreed nationally to divide the allocated monies for the award equally among all eligible consultants in 2021/2022.

The Chair of the Workforce and Remuneration Committee is able to confirm that a number of decisions on senior managers' remuneration were taken in 2021/2022. Executive Director remuneration was reviewed in September 2021 and a non-consolidated pay award was given to all executive directors, except the Interim Chief Executive who declined the award. A number of individual senior manager appointments were made during 2021/2022, including interim appointments. Remuneration for each appointment was within the agreed pay ranges.

For the purposes of the annual report, the definition of "senior managers" is "those persons in senior positions having authority or responsibility for directing or controlling the major activities of the Trust". The Chief Executive has confirmed that this includes the Chair, Non-Executive Directors, Executive (voting) Directors and non-voting Directors.

Senior managers' remuneration policy

The Trust's approach to the remuneration policy for its Executive Directors is that it is fair, justifiable, and transparent enabling the Trust to recruit and retain high calibre personnel to achieve its aims and objectives. This approach is entirely consistent with our equal opportunities policy. In addition, each year the Trust undertakes a pay audit relating to ethnicity and disability and generates an action plan as a result, however, in line with the national arrangements.

The Workforce and Remuneration Committee is responsible and has delegated authority from Trust Board to set the pay and conditions of senior managers within the Trust and this is subject to regular review and external benchmarking as appropriate. The Workforce and Remuneration Committee determined the remuneration policy for directors with specialist external advice and/or external benchmarking reports as appropriate. Any significant changes in directors' remuneration is undertaken with the use of external benchmarking data and/or external specialist support again as appropriate. The Trust did not consult the employees on the formulation of the policy.

Should a senior manager be given, or serve notice, the Trust may pay any sum in lieu of notice in equal monthly instalments until the date on which the notice period would have expired if notice had been given and worked. They shall be obliged to seek alternative income and

mitigate their losses howsoever the termination of the employment occurs during this period and to notify the Trust if they shall receive such income. The instalments shall then be reduced by the amount of income.

Notwithstanding clauses 4.2 and 4.3 of the standard senior management contract, they will not be entitled to any payment in lieu of notice if the Trust would otherwise have been entitled to terminate the appointment in accordance with clause 5.

The terms and conditions for Executive and other Directors are in line with national arrangements under Agenda for Change with the exception of on call payments which are excluded, and they are not awarded automatic incremental progression on their salary scale.

Pay and conditions of employees, including senior manager remuneration are based on job evaluation and benchmarking, regularly reviewed through NHS Providers benchmarking data and NHS England/NHS Improvement guidance.

The package for senior managers is made up of salary and the NHS pension. The information contained on pages 78-82 relating to the salary and pension entitlements of senior managers within the Trust is subject to audit and is taken from the Trust's accounts for 2021/22.

The Medical Director is the only senior manager paid over £150k. The Medical Director's salary is based on and benchmarked against comparative organisations.

The Trust's remuneration policy remains that the terms and conditions for staff reflecting nationally determined arrangements under Agenda for Change. 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 Workforce and Remuneration Committee for staff above 8b.

- The salary and pension entitlements of senior managers are set by the Workforce and Remuneration Committee which is a committee of the Trust Board.
- The Trust follows national guidance on pay and terms and conditions for senior managers and the contracts are substantive with NHS termination arrangements.
- As Non-Executive members do not receive pensionable remuneration there are no entries in respect of pensions for Non-Executive members.

The components of the remuneration packages for these senior managers are shown in the table below:

Element	Policy
Salary	A 'spot' salary which is reviewed annually. The setting of that salary and the subsequent review are undertaken with reference to relevant guidance and other related information as described above. This is the maximum amount that will be paid. There are no provisions for the recovery of sums paid or for the withholding of the payments.
Salary (Medical Director)	Spot salary paid for the role as Medical Director. The postholder's total remuneration comprises of this 'spot' salary together with other elements relating to their Consultant role, Clinical Excellence Awards, On-Call premium, and Intensity Supplements.
Salary (Deputy Chief Executive)	Additional remuneration of £10k per annum is paid in respect of the fulfilment of the Deputy Chief Executive role.

Element	Policy
Percentage uplift (cost-of-living increase)	Reviewed annually by the Remuneration Committee taking into consideration national pay awards, benchmarking data, and the related financial implications.
Taxable benefits	Travel and subsistence expenses are reimbursed and paid with salary via payroll
Annual performance related bonuses	No performance related bonuses are paid.
Long-term performance related bonuses	No long-term performance related bonuses are paid.
Pension-related benefits	Executive Directors and Directors can access the NHS Pension scheme.

Details of appointment dates for Executive Directors of the Trust are included in the table under the Directors' report in section 2.1 above. At year end, there were two Executive Directors acting on an Interim basis (Director of Finance and Director of HR&OD). Both posts have been recruited to on a substantive basis. All Executive Directors (voting directors) are subject to a six-month notice period, which was considered and approved by the Remuneration and Terms of Service Committee (now called the Workforce and Remuneration Committee) in February 2015. The notice period for other Directors remains as three months.

The following table has been subject to audit:

2021/22	25th Percentile	Median	75th Percentile
Salary Component of pay	£24,498	£33,007	£35,336
Total pay and Benefits excluding pension benefit	£24,498	£33,007	£42,006
Pay and benefits excluding pension: pay ratio for highest paid director	8.91:1	6.61:1	5.20:1

2020/21	25th Percentile	Median	75th Percentile
Salary Component of pay	£23,201	£30,742	£38,028
Total pay and Benefits excluding pension benefit	£23,201	£30,742	£39,877

Pay and benefits excluding pension: pay ratio for highest paid director	7.91:1	5.97:1	4.60:1
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Percentage Change from 20/21 to 21/22

Highest paid director 20/21:	£183,455.00
Highest paid director 21/22:	£218,256.59
Difference:	£34,801.59
Percentage Difference:	18.97%
Average employee 20/21:	£35,275.33
Average employee 21/22:	£37,366.75
Difference:	£2,091.43
Percentage Difference:	5.93%

The range of staff remuneration on a full-time equivalent basis is:

Range of Remuneration 20/21	£5k to £240k
Range of Remuneration 21/22	£5k to £280k

The lower earnings are as a result of people receiving just statutory maternity pay or have taken some unpaid maternity leave.

The number of employees/agency workers earnings more than the highest paid director for 2021/22 is 18, compared to 19 in 2020/21.

The remuneration ratio is a comparison of the highest paid director and the median remuneration of all staff. The median total remuneration and the remuneration ratio do not include the value of pension-related benefits in their calculation. The remuneration ratio is considered as part of any changes to CEO remuneration, and Directors' pay award in line with agenda for change.

In 2021/2022 no payments of money or other assets were made to any individual who was not a senior manager during the financial year but has previously been a senior manager at any time.

Non-Executive Director remuneration

The components of the remuneration packages for the Chair and Non-Executive Directors are shown in the table below:

Element	Policy
Salary Chair	The Chair's remuneration is in line with NHSE guidance agreed by the Members Council. The Chair's remuneration consists of an

Element	Policy
	incremental scale paid per annum with movement within the scale based on performance informed by the Chair's annual appraisal. The incremental scale is reviewed annually, and no change was agreed in 2021/2022. The current Chair was appointed in November 2021 and is paid on the mid-point of the scale. The expected time commitment for the Chair is 2.5-3.5 days per week.
Salary Non-Executive Directors	Annually, the remuneration of Non-Executive Directors is reviewed by the Nominations Committee and any recommendation for uplift made to the full Members' Council for approval. In 2021/22 there was no uplift of Non-Executive Director remuneration. Basic remuneration for a Non-Executive Director remains at £13,584 per annum against an expected time commitment of at least 2.5 to 3 days per month.
Salary Deputy Chair	The role of Deputy Chair receives an additional £2,000 per annum in line with national guidance this was with effect from 1 April 2022 for the current Deputy Chair
Salary Chair of Audit Committee	The role of Chair of the Audit Committee / Senior Independent Director receives an additional £2,000 per annum in line with national guidance this was with effect from 1 st September 2020 for the current Audit Committee Chair / Senior Independent Director.
Taxable benefits	Travel and subsistence expenses are reimbursed and paid with salary via payroll
Pension-related benefits	Non-Executive members do not receive pensionable remuneration
Annual performance related bonuses	No performance related bonuses are paid.
Long-term performance related bonuses	No long-term performance related bonuses are paid.

Details of appointment dates for Non-Executive Directors of the Trust are included in the table in the Directors' report at section 2.1 above. The Chair and 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 other than in exceptional circumstances.

Annual report on remuneration

Workforce and Remuneration Committee

The Workforce and Remuneration Committee as delegated authority from our Board 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; and
- ratify Clinical Excellence Awards for Consultant Medical Staff.

The Committee also supports the strategic development of human resources and workforce development, in line with the Trusts strategic objectives and priorities and considers issues and risks relating to the broader workforce strategy including ensuring we have an inclusive and diverse workforce. This detail can be found in the staff section (2.3) of this report. On behalf of

Trust Board, it reviews in detail key workforce performance issues. The Committee met seven times in 2021/2022, including three additional meetings to confirm the appointment and salary of new Executive Directors. Its membership was as follows:

Name/role	Attendance 2021/22
Rob Webster, Chief Executive (non-voting member until June 2021)	1 / 2
Angela Monaghan, Chair of the Trust (member until November 2021)	5 / 5
Sam Young, Non-Executive Director and Chair of the Committee (member until August 2021)	3 / 3
Nat McMillan, Non-Executive Director (Member from May 2021)	9 / 10
Mark Brooks, Interim Chief Executive (Member from July 2021)	5 / 5 *
Mandy Griffin, Non-Executive Director - Committee Chair (Member from November 2021)	6 / 6
Marie Burnham, Chair of the Trust (Member from December 2021)	3 / 5
* 3 Additional WRC meetings were held to discuss the recruitment of the Chief Executive which Mark Brooks did not attend due to a conflict of interest and Salma Yasmeen attended as Deputy Chief executive.	

The Chief Executive and Executive Directors are appointed by the Committee on behalf of Trust Board. The Chief Executive's appointment is 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.

Until 30 September 2021, Alan Davis, Director of Human Resources, Organisational Development and Estates, provided advice and guidance to the Committee. Following Alan's retirement, Lindsay Jensen, Interim Director of HR&OD has provided this advice and guidance. The Committee is provided with administrative support by the Personal Assistant to the Director of Human Resources, Organisational Development and Estates / Interim Director of HR&OD. No other external support of advice, whether from an individual or organisation, was sought by the Committee during the year.

Nominations Committee

The Nominations Committee is a committee of the Members' Council, chaired by the Chair of the Trust, and the majority of members are governors. The Chief Executive, Director of Human Resources, Organisational Development and Estates and Company Secretary also attend. The Committee's 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 / Senior Independent Director of the Board, and to oversee the process to identify, nominate and appoint the Lead Governor and Deputy Lead Governor of the Members' Council. The Committee met eight times in 2021/22, including an additional meetings to confirm the shortlisting and appointment of new Non-Executive Directors. Its membership was as follows:

Name / role	Attendance
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	2021/22
Chair of the Trust – Angela Monaghan (*until 30 November 2021)	6/6
Chair of the Trust – Marie Burnham (*from 1 December 2021 to present)	1/2
Lead Governor (publicly elected, Kirklees) – John Laville	7/8
Deputy Lead Governor in Lead Governors absence (publicly elected, Barnsley) – Bill Barkworth	8/8
Governor (publicly elected, Wakefield) – Dylan Degman	4/8
Governor (Staff - Non-clinical support services) Anthony Jackson (Member from July 2021)	5/5
Governor (Appointed - Calderdale and Huddersfield NHS Foundation Trust) Andrea McCourt (Member from July 2021)	4/5

The Nominations Committee works in accordance with the Trust's Constitution and has a process in place for the appointment of the Chair and Non-Executive Directors. For Chair and Non-Executive Director appointments, the Committee will:

- review the balance of skills, experience knowledge and diversity on the Board to ensure it remains fit for purpose, taking 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;
- ensure the Board is representative of the communities it serves, in line with the workforce race equality standard as described on pages 64 and 83.
- consider whether to work with an external organisation to identify candidates with appropriate skills and experience required for such vacancies; and
- working with National Health Service England (NHSE), identify suitable candidates through a process of open competition, which takes account of the above approach and the skills and experience required, which are set out in a clear person specification and in information for potential candidates to support the appointment process.

For details of Board changes during 2021/22 please see the table on page 44 onwards

Disclosures required by Health and Social Care Act

In 2021/22, there were no payments of money or other assets to any individual who was not a senior manager during the financial year but has previously been a senior manager at any time. The following table has been subject to audit.

Name and Title	31st March 2022						
	Salary	Taxable Benefits	Annual Performance related bonuses	Other Remuneration	Expenses	Pension - Related Benefits	Total
	(bands of £5000) £000	Rounded to 1 decimal place £000	(bands of £5000) £000	(bands of £5000) £000	Rounded to 1 decimal place £000	(bands of £2500) £000	(bands of £5000) £000
Marie Burnham, Chair (from 1 Dec 21)	15 - 20						15 - 20
Angela Monaghan, Chair (to 30 Nov 21)	30 - 35				0.1		30 - 35
Charlotte Dyson, Deputy Chair / Senior Independent Director (to 31 Apr 21)	0 - 5						0 - 5
Christopher Jones, Deputy Chair / Senior Independent Director (from 1 May 2021)	15 - 20						15 - 20
Mike Ford, Non-Executive Director	15 - 20				0.2		15 - 20
Mandy Griffin, Non-Executive Director (from 1 Oct 21)	5 - 10						5-10
Erfana Mahmood, Non Executive Director	10 - 15						10 - 15
Natalie McMillan, Non Executive Director (from 1 May 21)	10 - 15						10 - 15
Kate Quail, Non-Executive Director	10 - 15						10 - 15
Samantha Young, Non Executive Director (from 1 Aug 21)	0 - 5						0-5
Mark Brooks, Chief Executive (from 5 July 21) previously Director of Finance & Resources	145 - 150			0.1		62.5 - 65.0	205 - 210
Rob Webster, Chief Executive (to 4 July 21)	45 - 50	3.0			0.1	50.0 - 52.5	100 - 105
James Sabin, Interim Director of Finance (from 15 Aug 21)	70 - 75					130 - 132.5	200 - 205
Darryl Thompson, Director of Nursing (from 1 Aug 21)	70 - 75					360.0 - 362.5	435 - 440

Timothy Breedon, Director of Nursing and Quality (to 30 Sep 21)	50 - 55	1.7					50 - 55
Alan Davis, Director of Human Resources (to 30 Sep 21)	55 - 60						55 - 60
Lindsay Jensen, Interim Director of Human Resources (from 1 Oct 21)	55 - 60					37.5 - 40.0	90 - 95
Carol Harris, Director of Operations	110 - 115						110 - 115
Sean Rayner, Director of Provider Development	110 - 115					20.0 - 22.5	130 - 135
Subhashini Thiyagesh, Medical Director	160 - 165	15.0		40 - 45	0.2	90.0 - 92.5	310 - 315
Salma Yasmeen, Director of Strategy	110 - 115					27.5 - 30.0	140 - 145

Name and Title	31st March 2021						
	Salary	Taxable Benefits	Annual Performance related bonuses	Other Remuneration	Expenses	Pension - Related Benefits	Total
	(bands of £5000) £000	Rounded to 1 decimal place £000	(bands of £5000) £000	(bands of £5000) £000	Rounded to 1 decimal place £000	(bands of £2500) £000	(bands of £5000) £000
Angela Monaghan, Chair	45 - 50				0.3		45 - 50
Laurence Campbell, Non-Executive Director (left 31 Aug 20)	5 - 10				0.1		5 - 10
Charlotte Dyson, Deputy Chair / Senior Independent Director	15 - 20				0.1		15 - 20
Mike Ford, Non-Executive Director (from 01 Sep 20)	5 - 10						5 - 10
Christopher Jones, Non-Executive Director	10 - 15				0.1		10 - 15
Erfana Mahmood, Non Executive Director	10 - 15				0.1		10 - 15
Kate Quail, Non-Executive Director	10 - 15				0.1		10 - 15
Samantha Young, Non-Executive Director	10 - 15						10 - 15
Rob Webster, Chief Executive	180 - 185	2.6			0.1	47.5 - 50.0	230 - 235
Timothy Breedon, Director of Nursing and Quality / Deputy Chief Executive	125 - 130	3.4					130 - 135

Mark Brooks, Director of Finance and Resources	130 - 135					30.0 - 32.5	160 - 165
Alan Davis, Director of Human Resources, Organisational Development and Estates	115 - 120	0.7					115 - 120
Carol Harris, Director of Operations	105 - 110				0.1	375.0 - 377.5	485 - 490
Sean Rayner, Director of Provider Development	105 - 110				0.1	17.5 - 20.0	125 - 130
Subhashini Thiyagesh, Medical Director	45 - 50	15.0		135 - 140	0.7	30.0 - 32.5	230 - 235
Salma Yasmeen, Director of Strategy	100 - 105					25.0 - 27.5	130 - 135

The following table has been subject to audit:

Name and title	Normal retirement age	Real increase/ (decrease) in pension and related lump sum at retirement age (bands of £2500) £000	Total accrued pension and related lump sum at retirement age at 31 March 2021 (bands of £5000) £000	Cash Equivalent Transfer Value at 31 March 2022 £000	Cash Equivalent Transfer Value at 31 March 2021 £000	Real Increase (Decrease) in Cash Equivalent Transfer Value £000	Employers Contribution to Stakeholder Pension Rounded to 1 decimal place £000
Mark Brooks, Chief Executive (from 5 July 21) previously Director of Finance and Resources	67	2.5 - 5.0	30 - 35	473	403	67	0
Rob Webster, Chief Executive (to 4 July 21)	60	2.5 - 5.0	225 - 230	1,402	1,312	83	0
Sean Rayner, Director of Provider Development	60	0 - 2.5	180 - 185	1,164	1,106	53	0
Subhashini Thiyagesh, Medical Director	67	10 - 12.5	160 - 165	936	834	98	0
James Sabin, Interim Director of Finance (from 15 Aug 21)	68	17.5 - 20.0	75 - 80	391	299	90	0
Darryl Thompson, Director of Nursing (from 1 Aug 21)	67	60.0 - 62.5	210 - 215	1,175	813	358	0
Lindsay Jensen, Interim Director of Human Resources (from 1 Oct 21)	60	7.5 - 10.0	180 - 185	0	0	0	0

Salma Yasmeen, Director of Strategy	67	0 - 2.5	65 - 70	389	354	33	0
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*special class status reinstated

* Alan Davis, Tim Breedon and Carol Harris are in receipt of their pensions

Name and title	Normal retirement age	Real increase/ (decrease) in pension and related lump sum at retirement age (bands of £2500) £000	Total accrued pension and related lump sum at retirement age at 31 March 2021 (bands of £5000) £000	Cash Equivalent Transfer Value at 31 March 2021 £000	Cash Equivalent Transfer Value at 31 March 2020 £000	Real Increase (Decrease) in Cash Equivalent Transfer Value £000	Employers Contribution to Stakeholder Pension Rounded to 1 decimal place £000
Mark Brooks, Director of Finance and Resources	67	2.5 - 5.0	25 - 30	403	354	77	0
Carol Harris, Director of Operations*	60	67.5 - 70.0	245 - 250	1,388	967	404	0
Sean Rayner, Director of Provider Development	60	0 - 2.5	180 - 185	1,106	1,042	47	0
Subhashini Thiyagesh, Medical Director	67	0 - 2.5	150 - 155	834	775	47	0
Rob Webster, Chief Executive	60	2.5 - 5.0	215 - 220	1,312	1,213	78	0
Salma Yasmeen, Director of Strategy	67	0 - 2.5	60 - 65	354	318	30	0

*special class status reinstated

* Alan Davis and Tim Breedon are in receipt of their pensions

A Cash Equivalent Transfer (CETV) is the actuarially assessed capital value of the pension scheme 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 the 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 2005-05 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. The value of pension benefits accrued during the year is calculated as the real increase in pension multiplied by 20, less the contributions made by the individual. The real increase excludes increases due to inflation or any increase or decrease due to a transfer of pension rights.

The value derived does not represent an amount that will be received by the individual. It is a calculation that is intended to provide an estimation of the benefit being a member of the pension scheme could provide. The pension benefit table provides further information on the pension benefits accruing to the individual



Mark Brooks

Chief Executive

Date: 22 June 2022

Section 2.3 Staff report

Our workforce is our most important resource and is by far the largest area of expenditure. Our staff make the biggest difference to the lives of the people who use our services, and it is their dedication, commitment and professionalism that means we can deliver services that enable people to reach their potential and live well in their community. Our aim, therefore, is to develop a values-based culture that makes our staff feel able and capable to deliver the best quality services possible within the resources available and to make our Trust a great place to work. This requires investment to ensure we recruit, retain, develop, motivate, and support the wellbeing of a representative inclusive workforce that has the right skills to continue to provide responsive, effective, and safe mental health, learning disability and community services.

The Trust's workforce strategy was implemented during 2021 to support the delivery of the organisational priority to make SWYPFT a great place to work based on the five themes that came out of a big conversation and engagement with staff across the Trust. The strategy focuses on these five themes and commitments which are staff feeling safe, being part of a supportive team, supported to be fit and well, developing my potential and my voice counts. These five strategic themes aligned to the NHS People Plan are underpinned by a values-based approach to the management and development of the workforce and a strong commitment to inclusion, equality, and diversity in the workplace.

Staff number analysis

The make-up of our Board and staff at 31 March 2022 is outlined below.

The following table has been subject to audit

	Total	Male	Female	Of which BAME
Non-Executive Directors	7	2 (28%)	5 (72%)	1 (14%)
Executive Directors	6	3 (50%)	3 (50%)	2 (33%)
Other Directors (non-voting)	2	1 (50%)	1 (50%)	0 (0%)
Comparative Trust Staff Data				
Staff (head count)	4,645	975 (21%)	3,670 (79%)	522 (10.9%)

During 2021/22, an average, of 4,040 whole time equivalent (wte) staff were engaged, 3,953 were on permanent contracts, and 158 on 'other' contracts. This compares to 4,103 WTE in 2020/21 when there were 3,784 staff on permanent contracts and 234 on 'other' contracts.

Staff Group	Mar 2022		Mar 2022 Total
	Full Time	Part Time	
Add Prof Scientific and Technic	239	139	378

Additional Clinical Services	720	363	1083
Administrative and Clerical	561	389	950
Allied Health Professionals	219	131	350
Estates and Ancillary	115	207	322
Medical and Dental	134	35	169
Nursing and Midwifery Registered	989	399	1388
Students	3		3
Healthcare Scientists		2	2
Grand Total	2980	1665	4645

At the 31 March 2022, the Trust had 4122.85 FTE staff (4645 Heads) This compares to 3784.67 FTE staff (4583 Heads) in 2021/22.

Changes to our workforce reflect an on-going drive to improve efficiency, effectiveness, and productivity, and arise from our contract and tendering activity, local and national investment priorities, and our cost improvement programme.

The staff turnover rate for the Trust at 31 March 2022 was 14.1%, which is higher than last year (10.3%). Reducing turnover and increasing retention remains a key objective of the workforce strategy action plan.

The Trust submitted its 2021 gender pay gap audit as required by law, in March 2022.

Staff sickness data as required by the Cabinet Office is published in the monthly performance report and can be found on the Trust via the following link [Performance reports | South West Yorkshire Partnership NHS Foundation Trust](#)

The table below shows the staff in post by different occupation groups as at March 2022:

	Group			Trust		
	Year Ended 31 March 2022			Year Ended 31 March 2021		
	Total	Permanently Employed	Other	Total	Permanently Employed	Other
	No.	No.	No.	No.	No.	No.
Medical and dental	209	192	17	194	176	18
Administration and estates	974	952	22	1,039	1,018	21
Healthcare assistants and other support staff	842	605	237	912	646	266
Nursing, midwifery and health visiting staff	1,326	1,240	86	1,308	1,231	77
Nursing, midwifery and health visiting learners	98	98		0		
Scientific, therapeutic and technical staff	917	894	23	880	860	20
Social care staff	101	100	1	13	13	
Other	14		14	0		
Total average numbers	4,481	4,081	400	4,346	3,944	402
Of which:						
Of which are engaged on capital projects	3	3		4	4	

The following table has been subject to audit
The staff costs for 2021/22 are described below:

7.1 Employee costs

Group	Group	Trust	Trust
Year	Year	Year	Year
Ended	Ended	Ended	Ended
31 March	31 March	31 March	31

	2022	2021	2022	March 2021
	£000	£000	£000	£000
Salaries and wages	163,229	156,855	163,229	156,855
Social security costs	14,703	13,527	14,703	13,527
Apprenticeship levy	772	719	772	719
Pension costs - defined contribution plans				
employers contributions to NHS Pensions	18,857	17,860	18,857	17,860
Pension costs - employer's contributions paid by NHSE on provider's behalf (6.3%)	8,261	7,814	8,261	7,814
Pension cost - Other (NEST)	86	78	86	78
Agency/contract staff	8,665	7,018	8,665	7,018
NHS charitable funds staff	413	330	0	0
Employee benefits expense	214,986	204,201	214,573	203,871
Of which are capitalised as part of assets	174	150	174	150
Operating expenditure analysed as:				
Employee expenses - staff and executive directors	212,729	204,051	212,729	203,721
Research and development	385	0	385	0
Education and training	1,285	0	1,285	0
Total employee benefits excl. capitalised costs	214,399	204,051	214,399	203,721

Age and ethnicity of staff are given in the tables below:

Heads	Period	Gender	Mar 2022 Total
	Mar 2022		
Age Band	Female	Male	
19 and Under	7	4	11
20 - 24	168	29	197
25 - 29	357	69	426
30 - 34	464	100	564
35 - 39	433	107	540
40 - 44	429	129	558
45 - 49	423	140	563
50 - 54	533	152	685
55 - 59	461	153	614
60 - 64	295	70	365
65 - 69	81	16	97
70+	19	6	25
Grand Total	3670	975	4645

Census Group	Grand Total
Asian	5.04%
Black	3.51%
Chinese or Other	1.21%
Mixed	1.49%

Not Stated	0.19%
White	88.57%
Grand Total	100.00%

Workforce Report

Staff policies and actions

The Trust is recognised as a Disability Confident Employer which demonstrates the organisation's commitments in relation to recruitment, retention, employment, and career development of people with a disability. Working with The Shaw Trust as part of a national NHS pilot, the Trust has undergone a self-assessment to reaffirm its Disability Confident status and our ambition is to achieve an enhanced level of Disability Confident Leader status.

As part of being a Disability Confident Employer, the Trust operates a guaranteed interview scheme as specified in the Recruitment and Selection Policy for candidates who have a disability which falls within the definitions described in the Equality Act 2010 and subsequent amendments.

Candidates who have a disability will be offered an interview if they meet all the essential criteria detailed on the person specification for the post.

Additional information for disabled candidates is provided via a link on NHS Jobs which provides a range of options to ensure that no barriers are created in the selection process e.g., specific assistance or adjustments.

The Trust's sickness and attendance policy and procedures are applied consistently and support the continuing employment of and enable the provision of appropriate training or reasonable adjustments for employees who have become disabled persons during the period.

Following consultation and engagement with the staff disability network, a staff disability and reasonable adjustments policy has been agreed and plans are in place for a formal launch/implementation in 2022. This policy supplements other employment policies clearly sets out intentions to support and value disabled people working in the Trust, aims to raise awareness for all and describes what support and flexibility can be offered. It also aims to encourage and support staff to share information which helps us to consider and implement reasonable adjustments to provide a positive and inclusive work environment.

The Trust has an anti-fraud, bribery and corruption policy which is available to all staff on the Trust's intranet and is supplemented by counter fraud awareness sessions and communications.

The Trust takes health and safety very seriously and ensures there is regular communication and information on this subject. The Health and Safety Trust Action Group receives regular information on health and safety performance. There is also regular reporting to the Clinical Governance and Clinical Safety Committee (now the Audit Committee). In addition, there is

an annual health and safety report presented to the Executive Management Team and Clinical Governance and Clinical Safety Committee as well as the Trust Board.

This report provides an overview of the activity within safety and security services in 2021/22 and to provide assurance to the Board on activity in 2021/22. Overall safety and security management has been in line with annual plans with the notable addition of leading on the operational response to Covid-19 which was ongoing at 31 March 2022.

Overall, the following points are of particular note:

For the fourth consecutive year operational health and safety management across the Trust has improved, this has been shown following analysis of the annual health and safety monitoring tool. A programme of audits has been established to ensure continued improvement is maintained.

Partnership working continues to be well established with third party trusts, Local Authorities, the Health and Safety Executive (HSE), CCGs, Police forces and fire and rescue services.

The successful delivery of the flu campaign saw the Trust achieve its highest ever vaccination rate of 84.9%

2021/2022 action plans built on previous years and were designed to:

- Continue to embed a robust risk-based monitoring and audit programme across all areas.
- Review and implement all policies and procedures for safety and resilience, whilst ensuring these continue to be fit for purpose.
- Review all risk assessments following changes in use of buildings and departmental relocations.
- Strengthen further emergency planning links and business continuity plans by way of table-top exercises, audits, and inspections.

Progress was regularly presented to the Safety and Resilience Group for review throughout the year to facilitate effective, robust but fair scrutiny. No issues were identified for further escalation from this process.

Staff engagement

The Trust's workforce strategy includes a key priority of increasing levels of workplace wellbeing and staff engagement. Reviewing our NHS Staff Survey results levels of staff engagement scores have positively increased from 6.8 in 2017 to 7.1 in 2021. The Trust's score of 7.1 is above the national average of 7.0 compared to similar NHS organisations.

The Trust has a Social Partnership Agreement which promotes active engagement and consultation with recognised staff side organisations on employee-related policies. Employee-related policies are developed and consulted through an employment policy group which consists of managers, human resources representatives and staff side organisations. Policies are consulted with a view to agreement through the group and then agreed through the Trust-wide Staff Partnership Forum. All employment policies have an Equality Impact Assessment undertaken prior to agreement. This includes the impact on all employees with protected characteristics.

The Trust reviews our partnership working arrangements on a regular basis and feedback from Staff Side representatives is very positive. In 2021 the Trust was awarded a national award from the Healthcare People Management Association (HPMA) for partnership working at its best. This recognised our commitment to partnership working between service managers and Staff Side since the start of the Covid-19 pandemic. During the last 12 months we increased our partnership working by Staff Side attending our Silver command meetings and being represented on a number of Bronze Command and Task & Action Groups within the command structure. We have continued to have weekly meetings with Staff Side to support and manage our staff through the pandemic and this was positively received by all and enabled us to respond and resolve any matters at pace.

The Trust has an overarching Health and Safety and Emergency Planning Trust Action Group which includes staff side, managers, and specialist advisers. During the last year this fully supported the implementation of Covid-19 safe environments.

Regular communication takes place across the Trust to provide employees with information on matters of concern and interest to them. Examples of this are through the publication of weekly Headlines and The View and Covid-19 update from the Chief Executive and other directors. A monthly brief is cascaded from the Extended Executive Management Team to all staff and available to download from the intranet.

Increasing levels of staff engagement remains a key priority for the Trust and this will be a focus as we deliver our 2022 Great Place to Work Leadership Programme aimed at all team managers.

Staff networks

We have a commitment to creating an inclusive Trust, and one of the ways we are doing this is through the development of staff networks. Our networks are specifically intended to address distinct issues that underrepresented groups face, facilitate learning and development, and influence the Trust's direction through sharing experiences. All networks have been invited to and participated in listening events with the trust board during 2021.

The Black, Asian and Minority Ethnic (BAME) staff network have changed their name to the Race Equality and Cultural Heritage (REACH) staff network group. They have been established for over 5 years and continue to develop and mature.

The network has supported the WRES Organisational Development Lead in a number of equality and inclusion initiatives including supporting the development of Equity Guardians and relaunching the Race Forward Network.

The Network continue to support the reciprocal mentoring programme which supports conversations between ethnic minority staff and Trust leaders to increase understanding, development, and inclusive leadership. Members of the network continue to support the Health and Wellbeing Practitioner in understanding the incidents of racially aggravated abuse from service users to staff including offering regular wellbeing check-ins.

The network has also had a significant involvement during the Covid-19 pandemic on supporting ethnic minority staff's health and wellbeing, which has included staff health risk assessments, sharing stories, and encouraging vaccine uptake. The network has also provided input into the Trust safe space sessions to discuss vaccine hesitancy and the impact of the pandemic.

The network has been at the forefront of celebrating diversity by ensuring key events are commemorated such as the South Asian Heritage Month and Black History Month. The network did this by working closely with Trust catering and the Trust library. In the ongoing support of health and wellbeing the network has supported the #movemoreswiftly campaign, including a Bollywood dance class. The network has also supported HR colleagues with developing spirituality and faith guidance to meet the inclusive needs of our workforce.

The Trust has a LGBT+ network in July 2019, which actively promotes LGBT+ equality and diversity across the Trust and continues to develop its identity in several ways e.g., using rainbow flags and the publication of real-life stories in Trust communications to celebrate our staff. The network has an ongoing ambition and commitment to support staff to feel safe and bring their whole self to work. New members continue to join the network and plans are in place to strengthen steering group membership in 2022. The network is also working with estates and facilities on the introduction of gender-neutral toilets.

The network provides ongoing support to NHS rainbow badge scheme which aims to promote a message of inclusion within the Trust and support both LGBT+ staff and service users in identifying people who they can seek support from about whom they are, how they identify and how they feel.

We continue to support the development of a staff disability network and a new steering group structure is being established. Members have continued to play a key role in the development of a staff disability and reasonable adjustments policy which will be launched in 2022. The network is a key stakeholder in developments linked to the Workforce Disability Equality Standard (WDES).

A new staff carers' network was launched in 2020 and continues to develop and become embedded. Members of the network played a key role in the development and launch of a staff carers' passport which aims to make it easier for staff with caring roles to talk about the flexibility and support needed to balance their caring role with work and service needs. The network has an ongoing aim to support and empower staff carers across the trust and to raise awareness of the challenges and advantages of being a working carer. In March 2022 the Trust was awarded the level 2 Carer Confident accreditation, recognising the support the Trust offered to our staff carers. The Trust achieved this accreditation in less than 12 months.

Representatives from all the staff networks were involved in our vaccination programmes and were invited to join the Bronze group which was set up in response to the Vaccination as a Condition of Deployment (VCOD) regulations. They made an important contribution to encourage take-up and reduce health inequalities among these specific groups of staff. In particular, the network representatives helped identify the most effective ways to communicate with their members, and a number of bespoke Q&A and Safe Space sessions were run for individual networks.

Representatives from all staff networks are invited to the Trust's Equality, Inclusion, and Involvement Committee, a sub-committee of the Board.

Freedom to Speak Up

The Trust recognises the importance of creating an organisational culture where staff feel able and safe to raise concerns at work including malpractice, service user and staff safety issues, harassment and bullying and fraud. To support this, the Trust established a network of Freedom to Speak Up Guardians (FTSUGs).

The Trust has a full-time Freedom to Speak Up Guardian (FTSUG) recognising the importance of the role to proactively develop a more open and transparent culture to enable the delivery of the organisational priority to support safe to feel safe and to encourage staff to raise concerns as appropriate. To embed this further, freedom to speak up training has become mandatory for all staff; a network of civility and respect champions has been launched to help signpost and support staff

During 2021 a Freedom to Speak Up Strategy was published, along with a comprehensive action and improvement plan which is monitored regularly at the Workforce and Remuneration Committee. During the rollout of the vaccination programme, safe space conversations were set up with input from Inclusion & Engagement and the Freedom to Speak up Guardian, helping to inform support for staff around vaccinations.

Staff survey

The NHS staff survey is conducted annually. From 2021/22 the survey questions align to the seven elements of the NHS 'People Promise' and retains the two previous themes of engagement and morale. These replace the ten indicator themes used in previous years. All indicators are based on a score out of 10 for specific questions with the indicator score being the average of those.

The response rate to the 2021/22 survey among trust staff was 43% (2020/21) and 41% in 2021/22. 68 Indicators ('People Promise' elements and themes)

2021/22

Scores for each indicator together with that of the survey benchmarking group of community, mental health and learning disability Trusts are presented below.

Indicators ('People Promise' elements and themes 2021/22)	Trust score 0-10	Benchmarking group score
We are compassionate and inclusive	7.6	7.5
We are recognised and rewarded	6.4	6.3
We each have a voice that counts	7.0	7.0
We are safe and healthy	6.4	6.2
We are always learning	5.4	5.6
We work flexibly	6.7	6.7
We are a team	7.0	7.1
Staff Engagement	7.1	7.0
Morale	6.2	6.0

2019/20 and 2020/21

Scores for each indicator together with that of the survey benchmarking group of community, mental health and learning disability Trusts are presented below.

Theme results	2020/21 Trust score	20/21 Benchmarking group score	2019/20 Trust score	2019/20 Benchmarking group score
Equality, diversity and inclusion	9.2	9.1	9.1	9.1
Health and wellbeing	6.4	6.4	6.2	6.1
Immediate managers Morale	7.2	7.3	7.2	7.2

	6.5	6.4	6.3	6.3
Quality of appraisals	Not included	Not included	5.7	5.7
Quality of Care	7.4	7.5	7.4	7.4
Safe Environment-Bullying and Harassment	8.3	8.3	8.2	8.2
Safe Environment-Violence	9.4	9.5	9.4	9.5
Safety Culture	6.9	6.9	6.7	6.8
Staff Engagement	7.1	7.2	7.0	7.1
Team Working	6.9	7.0	6.8	6.9

The 2021/22 NHS Staff Survey response rate reduced from 43% in 2020/21 to 41%. The 2021/22 results show that 5 out of 9 SWYPFT theme results are better than the national average compared to similar provider organisations. Our 'safe and healthy' and 'morale' scores are 0.2 above average. 2 themes are average, 'we each have a voice that counts' and 'we work flexibly'. 2 key theme scores are below average 'we are always learning' and 'we are a team'.

Due to changes in the content of the 2021 survey it is not possible to confirm whether there have been statistically significant changes in key theme scores from 2020 except for the 'morale' score which has seen a statistically significant negative change from 6.3 to 6.2. However there has been a national reduction in the average score 'morale' from 6.2 to 6.0. The Trust's Staff Engagement score at 7.1 was the same as 2020/21 but is now above the national average of 7.0.

Key areas for improvement are 'we are always learning' and 'we are a team'. The Trust had to pause non-essential learning and development in 2021 due to the Covid-19 pandemic and feedback indicates that team working has also been affected by increases in home/remote working.

Future Priorities and targets

The Trust's Workforce Strategy 2021-24 includes the strategic objective of making the Trust a Great Place to Work and has several pledges and priority areas which align with the NHS People promise. Key priorities are recruitment, retention and health and wellbeing. The Trust has conducted a wellbeing at work survey in April 2022 to understand in more detail key strengths and pressures to enable action planning. Developing the potential of colleagues through access to learning and development remains a key priority as does improving team working/healthy teams. Service areas are developing action plans against the 2021/22 staff survey results, and these will be monitored through the Trust's workforce strategy steering group.

Preventing bullying and harassment

Preventing bullying and harassment remains a key priority. The number of colleagues experiencing bullying, harassment and abuse from service users and members of the public has decreased from 29% in 2019 to 27% in 2020 and stayed static in 2021. The number of colleagues experiencing bullying, harassment and abuse from managers has decreased slightly from 10.1% in 2019 to 9.4% in 2020 and has decreased again in 2021 to 7.5% and is below the national average of 8.9%. Bullying from other colleagues has decreased from 14.3% in 2019 to 13.4 % in 2020 and to 12.4% in 2021 which is below the national average of 14.6 %.

Building on the strong foundations of recent years, work has now commenced with Staff side to review the bullying and harassment process based upon a restorative and early resolution model as part of the development of a Just Culture across all aspects of policy/process and organisational culture.

Increasing staff engagement

The Trust's staff engagement score remains constant at 7.1 in 2021. However, the national average has decreased, and the Trust's 2021 score is 0.1 above average. We will continue to engage with staff through our staff networks and through our other wellbeing surveys throughout the year.

We have implemented a quarterly pulse staff survey which will provide temperature checks across the organisation throughout the year, in addition to the full annual staff survey.

Improving workplace health and wellbeing

The Trust has invested significantly in the health and wellbeing of its workforce over several years and has a well-developed and high-quality occupational health and wellbeing service.

The Trust's health and wellbeing score in the NHS Staff Survey is 6.4 in 2021, this is better than the national average of 6.2. Improving workplace wellbeing remains a key priority this year, as detailed in our Workforce Strategy, with a focus on enhancing our psychological and physical health offer. The Trust was successful with an NHS charities bid in 2021 and has recruited into new wellbeing posts such as a staff dietitian, health and wellbeing practitioner for physical activity and a project manager for creativity and arts. The aim is to prevent ill health, as well as providing a comprehensive service offer when colleagues experience illness.

The Trust offers a range of health and wellbeing services including a specialist occupational health and wellbeing service which includes a registered mental health nurse, physiotherapy and occupational therapy alongside an in-house staff counselling and therapy service. We also have local health and wellbeing champions based in teams across the Trust supporting colleagues to improve their wellbeing.

We continue to work with Robertson Cooper occupational psychologists to undertake quarterly staff wellbeing assessments, using the outputs to support both individuals and teams.

Immediate managers

In 2022 we will be launching and rolling out our 'Great Place to Work Leadership Forum' which will focus on our key workforce priorities. Survey data will also be used to inform our leadership and management development offer.

Future priorities and targets

The Trust implemented its refreshed Workforce Strategy in 2021 and developed measures to monitor performance including the NHS Staff Survey feedback which will be used to

review our progress in delivery of our strategy. The implementation plan will be reviewed and refreshed for 2022/23.

The Trust continually reviews its approach to gathering and using staff insight and feedback. Wellbeing at work surveys may be targeted this year to service areas requiring additional support, alongside introducing quarterly surveys to gather regular feedback and temperature check how the staff are feeling.

Trade union facility time

Trade union facility time reporting 2021/22

The trade union (facility time publication requirements) regulations 2017 came in to force in April 2017. In line with the regulations, all employers must publish information on facility time, which is agreed time off from an individual's job to carry out a trade union role, before 31 July.

South West Yorkshire Partnership NHS Foundation Trust's facility time publication for 2021/22 can be found below.

Table 1 - Relevant union officials

This table represents the total number of employees who were relevant union officials during the year.

<i>Number of employees who were relevant union officials during the relevant period</i>	<i>Full-time equivalent employee number</i>
25	22.1

Table 2 - Percentage of time spent on facility time

This table highlights for the employees who were relevant union officials employed during the relevant period what proportion of their working hours was spent on facility time

<i>Percentage of time</i>	<i>Number of employees</i>
0%	0
1-50%	21
51%-99%	1
100%	3

Table 3 - Percentage of pay bill spent on facility time

This table highlights the percentage of the total pay bill spent on paying employees who were relevant union officials for facility time during the relevant period.

	£
--	---

	£
Provide the total cost of facility time	£133,179
Provide the total pay bill	£192,308,000
Provide the percentage of the total pay bill spent on facility time, calculated as: (total cost of facility time ÷ total pay bill) x 100	0.07%

Paid trade union activities

As a percentage of total paid facility time hours for employees who were relevant union officials during the relevant period 12% was spent on paid trade union activities.

IR35 and Off Payroll Payments – Summary of Process and Position in 2021/22

The purpose of this section is to explain the processes the Trust has in place to ensure compliance with IR35 rules and also to explain how it captures and reports any off-payroll positions and payments.

IR35 (Off-payroll working rules) applied to all public bodies from April 2017. These rules assess whether an individual or a contract is effectively acting as an employee and should therefore be paid as an employee with deductions made at source for tax and national insurance.

Process

The Trust has a procedure note for IR35 and an active database listing all the suppliers that have been assessed and the outcome of the assessment.

- End user raises requisition on Oracle
- Procurement team identify as potential for falling under IR35 rules (where the supplier tends to be an individual or working for their own company)
- A questionnaire is sent out to both the potential supplier and the requisitioner – asking about the work being completed and the supplier's circumstances
- The completed questionnaires are sent to financial accounts who then use these to complete the HMRC IR35 toolkit
- The toolkit determines the status of the supplier and the outcome is sent to procurement and the supplier
- If the outcome means that the supplier should have tax/national insurance deducted, then it is sent to payroll and they then contact the supplier to set up on the payroll system.
- If the outcome means that the supplier does not need deductions, then they are paid as normal via an invoice.
- All IR35 assessments are reviewed between 1 year and 18 months of initial assessment. Any supplier not used for 6 months or more are closed, and any active supplier flagged for a reassessment.

Current IR35 Suppliers

There are currently 39 live suppliers on the IR35 database with only 10 identified as needing to be paid via the payroll method.

Method	Number	Role Type	Average Monthly Payment
Payroll	10	Supervision/Training	£249
Purchase Ledger	29	Supervision/Training/Consulting/Interpreting	£768

It should be noted that of the 10 individuals paid via payroll the highest earnings in the year amounted to £1,900. It is also worth noting that regarding medical locums their pay is made via the agreement the Trust has with PlusUs (this has been received and agreed by the Audit Committee in October 2020) or an agency. As such IR35 requirements are covered by these organisations as opposed to the Trust.

Off Payroll Considerations

There are further considerations relating to off payroll controls and transparency. The process is such that the finance team follow procedures to identify suppliers and payments which fit within the definition of an off-payroll transaction. This is closely connected to the IR35 process.

The following table is a mandatory section of the report. The annual report is scrutinised by the Audit Committee and all directors can fully review and question it prior to its approval. The numbers below do include a number of medical locums.

Names of individuals and payments for their services are not disclosed. Should the Workforce and Remuneration Committee determine it wishes to have visibility of this information following its compilation this can be made available.

High paid 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 2022 and any new arrangements entered into in 2021/22. The Trust's policy towards off-payroll arrangements is that it enters into them as an exception and, in instances where it does so, this reflects the need to secure specialists undertaking short-term roles for which internal capacity or expertise is not available or consultancy support and advice required outside of the normal business environment.

TABLE 1: For all off-payroll engagements as of 31 March 2022 for more than £245 per day and that last longer than six months	
Number of existing engagements as of 31 March 2022	24
Of which:	
- number that have existed for less than one year at the time of reporting	4
- number that have existed for between one and two years at the time of reporting	7
- number that have existed for between two and three years at the time of reporting	3
- number that have existed for between three and four years at the time of	3

reporting	
- number that have existed for four or more years at the time of reporting	7
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 2021 and 31 March 2022 for more than £245 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 2021 and 31 March 2022	4
Of Which:	
- Number assessed as within the scope of IR35	0
- Number assessed as not within the scope of IR35	0
- Number engaged directly (via PSC contracted to trust) and are on the Trust's payroll	4
- Number of engagements reassessed for consistency/assurance purposes during the year	0
- Number of engagements that saw a change to IR35 status following the consistency review	0

TABLE 3: For any off-payroll engagements of board members and/or senior officials with significant financial responsibility between 1 April 2021 and 31 March 2022

Number of off-payroll engagements of board members and/or senior officials with significant financial responsibility during the financial year	0
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.	16
For the above, details of the exceptional circumstances that led to each of these engagements.	N/A
For the above, details of the length of time each of these exceptional engagements lasted.	N/A

Individual names and earnings are not provided but can be made available to the Workforce and Remuneration Committee on completion of the year-end. In terms of rates paid there are tight controls in place in terms of approval. The Trust controls surrounding agency staffing have previously been reviewed by the Trust Board, Audit Committee and Finance, Investment and Performance Committee.

In terms of the use of external consultants the Trust standing financial instructions (SFIs) provides clear direction on who can engage them and to what value. Normal procurement rules must also be followed. Currently if a Trust intends to engage a management consultant with expenditure of £50k or more the regulator either needs informing or if the Trust is in a financially challenged position, it may require regulator approval before committing to the expenditure.

Exit packages

There were no redundancies or other exit packages in 2021/22. This is reflected in the table below. The following table has been subject to audit.

Exit package cost band	Number of compulsory redundancies		Number of other departures agreed		Total number of exit packages by cost band	
	2021/22	2020/21	2021/22	2020/21	2021/22	2020/21
<£10,000	0	1	0	0	0	1
£10,001 - £25,000	0	2	0	0	0	2
£25,001 - £50,000	0	1	0	0	0	1
£50,001 - £100,000	0	2	0	0	0	2
£100,001 - £150,000	0	0	0	0	0	0
£150,001 - £200,000	0	0	0	0	0	0
Total number of exit packages by type	0	6	0	0	0	6
Total resource cost £'000	0	200	0	0	0	200

In 2021/22 there were no 'other' departures including contractual payments made to individuals in lieu of notice.

Exit packages non-compulsory departure	Agreements/number		Total value of agreements £000	
	2021/22	2020/21	2021/22	2020/21
Voluntary redundancies including early retirement contractual costs	0	0	0	0
Mutually agreed resignations (MARS) contractual costs	0	0	0	0
Early retirement in the efficiency of the service contractual costs	0	0	0	0
Contractual payments in lieu of notice	0	1	0	£17
Exit payments following employment tribunals or court orders	0	0	0	0
Non-contractual payments requiring HMT approval	0	0	0	0
Total	0	1	0	£17
Of which non-contractual payments requiring HMT approval made to individuals where the payment value was more than 12 months of their annual salary	0	0	0	0

Section 2.4 NHS Foundation Trust Code of Governance

South West Yorkshire Partnership NHS Foundation Trust has applied the principles of the NHS Foundation Trust Code of Governance on a comply or explain basis. The NHS Foundation Trust Code of Governance, most recently revised in July 2014, is based on the principles of the UK Corporate Governance Code issued in 2012.

Provisions in the Code that require a supporting explanation, even where we are compliant, are included in our annual report. There is also a further set of provisions that have a

“comply or explain” requirement. The Trust can confirm that it complies with these provisions.

Our Members’ Council

Our Members’ Council has a duty to hold the Non-Executive Directors of the Trust 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 work to ensure our governors are equipped with the skills and knowledge they need to fulfil their duties.

The Members’ Council also has a number of specific duties, including appointing and removing the Chair and other Non-Executive Directors, agreeing the remuneration of the Chair and other Non-Executive Directors, ratifying the appointment of the Chief Executive, and appointing and removing the Trust’s external auditor.

The Members’ Council is also presented with the annual report and accounts and the report from our external auditor and provides views on our forward plans. It also reviews the Trust’s approach to membership and the policy for the composition of the Members’ Council and of the Non-Executive Directors, and, when appropriate, makes recommendations for the revision of the Constitution.

A revised constitution was submitted to our Trust Board in October 2021 following consultation with our members’ council.

The Equality, Involvement, Communication and Membership strategy was signed off at Trust Board in December 2020.

During 2021/22 The Members’ Council is made up of elected public representatives of members from Barnsley, Calderdale, Kirklees, Wakefield and the rest of Yorkshire and the Humber (formerly rest of South and West Yorkshire), as depicted in the map below:



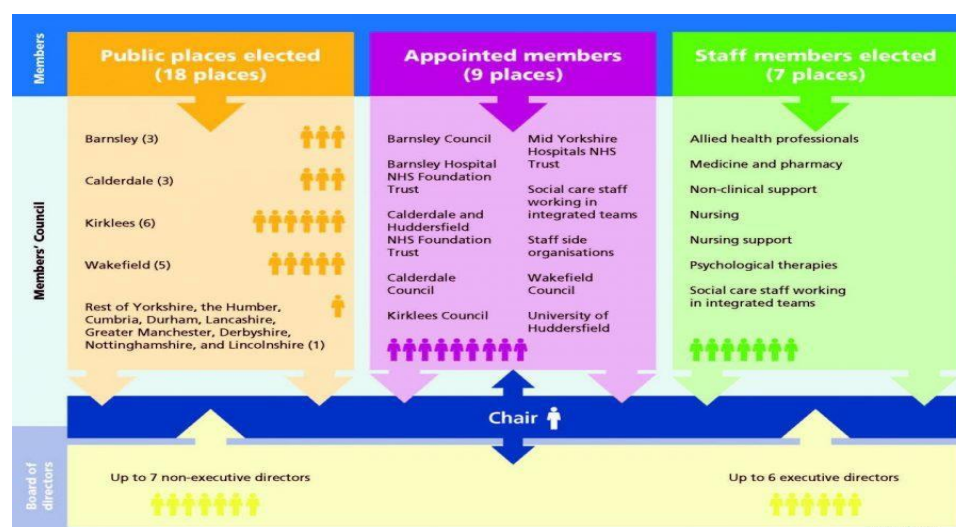
Appointed members from key local partner organisations provide an important link between the Trust, local communities, and key organisations, sharing information and views that can be used to develop and improve services for the communities we serve.

In addition, Trust staff are represented by elected staff governors representing staff groups across the organisation.

Membership recruitment activities were paused during 2021/22 due to the Covid-19 pandemic.

The Members' Council is chaired by the Chair of the Trust, who ensures appropriate links between the Members' Council and the Trust Board. Contact can be made with our governors through the membership office. Details of how to contact our Governors and Trust Board members are available on the Trust's website or by emailing membership@swyt.nhs.uk.

There are places for 34 on the Members' Council, consisting of 18 public members (reflecting our geography in proportion to the population of each area), 7 staff, and 9 appointed members as per the following diagram.



Lead Governor

The role of the Lead Governor is to act as the communication channel for direct contact between NHS Improvement and the Members' Council, and, should the need arise, chair any parts of Members' Council meetings that cannot be chaired by the person chairing due to a conflict of interest. They should be a member of Nominations Committee, be involved in the assessment of the Chair and Non-Executive Directors' performance and be a member of the co-ordination Group to assist in the planning and setting of the Members' Council agenda. During 2021/22 the Members' Council also agreed to appoint a Deputy Lead Governor.

John Laville was appointed as Lead Governor for a period of three years from the 1 May 2020 and Bill Barkworth was appointed to the Deputy role for the same period.

Our governors

The table below sets out the governors who were in place on 31 March 2022.

Name/representing	Term of office	Members' Council attendance 1 April 2021 – 31 March 2022
Carol Irving (public)	01.05.2019 – 30.04.2022	3/5
Jeremy Smith (public)	01.05.2019 – 30.04.2022	5/5
Bill Barkworth (public)	01.05.2020 – 30.04.2023	4/5
Keith Stuart-Clarke (public)	01.05.2019 – 30.04.2022 (re-elected 01.05.2022)	5/5
Bob Clayden (public)	01.05.2019 – 30.04.2022 (re-elected 01.05.2022)	5/5
Jackie Craven (public)	01.05.2022 – 30.04.2023	5/5
Dylan Degman (public)	01.05.2020 – 30.04.2023	1/5
Darren Dooler (public)	01.05.2021 – 30.04.2024	2/5
Beverley Powell (public)	01.05.2021 – 30.04.2024	4/5
Claire Den-Burger Green (public)	01.05.2021 – 30.04.2024	4/5
John Laville (public)	01.05.2019 – 30.04.2022 (re-elected 01.05.2022)	5/5
Adam Jhugroo (public)	01.05.2019 – 30.04.2022 (re-elected 01.05.2022)	4/5
Tony Wilkinson (public)	01.05.2020 – 30.04.2023	4/5
Phil Shire (public)	01.05.2019 – 30.04.2022 (re-elected 01.05.2022)	5/5
Anthony Jackson (staff)	01.05.2020 – 30.04.2023	4/5
Debs Teale (staff)	01.05.2019 – 30.04.2022	3/5
Helen Morgan (staff)	01.05.2021 – 30.04.2024	3/5
Nik Vlissides (staff)	01.05.2021 – 30.04.2025	3/5
Tony Wright (appointed)	03.11.2020 – 02.11.2023	3/5
Cllr Howard Blagbrough (appointed)	16.06.2021 – 15.06.2024	2/5
Cllr Brenda Eastwood (appointed)	16.06.2021 – 15.06.2024	1/5
Gary Ellis (appointed)	20.08.2021 – 19.08.2024	2/5
Andrea McCourt (appointed)	08.11.2020 – 07.11.2023	4/5
Cllr Mussarat Pervaiz (appointed)	28.09.2020 – 27.09.2023	2/5

The following governors left the Members' Council during 2021/22:

Name/representing	Term of office	Date left
Marios Adamou (staff)	01.05.2018 – 30.04.2021	30.04.2021
Adrian Deakin (staff)	01.05.2018 - 30.04.2021	30.04.2021
Lisa Hogarth (staff)	01.05.2018 – 30.04.2021	30.04.2021
Abdul Nusair (staff)	01.05.2021 – 30.04.2024	01.01.2022
Kate Amaral (public)	01.05.2018 – 30.04.2021	30.04.2021
Imran Mushtaq (public)	01.05.2021 – 30.04.2024	21.11.2021
Tom Sheard (public)	01.05.2020 – 30.04.2023	23.12.2021
Lisa Ward (public)	01.05.2021 – 30.04.2024	25.02.2022
Jessica Carrington (appointed)	30.06.2021 – 29.06.2024	23.12.2021
Trevor Lake (appointed)	25.03.2019 - 24.03.2022	24.03.2022
Barry Tolchard (appointed)	01.04.2018 – 31.03.2021	20.08.2021
Ros Lund (appointed)	12.05.2019 – 11.05.2022	06.05.2021
Steven Leigh (appointed)	28.09.2020 - 27.09.2023	15.06.2021
Pauline McCarthy (appointed)	22.10.2020 – 21.10.2023	15.06.2021
Debbie Newton (appointed)	01.11.2018 – 31.10.2021	19.08.2021

Interests declared by governors can be found on the Trust's website.

Part of the role of the Members' Council is to help shape the Trust's future plans and priorities. Any member of the Trust, or public is directed via our website to be able to contact our governors via dedicated e-mail address: governors@swyt.nhs.uk.

Our governors receive no payment for their involvement with the Trust on Members' Council business. We are required to state in our annual report the expenses paid to our governors in the financial year and the sum paid in 2021/22 was £0 (against a total in 2020/21 of £16).

The election process for the Members' Council began in January 2022 for the following seats: Those elected took up their seats from 1 May 2022.

Public constituency	Seats for	Elected governors
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	election in 2022	
Kirklees	5	John Laville (re-elected) 4 seats remain vacant, no nominations received.
Calderdale	2	Adam Jhugroo (re-elected) Phil Shire (re-elected)
Barnsley	2	Keith Stuart-Clarke (re-elected) 1 seat remains vacant, no nominations received.
Wakefield	1	Bob Clayden (re-elected)
Rest of Yorkshire & the Humber	1	Jo Gander (new appointment)

Staff constituency	Seats for election in 2022	Elected governors
Medicine and Pharmacy	1	Seat remains vacant, no nominations received.
Nursing	1	Seat remains vacant, no nominations received.
Nursing support	1	Laura Habib (new appointment)
Social care staff in integrated teams	1	Seat remains vacant, no nominations received.

As of 31 March 2022, there were eight seats vacant on our Members' Council.

Members' Council involvement and engagement

Our Trust Board continues to have regard to the views 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 directors, particularly in the development of the Trust's annual plan. As part of their role in holding Non-Executive Directors to account, the Chair encourages governors to attend public Trust Board meetings. 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. Members of our Board are encouraged by the Chair to attend Members' Council meetings to ensure they understand the views of our governors and of members.

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. Regularly there are round table discussions on key areas, such as the Trust's plans for transformation and its strategy.

Holding Non-Executive Directors to account for the performance of the Board is a key area for governors, and discussion sessions are timetabled to focus on supporting governors to do this. Each Non-Executive Director is asked to explain what they bring to the Trust in terms of their individual skills and experience, why they became a Non-Executive Director and why this Trust, and their role in the Trust. This exercise has enabled governors to challenge Non-Executive Directors on their role and contribution and will be repeated again in the coming year. The Trust also provides governors with access to training in holding Non-Executive Directors to account.

The Chair ensures that the views of governors and members are communicated to the Board as a whole. The Chair has also ensured that the Members' Council has been kept updated throughout the year on the Trust's response to the pandemic and all meetings have continued to be held via Microsoft Teams. All governors have been invited to attend virtual Q&A sessions with the Chair and Chief Executive, and have received regular internal briefings and communications, including the weekly Headlines, coronavirus update and the View, and the monthly Brief. The Chair also holds monthly meetings with the Lead Governor and Deputy Lead Governor.

A joint meeting is held annually between Trust Board and the Members' Council to specifically look at the Trust's forward strategy, this was held in November 2021.

The governors were given an overview of the key points from planning and response guidance and urgent actions to address inequalities outlined in the presentation.

Group work looked at the following questions:

- What are we doing well that we need to continue doing?
- What do we need to start doing that we are not doing?
- What do we need to do more/less of?

Responses from governors will be used to inform future planning during the continued recovery and restoration phase.

All governors have an induction meeting with the Chair at the beginning of their term of office and an annual review. During the year the Members' Council was also involved in a smaller number than usual of other projects and personal development due to the Covid-19 pandemic. Some activities have continued, and these include the following.

Statutory duties

- Appointment of Non-Executive Directors.
- Review of the Chair and Non-Executive Directors' remuneration.
- Receive the Annual Report and accounts.

Trust activity

- Involvement in virtual quality monitoring visits
- Involvement in Director recruitment processes
- Attendance at Members' Council groups

Development

- Internal development sessions.
- Place based governor forums
- Governor-only meetings prior to Members' Council meetings.

There are three standing working groups or committees of the Members' Council:

- The Nominations Committee is responsible for overseeing the process to appoint the Chair, Non-Executive Directors, Deputy Chair/Senior Independent Director and Lead/Deputy Lead Governor.
- The Members' Council Co-ordination Group co-ordinates the work and development of the Members' Council.
- The Members' Council Quality Group to review and develop the Trust's Quality Accounts and to review in more detail the Trust's performance, particularly in relation to the quality of our services, for example CAMHS.

The activities and performance of each of the working groups and committees is reviewed annually by the Members' Council.

In addition, the Members' Council is invited to nominate a governor representative to attend the Trust Board Equality & Inclusion Committee. During 2021/22, this position was held by Daz Dooler, (public - Wakefield)

Membership and engagement

We have a good track record and reputation for public involvement and engagement and firmly believe that working with our members, people who use our services and their carers, our staff and our stakeholders 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.

The Trust's approach to membership and engagement is set out in the equality, involvement, communication and membership strategy (December 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:

1. We will build and maintain membership numbers to meet our annual plan targets, ensuring membership is representative of the population the Trust serves.
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.
3. We will develop an effective and inclusive approach to give our public members and our staff members a voice and opportunities to contribute to the organisation, our services and plans for the future.

In summary, membership of the Trust means local people and our staff have a greater say in how services are provided in the communities the Trust serves, services take account of local needs and they have a sense of ownership of the Trust.

Membership is free, with few specific requirements (subject to the legal exemptions on eligibility and the Constitution of the Trust), has a lower age limit of 11 and no upper age limit, and service users and carers are included in the public constituency. Our public constituencies reflect our geography in proportion to the population of each area and, although we aim to retain a membership of 1% of the populations we serve, the key focus is to encourage members to be engaged and involved with our Trust.

As part of our action plan to implement the Membership Strategy we undertake cleansing annually to assist with the accuracy of information on our membership data base. As at 31 March 2022, we had 10,155 public members (8,343 in 2020/21).

These are split as follows:

	Number	Members
All areas	1,041,341	10155
Barnsley	203,474	1630
Calderdale	179,367	1659
Kirklees	371,763	4163
Wakefield	286,737	2703

The Trust evaluates progress in membership recruitment through comparison of membership with local population demographics, which allows a focus on areas of under-representation. An update on how representative the membership is, and the level and effectiveness of member engagement is provided annually at the Trusts' Annual Members' Meeting. Our membership plays a vital role in helping the Trust to shape its services.

Key areas for the next twelve months are:

- election of governors to our Members' Council to ensure sound governance arrangements
- on-going development of our governors to reflect governor feedback following development sessions
- input to priority programme and integrated care system work streams to shape future services to ensure they are fit for purpose by consulting with and ensuring the opinions of our members and the public shape the future of our services
- supporting staff governors who wish to be Freedom to Speak Up guardians
- review of our Constitution

This approach is supported by our vision for volunteering through our members. At 31 March 2022, we have 178 volunteers within the Trust volunteer roles, which usually include health champions, befrienders, co-producers and co-facilitators in recovery colleges, expert patient programme volunteers, meet and greet volunteers, horticulture volunteers, conversation buddies in speech and language service and catering volunteers. During the Covid-19 pandemic our volunteers have been unable to work across our sites and services but will be returning in 2022/23.

The Trust achieved the Investing in Volunteers accreditation early in 2016, and were re-assessed in 2019, maintaining this standard. The accreditation process will take place in December 2022 with a view to being completed by 31 March 2023.

In accordance with our constitution, our staff do not automatically become members of our Trust; in line with General Data Protection Regulations (GDPR). However, they can opt in to membership if they wish to do so, and are actively encouraged to do so.

As members, they can influence future plans, use their vote to elect a representative on to 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. As at 31 March 2022, we had 4,414 staff members (4,583 in 2020/21).

Section 2.5 NHS England and NHS Improvement's Oversight Framework

NHS England and NHS Improvement's System Oversight Framework provides the framework for overseeing providers and identifying potential support needs. The framework looks at five themes:

- Quality of care
- Finance and use of resources
- Operational performance
- Strategic change
- Leadership and improvement capability (well-led)

Based on information from these themes, providers are segmented from 1 to 4, where '4' reflects providers receiving the most support, and '1' reflects providers with maximum autonomy. A foundation trust will only be in segment 4 where it has been found to be in breach or suspected breach of its licence.

Segmentation

NHS Improvement has placed the Trust in segment 2 – targeted support. This segmentation information is the Trust's position at 31 March 2022. This has not changed since 2019/20. Current segmentation information for NHS trusts and foundation trusts is published on the NHS Improvement website.

Finance and use of resources

The finance and use of resources theme is usually based on the scoring of five measures from '1' to '4', where '1' reflects the strongest performance. These scores are then weighted to give an overall score. This system was not applied in 2021/22 due to the Covid-19 pandemic.

For noting the overall risk rating for finance and use of resources for the prior four years was 1.

Section 2.6 Voluntary disclosures

Equality reporting

Our equality annual report and other policies recognise that equality and diversity is core to the way we work and provide services. We must maximise people's potential through valuing their diversity and treating them equally. We acknowledge 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 of the other protected characteristics. Further detail can be found in our Equality, Involvement, Communication and Membership Strategy on the Trust's website and under the social, community anti-bribery and human rights issues section of this report (see page 38) and our performance review (see page 9 onwards).

Modern Slavery Act 2015

The Modern Slavery Act 2015 established a duty for commercial organisations to prepare an annual slavery and human trafficking statement. This is available on the Trust's website. South West Yorkshire NHS Foundation Trust fully supports the Government's objectives to eradicate modern slavery and human trafficking and recognises the significant role the NHS has to play in both combatting it and supporting victims. In particular, we are strongly committed to ensuring our supply chains and business activities are free from ethical and labour standards abuses. Steps taken to date include:

People

- We confirm the identities of all new employees and their right to work in the United Kingdom and pay all our employees above the national living wage.
- We have policies in place which give a platform for our employees to raise concerns about poor working practices.
- We have been using training and briefing papers to raise awareness and there has since been investment in training to ensure front line practitioners are aware of and able to respond to incidents of modern slavery within care settings.
- We are committed to partnership working so that professionals can share best practice and work to support the identification of modern slavery in health and social care settings.

Whistleblowing in the NHS

- We have a whistleblowing policy which allows staff to raise concerns about inappropriate activity with us directly.

Procurement and our supply chain

- Our procurement approach follows the Crown Commercial Service standard and includes a mandatory exclusion question regarding the Modern Slavery Act 2015.
- When procuring goods and services, we additionally apply NHS Terms and Conditions (for non-clinical procurement) and the NHS Standard Contract (for clinical procurement). Both require suppliers to comply with relevant legislation.
- All commercial and procurement staff are briefed and fully aware of ethical and labour issues in procurement and this forms a key part of our induction for new entrants to the commercial team.

Review of effectiveness

We intend to take further steps to identify, assess and monitor potential risk areas in terms of modern slavery and human trafficking, particularly in our supply chains.

Our anti-slavery programme also:

- supports our staff to understand and respond to modern slavery and human trafficking, and the impact that each and every individual working in the NHS can have in keeping present and potential future victims of modern slavery and human trafficking safe.
- ensures that all staff have access to training on how to identify those who are victims of modern slavery and human trafficking. This training will include the latest information and will help staff develop the skills to support individuals who come into contact with health services
- ensures modern slavery and human trafficking are taken seriously and features prominently in safeguarding work plans.

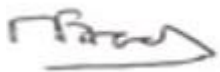
Further information is also provided under the social, community, anti-bribery, and human rights issues section (see page 38).

Compliance with the Supplier Code of Conduct

South West Yorkshire Partnership NHS Foundation Trust reserves the right upon reasonable notice to check compliance with the requirements of the Supplier Code of Conduct.

South West Yorkshire Partnership NHS Foundation Trust encourages its suppliers to implement their own binding guidelines for ethical behaviour. Included in contracts we enter into with providers is the following statement that the supplier agrees that it is responsible for controlling its own supply chain and that it shall encourage compliance with ethical standards, human rights, health and safety and environmental standards by any subsequent supplier of goods and services that are used by the supplier when performing its obligations under this Agreement.

- **Laws and ethical standards:** The supplier shall comply with all laws applicable to its business. The supplier should adhere to the principles of the United Nations' Global Compact, UN Declaration of Human Rights as well as the 1998 International Labour Organisation's "Declaration on Fundamental Principles and Rights at Work" in accordance with national law and practice, especially:
- **Child labour:** The supplier shall not use child labour younger than the age of 15. In no event especially when national law or regulations permit the employment or work of persons 13 to 15 age on light work, the employment shall not prevent the minor from complying with compulsory schooling or training requirements and being harmful to their health or development.
- **Forced labour:** The supplier shall make no use of forced or compulsory labour.
- **Compensation and working hours:** The supplier shall comply with national applicable laws and regulations regarding working hours, wages, and benefits.
- **Discrimination:** The supplier should promote the diversity and heterogeneity of the individuals in the company with regard to race, religion, disability, sexual orientation or gender among others.
- **Health and safety:** The supplier shall comply with applicable occupational health and safety laws and regulations and provide a safe and healthy working environment to prevent accidents and injury to health.
- **Business continuity planning:** The supplier shall be prepared for any disruptions of its business (e.g. natural disasters, terrorism, software viruses, and medical/infectious diseases).
- **Improper payments/bribery:** The supplier shall comply with international anti-bribery standards as stated in the United Nations' Global Compact and local anti-corruption and bribery laws (The UK Bribery Act 2010). In particular, the supplier may not offer services, gifts, or benefits to South West Yorkshire Partnership NHS Foundation Trust employees in order to influence the employee's conduct in representing South West Yorkshire Partnership NHS Foundation Trust.
- **Modern Slavery Act:** The supplier shall fully comply with all aspects of the Modern Slavery Act 2015 which received Royal Assent on 26 March 2015. This Act addresses the issues surrounding slavery, servitude and forced or compulsory labour, human trafficking, exploitation, and includes the provision for the protection of victims.
- **Environment:** The supplier shall comply with all applicable environmental laws, regulations and standards as well as implementing an effective system to identify and eliminate potential hazards to the environment.
- **Business partner dialogue:** The supplier shall communicate the above mentioned principles stated in the Code to its subcontractors and other business partners involved in the products and services described in the main contract and motivate them to adhere to the same standards.



Mark Brooks

Chief Executive

Date: 22 June 2022

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

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

NHS Improvement, in exercise of the powers conferred on Monitor by the NHS Act 2006, has given Accounts Directions which require South West Yorkshire Partnership NHS Foundation Trust to prepare for each financial year a statement of accounts in the form and on the basis required by those Directions. 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, other items of comprehensive income and cash flows for the financial year.

In preparing the accounts and overseeing the use of public funds, the Accounting Officer is required to comply with the requirements of the Department of Health and Social Care Group Accounting Manual and in particular to:

- observe the Accounts Direction issued by NHS Improvement, 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* (and the *Department of Health and Social Care Group Accounting 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
- confirm that the annual report and accounts, taken as a whole, is fair, balanced, and understandable and provides the information necessary for patients, regulators, and stakeholders to assess the NHS foundation trust's performance, business model and strategy.
- prepare the financial statements on a going concern basis and disclose any material uncertainties over going concern.

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

As far as I am aware, there is no relevant audit information of which the foundation trust's auditors are unaware, and I have taken all the steps that I ought to have taken to make myself aware of any relevant audit information and to establish that the entity's auditors are aware of that information.

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



Mark Brooks
Chief Executive

Date: 22 June 2022

Annual Governance Statement 2021/22

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.

This Annual Governance Statement reflects the challenging context within which I deliver my responsibilities and demonstrates the complexity and diversity of the services the Trust provides across a broad geographical area. The Statement also reflects the unique circumstances and impact of the Covid-19 pandemic, which has continued to impact upon the Trust throughout 2021/22.

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 2022 and up to the date of approval of the annual report and accounts.

Capacity to handle risk

Our Board has overall responsibility and accountability for setting the strategic direction of the Trust and ensuring there are sound systems in place for the management of risk. This includes responsibility for standards of public behaviour and accountability, for monitoring the organisation's performance against the Trust's strategy and objectives, and for ensuring corrective action is in place where necessary. The Trust Board's attitude to risk is based on appropriate tolerance to risk. The Board acknowledges that the services provided by the Trust cannot be without risk and ensures that, as far as is possible, risk is minimised and managed within a risk tolerance. This is set out in the Trust's Risk Governance Framework and Risk Appetite Statement.

The Board is supported and governed by an involved and proactive Members' Council, a key part of the Trust's governance arrangements. Since becoming a Foundation Trust in 2009, the Members' Council has become mature and well established in its role of holding Non-Executive Directors to account for the performance of the Trust Board. The agendas for Members' Council meetings, produced in partnership with the Members' Council Co-ordination Group, focus on its statutory duties, areas of risk for the Trust, and on the Trust's future strategy. Training and development ensures governors have the skills and experience required to fulfil their duties.

The Chief Executive at the start of the year (Rob Webster), who had dual role as Chief Executive of the Trust and lead Chief Executive of the West Yorkshire & Harrogate Health and Care Partnership, took up the full-time secondment of Chief Executive to the Integrated Care System (ICS) on the 5th July 2021 and I, the substantive Director of Finance, was appointed as Interim Chief Executive.

The Trust had a robust approach and transition plan, for both the Chief Executive and other executive changes following Rob Webster's appointment as the substantive Chief Executive for the West Yorkshire Health and Care Partnership in November 2021. A robust externally led (by GatenbySanderson) recruitment process was undertaken, and I was appointed into the substantive position, taking up post on the 1st March 2022. I am supported by a substantive Deputy Chief Executive (Director of Strategy & Change) and executive director team.

Work commenced immediately to recruit a Chief People Officer, which completed in March 2022, and a Director of Finance & Resources, which completed in April 2022.

In addition, over the past year, we have had a number of other changes in Executive Directors, namely;

Executive	Role	Date left	Reason for leaving
Tim Breedon	Director of Nursing & Quality / Deputy Chief executive	31/07/2021	Retirement
Alan Davies	Director of Human Resources, OD and Estates	30/09/2021	Retirement
Executive	Role	Date Commenced	
Darryl Thompson	Director of Nursing, Quality & Professions	01/08/2021	
Lindsay Jensen	Interim Director of Human Resources & OD	01/10/2021	
James Sabin	Interim Director of Finance & Resources	11/08/2021	

The retired Director of Nursing remained working in the Trust on a part-time basis for a period of two months as Deputy Chief Executive to ensure continuity and to support the Interim Chief Executive.

There is a balance of directors with internally and externally focused roles. Director portfolios are regularly reviewed to ensure appropriate balance and capacity is in place to meet the needs of the Trust. This has been visible in the last year with the effectiveness of the Director of Provider Development and Director of Strategy and Change roles ensuring appropriate links into enhanced partnership arrangements; the further development of an executive clinical/operational trio in securing a ward to board approach; and good support from other corporate directors. During the onset of the Covid-19 pandemic the Executive Directors have all been members of Gold Command, leading the Trust's response to the pandemic. The Director of Nursing, Quality and Professions has led the approach with robust and effective Gold, Silver and Bronze Command arrangements in place.

The Members' Council, Trust Board and Executive team are operating in an environment of change and system pressure where risk is constant and at a heightened level. This has been driven by the continued impact of the Covid-19 pandemic and effective governance and management of risk has been a continuous feature throughout the year.

The Trust operates within a strategic framework that includes a vision, mission and values, supported by four strategic objectives and a number of priority programmes. This approach is agreed and set by the Board and provides an effective underpinning of the Chief Executive's objectives and Executive team objectives, determined in line with director accountabilities. I review these objectives on an on-going basis with the full executive team and with individual directors, with progress, issues and risks reflected in the Board Assurance Framework and corporate/organisational risk register.

This approach reflects the Trust's framework that devolves responsibility and accountability throughout the organisation by having robust delivery arrangements. Capacity for delivery is assured through business planning processes and control is executed through an appropriate scheme of delegation and standing financial instructions.

The Covid-19 pandemic has required reprioritisation of programmes and workload. This has been led by the Executive and governed and assured by the Board.

The Trust works in partnership with health economies predominantly in Barnsley, Calderdale, Kirklees, Wakefield, and the Integrated Care Systems of South Yorkshire & Bassetlaw and West Yorkshire & Harrogate. We identify and manage risk at those levels as well as at Trust level, as reflected in the roles and responsibilities of the Board, of Executives and of staff within the Trust. This is evident from the Board Assurance Framework and Trust risk registers.

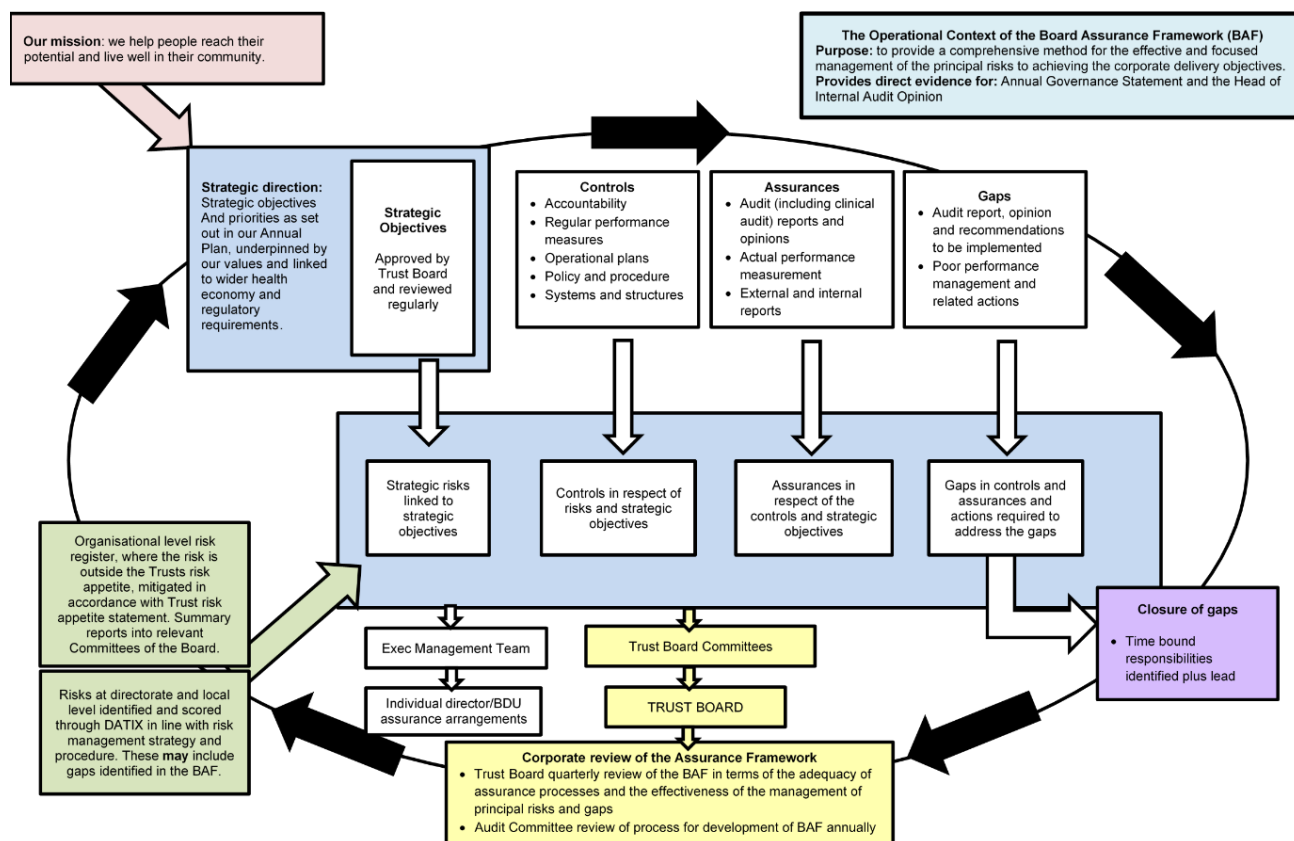
The Trust continued to operate a strengthened risk management arrangement during 2021/22 with regular reviews of risk at Executive Management team (EMT) meetings, and the Trust Board, alongside the Committees of the Board. This recognises the dynamic nature of the environment in which we operate and the need to constantly focus, assess and manage risk. Throughout 2021/22, the level and nature of risk in the Trust has been significantly impacted by the Covid-19 pandemic and the risk register has been updated regularly to reflect this continued impact on the existing organisational level risks and new risks that have arisen.

Risk management training for the Trust Board is undertaken biennially, latterly in December 2021. The training needs of staff are assessed through a formal learning needs analysis which was completed in 2021/22. All staff receive training appropriate to their authority and duties. The role of individual staff in managing risk is supported by a framework of policies and procedures that promote learning from experience and sharing of good practice. The Risk Management Strategy (2019) has been reviewed, updated and approved by Trust Board as the Risk Management Framework in April 2022. Guidance to support staff in the recording, reporting and management of risks procedure is also being reviewed and refreshed and will be presented to Audit Committee in July 2022.

Alongside this framework, the Trust has effective internal audit arrangements, with an annual work plan that helps to manage strategic and business risk within the Trust. This is approved by the Audit Committee following engagement with Executive Directors.

The risk and control framework

The risk and control framework flows from the principles of good governance. It uses effective board and committee structures, supported by the Trust's Constitution (including standing orders) and scheme of delegation. The Risk Management Framework describes in detail how risk is applied within this framework which is depicted below:



The Audit Committee assures the Board and Members' Council of the effectiveness of the governance structures through a cycle of audit, self-assessment and annual review. The latest annual review was received by the Board in April 2022.

The Audit Committee assessment was supported by the Trust internal auditors who conducted a survey of Trust Board members for the third consecutive year in relation to risk management, which again supports this assessment.

The cycle of Trust Board meetings continues to ensure that the Trust Board devotes sufficient time to setting and reviewing strategy and monitoring key risks. Within each quarterly cycle, there is one monthly meeting with a forward-looking focus centred on business risk and future performance, one meeting focusing on performance and monitoring, and one strategic development session. The Trust Board meetings relating to business risk and future performance, and performance and monitoring are held in public, and the Chair encourages governors to attend each meeting.

Given the exceptional circumstances brought about by the Covid-19 pandemic, the Trust Board meetings have continued to be held virtually. Minutes, papers, and details of how governors and members of the public can join Board meetings held in public are available on the Trust website. The Trust also published guidance on how to join virtual meetings to ensure meetings are accessible. Regular reviews were made of the Board agenda during

the course of the year to ensure Board members were fully sighted on key issues, whilst simultaneously ensuring the Trust executive could focus its resources on the response to and recovery from Covid-19.

The Board has recognised the development of stronger partnerships across the geography in which we operate. Formal partnership Boards and committees have reports and minutes received by the Trust Board and there is appropriate consideration made in our risk register. This is informed by our presence at partners' Gold and Silver Command meetings.

The Committee in Common with West Yorkshire and Harrogate partners reports in line with other committees of the board.

The Trust's Risk Management Framework sets out specific responsibilities and accountabilities for the identification, evaluation, recording, reporting and mitigation of risk. The Trust's Risk Appetite Statement was defined in line with the '*Good Governance Institute risk appetite for NHS Organisations*' matrix aligned to the Trust's own risk assessment matrix. The Statement was reviewed and approved by Trust Board in October 2021.

The Risk Appetite Statement sets out the Board's strategic approach to risk-taking by defining its specific boundaries and risk tolerance thresholds under four categories (strategic, clinical, financial business and compliance risks), and supports delivery of the Trust's Risk Management Framework and procedures.

All organisational level risks are aligned to and monitored by an appropriate Committee. Over 2021/22, further work has continued to review risk registers to consider where organisational risks scoring level 15 and below fall outside of their risk appetite. This ensures risks are managed within their tolerance where appropriate or escalated for further debate and action.

Risk reports are used at the relevant committees of the board setting out the actions being taken and the consequences of managing the risk to a higher risk appetite level.

The Board Assurance Framework (BAF) describes the strategic risks that will continue to be managed by the Trust. The BAF is aligned to the four strategic objectives of the Trust. This ensures alignment between the business of the Trust and the risks we manage across the organisation and the system. The BAF is used to help shape the agenda of the Board and its sub-committees. In 2021/22, the Trust Board conducted the annual review of strategic risks. In quarter three, a comprehensive review of all strategic risks took place and an updated BAF was reported to the Trust Board in October 2021.

As Chief Executive and the Accounting Officer, my accountabilities are secured through delegated executive responsibility to the Executive Directors of the Trust for the delivery of the organisational objectives, ensuring there is a high standard of public accountability, probity, and performance management. In 2021/22, personal objectives were set for each director and reflected in the Board Assurance Framework through the strategic objectives assigned to each Director. My objectives were discussed and agreed with the Chair and shared across the Trust, alongside a high-level summary of how Directors' objectives fit within this framework.

In support of the BAF, the Trust also has a corporate/organisational risk register in place which outlines the key risks for the organisation and actions identified to mitigate these risks. This is reviewed on a monthly basis by the EMT and quarterly by Trust Board,

providing leadership for the risk management process. Risk registers are also developed at service delivery level within Business Delivery Units (BDUs) and within the corporate directorates. These are reviewed regularly at the Operational Management Group (OMG). The Trust's strategic and key risks at the end of 2021/22 that have been an area of focus for all, or the majority of the year are shown below, these were presented to the Trust Board on the 26 April 2022.

The Trust's main risks at the end of 2021/22 that have been an area of focus for all or the majority of the year are shown below. They are presented in the same order as they appear on the Organisational Risk Register for consistency:

Area of focus	Sample of actions completed or underway
Data and information: cyber-crime and information governance (IG)	<ul style="list-style-type: none"> • Microsoft Windows Defender in place including advanced threat protection • The Trust's computer estate is all Windows 10 • Security patching regime covering all servers, client machines and network devices with ongoing updates • Annual penetration testing in place and ongoing regular cyber health checks. • Cyber security has been incorporated into mandatory Information Governance training. The Trust achieved the compliance requirement. • Disaster recovery and business continuity plans which are tested annually. • Data retention policy in place with regular backups • NHS Digital Care Certificate reviewed and applied as applicable • Cyber security has been incorporated into mandatory Information Governance training. The Trust achieved the compliance requirement. • Key messages and communications issued to staff regarding potential cyber security risks on a regular basis. • Annual table-top cyber exercise undertaken • Annual cyber survey completed • Remediation plans from the penetration test conducted in January 2022 • Phishing campaign
Workforce pressures	<ul style="list-style-type: none"> • Inpatient ward workforce review with revised skill mix. • Development of new roles including advance nurse practitioners, physician associates, nursing associates. • Fast track mental health social workers training. • Ethical international recruitment for nursing and doctors. • Mutual aid arrangements with partners. • Health Care support worker targeted recruitment. • Appointment of Associate Medical Director for Workforce

	<ul style="list-style-type: none"> • Monthly safer staffing reports to Board and Operational Management Group (OMG) via the Integrated Performance Report (IPR) with appropriate escalation arrangements in place. • Review of establishment for adult inpatient areas completed and implementation plan developed. Progress monitored through OMG & the Executive Management Team (EMT). • Ability to move staff between wards / teams • Medical staff bank established.
Quality of care / patient safety	<ul style="list-style-type: none"> • New organisational change policy to include further support for the transfer and redeployment of staff. • Monthly review through performance monitoring governance structure via EMT of key indicators and regular review at OMG of key indicators. • Active involvement in both West and South Yorkshire integrated care systems. We have internal groups established to co-ordinate contribution and involvement in each place and in both West and South Yorkshire integrated care systems. • Engagement in each place with local authority partners through meetings and joint working.
Financial sustainability in a changing environment	<ul style="list-style-type: none"> • Participation in system transformation programmes. • Robust cost improvement (CIP) planning and implementation process. • Trust is proactive in national discussions and forums to have positive influence on upholding the concept of “parity of esteem” for mental health and learning disabilities. • Development of a longer term financial sustainability plan • Mental health investment standard. • System wide funding provided on a fair shares basis 2021/22. • Full engagement with Integrated Care Systems (ICS) in relation to system financial position and funding.
Out of area placements	<ul style="list-style-type: none"> • Bed management process. • Critical to Quality map to identify priority change areas. • Joint action plan with commissioners. • Internal programme board. • Agreed governance structure, with meetings in place with commissioners regarding the monitoring and management of out of area cessation plans. • Routine reviews of care whilst out of area are in place. • Pathway for people with trauma informed emotionally unstable personality disorder is in place with a programme of training ongoing.
Health Inequalities	<ul style="list-style-type: none"> • Joint Strategic Needs Assessment in each place • Integrated strategy and associated action plans

	<ul style="list-style-type: none"> • Equality Impact Assessments • Annual Equality Report • Equality Involvement and Inclusion Committee and sub-committee in place • Using existing insight and capturing feedback in each place, including analysis by protected group • Internal audit and assurance • Annual action plans and governance approach established. • Equality dashboard incorporating deprivation and equality data in line with CORE20Plus5 to identify health inequalities and trends.
Waiting lists	<ul style="list-style-type: none"> • Waiting lists are reported through the Business Delivery Unit (BDU) business meetings with a bi-monthly report to OMG. • People waiting are offered contact information if they need to contact someone urgently. • Individual bespoke arrangements are in place within services and reported through the BDU business meetings. • Bespoke arrangements to review pathways in individual services. • Review of impact and ongoing risk presented to each Clinical Governance & Clinical Safety Committee. • Bespoke arrangements are in place in BDUs where waiting times have an impact on carers. • Waiting list initiatives have been agreed in all areas with additional capacity agreed with commissioners in specific services. • Ethnicity monitoring is now in place for some services and developing for others to monitor whether there is a disproportionate impact for specific communities or groups. • Trust wide waiting list improvement project has commenced • Emergency response process in place for children and young people on waiting lists. • Demand management process with commissioners to manage CAMHS ASD waiting list within available resource. • Active participation in ICS CAMHS initiatives. • Support is offered to children who are waiting which is reviewed on an ongoing basis by the CAMHS Governance Group

Lead - Adult Secure Provider Collaboratives	<ul style="list-style-type: none"> • Memorandum of Understanding (MoU) in place with NHS England (NHSE) to support transition arrangements for commissioning • Quarterly contract meetings in place with sub-contracted partners to ensure oversight of any financial, quality and clinical mitigations • Monthly Quality Review meetings to ensure oversight of any financial, quality and clinical risks and mitigations • Interim Collaborative clinical leadership arrangements in place • Development of quality assurance processes and monitoring across the Collaboratives. • Partnership agreement in place with all partners and risk share arrangements in place with NHS providers • Financial management and control processes in place
Fire Safety	<ul style="list-style-type: none"> • Fire Safety Advisor produces monthly / quarterly fire report • Quarterly review undertaken by Trust Action Group. • Adherence to standards for the provision, installation, testing and planned maintenance of fire safety equipment and systems. • Delivery of fire safety awareness training • Emergency procedures in place to ensure early recovery from unforeseen incident involving fire. • Use of sprinklers across all Trust buildings reviewed as part of the capital programme. • New inpatient builds and major developments fitted with sprinklers. • Reinforcement of rules and fire safety message in locations where additional oxygen could be used. • Health and Safety annual report submitted annually to Trust Board.

The Trust's main risks at the end of 2021/22 relating to the Covid-19 pandemic year can be summarised as follows:

Area of focus	Sample of actions underway
Risk that Covid-19 leads to a significant increase in demand for Trust services	<ul style="list-style-type: none"> • Working as a key partner in each of the Integrated Care Systems, recovery and reset planning and learning from Covid-19 workstreams. • Members of the place-based partnerships and integrated care systems • Member of Health and Wellbeing Boards. • Operational Management Group supports the immediate management of peaks in demand.

	<ul style="list-style-type: none"> • Digital and telephone solutions are part of the standard offer for service users. • Contribute to place-based planning including recovery and reset.
Risk of serious harm occurring to staff, service users, patients and carers whilst at work or in our care	<ul style="list-style-type: none"> • Clear policies & procedures, and reporting in place, providing framework for the identification and mitigation of patient safety risks for example: <ul style="list-style-type: none"> ○ Ligature assessment. ○ Blue light alerts. ○ Learning from healthcare deaths ○ Complaints reviews. ○ Clinical risk assessments ○ Suicide prevention. ○ Weekly risk scan of all red and amber patient safety incidents for any immediate actions required. ○ Monthly reports to OMG and Board. ○ Training level compliance. ○ Safer staffing ○ Mental health safety improvement partnership in place with NHS I / CQC. ○ Clinical risk assessment training programme. • Clinical Risk Panel monitors all staffing incidents to ensure appropriate actions to be taken • Policies and procedures revised to take account of Covid-19. • Application of social distancing and self-isolation guidance. • Provision of appropriate personal protective equipment in line with national guidance. • Bronze, silver and gold command incident structure • Process for testing all staff established: symptomatic asymptomatic and antibody. • Covid-19 pathway including cohorting protocol developed and implemented. • Additional training and support plan for staff to respond to needs of suspected and positive Covid-19 patients. • Daily absence reports to executive directors and senior managers continue.
Service users with protected characteristics and specifically from a BAME background and people with a learning disability may be disproportionately	<ul style="list-style-type: none"> • Enhanced clinical risk scanning. • Equality staff networks to advise specific issues. • Equality Impact Assessment process. • Covid-19 clinical pathways for inpatients in place. • High risk groups identified by clinical teams and treatment plans reviewed. • Equality, Involvement, Communication and Membership strategy - supporting delivery action plans approved by Equality, inclusion and involvement committee, with

affected by Covid-19.	<p>equalities staff as key members of the command structure</p> <ul style="list-style-type: none"> • Service user Covid-19 vaccination programme was delivered in line with national guidance. Included using equality data and a robust Equality Impact Assessment to determine cohorts and targeted communication, information, and involvement approaches.
Increased risk of legal action as a result of the Covid-19 pandemic.	<ul style="list-style-type: none"> • Process to receive and implement national guidance. • Command structure for decision-making. • Existing policies and procedures. • Use of risk assessments. • Adoption of accessible information standard to support information and communication. • NHS Constitution embedded in Trust strategies, policies and procedures. • Information and communication in accessible formats including easy read, a range of translated materials available to services on the intranet, use of translation in leaflets and letters. • Equality, Involvement, Communication and Membership Strategy. • The Trust has an appointed executive and senior manager to the Covid-19 enquiry to ensure the securing and retention of all information in relation to Covid-19.

Given the strategic context within which we operate, the risks outlined above will continue into 2022/23 with mitigating actions in place. Nationally many Covid-19 “Rules” ended on the 28 February 2022, however potential future Covid-19 variants means that we continue to operate in a dynamic context for risk. **There is a need for us to continuously balance the current government approach to easing restrictions and ‘learning to live with Covid-19’ with the need to keep our service users and all of us safe.** On 19 May 2022 the Trust received a letter from Amanda Pritchard NHS Chief Executive and Sir David Sloman Chief Operating Officer for NHS England and Improvement outlining the next steps on transitioning from Covid-19 response to recovery, and the reclassification of the incident from a level 4 (national) to level 3 (regional) incident. This letter does not include any additional expectations or priorities on local systems beyond those already set out in the 2022/23 priorities and operational planning guidance, to which the Trust has fully responded.

Our approach to the pilot of enhanced local risk assessments will ensure we are proactively basing all our decisions on the right information and insight. In order to ensure that sufficient overview and scrutiny is in place the Trust has established a “moving forward” group to ensure we have a robust and dynamic Covid-19 management system in place. This group currently reports into the command structure and when this is stood down will report into the Operational Management Group (OMG).

The creation of Integrated Care Systems (ICS) across West Yorkshire and South Yorkshire provides a further mechanism for managing elements of some risks across organisations. Both of our ICSs have refocused their capacity and resources to ensure that actions to mitigate the impact of Covid-19 are prioritised. This includes critical care, integrated community services and mutual aid on personal protective equipment (PPE), testing and staffing.

We are closely engaged in the leadership and delivery of these plans. The Director of Provider Development and Director of Strategy and Change roles means we have senior capacity working on the programmes that relate to the Trust, in West Yorkshire and South Yorkshire Integrated Care Systems. I will ensure that the risks inherent in the formal move to Integrated Care Systems in July 2022/23 are understood and mitigated.

Our Licence

The Foundation Trust is fully compliant with the registration requirements of the Care Quality Commission (CQC). The Trust continues to assess its compliance with CQC registration requirements on a regular basis through our quality improvement and assurance team. To support our assessment, we have developed a quality assurance and improvement 'self-governing' assessment model. This philosophy builds on our emphasis on self-governance and evaluation. As a series of methods and tools, this approach helps map the relationships between quality improvement and quality assurance and will provide a continual source of evidence for teams to inform how well they are performing against appropriate and helpful metrics for quality.

There has not been a CQC inspection completed during 2021/22, however, the CQC rated our Trust as Good in 2019, recognising the improvements we have made since their last inspection in 2018 and the strength and quality of the services we provide. We delivered on the actions from the last report, which led to four of the five overall domains now being rated as Good.

Overall, we are rated Good for being responsive, caring, well led and effective, and Requires Improvement for being safe. This means that overall we have been rated Good as a Trust.

12 of our 14 core services are rated Good. Over **87%** of our individual domains have been rated as Good or Outstanding. In summary:

- The significant majority of our services are rated as Good or Outstanding.
- Our community based mental health services for working age adults have improved and are now rated Good.
- Acute wards for adults of working age and psychiatric care units have improved.
- We have improved and are now rated as Good for being Responsive.
- 93% of our services were rated as Caring and Responsive.
- Staff were kind and caring towards service users, with positive relationships that demonstrated we knew them well.
- The values of the organisation were understood and respected by both leaders and those working in core services.
- Our strategy, vision and values were all identified as being patient centred.

However, the CQC did identify areas for improvement. Therefore, in line with the vision we set out in our Quality Strategy we will use the Model for Improvement to address themes identified in the CQC inspection report (2019) which not only impacts on our requires improvement rating for safety but in serious incident reports, fitness to practice cases and CQC Mental Health Inspections.

These areas are:

- Risk assessment
- Care planning
- Record keeping
- Safe medicines
- Reducing violence against staff
- Always Events® : Dignity and respect

How we have responded

Clinical record keeping:

- Regular clinical record keeping audits, with improvement plans in response owned by BDUs
- Dip sampling of quality of clinical record keeping by matrons and quality leads
- Data quality reviews are ongoing to ensure current reporting accuracy
- Paper going to committee to review our approach to the clinical practice and recording of risk assessment and care planning, with a view to a further improvement plan

Staffing:

- Current review of establishment to explore potential of new roles
- New external facing recruitment website
- Strong social media recruitment campaign currently underway
- Continuing focus of training and development to support retention
- International nurse recruitment is ongoing, with some recruits already in post
- Collaborative bank in planning across the West Yorkshire ICS

Waiting lists

- As an example, waits for children's neuro-developmental diagnostic assessments in Kirklees have continued to increase and implementation of agreed waiting list initiatives has been enacted
- Partnership work with an external provider to reduce waiting times for adult speech and language therapy services (SALT) continues
- Waiting lists are a particular focus within operational services, with reports reviewed at the Operational Management Group and Clinical Governance Clinical Safety Committee

In addition, these actions are being monitored and mitigated by:

- Strategic, trustwide improvement projects
- Local quality improvement projects and initiatives
- Local governance arrangements (ward manager and matron checks)
- Support from corporate services
- Clinical record keeping audits
- Quality monitoring visits
- Clinical audit
- Patient experience triangulation (surveys, complaints, staff surveys etc.)

- Ongoing dialogue with the CQC – being open, honest and transparent

During 2021, the CQC Improvement plan has continued to be monitored by the Quality Improvement Group with oversight by the Clinical Governance Clinical Safety Committee.

In our 2021/22 Quality Account the Trust approach and priorities for improvement are provided in detail

During 2021/22 The Trust assessed itself against the NHS Constitution, in line with good practice. The report was presented to the Trust Board in October 2021. This set out how the Trust meets the rights and pledges of the NHS Constitution. At the time of writing, I believe that our performance metrics and risk register contain no material or substantial risk of significant breaches of the constitution.

The Foundation Trust has published on its website an up-to-date register of interests, including gifts and hospitality, for decision-making staff (as defined by the trust with reference to the guidance) within the past twelve months as required by the 'Managing Conflicts of interests in the NHS⁽²³⁾' guidance.

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.

Control measures are in place to ensure that all the organisation's obligations under equality, diversity, and human rights legislation are complied with.

The foundation trust has undertaken risk assessments and has plans in place which take account of the 'Delivering a Net Zero Health Service' report under the Greener NHS programme. The trust ensures that its obligations under the Climate Change Act and the Adaptation Reporting requirements are complied with.

Values based culture

The Trust works hard to provide the highest standards of healthcare to people. The promotion of a culture of openness is a pre-requisite to improving business resilience, patient safety and the quality of healthcare systems. Good governance and a risk aware culture are emphasised in the values of the Trust and reinforced through values-based recruitment, appraisal, and induction.

Learning from incidents and the impact on risk management is embedded in the way we work. The Trust uses an e-based reporting system, Datix, at directorate and service line level to capture incidents and risks, which can be input at source. Data can be interrogated through ward, team, and locality processes. This encourages local ownership and accountability for incident and risk management. Data is interrogated regularly to ensure that any risks are identified and escalated at the appropriate level. Staff are assured they will be treated fairly and with openness and honesty when they report adverse incidents or mistakes, ensuring risks are reduced.

During the Covid-19 pandemic, the Trust has regularly reviewed incidents that cite Covid-19 as a factor.

The Trust works closely with safety teams in NHS England/Improvement and uses Root Cause Analysis (RCA) as a tool to undertake structured investigation to ensure learning from serious incidents. Our aim is to identify the contributory factors and potential root cause of serious incidents, to identify the learning and improvement actions necessary to minimise the opportunity of recurrence and to ensure that the Trust takes every opportunity to learn and develop from an incident and mitigate future risk.

The provision of mental health, learning disability and community services carries a significant inherent potential risk. Unfortunately, serious incidents do occur which require robust and well governed organisational controls. In 2021/22, there were 12,807 incidents reported (a 0.4% increase on 2020/21), of which 97% resulted in low or no harm to patients, service users and staff or were external to the Trust's care, recognising that the Trust has a risk based and good reporting culture.

During 2021/22, there were 23 serious incidents across the Trust compared to 32 in 2020/21. 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 were 261 notifiable safety incidents during the year where Duty of Candour was required. There were two Duty of Candour breaches representing 0.8% of all applicable incidents.

There was one Duty of Candour breach where a patient self-harmed on an inpatient ward. First aid was administered by staff on the ward and the patient was taken to the acute hospital by emergency ambulance. There was a delay with the incident being reported and it had not been picked up by the matrons for checking completion of duty of candour due to staff sickness. In learning from this breach, the processes for checking have been reviewed and amended.

There was one Duty of Candour breach involving a patient who was physically assaulted by another patient on an inpatient ward. The patient was assessed by the medic and attended A&E for an x-ray. The patient sustained a fractured elbow as a result of the incident. The reason the apology to the patient was delayed was given as being due to staff challenges.

The Clinical Governance and Clinical Safety Committee has a leading role to play. It scrutinises and monitors quarterly serious incident reports and bi-annual reports on how and where lessons have been learnt and practice improved and/or changed. The Committee also monitors implementation of recommendations arising from external reviews and reports. In the last year, this has included the Trust's action plan in response to the CQC. The Committee routinely monitors infection prevention and control, reducing restrictive practice interventions, safeguarding, patient safety, health and safety, quality impact assessments and issues identified at the drug and therapeutics committee. During the year, the Committee continued its review of the implementation of the Trust's priority programmes from a clinical perspective and receives a regular 'exception' report as well as more detailed presentations as appropriate. The Committee continued to review its allocated risks. The Committee oversees all quality and safety action plans until completed and closed and it is satisfied that risks have been moderated.

The Clinical Risk Panel, chaired by the Director of Nursing, Quality and Professions, provides an organisational overview of the incident review, action planning and learning processes to improve patient safety. It also provides assurance on the performance management of the review process, associated learning, and subsequent impact within the

organisation. The panel takes place weekly and reports directly into the EMT at every meeting.

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

- The Trust's approach to quality reinforces its commitment to quality care that is well led, safe, caring, responsive, efficient, and effective. The Quality Strategy outlines the responsibilities held by individuals, directorates, the EMT and Trust Board. The Trust Board approved an updated Quality Strategy on 28 September 2021.
- The Trust's Quality Strategy sets out our commitment to providing high quality care for all while achieving our organisational mission to help people to reach their potential and live well in their communities. It sets out what we mean by quality and provides a framework for how we assure and improve quality across the organisation. It also describes our integrated change framework that supports innovation and improvement at all levels.
- This is supported by the Patient Safety Strategy to improve the safety culture throughout the organisation whilst supporting people on their recovery journey. It aims to reduce the frequency and severity of harm resulting from patient safety incidents, to enhance the safety, effectiveness and positive experience of the services we provide, and to reduce the costs, both personal and financial, associated with patient safety incidents. The strategy was presented reviewed approved in December 2019 and covers the period up to and including 31 March 2021. A new Patient Safety Incident Response Framework (PSIRF) was released in Spring 2022– this will replace the current Serious Incident Framework and will change our approach to investigating patient safety incidents and have a stronger focus on learning. Following receipt of this document we are reviewing our patient safety strategy, and this will be presented to Trust Board in early Q3.
- Annual quality priorities are agreed through the Board and published in the Quality Account.
- The Clinical Governance and Clinical Safety Committee is the lead Committee for quality governance.
- The Safeguarding Strategic Sub-Group provides assurance to our partners that we are compliant with national standards and adopt a quality improvement approach to developing our service offer
- Monthly compliance reporting against quality indicators sits within the Integrated Performance Report. Trust Board also receives a quarterly report on complaints, concerns, comments and complements through a customer service report.
- CQC regulation leads monitor performance against CQC regulations and the Trust undertakes self-assessments.
- External validation, accreditation, assessment, and quality schemes support self-assessment for example: accreditation of electroconvulsive therapy (ECT), Psychiatric Intensive Care Units (PICU) and memory services; CQC Mental Health Act visits; and national surveys (staff and service user).
- Trust Action Groups provide organisational overview and performance monitoring against key areas of governance such as serious incidents, infection prevention and control, information governance, reducing restrictive practice group, drugs and therapeutics and policy development. During the pandemic, these have continued to meet and/or have been strengthened by the development of groups within the command structure. For example, the Infection Prevention & Control (IPC) Bronze Command.
- Quality impact assessments are carried out on all Trust cost improvement plans with Medical Director and Director of Nursing, Quality and Professions approval required before a scheme can proceed. Quality Impact Assessments (QIAs) can also be invoked in year where concerns trigger the requirement to do so. Given the temporary financial arrangements in place, with the suspension of cost improvement programmes during 2021/22 this process was not required during the year

- Measures are implemented and maintained to ensure individual practice, teams and services are reviewed and improvements identified and delivered. This includes the Trust's prioritised clinical audit and practice evaluation programme.
- The annual validation of the Trust's Corporate Governance Statements as required under NHS Foundation Trust conditions. The Board certified that it was satisfied with the risks and mitigating actions against each area of the required areas within the statement (as described on pages 112 to 123).
- The Freedom to Speak Up (FTSU) Guardians ensure that where staff feel unable to raise concerns through the usual channels, there is a mechanism for doing so. The Trust Guardians, include a representative from the REACH staff network. Over the year 14 concerns were raised through this mechanism and reporting was shared with the Office of the National Guardian. The arrangements surrounding the Guardians have been strengthened, with an ambassador for cultural change and Freedom to Speak Up Guardian appointed in December 2020.
- The Trust has undertaken risk assessments and has a green management plan in place which takes account of UK Climate Projections 2018 (UKCP18). The Trust ensures that its obligations under the Climate Change Act and the Adaptation of reporting requirements are complied with. The Trust Board approved the Trust's Green Plan in March 2021, progress against the plan was monitored by the Board in 2021/22. The current focus is to design a net zero carbon road map which will give high level plans and costing for the trust to decarbonise emissions from its estate. Initial surveys of premises are underway.

The Trust continues to build on its engagement 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 insight arrangements, including the following:

- Systematising the collection of service user and carer feedback, with a consistent approach to action planning and communication of the responses, including assessment against the Department of Health's Friends and Family Test.
- Insight events for Trust members, service users, patients, carers, and the public.
- Quantitative and qualitative local and national surveys undertaken on a regular basis and actions taken to address issues identified.
- The principle of co-production being promoted throughout the Trust, such as co-production of training in Recovery Colleges and new resources being secured to strengthen this further.

The Trust continues to lay the foundations for its ambitious vision to provide outstanding physical, mental, and social care as part of a modern health and care system. This is backed by priority programmes and associated structures. The priority programmes help to address the strategic risk of having insufficient capacity and help to prioritise our efforts.

The Trust works hard to provide the highest standards of healthcare through a culture of openness, good governance, and a risk aware culture. This is reinforced through values-based recruitment, appraisal, and induction.

This has been further strengthened in 2020/21 with changes to the appraisal system to focus on objectives and values more explicitly. A successful e-appraisal pilot was conducted with the aim to reduce the paperwork involved to allow staff and managers to focus on the conversation. This was rolled out in 2021/22, although at a slower pace due to the pandemic.

Equality, involvement, and inclusion

The Trust believes that an integrated approach to equality, involvement, and communication (bolstered by our membership) will ensure we deliver on our inclusion agenda.

The Trust approved an equality, involvement, communication and membership strategy in 2020 which has supporting annual action plans to ensure an integrated approach. This is insight driven and will ensure:

- Every person living in the communities we serve will know our services are appropriate and reflect the population we serve
- That our workforce reflects communities, ensuring our services are culturally appropriate and fit for purpose
- Service users, carers and families receive timely and accessible information and communication, ensuring a person-centred approach to care
- That our services are co-created and designed with our staff, those with a lived experience and our communities

The Equality, Involvement and Inclusion Committee oversees the implementation of the equality, involvement, communication and membership strategy to improve access, experience, and outcomes for people from all backgrounds and communities. This includes people who use, work and volunteer for our Trust services and those who work in partnership with the Trust with the strategic aim of improving health, care, resources and making our Trust a great place to work.

The key approaches to support this work are set out below:

- The equality, involvement, communication and membership strategy is supported by annual equality and involvement action plans. These plans set out our Trustwide approach to delivering strategic objectives and describe the Trust actions for the forthcoming year. The plans align with existing internal resources, data, and insight frameworks to ensure a systematic and integrated Trust wide approach.
- The effective use of insight and data underpins what we do. This includes robust equality monitoring. Data is used to identify who uses and works in services, highlighting areas of inequality that can be addressed through insight work and action planning.
- Equality Impact Assessments (EIA) are in place for all services, strategies, and policies. This ensures that equality, diversity, and human rights impacts are considered, recorded and action taken for every service. Action to mitigate impacts are taken through service level actions plans which are used to implement service improvements.
- A Trustwide Equality Impact Assessment and approach was developed in direct response to the pandemic. This approach includes a Trustwide EIA that has regularly been updated and reviewed and signed off by Equality, Inclusion and Involvement Committee and Trust Board and the development of a resource and research bank which is an internal resource of all literature published during this time. These tools have ensured that our public sector equality duty to advance equality of opportunity and consider impacts has been a core focus in response to the pandemic.
- A short form EIA has been introduced alongside this work to support rapid decisions specifically during the Covid-19 pandemic, ensuring the equality and diversity are considered and any impacts identified, and action taken.
- A number of involvement resources such as plans and reporting templates to record activity ensure that our approach is audited and in line with our legal obligations.

- The Trust have a clearly articulated approach to formal consultation, this includes a training pack, plan on a page and governance through EMT and Equality, Inclusion and Involvement (EII) Committee who sign off the appropriate approach.
- The Trustwide change framework includes the process for involving people at each stage and a 'checklist' approach and dedicated inbox for involvement ensures that a systematic and considered approach to engagement, co-production and consultation is considered at the start of any new project or programme of work
- All involvement plans are driven by the Local Joint Strategic Needs Assessment and service level Equality Impact Assessment (EIA) data and consider equality and diversity by including a range of methods to support an inclusive involvement approach.
- A process is in place for working with our communities using stakeholder mapping to identify key stakeholders and contacts. Whilst working with community groups the routine collection of feedback and equality monitoring ensures we are listening to, recording, and reporting on the voice and views of a representative sample of the local population. Quarterly insight reports support this approach.
- A Trustwide survey toolkit to support the collection of patient experience and engagement intelligence ensures that the Trust has a consistent and clear mechanism for capturing views. The central collection of data provides an opportunity to use the feedback at both a service and Trust wide level.
- The Department of Health's Friends and Family Test used in every service setting now has a short equality monitoring form. This ensures feedback is representative and that the information can be broken down by protected group to identify and address inequalities.
- The Trust assessed its performance against eight nationally identified actions required to reduce inequality. We have measures in place to ensure we fully contribute to the achievement of these actions.
- The Trust publishes reports of findings from all our involvement activity to demonstrate the insight we are using to inform service improvements. The reports include an equality section, which includes who we have reached and how reflective the voice is of the local population. This aims to ensure representation is in line with and reflective of the population we serve.
- A dedicated programme of work to roll out peer support workers and ensure lived experience is part of our approach has resulted in the development of a dedicated training programme and increase in internal posts to 28 members of staff, and we are currently advertising for a further 10 posts to work across the Trust and in particular with our perinatal team.
- Staff networks are a significant part of our approach. The Black, Asian and Minority Ethnic (BAME) staff network (now known as REACH, Race Equality & Cultural Heritage) was established to empower and support staff to achieve their potential and maximise their contribution in delivering the Trust's mission, values, and strategic objectives. The Trust has an established a disability staff equality network and a lesbian, gay, bisexual, transgender plus (LGBT+) network using the same principles of self-determination and support. This year we have established a carers' network to support staff in their caring role. The networks play an active role in a number of elements of Trust business, including recruitment to senior positions and the development of Freedom to Speak Up, Equity and Civility Guardians
- The Trust has also established a clinical network, called Race Forward, to reduce bullying and harassment from service users and carers on staff from BAME backgrounds. The network meets to support staff and liaises with the Police and other Trusts to tackle the issue and create positive change.
- The Board and governors believe they should be reflective of communities and represent the workforce and population it serves. Over the last year a good level of diversity has been retained across the Board with a good balance of gender, age, and ethnicity.

Governors use a targeted approach to support recruitment from local communities and those with lived experience.

The Trust has improved in all four WRES indicators published in the NHS Staff Survey and has plans identified to continue this improvement.

The Trust submitted its 2021 gender pay gap audit as required by law, in March 2022.

The Trust has adopted the National EDS2 Framework and focussed on improving the following areas, working closely with service users, public and commissioners:

1. Better health outcomes for all
2. Improved patient access and experience
3. Empowered, engaged, and well supported staff
4. Inclusive leadership at all levels

The Trust Board approved a Workforce Strategy on the 28 September 2021, which includes objectives, linked to the EDS2 Framework and the NHS Workforce Race Equality Standards (WRES), to support a representative workforce. The Trust has a joint EDS2 and WRES action plan.

Building on listening events and feedback from staff during 2020/21 this resulted in a new organisational priority. “Making SWYPFT a great place to work” supports the provision of a healthy, resilient, and safe workforce. This covers five key areas:

- Feeling safe
- Being part of a supportive team
- Positive health and wellbeing
- Developing my potential
- My voice counts

These key areas, along with the People Promise commitment from the NHS People Plan, have further informed the development of the Workforce Strategy which has been slightly delayed due to Covid-19 and will be implemented during 2021/22.

As part of making the Trust a Great Place to Work, a senior leadership forum was created involving senior managers, clinicians and corporate services to develop local actions plans in response to the key themes above in line with “Developing Workforce Standards” 2018.

In 2021/22, the Equality, Inclusion and Involvement Committee received reports on the following:

- Equality and diversity annual report prior to Trust Board.
- Learning from NHS staff survey and well-being at work survey
- Progress on development of peer support workers
- Equality, inclusion and engagement audit.
- The Committee received delivery updates on the carers agenda
- Received BDU reports on equality and involvement
- Received Equality and Involvement exception and highlight reports
- Received the Insight report
- The Committee monitored the Trust’s progress against the equality standards including the Workforce Race Equality Standard (WRES) and Workforce Disability Equality

Standard (WDES); and the Trusts progress against the Equality Delivery System 2 (EDS2).

- Received feedback from staff equality networks.
- Reviewed inclusive leadership and development programme updates

In the last year we have continued to increase our investment in health and wellbeing support during the Covid-19 pandemic. A BAME health and wellbeing taskforce has been established and a health and wellbeing and an organisational development practitioner for the BAME workforce has been appointed. We have delivered through our hospital hubs a successful Covid-19 vaccination programme for our staff and social care partners. In doing so, we have worked hard to address different levels of vaccine take up, with significant progress made and work continuing into 2022/23

Priority programmes

The Trust continues to lay the foundations for its ambitious vision to provide outstanding physical, mental, and social care in a modern health and care system. This is backed by priority programmes and associated structures. The priority programmes help to address the strategic risk of having insufficient capacity and help to prioritise our efforts.

During 2021/22 we have undertaken a significant amount of work in integrated care partnerships in each of our four local areas. We have also worked with partners in each of our places to develop the governance structures and approach in response to the NHSE/white paper Integration and innovation: working together to improve health and social care for all (Feb 2021) in readiness for the Health and Social Care Bill which comes into effect from 1 July 2022.

In Barnsley we continue to be a key partner within the Barnsley Integrated Care Partnership which brings partners together from across the system to develop new models of care and integrated clinical pathways and monitor system performance.

Over the year we have worked as part of the bronze/silver/gold command structures to deliver a robust and coordinated response to the pandemic. We have provided data and insight into the intelligence cell and have provided significant support into the public vaccination programme. Our community services have worked consistently and seamlessly with those of the acute hospital to ensure that people have been discharged quickly and efficiently with the right level of support.

We have contributed to a place-based recovery and reset plan which focuses on addressing health inequalities in the Barnsley population. Collectively we have developed a three-tier model for addressing inequalities which is being populated by all the different system elements

We have further developed an alliance agreement with the Barnsley Healthcare Federation with joint leadership arrangements to enable closer alignment between primary and community care for the people of Barnsley

We have worked with the whole system to refresh the Mental Health strategy under the leadership of the Mental Health Partnership Board. We are working with system partners to deliver the community mental health transformation in Barnsley

In Calderdale we have worked as part of the bronze/silver/gold command structures to deliver the response to the pandemic. We have contributed to a place-based recovery and

reset plan which focuses on addressing health inequalities in the Calderdale population. We have continued to work with the system leadership to implement the single plan for Calderdale, Calderdale Cares, that sets out the vision to improve, health, social and economic outcomes for local residents. This has included working with partners to accelerate the arts, health, and wellbeing agenda. We have helped lead the collaborative work within community and primary care services for the people of Calderdale. This has included work with care homes and the community mental health transformation

This year we have continued to support creativity and health within Calderdale with positive feedback. This has been recognised as exemplary practice by the National Centre for Creative Health. Projects have included music in care homes and developing bespoke lullabies for families under the care of the perinatal mental health team. We have also continued to integrate physical activity into systems and processes as part of the Active Calderdale Programme, which through its strategy aims to ensure Calderdale is the most active borough in the north by 2024. We have also contributed to the development of a whole system approach to supporting the needs of black and minority ethnic communities that may be at higher risk of Covid-19 and inequalities as well as continued to play a leading role in supporting the development of a whole system approach to reducing inequalities for people with learning disabilities in Calderdale.

In Kirklees we have worked as part of the bronze/silver/gold command structures to deliver the response to the pandemic. We have contributed to a place-based recovery and reset plan which focusses on addressing health inequalities in the Kirklees population. We have continued work on the development of an alliance of partners to deliver mental health and wellbeing service improvements for the people of Kirklees, through the Kirklees Mental Health Alliance. The Trust co-chairs the Alliance and is using the learning from the Wakefield arrangement to improve services and collaboration in Kirklees. We have been a pro-active partner in the development of Kirklees Place-based partnership arrangements as part of the establishment of the statutory West Yorkshire Integrated Care System during 2022. The Trust has been instrumental in the establishment of the Kirklees delivery collaborative which has brought together health and care providers in Kirklees to work collaboratively and focus on key priorities.

Across Kirklees, Calderdale, and Wakefield:

We continue to work closely with colleagues in the Mid Yorkshire Hospitals and Calderdale and Huddersfield Trusts at a strategic and operational level to improve care and pathways for people with a mental health problem who access their emergency and inpatient services.

In Wakefield we have worked as part of the bronze/silver/gold command structures to deliver the response to the pandemic. We have contributed to a place-based recovery and reset plan which focuses on addressing health inequalities in the Wakefield population. We have played a strong role in the Wakefield District Health and Care Partnership, which has continued to progress the integration agenda underpinned by a *System partnership principles of ways of working together*. We are leaders within the Wakefield Mental Health Alliance, which is accountable to the Wakefield Provider Collaborative. The Alliance provides a mechanism for all partners to be involved in service transformation, improvement, and investment prioritisation. This work is led by the Trust through our Director of Provider Development.

We have pro-actively contributed to the Wakefield Families Together transformation of children's services in Wakefield through our emotional health and mental wellbeing input to the 'Team around the School' service model. Strong partnership working was recognised in

the Ofsted inspection of Wakefield Council's Children and Young People's Services, which moved from an 'Inadequate' to 'Good' rating.

Our partnership with Nova to provide the social prescribing service in Wakefield – Live Well Wakefield secured a further 2 years funding through Public Health and the Primary Care Networks.

Annual health checks (AHC) for people with learning disabilities in Wakefield were among the highest in the country pre-Covid-19. The Trust has worked with partners to improve the quality of AHC processes during the pandemic year and this continues. The community learning disabilities team have developed much more joined up partnership relationships with other providers, such as care homes, to support reduction of health inequalities for people with learning disabilities in care homes and other provider settings.

The Trust is an active participant in two Integrated Care Systems (ICS) and we have continued to work with partners. In both ICSs we have participated in the development of the transformation of community mental health services achieved 'go live' for the West Yorkshire Adult Secure Provider Collaborative on 1 October 2021.

In **South Yorkshire and Bassetlaw Integrated Care System** we have worked with partners to implement the QUIT programme, ensuring individuals within hospital settings have access to support stop smoking. We have worked with partners to implement Individual Placement Support (IPS) across the region, creating additional IPS posts within our mental health services in Barnsley. We have worked with provider partners to develop a mental health learning disabilities and autism provider collaborative across the ICS. The Trust leading the provider collaborative for adult secure services across South Yorkshire working with NHS and independent sector providers in South Yorkshire. We have worked as a partner in a range of programmes to improve care and experiences including suicide prevention, crisis pathways and developing specialist provider collaboratives including eating disorders, children and young people and adult secure new models of care.

In the **West Yorkshire Health and Care Partnership** we have been involved in a range of work under the auspices of the WY Mental Health, Learning Disabilities & Autism Programme Board, including work streams on suicide prevention; learning disabilities assessment and treatment units; complex mental health rehabilitation; psychiatric intensive care unit beds. The Trust is the lead provider for the West Yorkshire Adult Secure Provider Collaborative, working with NHS and independent sector providers in West Yorkshire. Provider collaboratives are a partnership of mental health, learning disability and autism service providers led by an NHS lead provider working to provide co-ordinated and improved specialised services across a specified geography. They work in partnership to improve services and ensure that services are provided as close as possible to patients' homes, using commissioning budgets innovatively to improve patients' experience and outcomes across whole care pathways. We are a partner in the West Yorkshire Adult Eating Disorder Provider Collaborative, and the West Yorkshire Tier 4 CAMHS Provider Collaborative – both led by Leeds and York Partnership NHS Foundation Trust.

We are an active partner in work to improve learning disabilities assessment and treatment provision across West Yorkshire. The reconfiguration of assessment and treatment units (ATUs) has progressed during 2021/22, and the provision of a Regional Centre of Excellence across two sites (Bradford and the Horizon Centre at Fieldhead Hospital, Wakefield) will be implemented in 2022/23. Bradford District Care Trust is the Lead Provider for these arrangements.

In 2021/22 the Trust has continued to host the Learning Disability Operational Delivery Network (ODN) for Yorkshire and the Humber.

In addition to our strong partnership working at a wider system level, we continue to work effectively and collaboratively to join up care with partner organisations and communities at local and service level.

The Trust continues to develop and create capacity in the communities we serve through innovative models of delivery and support for service users and carers. We have developed a recovery approach with recovery colleges across our districts. Alongside this we host Altogether Better, a national initiative which supports development of community champions. This is all complemented by our charity EyUp! and linked charities Creative Minds, Spirit in Mind and the Mental Health Museum. Creative Minds is a partnership with over 100 third sector organisations, delivering sport, leisure and creative activities that build resilience and wellbeing. Spirit in Mind delivers faith-based support.

The Trust continues its commitment towards 'Delivering a Net Zero Health Service' under the Greener NHS programme. The Foundation Trust has undertaken risk assessments and has a green management plan in place which takes account of UK Climate Projections 2018 (UKCP18). The Trust ensure that its obligations under the Climate Change Act and the Adaptation of reporting requirements are complied with. The Trust Board approved the Trust's Green Plan in March 2021, progress against the plan was monitored by the Board in 2021/22. The current focus is to design a net zero carbon road map which will give high level plans and costing for the trust to decarbonise emissions from its estate. Updated surveys of premises are underway.

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

The governance framework of the Trust is determined by the Trust Board. It is described in the Trust's annual report and includes information on the terms of reference, membership and attendance at Trust Board and its Committees, including the Nominations Committee, which is a sub-committee of the Members' Council. The Trust complies with Monitor's (now NHS England/NHS Improvement) Code of Governance and further information is included in the Trust's annual report. Please see section on governance arrangements (page 54-69).

Financial monitoring, service performance, quality and workforce information is scrutinised at meetings of the Trust Board, Finance, Investment and Performance Committee, through Executive Management Team (EMT) meetings, the Operational Management Group (OMG), finance and performance reviews, Business Delivery Unit (BDU) management teams and at various operational team meetings.

The EMT has a robust governance structure ensuring monitoring and control of the efficient and effective use of the Trust's resources. This is subject to oversight by the governance mechanisms described in the previous paragraph.

The Trust is a member of the NHS Benchmarking Network and participates in a number of benchmarking exercises. This information is used alongside reference cost and other benchmarking metrics, such as the Model Hospital, to review specific areas of service in an attempt to target future efficiency savings and reduce waste. Work has continued with BDUs to implement service line reporting, including the use of bespoke performance dashboards. During the year enhanced reporting for the Covid-19 pandemic was developed and implemented. This includes live updating of staff absence, testing and vaccinations.

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, local commissioning intentions and local health and wellbeing plans. Increasingly we are ensuring that Integrated Care Systems (ICS) inform our work. These annual plans detail the workforce and financial resources required to deliver service objectives and include the identification of cost savings.

Covid-19 has continued to have an impact on the financial arrangements for the Trust. 2021 / 22 consisted of two 6 month plans which consolidate into the whole financial year. Both of these periods followed the financial principles in place for the second half of 2020 / 21 with income received as block values from commissioners with a retrospective ICS allocation to cover funding pressures and additional Covid-19 costs. Overall the Trust had a financial target, as agreed in liaison with other organisations in the West Yorkshire ICS, of £5m surplus. This position supported delivery of a breakeven financial plan with the West Yorkshire ICS.

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. QIAs take an objective view of the impact of cost improvements on the quality of services in relation to the CQC five domains of safe, caring, effective, responsive, and well led. The assessments are led by the Director of Nursing, Quality and Professions and the Medical Director with the Chief Operating Officer, Operations Deputy Directors and senior BDU staff, particularly clinicians. Cost improvement planning was paused in 2021/22 in to enable focus on our response to the Coronavirus pandemic.

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.

There are various levels of surplus or deficit referred to in this report. The following table provides a reconciliation between the total comprehensive income for the year of £13.1m as noted above and the £7.9m surplus reported in our management accounts. This excludes the Trust charity which is consolidated in the overall group accounts. It should be noted the Trust had a control total target for the year of £5.0m surplus as agreed with the ICS and the £7.9m surplus represents an over achievement of £2.9m in the year.

	£m
Total Comprehensive Income/(Expense)	13.1
Impairments and Revaluations *	(4.0)
Gain on disposal	(1.2)
Pre adjusted surplus in our management accounts	7.9

*Includes £1.2m of income and expenditure impairment that is presented differently in the Trust management accounts, for consistency of measurement against NHS Improvement target

As outlined above, work on delivering cost savings was suspended in 2021/22.

Information governance

Information governance compliance is assured through a number of control measures 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 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 achieved the target of 95% of staff completing training on information governance by the deadline.

Information governance has had continued focus through 2021/22 through proactive monitoring of incidents, providing awareness raising sessions at all levels in the organisation, including senior level through Extended Executive Management Team, and offering advice and increasing availability of training for staff. Information governance had a continuous and high profile in the Brief, cascaded monthly to all staff.

Incidents and risks are reviewed by the Improving Clinical Information Group which informs policy changes and reminders to staff.

The Trust is required to report any information governance incidents scoring level 2 or above externally to the Information Commissioner's Office (ICO). One incident was reported during 2021/22. The incident involved allegations that a staff member had accessed health records about other individuals. The ICO is still investigating.

In quarter 4 of 2020/21, The Trust appointed a Chief Clinical Information Officer (CCIO). The CCIO provides clinical leadership, expert clinical advice and guidance to the informatics service and senior management in relation to the use and development of digital information and Technology in the Trust. Lead responsibility for the development of clinical standards and policy in the use of clinical information systems, and also provide clinical leadership in the engagement of internal and external stakeholders on clinical informatics related issues to ensure effective use of digital/IT in clinical services. This role had continued to develop in 2021/22 with the CCIO becoming a substantive member of the Improving Clinical Information Group and the lead for the Information Sharing programme.

Good information governance will continue to be a feature of the Trust in 2022/23.

The Data Security and Protection Toolkit was submitted on time and is compliant with the standards.

Annual Quality Report

We have fully compiled our Annual Report in line with the updated guidance for 2021/22 issued in response to the Covid-19 pandemic. The requirements for Quality Account reporting in this annual report for 2021/22 have been removed.

The following steps have been put in place to assure the Trust Board that appropriate controls are in place to ensure the accuracy of data, these are described below and demonstrate that there are appropriate arrangements in place to ensure the quality and accuracy of performance information.

Governance and leadership of quality reporting

We have a strong system of quality reporting:

- Quality metrics are reviewed monthly by Trust Board and the EMT, alongside the performance reviews undertaken by BDUs as part of their governance structures.
- The Integrated Performance Report covers substantial quality and performance information and is reported to the Board and EMT. This is supplemented by detailed reports on specific elements of quality, such as incidents, complaints, and patient experience.
- The Clinical Governance and Clinical Safety Committee oversee the development of the Quality Report and associated detailed reports.
- Corporate leadership of data quality through the Director of Finance and Resources, supported by the Director of Nursing, Quality and Professions.
- Data quality objectives that are linked to business objectives, supported by the Trust's Data Quality Policy, and evidenced through the Trust's Information Assurance Framework.
- The commitment to, and responsibility for, data quality by all staff is clearly communicated through Trust induction, mandatory training for information governance and training for the Trust's clinical information systems.
- The SystmOne optimisation programme has now been operationalised and is managed by the Systems Team, with input from the Improving Clinical Information and Information Governance Group (ICIG) and with significant governance via the programme board, and Executive Management Team.
- The Director of Nursing, Quality and Professions (Caldicott Guardian) and Director of Finance and Resources (SIRO) co-chair the Trustwide Improving Clinical Information and Information Governance (ICIG) meeting. The group ensures there is a corporate framework for management and accountability of data quality, with a commitment to secure a culture of data quality throughout the organisation.
- The effectiveness of the Trust's arrangements is scrutinised by the Audit and Clinical Governance and Clinical Safety Committees.

Role of information policies and plans in ensuring quality of care provided

- Good clinical record keeping is part of good clinical practice and provision of quality care to the people who use our services.
- There is comprehensive guidance for staff on data quality, collection, recording, analysis, and reporting which meets the requirements of national standards, translating corporate commitment into consistent practice, through the Data Quality Policy and associated information management and technology policies.
- There are performance and information procedures for all internal and external reporting. Mechanisms are in place to ensure compliance through the ICIG with 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

- Behaviours that reflect the Trust values and the necessary skills are essential elements of good data quality, recording and reporting and compliance with policy.
- Roles and responsibilities in relation to data quality are clearly defined and documented.
- There is a clear training plan for information governance and the Trust's clinical information systems (SystemOne and a small number of additional systems) 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 the Executive Management Team meeting and Trust Board, with key performance indicators set at both service and Board level. This includes identification of any issues in relation to data collection, quality and reporting of data with focussed action to address such issues. In 2020/21 this included identification by internal audit of data quality improvement actions in relation to data shared with Clinical Commissioning Groups. This work has continued in 2021/22 and now includes a Trust wide waiting list project to ensure waiting lists are fully captured, reviewed and managed.

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 ICIG and, where data quality standards are identified as a risk factor, these are reported to the Trust's Senior Information Risk Owner (SIRO) for further investigation.

Review of effectiveness

As Accountable 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 the Trust who have responsibility for the development and maintenance of the internal control framework. I have drawn on 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 the 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 Board Assurance Framework (BAF) provides evidence that the effectiveness of controls put in place to manage the risks to the organisation achieving its principal objectives have been reviewed. The BAF is approved by Trust Board on an annual basis and reviewed and updated on a quarterly basis throughout the year. There were no significant gaps identified in the BAF.

Directors' appraisals are conducted by me in my role as the Chief Executive with objectives reviewed regularly and monthly meetings on business delivery and progress. This has provided a good discipline and focus for Director performance. My appraisal is undertaken by the Chair. Non-Executive Director appraisals are undertaken by the Chair of the Trust. The Non-Executives' performance is collectively reviewed by the Members' Council. The appraisal of the Chair is led by the Senior Independent Director and reports to the Members' Council on the outcome.

The Trust has refined its values-based appraisal system for staff with a target for all staff in bands 6 and above to have an appraisal in the first quarter of the year and the remainder of staff by the end of the second quarter. The Trust also uses values-based recruitment and selection. During 2021/22, due to the Covid-19 pandemic, appraisals were extended to allow the response to the pandemic. 2628 staff had an appraisal at 31 March 2022. This is 70% of the 3754 staff eligible for appraisal at 31 March 2022.

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. The Committees have met regularly throughout the year and their minutes and annual reports are received by the Board. During the Covid-19 pandemic, some Committees have operated with a reduced agenda or where appropriate taken verbal updates to reduce the administrative burden. This is reported to the Board and reviewed regularly as part of the interim governance arrangements. 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. This was reported through its Annual Report to the Board. The Audit Committee was able to provide assurance that, in terms of the effectiveness and integration of risk committees, risk was effectively managed and mitigated. Assurance was provided that committees met the requirements of their terms of reference, that committee work programmes were aligned to the risks and objectives of the organisation, in the scope of their remit, and that committees could demonstrate added value to the organisation. Areas of development identified in the last Audit Committee annual report have been acted upon.

The role of internal audit at the Trust is to provide an independent and objective opinion to the Trust, its managers, and Trust Board on the system of control. It provides a Head of Internal Audit opinion each year. 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 for 2021/22 was provided by 360Assurance.

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 EMT. It is based on an audit of core activity around areas such as financial management, corporate governance and Board assurance processes, and audit of other areas following assessment and evaluation of risks facing the Trust. This includes priority areas identified by the EMT focusing on risk and improvement areas. Internal audit provides the findings of its work to management, and action plans are agreed to address any identified weaknesses. Internal audit findings are also reported to the Audit Committee for consideration and further action if required. A follow up process is in place to ensure that agreed actions are implemented. Internal audit is required to identify any areas at the Audit Committee where it is felt that insufficient action is being taken to address risks and weaknesses.

In respect of the internal audit plan for 2021/22, 11 internal audit reviews have been conducted and presented to the Audit Committee. Of these, there were eight significant assurance opinions, one advisory audit with no rating provided, one limited assurance opinion, Freedom to Speak up, and one split opinion of significant/limited assurance which related to Pay Expenditure: Agency and Overtime. The overtime element received significant assurance and the agency element received limited assurance.

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 follow up audit is undertaken within twelve months. Completion of recommended actions is tracked by the Audit Committee and over the course of the year 100% of actions were completed within the original time frame specified and 100% of all recommendations have been completed

The Head of Internal Audit's overall opinion for 2021/22 provided **significant assurance** that there is a generally sound framework of governance, risk management and control designed to meet the organisation's objectives, and that controls are generally being applied consistently.

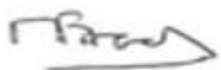
Conclusion

I have reviewed the relevant evidence and assurances in respect of internal control. The Trust, its Board and members of the leadership and management structure 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.

The review confirms that the Trust has a generally sound system of internal control that supports the achievement of its policies, aims and objectives. I can confirm that my review has concluded no significant control issues have been identified. A small number of internal control issues outlined in this statement are not considered significant. I can confirm that those control issues have been or are being addressed.

Over the past year, the Trust has delivered its business in a context of significant change and challenges brought about by the Covid-19 pandemic. During this time, the system of internal control has remained robust and enabled change and risk to be managed effectively.

The Covid-19 outbreak meant changes to the operations of the Trust. These were conducted in line with the Trust constitution, its Standing Orders and Standing Financial Instructions. The system of governance was adhered to, with decision making always in line with powers of delegation and authority. Weekly assessments of the decision made through the Gold Command structure were appraised by non-executive members of the Board each week at the peak of the pandemic.



Mark Brooks
Chief Executive

Date: 22 June 2022

STATEMENT OF THE CHIEF EXECUTIVE'S RESPONSIBILITIES AS THE ACCOUNTING OFFICER OF SOUTH WEST YORKSHIRE PARTNERSHIP NHS FOUNDATION TRUST

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

NHS Improvement, in exercise of the powers conferred on Monitor by the NHS Act 2006, has given accounts directions which require South West Yorkshire Partnership NHS Foundation Trust to prepare for each financial year a statement of accounts in the form and on the basis required by those directions. 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 Department of Health and Social Care Group Accounting Manual and in particular to:

- observe the accounts direction issued by NHS Improvement, 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 (and the Department of Health and Social Care Group Accounting 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
- confirm that the annual report and accounts, taken as a whole, is a fair, balanced and understandable and provides the information necessary for patients, regulators and stakeholders to assess the NHS foundations trust's performance, business model and strategy and
- prepare the financial statements on a going concern basis and disclose any material uncertainties over going concern.

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 them 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.

As far as I am aware, there is no relevant audit information of which the Foundation Trust's auditors are unaware, and I have taken all the steps that I ought to have taken to make myself aware of any relevant audit information and to establish that the entity's auditors are aware of that information.

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

Signed.....
Mark Brooks Chief Executive

Date 22 June 2022

STATEMENT OF DIRECTORS' RESPONSIBILITIES IN RESPECT OF THE ACCOUNTS

The directors are required under the National Health Service 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;
- state whether applicable accounting standards have been followed, subject to any material departures disclosed and explained in the accounts; and
- confirm that the annual report and accounts, taken as a whole, is fair, balanced and understandable and provides the information necessary for patients, regulators and stakeholders to assess the NHS Foundation Trust's performance, business model and strategy.

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 of the Trust can confirm that all relevant information has been made available to the Foundation Trust's auditor, Deloitte LLP, for the purposes of its audit and, in addition, that they haven 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.

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.....
Mark Brooks Chief Executive

Date 22 June 2022

Signed.....
James Sabin Interim Director of Finance

Date 22 June 2022

Independent auditor's report to the Council of Governors and Board of Directors of South West Yorkshire Partnership NHS Foundation Trust

Report on the audit of the financial statements

Opinion

In our opinion the financial statements of South West Yorkshire Partnership NHS Foundation Trust (the 'Foundation Trust') and its subsidiaries (the 'group'):

- give a true and fair view of the state of the group's and the Foundation Trust's affairs as at 31 March 2022 and of the group's and Foundation Trust's income and expenditure for the year then ended;
- have been properly prepared in accordance with the accounting policies directed by NHS Improvement – Independent Regulator of NHS Foundation Trusts; and
- have been prepared in accordance with the requirements of the National Health Service Act 2006.

We have audited the financial statements which comprise:

- the group and Foundation Trust statement of comprehensive income;
- the group and Foundation Trust statement of financial position;
- the group and Foundation Trust statements of changes in taxpayers' equity;
- the group and Foundation Trust statement of cash flows; 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 NHS Improvement – Independent Regulator of NHS Foundation Trusts.

Basis for opinion

We conducted our audit in accordance with International Standards on Auditing (UK) (ISAs (UK)), the Code of Audit Practice and applicable law. Our responsibilities under those standards are further described in the auditor's responsibilities for the audit of the financial statements section of our report.

We are independent of the group and the Foundation Trust in accordance with the ethical requirements that are relevant to our audit of the financial statements in the UK, including the Financial Reporting Council's (the 'FRC's') Ethical Standard, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Conclusions relating to going concern

In auditing the financial statements, we have concluded that the accounting officer's use of the going concern basis of accounting in the preparation of the financial statements is appropriate.

Based on the work we have performed, we have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on the group's and the Foundation Trust's ability to continue as a going concern for a period of at least twelve months from when the financial statements are authorised for issue.

Our responsibilities and the responsibilities of the directors with respect to going concern are described in the relevant sections of this report.

Independent auditor's report to the Council of Governors and Board of Directors of South West Yorkshire Partnership NHS Foundation Trust (continued)

The going concern basis of accounting for the group and the Foundation Trust is adopted in consideration of the requirements set out in the accounting policies directed by NHS Improvement – Independent Regulator of NHS Foundation Trusts, which require entities to adopt the going concern basis of accounting in the preparation of the financial statements where it is anticipated that the services which they provide will continue into the future.

Other information

The other information comprises the information included in the annual report, other than the financial statements and our auditor's report thereon. The accounting officer is responsible for the other information contained within the annual report. Our opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in our report, we do not express any form of assurance conclusion thereon.

Our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the course of the audit, or otherwise appears to be materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether this gives rise to a material misstatement in the financial statements themselves. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact.

We have nothing to report in this regard.

Responsibilities of accounting officer

As explained more fully in the statement of accounting officer's responsibilities, the accounting officer is responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view, and for such internal control as the accounting officer determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the accounting officer is responsible for assessing the group's and the Foundation Trust's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless they have been informed by the relevant national body of the intention to dissolve the Foundation Trust without the transfer of the Foundation Trust's services to another public sector entity.

Auditor's responsibilities for the audit of the financial statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

A further description of our responsibilities for the audit of the financial statements is located on the FRC's website at: www.frc.org.uk/auditorsresponsibilities. This description forms part of our auditor's report.

Independent auditor's report to the Council of Governors and Board of Directors of South West Yorkshire Partnership NHS Foundation Trust (continued)

Extent to which the audit was considered capable of detecting non-compliance with laws and regulations, including fraud

We design procedures in line with our responsibilities, outlined above, to detect material misstatements in respect of non-compliance with laws and regulations, including fraud. The extent to which our procedures are capable of detecting non-compliance with laws and regulations, including fraud is detailed below.

We considered the nature of the group and its control environment, and reviewed the group's documentation of their policies and procedures relating to fraud and compliance with laws and regulations. We also enquired of management and internal audit about their own identification and assessment of the risks of non-compliance with laws and regulations.

We obtained an understanding of the legal and regulatory framework that the group operates in, and identified the key laws and regulations that:

- had a direct effect on the determination of material amounts and disclosures in the financial statements. This included the National Health Service Act 2006; and
- do not have a direct effect on the financial statements but compliance with which may be fundamental to the group's ability to operate or to avoid a material penalty. These included the Data Protection Act 2018 and relevant employment legislation.

We discussed among the audit engagement team regarding the opportunities and incentives that may exist within the organisation for fraud and how and where fraud might occur in the financial statements.

As a result of performing the above, we identified the greatest potential for fraud or non-compliance with laws and regulations in the following areas, and our specific procedures performed to address it are described below:

- accruals recorded at 31 March 2022 and the timing of their recognition at year-end is subject to potential management bias: we tested a sample of accruals to supporting documentation to assess whether the liability had been incurred as at 31 March 2022.

In common with all audits under ISAs (UK), we are also required to perform specific procedures to respond to the risk of management override. In addressing the risk of fraud through management override of controls, we tested the appropriateness of journal entries and other adjustments; assessed whether the judgements made in making accounting estimates are indicative of a potential bias; and evaluated the business rationale of any significant transactions that are unusual or outside the normal course of business.

Independent auditor's report to the Council of Governors and Board of Directors of South West Yorkshire Partnership NHS Foundation Trust (continued)

In addition to the above, our procedures to respond to the risks identified included the following:

- reviewing financial statement disclosures by testing to supporting documentation to assess compliance with provisions of relevant laws and regulations described as having a direct effect on the financial statements;
- performing analytical procedures to identify any unusual or unexpected relationships that may indicate risks of material misstatement due to fraud;
- enquiring of management and internal audit concerning actual and potential litigation and claims, and instances of non-compliance with laws and regulations;
- reading minutes of meetings of those charged with governance and reviewing internal audit reports.

Report on other legal and regulatory requirements

Opinions on other matters prescribed by the National Health Service Act 2006

In our opinion:

- the parts of the Remuneration Report and Staff Report subject to audit have been prepared properly in accordance with the National Health Service Act 2006; and
- the information given in the Performance Report and the Accountability 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

Use of resources

Under the Code of Audit Practice and Schedule 10(1(d)) of the National Health Service Act 2006, we are required to report to you if we have not been able to satisfy ourselves that the Foundation Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources.

Our work in respect of the Foundation Trust's arrangements is not complete at the date of our report on the financial statements. We will report the outcome of our work on the Foundation Trust's arrangements and include any additional exception reporting in respect of significant weaknesses in our audit completion certificate and our separate Auditor's Annual Report. We are satisfied that the remaining work is unlikely to have a material impact on the financial statements.

Respective responsibilities of the accounting officer and auditor relating to the Foundation Trust's arrangements for securing economy, efficiency and effectiveness in the use of resources

The accounting officer is responsible for putting in place proper arrangements to secure economy, efficiency and effectiveness in the use of the Foundation Trust's resources.

We are required under the Code of Audit Practice and Schedule 10(1(d)) of the National Health Service Act 2006 to satisfy ourselves that the Foundation Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources.

We are not required to consider, nor have we considered, whether all aspects of the Foundation Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources are operating effectively.

Independent auditor's report to the Council of Governors and Board of Directors of South West Yorkshire Partnership NHS Foundation Trust (continued)

We undertake our work in accordance with the Code of Audit Practice, having regard to the guidance, published by the Comptroller & Auditor General in December 2021, as to whether the Foundation Trust has proper arrangements for securing economy, efficiency and effectiveness in the use of resources against the specified criteria of financial sustainability, governance, and improving economy, efficiency and effectiveness.

The Comptroller & Auditor General has determined that under the Code of Audit Practice, we discharge this responsibility by reporting by exception if we have reported to the Foundation Trust a significant weakness in arrangements to secure economy, efficiency and effectiveness in its use of resources for the year ended 31 March 2022 by the time of the issue of our audit report. Other findings from our work, including our commentary on the Foundation Trust's arrangements, will be reported in our separate Auditor's Annual Report.

Annual Governance Statement and compilation of financial statements

Under the Code of Audit Practice, we are required 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 is inconsistent with information of which we are aware from our audit; or
- proper practices have not been observed in the compilation of the financial statements.

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.

We have nothing to report in respect of these matters.

Reports in the public interest or to the regulator

Under the Code of Audit Practice, we are also required to report to you if:

- any matters have been reported in the public interest under Schedule 10(3) of the National Health Service Act 2006 in the course of, or at the end of the audit; or
- any reports to the regulator have been made under Schedule 10(6) of the National Health Service Act 2006 because we have reason to believe that the Foundation Trust, or a director or officer of the Foundation Trust, is about to make, or has made, a decision involving unlawful expenditure, or is about to take, or has taken, unlawful action likely to cause a loss or deficiency.

We have nothing to report in respect of these matters.

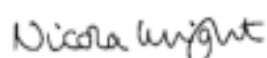
Independent auditor's report to the Council of Governors and Board of Directors of South West Yorkshire Partnership NHS Foundation Trust (continued)

Delay in certification of completion of the audit

We cannot formally conclude the audit and issue an audit certificate until we have completed our work in respect of the Foundation Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources (as reported in the Matters on which we are required to report by exception – Use of resources section of our report). We are satisfied that our remaining work in this area is unlikely to have a material impact on the financial statements or on our value for money conclusion.

Use of our report

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 Boards as a body, for our audit work, for this report, or for the opinions we have formed.



Nicola Wright (Key Audit Partner)
For and on behalf of Deloitte LLP
Appointed Auditor
Newcastle upon Tyne, United Kingdom
22 June 2022

Independent auditor's certificate of completion of the audit

Issue of opinion on the audit of the financial statements

In our audit report for the year ended 31 March 2022 issued on 22 June 2022 we reported that, in our opinion, the financial statements:

- gave a true and fair view of the state of the group's and the foundation trust's affairs as at 31 March 2022 and of the group's and foundation trust's income and expenditure for the year then ended;
- had been properly prepared in accordance with the accounting policies directed by NHS Improvement – Independent Regulator of NHS Foundation Trusts; and
- had been prepared in accordance with the requirements of the National Health Service Act 2006.

Foundation trust's arrangements for securing economy, efficiency and effectiveness in its use of resources

As part of our audit, we are required to report to you if we are not able to satisfy ourselves that the foundation trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources.

As at the date of issue of our audit report for the year ended 31 March 2022 issued on 22 June 2022, we had not completed our work on the foundation trust's arrangements, and had nothing to report in respect of this matter as at that date.

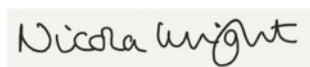
Certificate of completion of the audit

In our audit report for the year ended 31 March 2022 issued on 22 June 2022, we explained that we could not formally conclude the audit on that date until we had completed our work in respect of the foundation trust's arrangements for securing economy, efficiency and effectiveness in its use of resources. We have now completed our work in this area.

No matters have come to our attention since that date that would have a material impact on the financial statements on which we gave our opinion.

We have nothing to report in respect of the foundation trust's arrangements for securing economy, efficiency and effectiveness in its use of resources.

We certify that we have completed the audit of South West Yorkshire Partnership NHS Foundation Trust in accordance with the requirements of Chapter 5 of Part 2 of the National Health Service Act 2006 and the Code of Audit Practice.



Nicola Wright (Key Audit Partner)
For and on behalf of Deloitte LLP
Appointed Auditor
Newcastle upon Tyne, United Kingdom
22 September 2022

**STATEMENT OF COMPREHENSIVE INCOME FOR THE YEAR ENDED
31 March 2022**

		Group		Trust	
		Year Ended	Year Ended	Year Ended	Year Ended
		31 March 2022	31 March 2021	31 March 2022	31 March 2021
	Note	£000	£000	£000	£000
Operating income from patient care activities	5	286,397	244,603	286,397	244,603
Other operating income	5	15,386	23,081	14,784	22,553
Operating expenses	6	(290,038)	(261,860)	(290,026)	(261,638)
Operating surplus		11,745	5,824	11,155	5,518
Finance costs:					
Finance income	10	39	1	39	0
PDC dividends payable		(2,070)	(2,109)	(2,070)	(2,109)
NET FINANCE COSTS		(2,031)	(2,108)	(2,031)	(2,109)
Gains/(losses) on disposal of assets	13	1,154	(157)	1,154	(157)
SURPLUS FOR THE YEAR		10,868	3,559	10,278	3,252
Other comprehensive income / (expense)					
Will not be reclassified to income and expenditure:					
Impairments	27	2,881	(1,342)	2,881	(1,342)
Revaluations		0	(0)	0	(0)
TOTAL COMPREHENSIVE INCOME / (EXPENSE) FOR THE YEAR		13,749	2,217	13,159	1,910

The Group accounts are the consolidation of the Trust (South West Yorkshire Partnership NHS Foundation Trust) and EyUp! charity (see note 1.30 for more details).

The notes numbered 1 to 38 form part of these accounts.

		Group		Trust	
		31 March	31 March	31 March	31 March
		2022	2021	2022	2021
		£000	£000	£000	£000
STATEMENT OF FINANCIAL POSITION					
AS AT 31 March 2022					
	Note				
Non-current assets					
Intangible assets	14	298	158	298	158
Property, plant and equipment	15	106,610	102,731	106,610	102,731
Investment Property	16	0	0	0	0
Receivables	21	435	620	435	620
Total non-current assets		107,343	103,509	107,343	103,509
Current assets					
Inventories	20	189	173	189	173
Trade and other receivables	21	4,854	9,658	4,892	9,654
Non-current assets for sale and assets in disposal groups	17	1,500	345	1,500	345
Cash and cash equivalents	22	82,659	57,500	81,368	56,659
Total current assets		89,202	67,676	87,949	66,831
Current liabilities					
Trade and other payables	23.1	(40,987)	(32,482)	(41,190)	(32,503)
Provisions	25	(2,394)	(3,593)	(2,394)	(3,593)
Other liabilities	23.3	(6,480)	(3,981)	(6,480)	(3,981)
Total current liabilities		(49,861)	(40,056)	(50,064)	(40,077)
Total assets less current liabilities		146,684	131,129	145,228	130,263
Non-current liabilities					
Provisions	25	(5,321)	(3,755)	(5,321)	(3,755)
Total assets employed		141,363	127,374	139,907	126,508
Financed by					
Taxpayers' equity					
Public Dividend Capital		45,625	45,385	45,625	45,385
Revaluation reserve	27	13,156	10,597	13,156	10,597
Other reserves		5,220	5,220	5,220	5,220
Income and expenditure reserve		75,906	65,306	75,906	65,306
Others' equity					
Charitable fund reserves		1,456	866	0	0
Total taxpayers' and others' equity		141,363	127,374	139,907	126,508

The financial statements on pages 2 to 39 were approved by the Board of Directors and authorised for issue on the 22 June 2022 and signed on their behalf by:

Signed.... 
Mark Brooks Chief Executive

Date 22 June 2022

GROUP STATEMENT OF CHANGES IN TAXPAYERS' EQUITY FOR THE YEAR ENDED 31 MARCH 2022

	Note	Public Dividend Capital £000	Revaluation Reserve £000	Other Reserves £000	Income and Expenditure Reserve £000	Trust Total £000	Charitable Fund Reserve £000	Group Total £000
At 1 April 2021		45,385	10,597	5,220	65,306	126,508	866	127,374
Surplus for the year		0	0	0	11,369	11,369	(501)	10,868
Transfers between reserves	27	0	(300)	0	300	0	0	0
Impairments / Reversal of Impairments	12	0	2,881	0	0	2,881	0	2,881
Revaluations - property, plant and equipment	27	0	0	0	0	0	0	0
Transfer to retained earnings on disposal of assets	27	0	(22)	0	22	0	0	0
Public dividend capital received		240	0	0	0	240	0	240
Other reserve movements - charitable funds consolidation adjustment		0	0	0	(1,091)	(1,091)	1,091	0
Taxpayers' Equity at 31 March 2022		45,625	13,156	5,220	75,906	139,907	1,456	141,363

	Note	Public Dividend Capital £000	Revaluation Reserve £000	Other Reserves £000	Income and Expenditure Reserve £000	Trust Total £000	Charitable Fund Reserve £000	Group Total £000
At 1 April 2020		44,972	12,397	5,220	61,596	124,185	559	124,744
Surplus for the year		0	0	0	3,595	3,595	(36)	3,559
Transfers between reserves	27	0	(458)	0	458	0	0	0
Impairments / Reversal of Impairments	12	0	(1,342)	0	0	(1,342)	0	(1,342)
Revaluations - property, plant and equipment	27	0	0	0	0	0	0	0
Transfer to retained earnings on disposal of assets	27	0	0	0	0	0	0	0
Public dividend capital received		413	0	0	0	413	0	413
Other reserve movements - charitable funds consolidation adjustment		0	0	0	(343)	(343)	343	0
Taxpayers' Equity at 31 March 2021		45,385	10,597	5,220	65,306	126,508	866	127,374

TRUST STATEMENT OF CHANGES IN TAXPAYERS' EQUITY

		Public Dividend Capital £000	Revaluation Reserve £000	Other Reserves £000	Income and Expenditure Reserve £000	Trust Total £000
At 1 April 2021		45,385	10,597	5,220	65,306	126,508
Surplus for the year		0	0	0	10,278	10,278
Transfers between reserves	27	0	(300)	0	300	0
Impairments / Reversal of Impairments	12	0	2,881	0	0	2,881
Revaluations - property, plant and equipment	27	0	0	0	0	0
Transfer to retained earnings on disposal of assets	27	0	(22)	0	22	0
Public dividend capital received		240	0	0	0	240
Taxpayers' Equity at 31 March 2022		45,625	13,156	5,220	75,906	139,907

		Public Dividend Capital £000	Revaluation Reserve £000	Other Reserves £000	Income and Expenditure Reserve £000	Trust Total £000
At 1 April 2020		44,972	12,397	5,220	61,596	124,185
Surplus for the year		0	0	0	3,252	3,252
Transfers between reserves	27	0	(458)	0	458	0
Impairments / Reversal of Impairments	12	0	(1,342)	0	0	(1,342)
Revaluations - property, plant and equipment	27	0	0	0	0	0
Transfer to retained earnings on disposal of assets	27	0	0	0	0	0
Public dividend capital received		413	0	0	0	413
Taxpayers' Equity at 31 March 2021		45,385	10,597	5,220	65,306	126,508

Information on reserves

Public dividend capital

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 organisation. Additional PDC may also be issued to trusts by the Department of Health and Social Care. A charge, reflecting the cost of capital utilised by the Trust, is payable to the Department of Health and Social Care as the public dividend capital dividend.

Revaluation reserve

Increases in asset values arising from revaluations are recognised in the revaluation reserve, except where, and to the extent that, they reverse impairments previously recognised in operating expenses, in which case they are recognised in operating income. Subsequent downward movements in asset valuations are charged to the revaluation reserve to the extent that a previous gain was recognised unless the downward movement represents a clear consumption of economic benefit or a reduction in service potential.

Other reserves

The Other Reserve within taxpayers' 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.

Income and expenditure reserve

The balance of this reserve is the accumulated surpluses and deficits of the Trust.

Charitable funds reserve

This reserve comprises the ring-fenced funds held by the NHS charitable funds consolidated within these financial statements. These reserves are classified as restricted or unrestricted; a breakdown is provided in note 16.3

STATEMENT OF CASH FLOWS FOR THE YEAR ENDED
31 March 2022

	Note	Group		Trust	
		Year Ended 31 March 2022	Year Ended 31 March 2021	Year Ended 31 March 2022	Year Ended 31 March 2021
		£000	£000	£000	£000
Cash flows from operating activities					
Operating surplus from continuing operations		11,745	5,824	11,155	5,518
Operating surplus		11,745	5,824	11,155	5,518
Non-cash income and expense:					
Depreciation and amortisation	6	7,126	6,233	7,126	6,233
Net impairments	6	(1,213)	1,389	(1,213)	1,389
Income recognised in respect of capital donations (cash and non-cash)		(19)	0	(19)	0
Decrease in receivables	21	4,401	2,063	4,366	2,062
(Increase)/Decrease in Inventories	20	(16)	65	(16)	65
Increase in Trade and Other Payables	23	7,313	10,533	7,482	10,583
Increase in Other Liabilities	23	2,499	2,519	2,499	2,519
Increase/(Decrease) in Provisions	25	367	(1,375)	367	(1,375)
NHS Charitable Funds - net adjustments for working capital movements, non-cash transactions and non-operating cash flows		(6)	(21)	0	0
NET CASH GENERATED FROM OPERATIONS		32,197	27,230	31,747	26,994
Cash flows used in investing activities					
Interest received	10	39	0	39	0
Purchase of intangible assets	14	(188)	(55)	(188)	(55)
Purchase of Property, Plant and Equipment		(7,139)	(4,556)	(7,139)	(4,556)
Sale of Property, Plant and Equipment and Investment Property		1,499	186	1,499	186
NHS Charitable Funds - net cash used in investing activities		0	1	0	0
Net cash generated from/(used in) investing activities		(5,789)	(4,424)	(5,789)	(4,425)
Cash flows used in financing activities					
Public dividend capital received		240	413	240	413
PDC dividend paid		(1,489)	(2,740)	(1,489)	(2,740)
Net cash generated used in financing activities		(1,249)	(2,327)	(1,249)	(2,327)
Increase in cash and cash equivalents	22	25,159	20,479	24,709	20,242
Cash and cash equivalents at 1 April		57,500	37,021	56,659	36,417
Cash and cash equivalents at 31 March		82,659	57,500	81,368	56,659

Notes to the Accounts - 1. Accounting Policies

1 Accounting Policies

NHS Improvement, in exercising the statutory functions conferred on Monitor, has directed that the financial statements of the Trust shall meet the accounting requirements of the Department of Health and Social Care Group Accounting Manual (GAM) which shall be agreed with HM Treasury. Consequently, the following financial statements have been prepared in accordance with the DHSC GAM 2021/22 issued by the Department of Health and Social Care. The accounting policies contained in the GAM follow International Financial Reporting Standards to the extent that they are meaningful and appropriate to the NHS, as determined by HM Treasury, which is advised by the Financial Reporting Advisory Board. Where the GAM permits a choice of accounting policy, the accounting policy that is judged to be most appropriate to the particular circumstances of the Trust for the purpose of giving a true and fair view has been selected. The particular policies adopted are described below. These have been applied consistently to the extent that they are meaningful and appropriate to NHS Foundation Trusts. These have been applied consistently in dealing with items considered material in relation to the accounts.

These accounts are prepared and presented in GBP in round thousand pounds (£).

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.

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.

The most significant estimate within the accounts is the value of land and buildings. In accordance with International Accounting Standards, a full property valuation is carried out on the Trust's land and buildings every 5 years, with an intervening annual desktop valuation. The Trust has as at the 31st December 2021 undertaken a valuation on an alternative site basis after taking advice from a RICS qualified valuer, the District Valuer Services (DVS), on suitable indices to apply to reflect changes in the building costs and local land price movements since the date of the last valuation. The Trust continues to judge it to be appropriate to use its assumptions regarding the location of a hypothetical site for the hospital when performing the modern equivalent asset valuation. The next full revaluation is due December 2023.

Assets held at depreciated replacement cost have been valued on an alternative site basis where this would meet the location requirements of the services being provided.

Valuations do not take into account future potential changes in market value which cannot be predicted with any certainty therefore, between valuations, management reviews the values for any material changes and makes judgements about market changes and assesses whether the carrying amount does not differ materially from that which would be expected using fair value at the end of the reporting period. The review of the estate values carried out in 2021/22 resulted in an overall increase in the revaluation reserve of £2.9m.

The valuation exercise was carried out in December 2021 with a valuation date of 31 December 2021. In applying the Royal Institute of Chartered Surveyors (RICS) Valuation Global Standards 2020 ('Red Book'), the valuer has not declared any 'material valuation uncertainty' in the valuation report. The values in the report have been used to inform the measurement of property assets at valuation in these financial statements.

Notes to the Accounts - 1. Accounting Policies (Continued)

1.4 Revenue from contracts with customers

Where income is derived from contracts with customers, it is accounted for under IFRS 15. The GAM expands the definition of a contract to include legislation and regulations which enables an entity to receive cash or another financial asset that is not classified as a tax by the Office of National Statistics (ONS).

Revenue in respect of goods/services provided is recognised when (or as) performance obligations are satisfied by transferring promised goods/services to the customer and is measured at the amount of the transaction price allocated to those performance obligations. At the year end, the Trust accrues income relating to performance obligations satisfied in that year. Where the Trust's entitlement to consideration for those goods or services is unconditional a contract receivable will be recognised. Where entitlement to consideration is conditional on a further factor other than the passage of time, a contract asset will be recognised. Where consideration received or receivable relates to a performance obligation that is to be satisfied in a future period, the income is deferred and recognised as a contract liability.

Revenue from NHS contracts

The main source of income for the Trust is contracts with commissioners for healthcare services. In 2021/22 and 2020/21, the majority of the Trust's income from NHS commissioners was in the form of block contract arrangements. The Trust receives block funding from its commissioners, where funding envelopes are set at an Integrated Care System level. For the first half of the 2020/21 comparative year these blocks were set for individual NHS providers directly, but the revenue recognition principles are the same. The related performance obligation is the delivery of healthcare and related services during the period, with the Trust's entitlement to consideration not varying based on the levels of activity performed.

The Trust has received additional income outside of the block and system envelopes to reimburse specific costs incurred and other income top-ups to support the delivery of services. Reimbursement and top-up income is accounted for as variable consideration.

In 2021/22, the Elective Recovery Fund enabled systems to earn income linked to the achievement of elective activity targets including funding any increased use of independent sector capacity. Income earned by the system is distributed between individual entities by local agreement. Income earned from the fund is accounted for as variable consideration.

Where income is received for a specific performance obligation that is to be satisfied in the following year, that income is deferred. The method adopted to assess progress towards the complete satisfaction of a performance obligation is an Output method. Output methods recognise revenue on the basis of direct measurements of the value to the customer of the goods or services transferred to date, relative to the remaining goods or services promised under the contract. The Trust assesses the measure of performance completed to date.

Income from the sale of non-current assets is recognised only when all material conditions of sale have been met, and is measured as the sums due under the sale contract.

Mental health provider collaboratives

NHS led provider collaboratives for specialised mental health, learning disability and autism services involve a lead NHS provider taking responsibility for managing services, care pathways and specialised commissioning budgets for a population. As lead provider for West Yorkshire Adult Secure Collaborative, the Trust is accountable to NHS England and Improvement and as such recognises the income and expenditure associated with the commissioning of services from other providers in these accounts. Where the Trust is the provider of commissioned services, this element of income is recognised in respect of the provision of services, after eliminating internal transactions.

Revenue from research contracts

Where research contracts fall under IFRS 15, revenue is recognised as and when performance obligations are satisfied. For some contracts, it is assessed that the revenue project constitutes one performance obligation over the course of the multi-year contract. In these cases it is assessed that the Trust's interim performance does not create an asset with alternative use for the Trust, and the Trust has an enforceable right to payment for the performance completed to date. It is therefore considered that the performance obligation is satisfied over time, and the Trust recognises revenue each year over the course of the contract. Some research income alternatively falls within the provisions of IAS 20 for government grants.

Notes to the Accounts - 1. Accounting Policies (Continued)

1.5 Other forms of income

Grants and donations

Government grants are grants from government bodies other than income from commissioners or trusts for the provision of services. Where a grant is used to fund revenue expenditure it is taken to the Statement of Comprehensive Income to match that expenditure. Where the grant is used to fund capital expenditure, it is credited to the consolidated statement of comprehensive income once conditions attached to the grant have been met. Donations are treated in the same way as government grants.

Apprenticeship service income

The value of the benefit received when accessing funds from the government's apprenticeship service is recognised as income at the point of receipt of the training service. Where these funds are paid directly to an accredited training provider from the Trust's Digital Apprenticeship Service (DAS) account held by the Department for Education, the corresponding notional expense is also recognised at the point of recognition for the benefit.

1.6 Expenditure on employee benefits

Short-term employee benefits

Salaries, wages and employment related payments such as social security costs and the apprenticeship levy are recognised in the period in which the service is received from employees. The cost of annual leave entitlement 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.

Pension costs

NHS Pension scheme

Past and present employees are covered by the provisions of the two NHS Pension schemes. Both schemes are unfunded, defined benefit schemes that cover NHS employer, general practices and other bodies, allowed under the direction of the Secretary of State for Health and Social Care in England and Wales. The scheme is not designed in a way that would enable employers to identify their share of the underlying scheme assets and liabilities. Therefore, the scheme is accounted for as though it is a defined contribution scheme: the cost to the Trust is taken as equal to the employer's pension contributions payable to the scheme for the accounting period. The contributions are charged to operating expenses as they become due.

Additional pension liabilities arising from early retirements are not funded by the scheme except where the retirement is due to ill-health. The full amount of the liability for the additional costs is charged to the operating expenses at the time the Trust commits itself to the retirement, regardless of the method of payment.

The schemes are subject to a full actuarial valuation every four years and an accounting valuation every year.

1.7 Expenditure on other goods and services

Expenditure on goods and services is recognised when, and to the extent that they have been received, and is measured at the fair value of these goods and services.

Expenditure is recognised in operating expenses except where it results in the creation of a non-current asset such as property, plant and equipment.

1.8 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 provided 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)

Subsequent expenditure

Subsequent expenditure relating to an item of property, plant and equipment is recognised as an increase in the carrying amount of the asset when it is probable that additional future economic benefits or service potential deriving from the cost incurred to replace a component of such item will flow to the enterprise and the cost of the item can be determined reliably. Where a component of an asset is replaced, the cost of the replacement is capitalised if it meets the criteria for recognition above. The carrying amount of the part replaced is de-recognised. Other expenditure that does not generate additional future economic benefits or service potential, such as repairs and maintenance is charged to the Statement of Comprehensive Income in the period in which it is incurred.

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. Land, buildings and dwellings are measured subsequently at valuation.

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; and
- Specialised buildings – depreciated replacement cost or Modern Equivalent Asset (MEA).

The Trust has obtained the valuation for specialised assets based on the optimised MEA assumption as suggested in IAS 16 (Property, Plant and Equipment). In practical terms, this means assessing if:

- the location of the services could be moved to a more cost effective locality;
- the building layout is inefficient, what would the floor space be in order to deliver the same services; and
- the building footprint reduced, could the land area reduce accordingly.

During 2021/22 the periodic revaluation of estate has been completed by the District Valuer as at 31st December 2021. This was a desktop exercise with the exception of any buildings with material works (major capital schemes) completed since 31 March 2021.

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.

IT equipment, transport equipment, furniture and fittings, and plant and machinery that are held for operational use are valued at depreciated historic cost where these assets have short useful lives or low values or both, as this is not considered to be materially different from current value in existing use.

Depreciation

Items of property, plant and equipment are depreciated over their remaining useful lives in a manner consistent with the consumption of economic or service delivery benefits. Freehold land is considered to have an infinite life and is not depreciated.

Property, plant and equipment which have been reclassified as 'held for sale' cease to be depreciated upon the reclassification. Assets in the course of construction and residual interests in off-Statement of Financial Position PFI contract assets are not depreciated until the asset is brought into use or reverts to the Trust, respectively.

Notes to the Accounts - 1. Accounting Policies (Continued)

Revaluation gains and losses

Revaluation gains are recognised in the revaluation reserve, except where, and to the extent that, they reverse a revaluation decrease that has previously been recognised in operating expenses, in which case they are recognised in operating expenditure.

Revaluation losses are charged to the revaluation reserve to the extent that there is an available balance for the asset concerned, and thereafter are charged to operating expenses.

Gains and losses recognised in the revaluation reserve are reported in the Statement of Comprehensive Income as an item of 'other 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.

In accordance with the DHSC GAM, impairments that arise from a clear consumption of economic benefits or of service potential in the asset are charged to operating expenses. A compensating transfer is made from the revaluation reserve to the income and expenditure reserve of an amount equal to the lower of (i) the impairment charged to operating expenses; and (ii) the balance in the revaluation reserve attributable to that asset before the impairment.

An impairment that arises from a clear consumption of economic benefit or of service potential is reversed when, and to the extent that, the circumstances that gave rise to the loss is reversed. Reversals are recognised in operating expenditure to the extent that the asset is restored to the carrying amount it would have had if the impairment had never been recognised. Any remaining reversal is recognised in the revaluation reserve. Where, at the time of the original impairment, a transfer was made from the revaluation reserve to the income and expenditure reserve, an amount is transferred back to the revaluation reserve when the impairment reversal is recognised.

Other impairments are treated as revaluation losses. Reversals of other impairments are treated as revaluation gains.

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;
- 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.

Notes to the Accounts - 1. Accounting Policies (Continued)

Donated and 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.

This includes assets donated to the Trust by the Department of Health and Social Care as part of the response to the coronavirus pandemic. As defined in the GAM, the Trust applies the principle of donated asset accounting to assets that the Trust controls and is obtaining economic benefits from at the year end.

Useful lives of property, plant and equipment

Useful lives reflect the total life of an asset and not the remaining life of an asset. The range of useful lives are shown in the table below:

	Min life Years	Max life Years
Buildings, excluding dwellings	2	103
Plant & machinery	2	10
Transport equipment	0	7
Information technology	3	6
Furniture & fittings	1	10

1.9 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 £5,000.

Internally generated goodwill, brands, mastheads, publishing titles, customer lists, research 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 Trust has 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.

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, other than software licences, are measured at current value in existing use. When no active market exists, intangible assets are valued at the lower of depreciated replacement cost and the value in use where the asset is income generating. Revaluation gains and losses and impairments are treated in the same manner as for property, plant and equipment. The Trust currently has no intangible assets other than Software licences which are carried at depreciated historic cost.

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.

Useful lives of 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.

1.10 Investment Property

Trust property, classed as Investment Property under IAS 40 (Investment Property), is valued at fair value (being current market value). These assets are revalued annually with any gain / losses actioned through the Statement of Comprehensive Income (SCI). The Trust held one piece of land as investment property which was disposed of in 2020/21.

Notes to the Accounts - 1. Accounting Policies (Continued)

1.11 Borrowing costs

Borrowing costs are recognised as expenses as they are incurred. The Trust currently has no borrowing costs.

1.12 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.

The Trust has one donated asset. This was a piece of equipment purchased by the Trust charity for a ward in 2016 / 2017.

1.13 Revenue government and other grants

Government grants are grants from government bodies other than revenue from commissioners or 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 they relate.

The Trust has recognised government grants in year for the personal, protective equipment (PPE) received from the Department of Health and Social Care in response to the COVID pandemic and for some low value equipment assets, under the capitalisation threshold.

1.14 Leases

Leases are classified as finance leases when substantially all the risks and rewards of ownership are transferred to the lessee. The Trust currently has no finance leases. All other leases are classified as operating leases.

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.

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.

1.15 Inventories

Inventories are valued at the lower of cost and net realisable value using the first-in first-out (FIFO) cost formula. This is considered to be a reasonable approximation to fair value due to the high turnover of inventory. Low value consumables are classed as immaterial and not included in inventories.

1.16 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.

Notes to the Accounts - 1. Accounting Policies (Continued)

1.17 Provisions

Provisions are recognised when the Trust has a present legal or constructive obligation, of uncertain timing or amount, 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 minus 1.30% in real terms for voluntary early retirement and injury benefit (prior year: minus 0.95%).

1.18 Clinical negligence costs

NHS Resolution operates a risk pooling scheme under which the Trust pays an annual contribution to NHS Resolution which in return settles all clinical negligence claims. The contribution is charged to expenditure. Although NHS Resolution is administratively responsible for all clinical negligence cases the legal liability remains with the Trust. The total value of clinical negligence provisions carried by NHS Resolution on behalf of the Trust is disclosed in the notes to the accounts (Note 25) but is not recognised in the Trust's accounts.

1.19 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 Resolution 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.

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 (see note 26.2).

Where the time value of money is material, contingencies are disclosed at their present value.

1.21 Financial assets and financial liabilities

Recognition

Financial assets and financial liabilities arise where the Trust is party to the contractual provisions of a financial instrument, and as a result has a legal right to receive or a legal obligation to pay cash or another financial instrument. The GAM expands the definition of a contract to include legislation and regulations which give rise to arrangements that in all other respects would be a financial instrument and do not give rise to transactions classified as a tax by ONS.

This includes 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 and are recognised when, and to the extent which, performance occurs, i.e., when receipt or delivery of the goods or services is made.

Notes to the Accounts - 1. Accounting Policies (Continued)

1.22 Classification and measurement

Financial assets and financial liabilities are initially measured at fair value plus or minus directly attributable transaction costs except where the asset or liability is not measured at fair value through income and expenditure. Fair value is taken as the transaction price, or otherwise determined by reference to quoted market prices or valuation techniques.

Financial assets or financial liabilities in respect of assets acquired or disposed of through finance leases are recognised and measured in accordance with the accounting policy for leases described below.

Financial assets are classified as subsequently measured at fair value through income and expenditure.

Financial liabilities are classified as subsequently measured at fair value through income and expenditure.

Financial assets and financial liabilities at amortised cost

Financial assets and financial liabilities at amortised cost are those held with the objective of collecting contractual cash flows and where cash flows are solely payments of principal and interest. This includes cash equivalents, contract and other receivables, trade and other payables, rights and obligations under lease arrangements and loans receivable and payable.

After initial recognition, these financial assets and financial liabilities are measured at amortised cost using the effective interest method less any impairment (for financial assets). The effective interest rate is the rate that exactly discounts estimated future cash payments or receipts through the expected life of the financial asset or financial liability to the gross carrying amount of a financial asset or to the amortised cost of a financial liability.

Interest revenue or expense is calculated by applying the effective interest rate to the gross carrying amount of a financial asset or amortised cost of a financial liability and recognised in the Statement of Comprehensive Income as financing income or expense.

Impairment of financial assets

For all financial assets measured at amortised cost including lease receivables, contract receivables and contract assets or assets measured at fair value through other comprehensive income, the Trust recognises an allowance for expected credit losses.

The Trust adopts the simplified approach to impairment for contract and other receivables, contract assets and lease receivables, measuring expected losses as at an amount equal to lifetime expected losses. For other financial assets, the loss allowance is initially measured at an amount equal to 12-month expected credit losses (stage 1) and subsequently at an amount equal to lifetime expected credit losses if the credit risk assessed for the financial asset significantly increases (stage 2).

The Trust has adopted a provision matrix based on historical loss experience, the calculation for this is based on the sales invoices raised in the financial year 2019/20. The Trust identified 3 main groups of debtors which are payroll/salary sacrifice, local council and other.

For financial assets that have become credit impaired since initial recognition (stage 3), expected credit losses at the reporting date are measured as the difference between the asset's gross carrying amount and the present value of estimated future cash flows discounted at the financial asset's original effective interest rate.

Expected losses are charged to operating expenditure within the Statement of Comprehensive Income and reduce the net carrying value of the financial asset in the Statement of Financial Position.

Derecognition

Financial assets are de-recognised when the contractual rights to receive cash flows from the assets have expired or the Trust has transferred substantially all the risks and rewards of ownership.

Financial liabilities are de-recognised when the obligation is discharged, cancelled or expires.

Notes to the Accounts - 1. Accounting Policies (Continued)

1.23 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.

1.24 Foreign Exchange

The Trust's functional currency and presentational currency is sterling. Transactions denominated in a foreign currency are translated into sterling at the exchange rate ruling on the dates of the transactions. At the end of the reporting period, monetary items denominated in foreign currencies are retranslated at the spot exchange rate on 31 March. Resulting exchange gains and losses for either of these are recognised in the Trust's surplus/deficit in the period in which they arise.

1.25 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 22 to the accounts in accordance with the requirements of HM Treasury's FReM.

1.26 Public Dividend Capital ("PDC") and PDC dividend

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 Instruments: Presentation).

The Secretary of State can issue new PDC to, and require repayments of PDC from, the Trust. PDC is recorded at the value received.

A charge, reflecting the cost of capital utilised by the 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 Trust during the financial year. Relevant net assets are calculated as the value of all assets less the value of all liabilities, with certain additions and deductions as defined by the Department of Health and Social Care.

This policy is available at <https://www.gov.uk/government/publications/guidance-on-financing-available-to-nhs-trusts-and-foundation-trusts>.

In accordance with the requirements laid down by the Department of Health and Social Care (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.

1.27 Taxpayers' Equity - Other Reserve

The Other Reserve within taxpayers' 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.

1.28 Gifts

Gifts are items that are voluntarily donated, with no preconditions and without the expectation of any return. Gifts include all transactions economically equivalent to free and unremunerated transfers, such as the loan of an asset for its expected useful life, and the sale or lease of assets at below market value.

1.29 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.

Notes to the Accounts - 1. Accounting Policies (Continued)

1.30 Consolidation

NHS Charitable Fund

The NHS Foundation Trust is the corporate trustee to EyUp! (previous name of 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 is exposed to or has rights to variable returns and other benefits for itself, patients and staff from its involvement with the charitable fund and has the ability to affect those returns and other benefits through its power over the fund.

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 Financial Reporting Standard (FRS) 102. 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.

Other Subsidiaries

Subsidiary entities are those over which the Trust is exposed to, or has rights to, variable returns from its involvement with the entity and has the ability to affect those returns through its power over the entity. The income, expenses, assets, liabilities, equity and reserves of subsidiaries are consolidated in full into the appropriate financial statement lines. The capital and reserves attributable to minority interests are included as a separate item in the Statement of Financial Position.

The amounts consolidated are drawn from the published financial statements of the subsidiaries for the year except where a subsidiary's financial year end is before 1 January or after 1 July in which case the actual amounts for each month of the Trust's financial year are obtained from the subsidiary and consolidated.

Where subsidiaries' accounting policies are not aligned with those of the Trust (including where they report under UK FRS 102) then amounts are adjusted during consolidation where the differences are material. Inter-entity balances, transactions and gains/losses are eliminated in full on consolidation.

Subsidiaries which are classified as held for sale are measured at the lower of their carrying amount and fair value less costs to sell.

The Trust has a single subsidiary, EyUp!, as described above and has entered into no other arrangements which give rise to associates, joint ventures or joint operations.

Charity Reserve

The Charity Reserve is the balance of funds held by the charity, with both restricted and unrestricted funds. This reserve is used for the furtherance of the objectives of the charity.

1.31 Accounting standards and amendments issued but not yet adopted

The DHSC GAM does not require the following Standards and Interpretations to be applied in 2021/22. These standards are still subject to HM Treasury Financial Reporting Manual adoption, with IFRS 16 being for implementation in 2022/23 and the government implementation date for IFRS 17 still subject to HM Treasury consideration.

IFRS 16 Leases - effective 2022 / 2023

IFRS 17 Insurance Contracts - effective 2023 / 2024

IFRS 16 Leases

IFRS 16 Leases will replace IAS 17 Leases, IFRIC 4 Determining whether an arrangement contains a lease and other interpretations and is applicable in the public sector for periods beginning 1 April 2022. The standard provides a single accounting model for lessees, recognising a right of use asset and obligation in the statement of financial position for most leases: some leases are exempt through application of practical expedients explained below. For those recognised in the statement of financial position the standard also requires the remeasurement of lease liabilities in specific circumstances after the commencement of the lease term. For lessors, the distinction between operating and finance leases will remain and the accounting will be largely unchanged.

IFRS 16 changes the definition of a lease compared to IAS 17 and IFRIC 4. The Trust will apply this definition to new leases only and will grandfather its assessments made under the old standards of whether existing contracts contain a lease.

On transition to IFRS 16 on 1 April 2022, the trust will apply the standard retrospectively without restatement and with the cumulative effect of initially applying the standard recognised in the income and expenditure reserve at that date. For existing operating leases with a remaining lease term of more than 12 months and an underlying asset value of at least £5,000, a lease liability will be recognised equal to the value of remaining lease payments discounted on transition at the Trust's incremental borrowing rate. The Trust's incremental borrowing rate will be defined by HM Treasury. For 2022, this rate is 0.95%. The related right of use asset will be measured equal to the lease liability adjusted for any prepaid or accrued lease payments. For existing peppercorn leases not classified as finance leases, a right of use asset will be measured at current value in existing use or fair value. The difference between the asset value and the calculated lease liability will be recognised in the income and expenditure reserve on transition. No adjustments will be made on 1 April 2022 for existing finance leases.

For leases commencing in 2022/23, the Trust will not recognise a right of use asset or lease liability for short term leases (less than or equal to 12 months) or for leases of low value assets (less than £5,000). Right of use assets will be subsequently measured on a basis consistent with owned assets and depreciated over the length of the lease term.

Notes to the Accounts - 1. Accounting Policies (Continued)

The Trust has estimated the impact of applying IFRS 16 in 2022/23 on the opening statement of financial position and the in-year impact on the statement of comprehensive income and capital additions as follows:

	£000
Estimated impact on 1 April 2022 statement of financial position	
Additional right of use assets recognised for existing operating leases	56,174
Additional lease obligations recognised for existing operating leases	(53,382)
Net impact on net assets on 1 April 2022	2,792
Estimated in-year impact in 2022/23	
Additional depreciation on right of use assets	(7,163)
Additional finance costs on lease liabilities	(478)
Lease rentals no longer charged to operating expenditure	7,083
Estimated impact on surplus / deficit in 2022/23	(558)
Estimated increase in capital additions for new leases commencing in 2022/23	353

1.32 Going Concern

These accounts are prepared on a going concern basis (Note 38). The financial reporting framework applicable to NHS bodies, derived from the HM Treasury Financial Reporting Manual, defines that the anticipated continued provision of the entity's services in the public sector is normally sufficient evidence of going concern. The directors have a reasonable expectation that this will continue to be the case. This was confirmed by the Trust Board in April 2022.

2. Pooled budgets

The Group and Trust has no pooled budgets.

3. Operating segments

Segmental reporting disclosures relate to where operating segments are components of the organisation about which separate financial information is available and are regularly evaluated by the chief operating decision maker (the Trust Board) in deciding how to allocate resources and assessing performance.

The Trust is primarily a provider of NHS healthcare services and from 1st October 2021 became the Lead Provider for the West Yorkshire Adult Secure Collaborative, which commissions services on behalf of NHS England.

As a result of this the Trust has 2 operating segments from 2021/22. There is no restatement for 2020/21 as there was only one segment. We do not report Assets or Liabilities to the Chief Operating Decision Maker and therefore they are not included in this note.

	Lead Provider External Partners Year Ended 31 March 2022 Total £000	Lead Provider Internal Trust Year Ended 31 March 2022 Total £000	Trust Year Ended 31 March 2022 Total £000	Total Year Ended 31 March 2022 Total £000
Operating Income	27,127	0	274,054	301,181
Inter-Segment Income	(10,727)	10,727	0	0
Total Income	16,400	10,727	274,054	301,181
Operating Expenditure	(16,400)	(10,727)	(262,899)	(290,026)
Operating Surplus	<u>0</u>	<u>0</u>	<u>11,155</u>	<u>11,155</u>

4. Income generation activities

The Group and Trust does not undertake any significant income generation activities.

5 OPERATING INCOME

5.1 Income from activities comprises

	Group & Trust	
	Year Ended	Year Ended
	31 March 2022	31 March 2021
	Total	Total
	£000	£000
NHS England	55,270	40,163
Clinical commissioning groups	216,865	190,794
NHS Foundation Trusts	1,414	211
NHS Trusts	1,861	1,889
Local Authorities	5,290	5,246
Non NHS: Private Patients	1	0
Non NHS: Other	5,696	6,300
Total income from activities	286,397	244,603

5.2 Analysis of income from activities

	Group & Trust	
	Year Ended	Year Ended
	31 March 2022	31 March 2021
	Total	Total
	£000	£000
Block Contract / system envelope income - Mental Health Services	202,270	185,765
Services delivered as part of a mental health collaborative	10,727	0
Income for commissioning services from other providers as a mental health collaborative lead provider	16,400	0
Clinical partnerships providing mandatory services	3,133	1,889
Clinical income for the secondary commissioning of mandatory services	6,137	6,238
Block Contract / system envelope income - Community Services	33,603	33,811
Income from other sources - Community Services	5,578	5,551
Private Patient Income	1	0
Elective Recovery Fund	287	0
Additional pension contribution central funding	8,261	7,814
Other clinical income	0	3,535
Total income from activities	286,397	244,603

5.3 Other operating income

	Group	Group	Trust	Trust
	Year Ended	Year Ended	Year Ended	Year Ended
	31 March 2022	31 March 2021	31 March 2022	31 March 2021
	Total	Total	Total	Total
	£000	£000	£000	£000
Other operating income recognised in accordance with IFRS 15				
Research and development (IFRS 15)	395	194	395	194
Education and training (excluding notional apprenticeship levy income)	4,974	4,775	4,974	4,775
Non-patient care services to other bodies	1,326	0	1,326	0
Reimbursement and top up funding	304	8,928	304	8,928
Income in respect of staff costs where accounted for on a gross basis	2,065	1,886	2,065	1,886
Other (recognised in accordance with IFRS 15)*	4,887	4,052	4,887	4,052
Other operating income recognised in accordance with other standards				
Education and training - notional income from apprenticeship fund	553	440	553	440
Donated equipment from DHSC/UKHSA for COVID response (non-cash)	19	0	19	0
Contributions to expenditure - receipt of equipment donated from DHSC for COVID	22	15	22	15
Contributions to expenditure - consumables (inventory) donated from DHSC group	239	2,263	239	2,263
NHS Charitable Funds - Incoming Resources excluding investment income	602	528	0	0
Total other operating income	15,386	23,081	14,784	22,553
Total operating income	301,783	267,684	301,181	267,156

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

	Group	Group	Trust	Trust
	Year Ended	Year Ended	Year Ended	Year Ended
	31 March 2022	31 March 2021	31 March 2022	31 March 2021
	Total	Total	Total	Total
	£000	£000	£000	£000
* Analysis of Other Operating Income (recognised in accordance with IFRS 15):				
Other				
Estates recharges	14	40	14	40
IT recharges	58	5	58	5
Staff contributions to employee benefit schemes	1,677	1,907	1,677	1,907
Catering	184	155	184	155
Pharmacy sales	76	0	76	0
Property rentals	97	86	97	86
Other	2,781	1,859	2,781	1,859
Total	4,887	4,052	4,887	4,052

5.4 Income from activities from Commissioner Requested Services and all other services

Under the terms of its provider licence, the Trust is required to analyse the level of income from activities that has arisen from commissioner requested and non-commissioner requested services. Commissioner requested services are defined in the provider licence and are services that commissioners believe would need to be protected in the event of provider failure. This information is provided in the table below:

	Group	Group	Trust	Trust
	Year Ended	Year Ended	Year Ended	Year Ended
	31 March 2022	31 March 2021	31 March 2022	31 March 2021
	Total	Total	Total	Total
	£000	£000	£000	£000
Income from Commissioner Requested Services	286,397	244,603	286,397	244,603
Income from non-Commissioner Requested Services	15,386	23,081	14,784	22,553
Total Income	301,783	267,684	301,181	267,156

5.5 Operating lease income

The Group and Trust earned no income from operating leases in 2021/22 or in 2020/21.

5.6 Additional information on contract revenue (IFRS 15) recognised in the period

	Group & Trust Total 2021/22 £000	Group & Trust Total 2020/21 £000
Revenue recognised in the reporting period that was previously included in the contract liability balance (i.e. release of deferred IFRS 15 income)	3,356	308
Revenue recognised in the reporting period from performance obligations satisfied (or partially satisfied) in previous periods (e.g. changes in transaction price)	0	0

5.7 Transaction price allocated to remaining performance obligations (i.e revenue not recognised this year)

	Group & Trust Total 31 March 2022 £000	Group & Trust Total 31 March 2021 £000
Revenue from contracts entered into as at by the end of the period and expected to be recognised:		
within one year	66,161	12,955
after one year not later than five years	66,257	9,109
after five years	0	0
Total	132,418	22,064

The Trust has exercised the practical expedients permitted by IFRS 15 paragraph 121 in preparing this disclosure. Revenue from (i) contracts with an expected duration of one year or less and (ii) contracts where the Trust recognises revenue directly corresponding to work done to date is not disclosed.

The Trust became the West Yorkshire Adult Secure Lead Provider in October 2021, this is a multi-year contract running until 31/03/2024 and is £60m per annum.

6 Operating expenses

6.1 Operating expenses

	Note	Group Year Ended 31 March 2022 £000	Group Year Ended 31 March 2021 £000	Trust Year Ended 31 March 2022 £000	Trust Year Ended 31 March 2021 £000
Purchase of healthcare from NHS and DHSC bodies		541	452	541	452
Purchase of healthcare from non-NHS and non-DHSC bodies		7,545	6,953	7,545	6,953
Mental health collaboratives (lead provider) - purchase of healthcare from NHS bodies		7,667	0	7,667	0
Mental health collaboratives (lead provider) - purchase of healthcare from non-NHS bodies		8,577	0	8,577	0
Staff and executive directors costs		212,882	202,800	212,729	202,470
Non-executive directors		169	178	169	178
Supplies and services - clinical (excluding drug costs)		3,615	3,807	3,615	3,807
Supplies and services - clinical - utilisation of consumables donated from DHSC group bodies for COVID response		239	2,263	239	2,263
Supplies and services - general		2,250	3,392	2,250	3,392
Supplies and services - general: notional cost of equipment donated from DHSC for COVID response below capitalisation threshold		22	15	22	15
Drugs costs (drugs inventory consumed and purchase of non-inventory drugs)		3,303	3,824	3,303	3,824
Consultancy		600	124	600	124
Establishment		10,673	8,149	10,673	8,149
Premises - Business rates payable to Local Authorities		820	1,106	820	1,106
Premises - other		7,363	4,985	7,363	4,985
Transport (Business travel only)		1,165	980	1,165	980
Transport (other)		3,197	2,829	3,197	2,829
Depreciation on property, plant and equipment	15	7,078	6,166	7,078	6,166
Amortisation on intangible assets	14	48	67	48	67
Net impairments of property, plant and equipment	12	(1,213)	1,389	(1,213)	1,389
Movement in credit loss allowance: contract receivables/assets	#####	(16)	11	(16)	11
Provisions arising / released in year		609	0	609	0
Change in provisions discount rate	25	40	137	40	137
Audit services- statutory audit		79	82	79	82
Other auditor remuneration		14	15	14	15
Audit services - charitable fund accounts		8	1	0	0
Internal audit - non-staff		71	88	71	88
Clinical negligence - amounts payable to NHS Resolution (premium)	25	837	645	837	645
Legal fees		171	63	171	63
Insurance		248	247	248	247
Research and development - staff costs		385	77	385	77
Research and development - non-staff		97	0	97	0
Education and training - staff costs		1,285	1,174	1,285	1,174
Education and training - non-staff		1,085	642	1,085	642
Education and training - notional expenditure funded from apprenticeship fund		553	440	553	440
Operating lease expenditure (net)	9.1	7,123	8,418	7,123	8,418
Early retirements - non-staff		0	83	0	83
Car parking and security		121	5	121	5
Hospitality		0	3	0	3
Other losses and special payments - non-staff	36	19	10	19	10
Other services (e.g. external payroll)		164	1	164	1
Other NHS charitable fund resources expended		682	234	0	0
Other		(78)	5	753	348
Total Operating expenses		290,038	261,860	290,026	261,638

2020/21 comparators for staff costs have been restated to split out the staff costs of both education and training (£1,174k from £0k) and research and development (£77k from £0k).

6.2 Other audit remuneration

There was £14k other audit remuneration in 2021/22 for value for money work and £15k in 2020/21.

6.3 Auditor liability

The auditor's liability for 2021/22 and 2020/21 is limited to £1m.

6.4 The late payment of commercial debts (interest) Act 1998

The Group and Trust has no late payments of commercial debts in 2021/22 or in 2020/21.

6.5 Discontinued operations

The Group and Trust has no discontinued operations in 2021/22 or in 2020/21.

6.6 Corporation Tax

The Group and Trust has no Corporation Tax expense in 2021/22 or in 2020/21.

7. Employee costs and numbers

7.1 Employee costs

	Group Year Ended 31 March 2022 £000	Group Year Ended 31 March 2021 £000	Trust Year Ended 31 March 2022 £000	Trust Year Ended 31 March 2021 £000
Salaries and wages	163,229	156,855	163,229	156,855
Social security costs	14,703	13,527	14,703	13,527
Apprenticeship levy	772	719	772	719
Pension costs - defined contribution plans				
employers contributions to NHS Pensions	18,857	17,860	18,857	17,860
Pension costs - employer's contributions paid by NHSE on provider's behalf (6.3%)	8,261	7,814	8,261	7,814
Pension cost - Other (NEST)	86	78	86	78
Agency/contract staff	8,665	7,018	8,665	7,018
NHS charitable funds staff	413	330	0	0
Employee benefits expense	214,986	204,201	214,573	203,871
Of which are capitalised as part of assets	174	150	174	150
Operating expenditure analysed as:				
Employee expenses - staff and executive directors	212,729	204,051	212,729	203,721
Research and development	385	0	385	0
Education and training	1,285	0	1,285	0
Total employee benefits excl. capitalised costs	214,399	204,051	214,399	203,721

7.2 Early retirements due to ill health

During the year there was 3 early retirements from the NHS Foundation Trust agreed on the grounds of ill-health (1 during 2020/21). The estimated additional pension liabilities of these ill-health retirements are £248k (2020/21 £18k). The cost of this ill-health retirement is borne by the NHS Business Services Authority - Pensions Division.

8. Pension costs

Past and present employees are covered by the provisions of the two NHS Pensions Schemes. Details of the benefits payable and rules of the schemes can be found on the NHS Pensions website at www.nhsbsa.nhs.uk/pensions. Both are unfunded, defined benefit schemes that covers NHS employers, General Practices and other bodies, allowed under the direction of the Secretary of State, in England and Wales. They are 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, each scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS Body of participating in each scheme is taken as equal to the contributions payable to that scheme for the accounting period.

In order that the defined benefit obligations recognised in the financial statements do not differ materially from those that would be determined at the reporting date by a formal actuarial valuation, the FReM requires that "the period between formal valuations shall be four years, with approximate assessments in intervening years". An outline of these follows:

a) Accounting valuation

A valuation of the scheme liability is carried out annually by the scheme actuary (currently the Government Actuary's Department) 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 2022, is based on the valuation data as at 31 March 2021, updated to 31 March 2022 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) Pension Accounts. These accounts can be viewed on the NHS Pensions website and are published annually. 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 their recent demographic experience), and to recommend contribution rates payable by employees and employers.

The latest actuarial valuation undertaken for the NHS Pension Scheme was completed as at 31 March 2016. The results of this valuation set the employer contribution rate payable from April 2019 to 20.6% of pensionable pay. The 2016 funding valuation was also expected to test the cost of the Scheme relative to the employer cost cap that was set following the 2012 valuation. There was initially a pause to the cost control element of the 2016 valuations, due to the uncertainty around member benefits caused by the discrimination ruling relating to the McCloud case.

HMT published valuation directions dated 7 October 2021 (see Amending Directions 2021) that set out the technical detail of how the costs of remedy are included in the 2016 valuation process. Following these directions, the scheme actuary has completed the cost control element of the 2016 valuation for the NHS Pension Scheme, which concludes no changes to benefits or member contributions are required. The 2016 valuation reports can be found on the NHS Pensions website at <https://www.nhsbsa.nhs.uk/nhs-pension-scheme-accounts-and-valuation-reports>.

8. Pension costs (continued)

c) Scheme provisions

The NHS Pension Scheme provides 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:

From 1 April 2015 there are two separate pension schemes covering NHS workers, the 2015 NHS Pension Scheme and the 1995/2008 NHS Pension Scheme.

The 2015 NHS Pension Scheme, effective 1 April 2015, is a "Career Average Revalued Earnings" (CARE) scheme. From the above date, annual pensions are normally based on 1/54th of a member's CARE for each year of service. CARE is defined as a member's average earnings in a financial year, and is uplifted annually by a percentage determined by the Treasury. Members who are practitioners as defined by the Scheme Regulations are subject to exactly the same arrangements as all members who are directly employed by the NHS, with effect from the above date.

The 1995/2008 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 AVCs run by the Scheme's approved providers or by other Free Standing Additional Voluntary Contributions (FSAVC) providers.

National Employment Savings Trust (NEST)

In 2020/21 the Trust continued its participation of the National Employment Savings Trust (NEST) which is a defined contribution workplace pension scheme. The scheme is in use for a small number of staff as an alternative to the NHS Pension Scheme. Employer and employee contributions for the year totalled £201k (2020/21 £172k). NEST is a scheme set up by government to enable employers to meet their pension duties and is free for employers to use. Employee and employer contribution rates are a combined minimum of 8% (with a minimum 3% being contributed by the Trust).

9. Operating leases

9.1 As lessee

The Group and Trust has two types of operating lease. These are for vehicles and property.

Vehicles are on a Purchasing and Supply Agency (PASA) NHS master lease agreement with typically three year terms. From 2019/20 this includes only vehicles used 100% for Trust business.

Property is on commercial arm's length contracts. At the end of the accounting period there were 31 lease properties, all with different landlords. The rental periods range from 1 to 15 years.

There are no contingent rents or sublease payments due or received.

	Group & Trust	
	Year Ended 31 March 2022 £000	Year Ended 31 March 2021 £000
Operating lease payments		
Minimum lease payments	7,123	8,418
	7,123	8,418
Future minimum lease payments due	Year Ended 31 March 2022 £000	Year Ended 31 March 2021 £000
On all leases		
Payable:		
Not later than one year	7,058	6,573
Between one and five years	26,541	12,183
After five years	23,095	14,218
Total	56,694	32,974
Future minimum lease payments due	Year Ended 31 March 2022 £000	Year Ended 31 March 2021 £000
On building leases		
Payable:		
Not later than one year	6,958	6,520
Between one and five years	26,443	12,149
After five years	23,095	14,218
Total	56,496	32,887
Future minimum lease payments due	Year Ended 31 March 2022 £000	Year Ended 31 March 2021 £000
On other leases		
Payable:		
Not later than one year	100	53
Between one and five years	98	34
After five years	0	0
Total	198	87

	Group Year Ended 31 March 2022 £000	Group Year Ended 31 March 2021 £000	Trust Year Ended 31 March 2022 £000	Trust Year Ended 31 March 2021 £000
10. Finance income				
Interest on bank accounts	39	0	39	0
NHS Charitable Funds: investment income	0	1	0	0
Total	39	1	39	0

The Trust earned nil interest in 2021/22 due to the zero rates offered by the government.

The Group and Trust has no interest on impaired financial assets included in finance income in 2021/22 or in 2020/21.

11. Finance Costs - interest expense

The Group and Trust incurred no finance costs in 2021/22 or in 2020/21.

12. Impairment of assets (property, plant, and equipment & intangibles)

	Group & Trust					
	31 March 2022			31 March 2021		
	Net Impairment £000	Impairments £000	Reversals £000	Net Impairment £000	Impairments £000	Reversals £000
Impairments charged to operating surplus / deficit:						
Changes in market price	(1,213)	285	(1,498)	1,389	1,411	(22)
Total impairments charged to operating surplus / deficit	(1,213)	285	(1,498)	1,389	1,411	(22)
Total net impairments charged to revaluation reserve	(2,881)	358	(3,239)	1,342	1,342	0
Total impairments and (reversals)	(4,094)	643	(4,737)	2,731	2,753	(22)

13. Gains/(losses) on disposal/derecognition of assets

	Group & Trust	
	Year Ended 31 March 2022 £000	Year Ended 31 March 2021 £000
Gains on disposal/derecognition of property, plant and equipment	17	96
Gains on disposal of assets held for sale	1,137	0
Losses on disposal/derecognition of other property, plant and equipment	0	(229)
Losses on disposal of investment properties	0	(24)
Total gains/(losses) on disposal of assets	1,154	(157)
Fair value gains/(losses) on investment properties	0	0
Total other gains/(losses)	1,154	(157)

14 Intangible assets

	Group & Trust	
	Total	Software licences (purchased)
	£000	£000
14.1 Intangible assets 2021/22		
Gross cost at 1 April 2021	2,112	2,112
Additions - purchased	188	188
Gross cost at 31 March 2022	2,300	2,300
Amortisation at 1 April 2021	1,954	1,954
Provided during the year	48	48
Amortisation at 31 March 2022	2,002	2,002
Net book value		
NBV - Purchased at 31 March 2022	298	298
NBV total at 31 March 2022	298	298

	Group & Trust	
	Total	Software licences (purchased)
	£000	£000
14.2 Intangible assets 2020/21		
Gross cost at 1 April 2020	2,057	2,057
Additions - purchased	55	55
Disposals / derecognition	0	0
Gross cost at 31 March 2021	2,112	2,112
Amortisation at 1 April 2020	1,887	1,887
Provided during the year	67	67
Disposals / derecognition	0	0
Amortisation at 31 March 2021	1,954	1,954
Net book value		
NBV - Purchased at 31 March 2021	158	158
NBV total at 31 March 2021	158	158

14.3 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.

15. Property, plant and equipment

15.1 Property, plant and equipment 31 March 2022

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 1 April 2021	127,631	8,594	99,227	0	5,161	568	13,373	708
Additions - purchased	8,344	0	3,547	0	1,724	23	3,007	43
Additions - equipment donated from DHSC/UKHSA for COVID response (non-cash)	19	0	0	0	19	0	0	0
Impairments charged to operating expenses (note 12)	0	0	0	0	0	0	0	0
Impairments charged to the revaluation reserve (note 12)	(358)	0	(358)	0	0	0	0	0
Reversal of impairments credited to operating expenses	310	310	0	0	0	0	0	0
Reversal of impairments credited to the revaluation reserve	3,239	1,571	1,668	0	0	0	0	0
Reclassifications	0	0	0	0	0	0	0	0
Revaluations	(1,822)	0	(1,822)	0	0	0	0	0
Reclassified as held for sale (note 17)	(1,500)	(1,500)	0	0	0	0	0	0
Disposals	(139)	0	0	0	0	(139)	0	0
Cost or valuation at 31 March 2022	135,724	8,975	102,262	0	6,904	452	16,380	751
Accumulated depreciation at 1 April 2021	24,900	0	12,015	0	3,856	558	8,030	441
Provided during the year	7,078	0	4,596	0	362	2	1,828	290
Impairments charged to operating expenses (note 12)	285	0	285	0	0	0	0	0
Impairments charged to the revaluation reserve	0	0	0	0	0	0	0	0
Reversal of impairments credited to operating expenses (note 12)	(1,188)	0	(1,188)	0	0	0	0	0
Revaluations	(1,822)	0	(1,822)	0	0	0	0	0
Reclassifications	0	0	0	0	0	0	0	0
Reclassified as held for sale	0	0	0	0	0	0	0	0
Disposals	(139)	0	0	0	0	(139)	0	0
Accumulated depreciation at 31 March 2022	29,114	0	13,886	0	4,218	421	9,858	731
Net book value								
Net book value at 31 March 2022								
NBV - Owned at 31 March 2022	106,610	8,975	88,376	0	2,686	31	6,522	20
NBV - Donated at 31 March 2022	0	0	0	0	0	0	0	0
NBV total at 31 March 2022	106,610	8,975	88,376	0	2,686	31	6,522	20

Included within buildings are improvements to buildings which are not owned by the Trust (Leasehold). These assets are not revalued in the year and hence not all accumulated depreciation has been reversed out upon revaluation.

A revaluation of the estate was undertaken as a desktop exercise on the 31st December 2021. This resulted in an increase of asset valuation and a number of impairment reversals were made. The valuation uses the BCIS (building cost information service) and Location Factor indices. This is reviewed as at 31st March 2022; no material movement was noted.

15.2 Property, plant and equipment 31 March 2021

Group and 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 1 April 2020	129,584	9,004	102,283	0	5,068	558	11,702	969
Additions - purchased	4,869	0	2,568	0	446	10	1,800	45
Impairments charged to operating expenses (note 12)	0	0	0	0	0	0	0	0
Impairments charged to the revaluation reserve (note 12)	(1,342)	0	(1,342)	0	0	0	0	0
Reversal of impairments credited to operating expenses	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	(290)	0	0	0	(290)	0	0	0
Revaluations	(4,347)	(65)	(4,282)	0	0	0	0	0
Reclassified as held for sale	(345)	(345)	0	0	0	0	0	0
Disposals	(498)	0	0	0	(63)	0	(129)	(306)
Cost or Valuation at 31 March 2021	127,631	8,594	99,227	0	5,161	568	13,373	708
Accumulated depreciation at 1 April 2020	22,252	65	10,796	0	3,969	554	6,328	540
Provided during the year	6,166	0	4,112	0	229	4	1,762	59
Impairments charged to operating expenses (note 12)	1,411	0	1,411	0	0	0	0	0
Impairments charged to the revaluation reserve	0	0	0	0	0	0	0	0
Reversal of impairments credited to operating income (note 12)	(22)	0	(22)	0	0	0	0	0
Revaluations	(4,347)	(65)	(4,282)	0	0	0	0	0
Reclassifications	(290)	0	0	0	(290)	0	0	0
Reclassified as held for sale	0	0	0	0	0	0	0	0
Disposals	(270)	0	0	0	(52)	0	(60)	(158)
Accumulated depreciation at 31 March 2021	24,900	0	12,015	0	3,856	558	8,030	441
Net book value								
Net book value at 31 March 2021								
NBV - Owned at 31 March 2021	102,731	8,594	87,212	0	1,305	10	5,343	267
NBV - Donated at 31 March 2021	0	0	0	0	0	0	0	0
NBV total at 31 March 2021	102,731	8,594	87,212	0	1,305	10	5,343	267

Included within buildings are improvements to buildings which are not owned by the Trust (Leasehold). These assets are not revalued in the year and hence not all accumulated depreciation has been reversed out upon revaluation.

15.4 Finance Leases

The Group and Trust hold no finance lease assets.

16 Investments

16.1 Investments - Carrying Value

	Property* 31 March 2022 £000	Group & Trust Property* 31 March 2021 £000
At Carrying Value		
Balance at Beginning of Period	0	115
Fair value losses (impairment) (taken to I&E)	0	0
Disposals	0	(115)
Balance at End of Period	0	0

The Group and 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 as part of the wider estate revaluation.

16.2 Investment property expenses

The Group and Trust incurred £0k on investment property expenses in 2021/22 (£1k in 2020/21).

16.3 Investments in subsidiaries

The Trust is the Corporate Trustee for the NHS Charity, EyUp!, (previous name South West Yorkshire Partnership Foundation Trust and Other Related Charities), registered charity number 1055931 by the Charity Commission for England and Wales.

The Charity operates for the benefit of the Service Users of the Trust. The Charity is fully consolidated into the Trust accounts.

The registered office is Fieldhead Hospital, Ouchthorpe Lane, Wakefield, WF1 3SP.

The following are summary statements before group eliminations which have been consolidated into these accounts in 2021/22.

Summary Statement of Financial Activities

	31 March 2022 £000	31 March 2021 £000
Operating income and investment income	1,693	872
Employee benefits	(413)	(330)
Cash donations and other cash expenditure	(682)	(234)
Audit fee	(8)	(1)
Net movement in funds	590	307

Summary Statement of Financial Position

	31 March 2022 £000	31 March 2021 £000
Cash and cash equivalents	1,291	841
Trade and other receivables	219	57
Trade and other payables	(54)	(32)
Net Assets	1,456	866
Other restricted income funds	1,225	666
Unrestricted income funds	231	200
Total Charitable Funds	1,456	866

Restricted income funds include NHS Charities Together funds, the linked charities of Creative Minds, Mental Health Museum and Spirit in Mind. The majority of the restricted funds relate to Creative Minds (£1,001k).

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

17.1 Non-current assets held for sale

	Group & Trust	
	Land*	Land*
	31 March 2022	31 March 2021
	£000	£000
NBV of non-current assets for sale and assets in disposal groups at 1 April - brought forward	345	0
Plus assets classified as available for sale in the year	1,500	345
Disposals	(345)	0
Balance at End of Period	1,500	345

The Group and Trust has no other assets held for sale.

17.2 Liabilities in disposal groups

The Group and Trust has no liabilities in disposal groups in 2021/22 or in 2020/21.

18. Other assets

The Group and Trust has no other assets in 2021/22 or in 2020/21.

19. Other Financial Assets

The Group & Trust has no other financial assets in 2021/22 or in 2020/21.

20. Inventories

20.1. Inventory Movements

	Group & Trust		
	Total	Drugs	Other
	£000	£000	£000
Carrying Value at 1 April 2021	173	131	42
Additions	3,520	2,847	673
Inventories recognised in expenses	(3,504)	(2,824)	(680)
Carrying Value at 31 March 2022	189	154	35
	Total	Drugs	Other
	£000	£000	£000
Carrying Value at 1 April 2020	238	178	60
Additions	3,794	3,305	489
Inventories recognised in expenses	(3,859)	(3,352)	(507)
Carrying Value at 31 March 2021	173	131	42

Under the Trust's accounting policies, inventory is valued at the lower of cost and net realisable value on a first in first out basis. Other inventories is stock held at the Community Equipment Stores (Loans Service) in Barnsley.

21. Trade and other receivables

21.1 Trade and other receivables

	Group 31 March 2022 £000	Group 31 March 2021 £000	Trust 31 March 2022 £000	Trust 31 March 2021 £000
Current				
Contract receivables (IFRS 15): invoiced	1,410	3,551	1,410	3,551
Contract receivables (IFRS 15): not yet invoiced / non-invoiced	817	3,090	817	3,090
Allowance for impaired contract receivables / assets	(14)	(30)	(14)	(30)
Prepayments	2,174	2,001	2,174	2,001
PDC dividend receivable	103	684	103	684
VAT receivable	346	347	346	347
Clinician pension tax provision reimbursement funding from NHSE	9	0	9	0
Other receivables	9	8	47	11
NHS Charitable Funds: Trade and other receivables	0	7	0	0
TOTAL CURRENT TRADE AND OTHER RECEIVABLES	4,854	9,658	4,892	9,654
Non-current				
Clinician pension tax provision reimbursement funding from NHSE	435	620	435	620
TOTAL NON-CURRENT TRADE AND OTHER RECEIVABLES	435	620	435	620
TOTAL RECEIVABLES	5,289	10,278	5,327	10,274
Of which receivable from NHS and DHSC group bodies:				
Current	1,725	4,831	1,725	4,831
Non-Current	435	620	435	620

21.2 Allowances for credit losses (doubtful debts)

	Group & Trust	
	Total 2021/22 £000	Contract receivables and contract assets 2021/22 £000
Allowance for credit losses at 1 April 2021- brought forward	30	30
New allowances arising	8	8
Changes in the calculation of existing allowances	(5)	9
Reversals of allowances	(19)	(6)
Utilisation of allowances	0	0
Balance at 31 March	14	41
(Gain)/loss recognised in expenditure	(16)	11

	Group & Trust	
	Total 2020/21 £000	Contract receivables and contract assets 2020/21 £000
Allowance for credit losses at 1 April 2020- brought forward	19	19
New allowances arising	8	8
Changes in the calculation of existing allowances	9	9
Reversals of allowances	(6)	(6)
Utilisation of allowances	0	0
Balance at 31 March	30	30
Loss recognised in expenditure	11	11

The Trust assesses financial assets (Non-NHS debtors including salary overpayments) beyond their due date and, as appropriate, provides for these through the use of the bad debt provision.

21.3 Finance lease receivables

The Group and Trust have no finance lease receivables.

22. Cash and cash equivalents

	Group 31 March 2022 £000	Group 31 March 2021 £000	Trust 31 March 2022 £000	Trust 31 March 2021 £000
Balance at 1st April	57,500	37,021	56,659	36,417
Net change in year	25,159	20,479	24,709	20,242
Balance at 31 March	82,659	57,500	81,368	56,659
Broken down into:				
Cash at commercial banks and in hand	1,433	955	142	114
Cash with the Government Banking Service	81,226	56,545	81,226	56,545
Cash and cash equivalents as in statement of financial position	82,659	57,500	81,368	56,659
Cash and cash equivalents as in statement of cash flows	82,659	57,500	81,368	56,659

Third party assets (Patient Monies) held by the Trust

The Trust held cash and cash equivalents which relate to monies held by the Trust on behalf of patients or other parties. This has been excluded from the cash and cash equivalents figure reported in the accounts.

	31 March 2022 £000	31 March 2021 £000
Bank balances	373	414
Monies on deposit	136	141
Total third party assets	509	555

23. Trade and other payables

23.1 Trade and other payables

	Group 31 March 2022 £000	Group 31 March 2021 £000	Trust 31 March 2022 £000	Trust 31 March 2021 £000
Current				
Trade payables	3,911	1,749	4,130	1,799
Capital payables (including capital accruals)	1,790	585	1,790	585
Accruals	20,586	19,717	20,586	19,717
Annual leave accrual	3,350	3,613	3,350	3,613
Social security costs	2,831	2,536	2,831	2,536
Other taxes payable	2,134	1,705	2,134	1,705
Other payables	6,369	2,548	6,369	2,548
NHS Charitable Funds: Trade and other payables	16	29	0	0
TOTAL CURRENT TRADE AND OTHER PAYABLES	40,987	32,482	41,190	32,503
Of which payable to NHS and DHSC group bodies				
Current	1,646	1,233	1,646	1,233

The Group and Trust had no non-current trade and other payables as at 31 March 2022 (£0 (zero) as at 31 March 2021).

23.2 Early retirements detail included in NHS payables

The Group and Trust had no early retirement costs included in payables as at 31 March 2022 (£0 (zero) as at 31 March 2021).

23.3 Other liabilities

	Group & Trust	
	31 March 2022 £000	31 March 2021 £000
Current		
Deferred Income: contract liability (IFRS 15)	6,480	3,981
Deferred Income: other (non-IFRS 15)	0	0
TOTAL OTHER CURRENT LIABILITIES	6,480	3,981
Non-current		
Deferred Income: contract liability (IFRS 15)	0	0
Deferred Income: other (non-IFRS 15)	0	0
TOTAL OTHER NON CURRENT LIABILITIES	0	0

23.4 Other Financial Liabilities

The Group and Trust had no other financial liabilities as at 31 March 2022 (£0 (zero) as at 31 March 2021).

24. Borrowings

The Group and Trust had no borrowings as at 31 March 2022 (£0 (zero) as at 31 March 2021).

25. Provisions

	Group & Trust Current		Group & Trust Non-current					
	31 March 2022 £000	31 March 2021 £000	31 March 2022 £000	31 March 2021 £000				
Pensions - Early departure costs	51	52	369	418				
Pensions - Injury Benefits	64	64	980	1,016				
Legal claims	200	21	854	890				
Redundancy	1,922	2,877	240	311				
Lease dilapidations	0	0	1,633	0				
Clinician pension tax reimbursement	9	0	435	620				
Other	148	579	810	500				
Total	2,394	3,593	5,321	3,755				
	Total	Pensions - Early departure costs	Pensions - Injury benefits	Legal claims	Redundancy	Lease dilapidations	Clinician pension tax reimbursement	Other
	£000	£000	£000	£000	£000	£000	£000	£000
At 1 April 2021	7,348	470	1,080	911	3,188	0	620	1,079
Change in the discount rate	40	7	33	0	0	0	0	0
Arising during the year	2,527	6	0	509	0	1,633	0	379
Utilised during the year (accruals)	(27)	(12)	(15)	0	0	0	0	0
Utilised during the year (cash)	(251)	(38)	(48)	(165)	0	0	0	0
Reversed unused	(1,922)	(13)	(6)	(201)	(1,026)	0	(176)	(500)
At 31 March 2022	7,715	420	1,044	1,054	2,162	1,633	444	958
Expected timing of cash flows:								
Not later than one year;	2,394	51	64	200	1,922	0	9	148
Later than one year and not later than five years;	2,874	208	266	854	240	457	39	810
Later than five years (see note 31.3).	2,447	161	714	0	0	1,176	396	0
Total	7,715	420	1,044	1,054	2,162	1,633	444	958
	Total	Pensions - Early departure costs	Pensions - Injury benefits	Legal claims	Redundancy	Clinician pension tax reimbursement	Other	
	£000	£000	£000	£000	£000	£000	£000	
At 1 April 2020	8,723	429	987	968	3,631	528	2,180	
Change in the discount rate	137	8	37	0	0	92	0	
Arising during the year	1,467	83	119	378	887	0	0	
Utilised during the year (accruals)	(28)	(12)	(16)	0	0	0	0	
Utilised during the year (cash)	(332)	(38)	(47)	(34)	(213)	0	0	
Reversed unused	(2,619)	0	0	(401)	(1,117)	0	(1,101)	
At 31 March 2021	7,348	470	1,080	911	3,188	620	1,079	
Expected timing of cash flows:								
Not later than one year;	3,593	52	64	21	2,877	0	579	
Later than one year and not later than five years;	2,329	212	261	890	311	155	500	
Later than five years.	1,426	206	755	0	0	465	0	
Total	7,348	470	1,080	911	3,188	620	1,079	

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 £2.2m, relates to approximately 33 posts during 2022/2023 and a further 6 redundancies during 2023/2024. These are estimates based upon the Trust Annual Plan and Cost Improvement Programme and commissioning intentions of commissioners.

Legal claims - these provisions relate to inquests and 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.

Injury benefits - these 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.

Clinician pension tax reimbursement - this is a commitment to pay an amount equal to the tax charge payable by the clinician upon retirement. It is calculated using a national formula using an average discounted value per nomination set by the Government Actuary's department and the Business Services Authority.

Other - this consists of 2 provisions. One for £579k relates to a HMRC VAT payment and one for £379k in relation to potential Final Pay Control charges from NHS Pensions Agency.

Lease dilapidations - this provision is for potential dilapidation and reinstatement costs payable when the Trust vacate leases. These charged have been calculated based on the experience of the Trust and a view on the extent of changes to the properties undertaken by the Trust.

£1,416k is included in the provisions of NHS Resolution at 31 March 2022 (£1,487k at 31 March 2021) in respect of clinical negligence liabilities of the NHS Trust.

26. Contingencies

26.1 Contingent liabilities

The Group and Trust had no contingent liabilities as at 31 March 2022 (none as at 31 March 2021).

26.2 Contingent assets

The Group and Trust had no contingent assets as at 31 March 2022 (none as at 31 March 2021).

27. Revaluation reserve

Group & Trust

	Total Revaluation Reserve £000	Revaluation Reserve - Property, Plant and Equipment £000
As at 1 April 2021	10,597	10,597
Impairments	2,881	2,881
Revaluations	0	0
Transfers to other reserves	(300)	(300)
Transfer to I&E reserve upon asset disposal	(22)	(22)
Other reserve movements	0	0
Revaluation reserve at 31 March 2022	13,156	13,156
	£000	£000
As at 1 April 2020	12,397	12,397
Impairments	(1,342)	(1,342)
Revaluations	(0)	(0)
Transfers to other reserves	(458)	(458)
Asset disposals	0	0
Revaluation reserve at 31 March 2021	10,597	10,597

The transfers to other reserves relate to revaluation balances for assets that were disposed of in year and have been transferred to the Income and Expenditure reserve.

28. Finance lease obligations

The Group and Trust has no finance lease obligations 31 March 2022 (none as at 31 March 2021).

29. Finance lease commitments

The Group and Trust has not entered into any new finance leases during the year (none in 2020/21).

30. Capital commitments

The Group and Trust has no contracted capital commitments as at 31 March 2022 (£0 (zero) as at 31 March 2021) not otherwise included in these financial statements.

31. Financial Instruments

31.1 Financial assets

	Group	Group	Trust	Trust
	Total	Held at	Total	Held at
	£000	amortised cost	£000	amortised cost
	£000	£000	£000	£000
Assets as per SoFP				
Receivables (excluding non-financial assets) - with DHSC bodies	2,057	2,057	2,057	2,057
Receivables (excluding non-financial assets) - with other bodies	609	609	609	609
Cash and cash equivalents	81,368	81,368	81,368	81,368
NHS Charitable Funds: financial assets	1,291	1,291	0	0
Total at 31 March 2022	85,325	85,325	84,034	84,034

Assets as per SoFP

Receivables (excluding non-financial assets) - with DHSC bodies	4,767	4,767	4,767	4,767
Receivables (excluding non-financial assets) - with other bodies	2,464	2,464	2,464	2,464
Cash and cash equivalents	56,659	56,659	56,659	56,659
NHS Charitable Funds: financial assets	841	841	0	0
Total at 31 March 2021	64,731	64,731	63,890	63,890

There is no difference between carrying amount and fair value.

31.2 Financial liabilities

	Group	Group	Trust	Trust
	Total	Held at	Total	Held at
	£000	amortised cost	£000	amortised cost
	£000	£000	£000	£000
Liabilities as per SoFP				
Trade and other payables (excluding non-financial liabilities) - with DHSC bodies	1,646	1,646	1,646	1,646
Trade and other payables (excluding non-financial liabilities) - with other bodies	31,991	31,991	31,991	31,991
IAS 37 provisions which are financial liabilities	0	0	0	0
NHS Charitable Funds: financial liabilities	16	16	0	0
Total at 31 March 2022	33,653	33,653	33,637	33,637

Trade and other payables (excluding non-financial liabilities) - with DHSC bodies	1,233	1,233	1,233	1,233
Trade and other payables (excluding non-financial liabilities) - with other bodies	26,949	26,949	26,949	26,949
IAS 37 provisions which are financial liabilities	0	0	0	0
NHS Charitable Funds: financial liabilities	29	29	0	0
Total at 31 March 2021	28,211	28,211	28,182	28,182

31.3 Maturity of financial liabilities

	Group	Group	Trust	Trust
	31 March 2022	31 March 2021	31 March 2022	31 March 2021
	£000	£000	£000	£000
In one year or less	33,653	28,211	33,637	28,182
In more than one year but not more than five years	0	0	0	0
In more than five years	0	0	0	0
Total	33,653	28,211	33,637	28,182

32. Financial risk management

Financial reporting standard IFRS 7 (Financial Instruments: Disclosures) requires disclosure of the role that financial instruments have had during the year 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 auditor.

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.

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 2022 are in income 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 Groups, 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 and Trust have no events after the reporting period.

34. Private Finance Initiative contracts

The Group and Trust have no Private Finance Initiative contracts.

35. Related party transactions

The Trust is a Foundation Trust, a public interest body authorised by NHS Improvement, the Independent Regulator for NHS Foundation Trusts.

During the year the Trust has had the following material transactions with entities, which are considered related parties to members of the Board of Directors of the Trust (as listed in the Annual Report):

	Payments to Related Parties	Receipts from Related Parties	Amounts owed to Related Parties	Amounts due from Related Parties
	£000	£000	£000	£000
Calderdale & Huddersfield NHS FT	4,724	6	696	0
Leeds and York Partnership NHS FT	4,557	322	62	54
Sheffield Health & Social Care	597	0	85	0
University of Huddersfield	0	143	0	17

Government Departments and their agencies are considered by HM Treasury as being related parties. During the year the Trust has had a significant number of material transactions with other NHS Bodies. In addition, the Trust has had a significant number of material transactions in the ordinary course of its business with other Government Departments and other central and local government bodies.

The wider DHSC (Department of Health and Social Care) group has also prepared a register of interests. The Trust has reviewed transactions with these bodies, these are reflected in the tables below and are for the following companies:

Tesco PLC (£12k 21/22, £22k 20/21). This relates to provision of stop smoking drugs through their pharmacy

35.1 Related Party Transactions

	Group & Trust	
	Income	Expenditure
	£000	£000
Value of transactions with other related parties in 2021/22		
Department of Health and Social Care	176	0
Other NHS Bodies	276,442	18,851
Other	0	12
Total	276,618	18,863
	Income	Expenditure
	£000	£000
Value of transactions with other related parties in 2020/21		
Department of Health and Social Care	20	0
Other NHS Bodies	241,140	10,647
Other	0	22
Total	241,160	10,669

35.2 Related Party Balances

	Group & Trust	
	Receivables	Payables
	£000	£000
Value of transactions with other related parties in 2021/22		
Department of Health and Social Care	0	0
Other NHS Bodies	1,029	1,646
Other	0	0
Total	1,029	1,646
	Receivables	Payables
	£000	£000
Value of transactions with other related parties in 2020/21		
Department of Health and Social Care	0	0
Other NHS Bodies	4,146	1,218
Other	0	0
Total	4,146	1,218

36. Losses and Special Payments

	Group & Trust			
	Year Ended 31 March 2022	Year Ended 31 March 2022	Year Ended 31 March 2021	Year Ended 31 March 2021
	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 due to:				
a. theft, fraud etc.	0	0	0	0
b. overpayment of salaries etc.	0	0	0	0
c. other causes	10	0	5	0
2. Fruitless payments and constructive losses	0	0	0	0
3. Bad debts and claims abandoned	18	13	6	7
4. Damages to buildings, property etc. (including stores losses)	0	0	0	0
Total Losses	28	13	11	7
Special Payments				
5. Compensation under legal obligation	0	0	0	0
6. Extra contractual to contractors	0	0	0	0
7. Ex gratia payments				
a. loss of personal effects	27	4	24	2
d. other negligence and injury	0	0	0	0
e. other employment payments	0	0	0	0
f. overtime corrective payments (nationally funded)	1	399	0	0
g. overtime corrective payments (additional amounts locally agreed)	0	0	0	0
i. other	3	1	4	0
8. Special severance payments	0	0	0	0
9. Extra statutory and regulatory	0	0	0	0
Total Special Payments	31	404	28	2
Total Losses and Special Payments	59	417	39	9

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 £300,000.

There were no fraud cases where the net payment exceeded £300,000.

There were no personal injury cases where the net payment exceeded £300,000.

There were no compensation under legal obligations cases where the net payment exceeded £300,000.

There has been no fruitless payments where the net payment exceeded £300,000.

There has been 1 special payment over £300,000 in relation to Overtime corrective payments, this related to a national legal case "Flowers" and approval was given by HM Treasury.

37. Gifts

The Trust has made no gifts in 2021/22 (£0 (zero) in 2020/21).

38. Going Concern

After making enquiries, the directors have a reasonable expectation that the Group and Trust services provided by the NHS Foundation Trust will continue to be provided by the public sector for the foreseeable future. For this reason, the directors have adopted the going concern basis in preparing the accounts, following the definition of going concern in the public sector adopted by HM Treasury's Financial Reporting Manual.

