Sheffield Health and Social Care NHS Foundation Trust

Annual Report and Accounts 2016/17

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

Contents

Section 1.0 Introduction
Chair's Welcome

To follow

Insert Signature
Jayne Brown OBE
Chair

At a glance – the highlights of the year

2016

Transforming Acute Mental Health Care in Sheffield won the service re-design category at the HSJ Awards 2016 – the first mental health Trust to win this award.

We celebrated our annual Recognition and Achievement Awards in February 2017. All staff who have worked for the Trust for more than 30 years were also invited to the event to celebrate their long service contribution.

Insert photo of Awards

Care Quality Commission

Sheffield Health and Social Care NHS Foundation Trust

CQC overall rating

Good

30 March 2017

The Care Quality Commission inspected our core services in November 2016 and upgraded our rating from *Requires Improvement* to *Good*.

We introduced a Recovery College in January 2017 at the Forest Close site. The Recovery College site and courses have been co-produced with service users and are also co-delivered.

The Transitions Group won the Patient Experience category at the national Positive Practice in Mental Health Awards. The Transitions Group (Community Recovery Service is a course for young people aged 16-25 who struggle with the move from child and adolescent to adult services.

Smoke Free

A HEALTHIER PLACE FOR EVERYONE

As part of our commitment to the health and wellbeing of our service users and staff we went completely Smoke Free on 31 May 2016.

We were again named as one of the best places to work in the NHS by the Nursing Times and Health Service Journal (HSJ), in partnership with NHS Employers.

2017

The Trust at a glance

739 non-clinical staff

546 nurses

We employ around **2,700** permanent staff including

877 unqualified clinical staff

166 scientific, technical and other professional staff

187 doctors

149 therapists

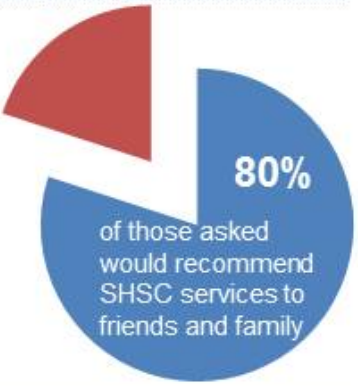
From **34** community and in-patient sites

with more than **150** beds across Sheffield

With an annual budget of

£128 million

Our **44 Governors** and **12,631** Foundation Trust members help to prioritise our objectives every year



We are proud of our diverse workforce and inclusive leadership

12%

Around 12% of our workforce are from a BME background

We are proud to be a participant in Innov8 which aims to increase the diversity of NHS leaders, particularly in senior roles and increase the number of inclusive leaders in organisations. Our Innov8 project is focusing on mentoring from staff at all levels across the Trust. Five Board Members are involved with the project, along with five members of staff in senior positions.

5

Respect Compassion Partnership Accountability Fairness Ambition

Section 2.0 Performance Report

2.1 Performance Overview

Statement from Kevan Taylor, Chief Executive Officer

This annual report provides an account of how we continue to improve the care and support we provide to the people of Sheffield. Overall we have made good progress over the year in delivering on our goals and objectives.

In November 2016 the Care Quality Commission (CQC) visited us to carry out an inspection. During the announced inspection, the CQC team visited 28 wards, teams and clinics and spoke to staff, service users, relatives and carers, attended meetings and joined care professionals for home visits and clinic appointments. The inspection reports were published in March 2017 and rated us as Good overall.

The inspection reports shows that we have made significant progress since the last inspection in 2014 but also shows us that there is still important work to do.

Our overall rating has changed from *Requires Improvement* to *Good* and eight of our ten of our core services are now rated as *Good.* All our services were *Good or Outstanding* in the caring and responsive categories. The effective and responsive domains overall have moved from *Requires Improvement* to *Good* since the last inspection. However, we know we still have more work to do and we are committed to working closely with staff, service users and partners to bring about further improvements.

National staff surveys continue to highlight that our staff feel similar levels of engagement with their work to staff working in other Trusts. Information about this is available in our Quality Report in Section 4. Our staff are more likely to recommend us as a place to work or receive treatment in than the average for the NHS as a whole. As part of our staff development programme we have a range of initiatives in place to support staff. Over the last year we have worked hard to improve appraisal rates, the training provided to staff and the effectiveness of how teams work. Alongside this the Schwartz Round programme and our Compassionate Care programme provide staff with different opportunities to reflect on the demands of delivering care for people. We have introduced a range of coaching programmes for teams and individuals and in December 2016 we held our first Working Together conference, working with our staff from black and minority ethnic communities to shape how we move forward.

Over the last year we have delivered many improvements in the way we are providing care and support to people. We opened our new Psychiatric Intensive Care Unit (Endcliffe Ward) in January 2016, as a key part of our aim to provide high quality in-patient environments to support the delivery of high quality care and treatment. As well as providing an improved environment, we have increased the number of beds provided to ensure we can provide local access to in-patient care. This has had a clear and positive impact. Service user outcomes and experiences have improved and during 2016/17 we did not need to send anyone out of Sheffield to access psychiatric intensive care due to lack of beds here in Sheffield.

The changes we have made across our community and in-patient mental health services continue to have a positive impact on the care we provide. The progress we have made has been recognised nationally. During 2016/17 the Trust won the Health Service Journal Award for Service Redesign. Our focus has been to provide intensive community based

care and support for people who have previously been living for long periods of time in in-patient care facilities. Through this change people have been able to return to Sheffield, live closer to their families and plan for their future life living in their own tenancies in neighbourhoods across Sheffield that they have chosen. Alongside this we have worked hard to ensure that our community and in-patient teams work together to provide integrated and joined up care when people need admission. As a result of this the time people need to stay in hospital has reduced, our need for as many hospital beds has reduced. We were able to close Rowan Ward in April 2016 and we have been able to use the resources freed up from hospital care to improve our in-patient and community services. More information about this is provided in Section 3.1.16 of the Annual Report.

We have focused on improving services in key areas, in line with the priorities of the Mental Health Five Year Forward View. We have re-organised our Early Intervention in Psychosis Services to establish a single citywide service. This will ensure we are able to deliver a range of improvements during 2017/18 in delivering national quality standards. A priority for us has been to improve access to psychological therapies, and mental health treatment for people with physical health conditions. Many people who have long term psychical health conditions, or who are a patient in a general hospital will also have a need for mental health care. The national evidence shows that if they get access to support for their mental health then this also has a positive impact in their physical health outcomes. We are pleased to report that we secured significant new investment towards the end of 2016/17 to support significant expansion in our IAPT Services and our Liaison Services. Our IAPT Services, supported by £XX million investment during 2017/18 will plan to ensure people with long term conditions are able to access psychological therapies. Our Liaison Service, supported by £XX investment during 2017/18 will now be able to provide support and interventions to patients at the Northern General Hospital on a 24 hour basis, 7 days a week.

Alongside changes to the way we deliver our services we continue to develop and make improvements in other equally important ways. Over the last year we have worked closely with the Yorkshire and Humber Collaboration for Leadership in Applied Health Research and the Yorkshire and Humber Local Research Network to improve our services and increase opportunities for our service users to participate in research, when they choose do so. Research is a priority for us and is one of the key ways by which we seek to improve quality, efficiency and initiate innovation. The strong links we have with our academic partners helps us to deliver and develop our research strategy.

Our Service User Engagement Strategy continues to deliver improvements in how we work collaboratively with the people who use our services to improve the care and support we provide. Service users are involved in training our staff, recruiting our staff, working with our services to change how we provide care and support in the future. More information about our progress in these areas is contained in our Quality Account in Section 4.

While we continue to deliver important improvements across our services we also know that we do not always get it right. People make mistakes, some services need changing and developing. The key is to have an open culture where people feel able to express their concerns as part of a constructive dialogue. Myself, as Accountable Officer, and everyone on the Board of Directors sees it as a fundamental part of our duty to know what our services are like in respect of safety, effectiveness and experience. The Board of Directors has a responsibility to promote an open culture and to listen. I am proud that we report more incidents than many organisations - this is not a sign that quality is poor, but that staff know that reporting an incident is the right thing to do so that lessons can be

learned. It is right that we spend as much time looking at complaints as we do when things have gone well. People do raise their concerns and we have a duty to listen and respond.

Our financial performance continues to be strong in an increasingly challenging financial environment. This is important as it creates a relatively stable environment for us and allows us to plan more effectively for service changes and improvements and to implement plans to reduce costs. In respect of the year 2016/17, we exceeded our planned forecast of a £X surplus and achieved a surplus of £X.

As an NHS Foundation Trust, we are able to carry forward any financial surplus monies that we have generated. These surpluses have been used to maintain and, where appropriate, enhance the quality of the services that we provide including funding the capital investments planned for 2017/18 and beyond. The surpluses will also help to invest to support and secure our future financial stability, especially over the next few years, in order to mitigate the adverse impact of the continued current economic and financial climate.

The Regulatory framework that evaluates our financial performance changed during 2016/17. We achieved a Financial Sustainability Risk Rating of 4 for April-September 2016, and a Use of Resources rating of 1 for October- March 2017 which provides us with assurance that our organisation is in good financial health. Although significant challenges remain financially for the Trust, and across the health and social care sector in Sheffield we continue to remain in a better position than many other NHS organisations.

While the targets of our Cost Improvement Plans have been met for 2016/17, some of this delivery (approximately £X million) was through non-recurrent measures. This is predominantly considered to be down to the timing of agreed plans being implemented and plans remain in place that will address this during 2017/18.

A brief history of the Trust and its statutory background

We were initially established in 2003 as Sheffield Care Trust. On 01 July 2008, we became authorised to operate as Sheffield Health and Social Care NHS Foundation Trust (SHSC). As a membership-based organisation, our Board of Directors is accountable to the communities that we serve mainly through our Council of Governors, and directly to our members at our Annual Members' Meeting.

Our Council of Governors consists of people who use our services, their carers, representatives of members of the general public and our staff in addition to appointed Governors from other Sheffield-based organisations with whom we work in close partnership (for example, NHS Sheffield Clinical Commissioning Group, MENCAP Sheffield, Sheffield African and Caribbean Mental Health Association (SACHMA)). The diversity of our Council's membership helps our Board of Directors to always ensure that our services are shaped by the people who live in the communities we serve.

As a Foundation Trust we have certain freedoms to develop and improve services and offer more choice to service users. Being a Foundation Trust enables us to:

- Build on and improve positive relationships with service users, carers, staff, partners and local communities while being more accountable to the communities we serve;
- Strengthen our internal processes and systems to meet the challenges of modern health services;

- Develop locally based specialist services (such as the Sheffield Adult Autism and Neurodevelopment Service);
- Continue to invest in capital development (such as our new Psychiatric Intensive Care Unit).

Our Purpose and Activities

Our core values form the guiding principles and behaviours for the way we do our work and have been ratified by the Board of Directors:

- **Respect** – We listen to others, valuing their views and contributions. We treat others as we would like to be treated, with dignity and consideration and challenge others when they do not. We are polite, courteous and non-judgemental, we are aware that how we behave can affect others and appreciate and recognise others' qualities and contributions;
- **Compassion** – We show empathy and kindness to others so they feel supported, understood and safe. We engage with others in a warm, approachable manner, give the time and attention to others that they need, are sensitive to the needs of others and listen so as to understand others' points of view;
- **Partnership** – We engage with others on the basis of equality and collaboration. We work to build trust, we work flexibly with others to identify and achieve the best outcomes, we value and acknowledge the contribution made by others and we share our knowledge, skills and offer practical support to others;
- **Accountability** – We are open and transparent, acting with honesty and integrity, accepting responsibility for outcomes. We do what we say we are going to do, we encourage staff and service users to speak up if they think something is not right, we admit when we make mistakes and we accept and respond to constructive challenge and feedback from others;
- **Fairness** – We ensure equal access to opportunity, support and services. We ensure our services are accessible for everyone, we appreciate people's differences and pay attention to meeting different needs, we actively try to help others to get what they need and we consult with and include others in decisions which affect them;
- **Ambition** - We will make a difference and help to fulfil the aspirations and hopes of our service users and staff. We do this by encouraging staff to look for ways to continuously improve services, we work collaboratively with others to achieve excellence, we support service users and colleagues to achieve their potential and we share and celebrate achievements and successes.

Our vision is for Sheffield Health & Social Care NHS Foundation Trust to be recognised nationally as a leading provider of high quality health and social care services and recognised as world class in terms of co-production, safety, improved outcomes, experience and social inclusion. We will be the first choice for service users, their families and Commissioners.

Our purpose is to improve people's health, wellbeing and social inclusion so they can live fulfilled lives in their community. We will achieve this by providing services aligned with primary care that meet people's health and social care needs, support recovery and improve health and wellbeing.

For more information visit our website: www.shsc.nhs.uk

The services that we provide

With an annual income of approximately £X million and around 3,000 members of staff, we provide mental health, learning disability, substance misuse, community rehabilitation, and a range of primary care and specialist services to the people of Sheffield. We also provide some of our specialist services to people living outside of Sheffield.

Our integrated approach to service delivery enables us to meet people's mental, physical, psychological and social care needs. The Trust's income over the last three years has equated to £X million in 2016/17, £128.7 million during 2015/16 and £131.8 million during 2014/15 collectively. Although the Trust has seen some positive growth in income and developed the way we provide mental health and substance misuse services, the Trust has seen some continued reduction in other income streams. Over the last year we have continued to reduce our provision of social care support to people with learning disabilities and older people with dementia as new service models have been commissioned. The cumulative effect over the last year has resulted in a reduction of income of £X million during 2016/17. £X million of this income reduction relates to core clinical income from activities primary linked to our contractual arrangements with the Local Authority. The balance, relates to other operating income and non-patient care service provision.

The wide range of our services includes:

- Primary care services for people of all ages which we deliver through our GP Practices;
- Services for adults with drug and alcohol misuse problems;
- Psychological therapies for people with mild and moderate mental health problems;
- Community-based mental health services for people with serious and enduring mental illness;
- Services that support people with a learning disability and their families and carers;
- In-patient mental health services for adults and older people;
- Specialist services including: eating disorders, rehabilitation services for people with brain injuries or those living with the consequences of a long-term neurological condition, assertive outreach services for homeless people and members of the traveller community, perinatal mental health services, and gender dysphoria services.

How we provide our services

Our community-based services aim to provide care and treatment to individuals and their families close to their homes and help them to maintain their independence and thereby continue with their day-to-day lives as much as possible. We also provide a range of in-patient and residential services for individuals who cannot be appropriately helped within their community. Through our learning disability services, we provide supported living to the people who use our services and we work closely with residential care homes and supported living facilities in partnership with housing associations.

Many of the people we help are visited in their own homes by our members of staff. Others attend our clinics to see nurses, social workers, therapists or doctors. We give treatment, care and help to the people who use our services on an individual or group basis. We also work alongside GPs and other staff in local health centres, or with staff from other organisations, often in the voluntary sector.

We often see individuals for short periods of time, providing advice and treatment which helps resolve the person's problems. For those with more serious, longer-term difficulties, we will support and work with them for a number of years.

Key issues and risks which could affect our ability to deliver our objectives

Overall quality

Summary to be drafted post CQC rating. To cover

Our performance on national metrics, targets etc
Regulatory breaches
CQC ratings and key issues

The Trust is clear that the impact upon quality from our Cost Improvement Programme (CIP) should be defined and clearly understood before plans are approved. All plans relating to clinical and corporate services have been developed and approved by the appropriate clinical and service directors. Each Cost Improvement Plan is accompanied by a Quality Impact Assessment (QIA). Each QIA is agreed by the Service and Clinical Directors to ensure that as a result of making the cost improvement, service quality will be managed in accordance with a series of quality metrics. Following agreement by the Clinical and Service Directors, all QIAs are thoroughly scrutinised by the Clinical Executive Scrutiny Panel, chaired by the Trust's Medical and Nursing Directors. Once their agreement has been sought, assurance is provided to the Board of Directors and our Commissioners (NHS Sheffield Clinical Commissioning Group) to ensure that the our cost improvement plan will not impact on quality. Monitoring of service quality is undertaken quarterly and, in exceptional circumstances eg. if a plan is high risk, this occurs more frequently.

Workforce and staffing levels
There is a clear need to ensure appropriate skill mix and staffing levels across services and we have development plans in place to address this. We have an established programme in place to ensure we support each service across the Trust to review and determine the right staffing resources required in relation to capacity and ensuring we can deliver the required standards of care.

Commissioning direction
There is extensive change planned across health and social care services and this will impact on the way we deliver care and treatment to the communities we serve. The financial challenges remain significant - for us as a Foundation Trust, our main Commissioners and the rest of the health and social care community in Sheffield. We continually review the risks that may impact on our ability to deliver our objectives. While we have identified challenges that need to be addressed, and these are being addressed, our assessment does not conclude that we are faced with significant risks that will impact on our capacity to deliver sustainable services over the coming years.

Change is required, both for the services we provide and across the broader health and social care system in Sheffield and the wider region. Through joint work across Sheffield and the wider South Yorkshire and Bassetlaw region we have clear plans that will shape the changes we need to make to ensure services remain sustainable in respect of quality of care, effectiveness and affordability.

Ensuring our plans support the development priorities across Sheffield and the South Yorkshire and Bassetlaw area
The South Yorkshire and Bassetlaw area, through the development of its Sustainability and Transformation Plan (STP), has agreed that "*Our goal is to enable everyone in South*

Yorkshire and Bassetlaw to have a great start in life, supporting them to stay healthy and to live longer."

The key strategic plans are focussed on:

- Putting prevention at the heart of what we do;
- Reshaping primary and community based care;
- Standardising hospital care.

The Plan is delivered through localised place-based plans and a smaller number of STP-wide plans where additional co-ordinated efforts across the STP network will support the successful delivery of the necessary change. The STP is published separately and it describes how the health and social care system will:–

- Prevent illness, empowering people to look at their own health to avoid hospital stays;
- Strengthen and invest in primary care in line with General Practice Forward View;
- Make tangible improvements to mental health and learning disabilities services;
- Simplify the Urgent and Emergency Care system, making it more accessible;
- Deliver the Accident & Emergency and Ambulance Standards;
- Make tangible improvements to cancer services;
- Improve the quality of hospital services;
- Create a financially sustainable health system for the future.

The Sheffield Plan delivers the local element of the South Yorkshire and Bassetlaw Plan. It responds to the STP-wide agreed development priorities for implementation at local level in respect of:

- Radical upgrade in prevention;
- A complete primary care offer;
- Development of out of hospital care services;
- Neighbourhood models of delivery, targeting the most vulnerable people in communities;
- Developing models of integration and accountable care.

Our role in this is to work collaboratively with stakeholders locally and across South Yorkshire and Bassetlaw to deliver new models of care in respect of:

- Effective community services within Sheffield, based on neighbourhood models, primary care led and integrated approaches with the third sector;
- Effective, affordable and quality mental health and learning disability services across the South Yorkshire and Bassetlaw area, working collaboratively to deliver sustainable specialist services.

More information about the details of our development plans is reported in our Operational Plan for the period 2017-19.

Environments of care

Our in-patient environment in some areas does not support modern, fit for purpose design. While all our facilities remain registered and adhere to expected standards (eliminating mixed sex accommodation, safety, PLACE), and the feedback from our PLACE (Patient-Led Assessments of the Care Environment) assessments has been above average for the last two years, we recognise we need to provide improved facilities.

We have a phased plan to ensure this is progressed over the next five year period and beyond, supporting our clinical strategies for care pathway developments. At the

beginning of 2016 we opened our new Psychiatric Intensive Care Unit facility (Endcliffe Ward). Over the next five years our estates plans and capital programme will result in just over £X million investment in our in-patient facilities.

Capacity
Our assessment of the expected and planned changes in demands for services does not suggest there will be significant challenges in ensuring we have the necessary capacity in place to provide the level of care required.

We are planning for increased demands in community services in response to our strategic plans and demographic changes and next year we will be investing in more community based capacity as we deliver less in-patient based care.

Future demands and service plans are manageable within our existing estate capacity, as our assessments do not predict significant increased demand for in-patient services, and our clinical strategies confirm that we will have less need for in-patient care as we expand the capacity and effectives of our community services.

The Board of Directors has reviewed and approved a long term Estates Strategy which sets a clear direction of travel for ensuring our estate solutions support service requirements.

Cost competitiveness within social care
The social care landscape is highly competitive, with a diversity of care providers with a range of experience and skills. Social care models have a clear need to ensure the delivery of basic routine care and support. This presents challenges for us across some of our current services in respect of cost competitiveness within a national pay and grading structure.

Our assessments have concluded that we will experience challenges in delivering competitive services in supported living for people with learning disabilities and within areas of social care support for people with mental health needs. We expect, therefore, that we will be providing less care in this area in the future as we change our service models accordingly.

Current financial position
We end this year and begin next year in a strong financial position. We have a history of achieving all our financial targets, a high cash balance and our Cost Improvement Programme (CIP) achievement is strong. We have no private finance initiative (PFI) or debt to service other than public dividend capital interest payments.

Income forecasts
To follow

Going concern
After making enquiries, the Directors have a reasonable expectation that the Trust has adequate resources to continue in operational existence for the foreseeable future. For this reason, they continue to adopt the going concern basis in preparing the accounts.

2.2 Performance Analysis
The Trust triangulates service performance across a range of indicators relating to care standards, quality, workforce and finance at service, Directorate and Trustwide level.

Further developments are to be made within 2017/18 to enhance our performance management frameworks through effective business information systems. The Board of Directors' monthly and annual performance reporting processes ensure that the Executive Management Team are able to scrutinise and manage the operational performance of services and the Board to maintain overall oversight on the performance of the Trust. On an established quarterly cycle, the performance of all services are reviewed through Directorate-level Service Reviews. The Executive Team reviews with each operational Directorate their performance against planned objectives.

The above framework ensures that the Board of Directors is able to monitor and evaluate the performance of the Trust and its services while initiating improvement actions where required.

Detailed information about our performance across the above areas is contained throughout this Annual Report. Key highlights that summarise our performance are as follows:

Core standards about quality of care

- We achieve the core quality governance standards expected of us as an NHS Foundation Trust (see Section 3.1.18);
- The assessment of our services by the Care Quality Commission highlights that overall as a Trust we are 'X'. We have made good progress in addressing the issues raised (see Quality Account, Section 4).

Development plans and service strategies

- We have reduced waiting times for key service areas and are achieving the new national access standards for mental health services (see Quality Account, Section 4);
- Our service plans and strategies are implemented successfully resulting in key changes that have transformed the experience of care for the people of Sheffield. These are summarised in Section 3.1.17 and Section 3.1.20 of this Annual Report;
- Our investment plans continue to support a planned improvement in the quality of our ward environments as part of our modernisation programme.

Workforce

- Our staff report positively about their experiences working for us, and the care that they are able to provide (see Quality Account, Section 4);
- Staff ill-health remains an area of concern across the Trust and we continue to develop our strategies to deliver improvement informed by the views of our staff and Staff Side representatives (see Section 3.3.2).

Financial stability and sustainability

To follow

Social, Community and Human Rights

We are committed to working with and within the local communities where we provide services.

- As an NHS Foundation Trust, we are directly accountable to the local community across Sheffield through our membership as represented by the Council of Governors. We hold regular members' meetings where people can raise topics with us (see Sections 3.1.27 and 3.1.28);
- We work closely with our partners in NHS Sheffield Clinical Commissioning Group and the local authority as well as other NHS organisations in the city. We also work closely

with South Yorkshire Police through our Street Triage Service and our Liaison and Diversion Service (see Sections 3.1.21, 3.1.22 and 3.1.24);

- We are committed to working for equality and fairness in employment and in service delivery, and not to discriminate on the grounds of age, disability, race, nationality, ethnic or national origin, sex, gender, marital or family status, domestic circumstances, religious belief or similar philosophical belief, sexual orientation, social and employment status, HIV status, physical appearance, gender reassignment or non/trade union membership.
- We deliver our commitment to human rights through our Equality Objectives and our Workforce Race Equality Standard. Progress is recorded in our Equality and Human Rights Annual Report, available separately, and through regular reports to the Board of Directors (see our Equality Report in Section 3.8).

Environmental impact and Sustainability Report
We pride ourselves on maintaining a clean environment for service users, visitors and staff.

Patient-Led Assessments of the Care Environment (PLACE) is the measure we use to monitor our cleanliness, food, privacy, dignity, wellbeing and condition, appearance and maintenance. The action plan arising from the latest PLACE assessments is available on our website.

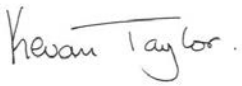
We have developed a Sustainable Development Management Plan which outlines our longer-term strategic approach to sustainability and ensures the involvement of the entire organisation. For more information see the Sustainability Report in Section 3.10.

Any important events since the end of the financial year affecting the Foundation Trust
At the time of finalising this Annual Report there are no important events that have happened between March 2017 and the report being issued in May 2017.

Details of any overseas operations
The Trust had no overseas operations during 2016/17 in respect of the provision of health care services.

Information on the Sheffield-Gulu Partnership to follow.

This Performance Report has been approved by the Directors of Sheffield Health & Social Care NHS Foundation Trust.



Kevan Taylor
Chief Executive
26 May 2017

Section 3.0 Accountability Report

3.1 Directors Report

3.1.1 The Board of Directors

The Board of Directors provide a wide range of experience and expertise which is essential to the effective governance of the Trust. Its members continue to demonstrate the visionary leadership and scrutiny that enables the organisation to fulfil its ambition.

At the end of 2016/17, the Board of Directors comprised of six Non-Executive Directors, including the Chair, and five Executive Directors, including the Chief Executive.

3.1.2 The Non-Executive Team

- Jayne Brown OBE (Chair)
- Susan Rogers MBE (Vice-Chair)
- Mervyn Thomas (Senior Independent Director)
- Councillor Leigh Bramall
- Richard Mills
- Ann Stanley

3.1.3 The Executive Team

- Kevan Taylor (Chief Executive)
- Clive Clarke (Deputy Chief Executive)
- Dr Mike Hunter (Executive Medical Director)
- Liz Lightbown (Chief Nurse/Chief Operating Officer)
- Phillip Easthope (Executive Director of Finance)

3.1.4 Directors' statement as to disclosure to the Auditors

For each individual who is a Director at the time that this Annual Report was approved, so far as the Directors are aware, there is no relevant audit information of which the Trust's auditor is unaware. The Directors have taken all the steps that they ought to have taken as Directors in order to make themselves aware of any relevant audit information and to establish that the Trust's auditor is aware of that information.

3.1.5 Accounting policies statement

Accounting policies for pensions and other retirement benefits are set out in the Annual Accounts in Section 6 (note 1) of this report and details of senior employees' remuneration can be found in the Remuneration Report in Section 3.2 of this report.

3.1.6 Our Auditors

Our External Audit function is carried out by KPMG. A full competitive tender process was carried out during 2014/15 to ensure compliance with regulatory requirements. The outcome of the tender process, following a detailed review process was the recommendation to the Council of Governors for the reappointment of KPMG as the Trust's External Auditors. This decision was approved on 13 March 2015, for an initial period of three years with an option to extend for a further two years. Further details can be found in Section 3.1.10.1.

3.1.7 The role of the Board of Directors

The responsibility for exercising the powers of the Trust rests with the Board of Directors. These powers are set out in the National Health Service Act, 2006 and are subject to the restrictions set out in the Trust's terms of authorisation.

The Board is responsible for:

- Directing and supervising the organisation's affairs;
- Providing proactive leadership of the Trust within a framework of prudent and effective controls which enable risk to be assessed and managed;
- Setting the Trust's strategic aims and ensuring that the necessary financial and human resources are in place for the organisation to meet its objectives;
- Overseeing the organisation's progress towards attaining its strategic goals;
- Monitoring the operational performance of the organisation;
- Promoting the success of the organisation so as to maximise the benefits for the members as a whole and for the public.

The Board may delegate any of the powers conferred upon it to any committee of Directors or to an Executive Director. The Standing Orders of the Board of Directors provide for the manner in which the Board may arrange the delegation of its powers. The 'Scheme of Reservation and Delegation of Powers' (which forms part of the Board of Directors' Standing Orders) sets out, in detail, those powers which the Board has reserved to itself and those it has delegated and to whom.

The Chair of the Trust presides over the meetings of the Board of Directors and the Council of Governors. The Chair is responsible for:

- Providing leadership to the Board of Directors and the Council of Governors;
- Ensuring that the Board of Directors and the Council of Governors work effectively together;
- Enabling all Board members to make a full contribution to the Board's affairs and ensuring that the Board acts as an effective team;
- Leading the Non-Executive Directors through the Board of Directors' Remuneration and Nominations Committee in setting the remuneration of the Chief Executive and (with the Chief Executive's advice) the other Executive Directors.

The Senior Independent Director is responsible for leading the Non-Executive Directors in the performance evaluation of the Trust Chair. The Trust Chair is responsible for carrying out the performance evaluation of the Non-Executive Directors. Both processes are overseen by the Council of Governors' Nominations and Remunerations Committee.

During 2016/17, the Board met every month in meetings which were open (in part) to members of the public and the press. Elements of the Board's business that were of a confidential nature and/or commercially sensitive were transacted in private, and the Board has been very open about the need to do this.

The Board of Directors takes account of the NHS Constitution in its decisions and actions, as they relate to service users, the public and staff of Sheffield Health & Social Care NHS Foundation Trust. The principles and values set out in the Constitution are reflected in the organisation's strategy, objectives, vision and values. The Board of Directors is compliant with the principles, rights and pledges set out in the Constitution as they apply to mental health service providers.

3.1.8 Composition of the Board of Directors

Non-Executive Directors

The Board comprises six Non-Executive Directors (including the Trust Chair). During 2016 the term of Professor Alan Walker CBE came to an end. Following an open recruitment process the Council of Governors appointed Jayne Brown OBE to replace Professor Walker from 01 July 2016. Further details of the appointment process can be found in Section 3.1.27.

During 2016 the terms of Susan Rogers MBE and Mervyn Thomas came to an end. The Nomination and Remuneration Committee proposed to the Council of Governors and they agreed to a further one year extension to the terms of Susan Rogers MBE (Vice Chair) and Mervyn Thomas.

It is the responsibility of the Council of Governors to both appoint and remove Non-Executive Directors. Termination requires the approval of three-quarters of the members of the whole Council of Governors pending a formal process involving a number of rigorous elements and culminating in a vote requiring the approval of three-quarters of the members of the whole Council of Governors.

Executive Team
Five Executive Directors (including the Chief Executive) make up the Board's Executive Team. The Associate Director of Human Resources and the Director of Corporate Governance/Board Secretary attend and support the Board but are not members.

An open appointment process was undertaken to appoint substantively to the role of Executive Medical Director of Finance in October 2016. Interim Director, Dr Mike Hunter was formally appointed. Further details of the appointment process undertaken by the Remuneration and Nomination Committee can be found in Section 3.1.10.4.

All Board members use their expertise, experience and interest to help set the strategic direction of the Trust, as well as to monitor its management and performance. A full list of all the Directors who have served on the Board during 2016/17, including their attendance at the Board's meetings, is set out on the next page.

Name	Position	Term	Attendance
Professor Alan Walker CBE	Chair	3 year term ending 30 June 2016	3/3
Jayne Brown OBE	Chair	3 year term ending 30 June 2019	7/9
Susan Rogers MBE	Non-Executive Director and Vice Chair	3 year term ending 30 November 2015 with 1 year extension ending 30 November 2017	12/12
Mervyn Thomas	Non-Executive Director and Senior Independent Director	3 year term ending 30 November 2015 with 1 year extension ending 30 November 2017	11/12
Councillor Leigh Bramall	Non-Executive Director	3 year term from 04 January 2016 ending 03 January 2019	10/12
Richard Mills	Non-Executive Director	3 year term from 01 December 2015 ending 30 November 2018	11/12
Ann Stanley	Non-Executive Director	3 year term ending 31 October 2017	10/12
Kevan Taylor	Chief Executive	N/A	10/12
Clive Clarke	Deputy Chief Executive/Executive Director of	N/A	11/12

Name	Position	Term	Attendance
	Operations		
Phillip Easthope	Executive Director of Finance	N/A	12/12
Dr Mike Hunter	Executive Medical Director (from 01.10.2016)	N/A	5/6
Liz Lightbown	Executive Director of Nursing, Professions and Care Standards	N/A	11/12
Dr Rachel Warner	Executive Medical Director (Interim) (01.04.2016-30.09.2016)	N/A	6/6

3.1.9 The Management Team

The Board of Directors delegates the day-to-day management of the operational activities of the Trust to the Executive Directors' Group (EDG). The EDG comprises the Executive Directors, the Director of Human Resources and the Director of Corporate Governance/Board Secretary. The EDG meets on a weekly basis to ensure that its delegated duties are appropriately discharged.

3.1.10 Board Committees

The Board has several Committees to whom it delegates authority to carry out some of its detailed work. These are discussed further below.

3.1.10.1 Audit Committee

The Audit Committee provides independent and objective oversight on the effectiveness of the governance, risk management and internal control systems of the Trust.

The work of the Audit Committee also includes:

- Review the establishment and maintenance of an effective overall system of integrated governance, risk management and internal control, across the whole of the Trust's activities (both clinical and non-clinical), that supports the achievement of the Trust's objectives;
- Ensure that there is an effective internal audit function that provides appropriate independent assurance to the Audit Committee and Board;
- Ensure that there are effective counter-fraud arrangements established by management that provide appropriate independent assurance to the Audit Committee and Board;
- Consider and make recommendations to of the Council of Governors in relation to the appointment, re-appointment and removal of the External Auditor and to oversee the relationship with the External Auditor; and
- Monitor the integrity of the financial statements of the Trust, reviewing significant financial reporting issues and judgements which they contain and review significant returns to regulators and any financial information contained in other official documents including the Annual Governance Statement.

The Audit Committee takes assurance from the work of wider Trust and the Quality Assurance Committee that ensures processes are reviewed and exist that allow staff of the NHS Foundation Trust and other individuals where relevant, to raise, in confidence, concerns about possible improprieties in matters of financial reporting and control, clinical

quality, patient safety or other matters. This includes a suite of policies and procedures covering the following:

- Grievance Procedure;
- Bullying and Harassment Procedure;
- Incident Reporting and Investigation Policy;
- Complaints Policy (including Fast-track Process – see section 6.8 of Complaints Policy);
- Safeguarding Adults Policy;
- Safeguarding Children Policy;
- Resolving Differences of Opinion between Practitioners;
- Fraud Policy and Response Plan;
- Clinical Audit.

The Committee's membership comprises three Non-Executive Directors. The meetings of the Committee are chaired by one of the Non-Executive Directors drawn from its membership. The current Chair is Ann Stanley who took up post on 01 November 2014.

The Committee has met on five occasions during 2016/17 and discharged its responsibilities as set out in the terms of reference. Details of members' attendance at its meetings are as shown in the table below:

Name	Position	Attendance
Ann Stanley	Committee Chair and Non-Executive Director	5/5
Councillor Leigh Bramall	Committee Member and Non-Executive Director	5/5
Mervyn Thomas	Committee Member and Non-Executive Director	5/5

Also in attendance at the Committee's meetings are the Executive Director of Finance, the Executive Director of Nursing, Professions and Care Standards, the Director of Corporate Governance/Board Secretary, the Deputy Director of Finance, the Head of Integrated Governance and other Executive Directors (except for the Chief Executive) as and when necessary, along with representatives from Internal and External Audit and the Trust's Local Counter-Fraud Specialist.

Significant issues considered by the Committee
The Audit Committee have an annual review cycle in place in relation to reviewing and considering the effectiveness and ongoing compliance.

Text to follow

Impact of the wider Governance review of the Trust Board and Sub-Committees

Text to follow

External Audit
The Trust's External Audit function is carried out by KPMG.

The statutory audit fee for the 2016/17 audit was £X plus VAT. A separate fee is charged in relation to the External Assurance on the Quality Report of £X plus VAT.

Text to follow

Internal Audit
Text to follow

Local Counter Fraud
Text to follow

Conclusion
Text to follow

3.1.10.2 Quality Assurance Committee
In response to the recommendations contained in the Francis Report (on the service failures at Mid-Staffordshire NHS Foundation Trust), the Board established another Committee known as the Quality Assurance Committee and appointed Mervyn Thomas to be the Committee's Chair.

This Committee started operating from April 2011. It is responsible for providing assurance to the Board on the effectiveness of the Trust's systems and processes for safeguarding and improving the quality of the Trust's services. Members of the Committee include three Non-Executive Directors, the Executive Medical Director, the Executive Director of Nursing, Professions and Care Standards, the Executive Director of Finance and the Deputy Chief Executive/Executive Director of Operations.

Also in attendance at the Committee's meetings are the Director of Corporate Governance/Board Secretary, who serves as the secretary to the Committee, the Head of Clinical Governance and a representative of NHS Sheffield Clinical Commissioning Group, the main Commissioners of the healthcare services which the Trust provides. Other people, including senior members of staff within the Trust attend as and when required to do so by the Committee.

The Committee met on 11 occasions in the course of 2016/17 and details of members' attendance at its meetings are shown in the table below:

Name	Position	Attendance
Mervyn Thomas	Committee Chair and Non-Executive Director	11/11
Richard Mills	Committee Member and Non-Executive Director	10/11
Susan Rogers MBE	Committee Member and Non-Executive Director	11/11
Clive Clarke	Committee Member and Deputy Chief Executive/Executive Director of Operations	5/11
Phillip Easthope	Committee Member and Executive Director of Finance	7/11
Dr Mike Hunter	Committee Member and Executive Medical Director (from 01.10.2016)	5/6
Liz Lightbown	Committee Member and Executive Director of Nursing, Professions and Care Standards	8/11
Dr Rachel Warner	Committee Member and Executive Medical Director (Interim) (01.04.2016-30.09.2016)	5/5

3.1.10.3 Finance and Investment Committee

The Finance and Investment Committee of the Board maintains oversight of the Trust's financial processes and quarterly submissions on the Trust's financial performance to Monitor, the independent regulator for NHS Foundation Trusts. The Committee ensures that the Trust's finances are managed within the allocated resources in order to deliver an effective and efficient service.

The Committee's membership comprises both Non-Executive and Executive Directors. Also in attendance at the Committee's meeting are Susan Rogers MBE (Non-Executive Director), the Deputy Director of Finance and the Director of Corporate Governance/Board Secretary. The Chair of the Committee is Richard Mills.

The Committee met on nine occasions during 2016/17 and Committee members' attendances at its meetings are as shown in the table below:

Name	Position	Attendance
Richard Mills	Committee Chair and Non-Executive Director	8/9
Ann Stanley	Committee Member and Non-Executive Director	9/9
Councillor Leigh Bramall	Committee Member and Non-Executive Director	4/9
Clive Clarke	Committee Member and Deputy Chief Executive/Executive Director of Operations	7/9
Phillip Easthope	Committee Member and Executive Director of Finance	9/9
Dr Mike Hunter	Committee Member and Executive Medical Director (from 01.10.2016)	0/6
Liz Lightbown	Committee Member and Executive Director of Nursing, Professions and Care Standards	6/9
Dr Rachel Warner	Committee Member and Executive Medical Director (Interim) (01.04.2016-30.09.2016)	0/3

3.1.10.4 Remuneration and Nominations Committee

The Remuneration and Nominations Committee of the Board of Directors comprises all the Non-Executive Directors. The Committee is chaired by Jayne Brown OBE, the Trust Chair.

The Committee is responsible for determining the remuneration and terms and conditions of service of the Executive Directors (including the Chief Executive) in order to ensure that they are properly rewarded having regard to the Trust's circumstances.

Full details of the Remuneration and Nominations Committee are provided in Section 3.1.27 of this report.

3.1.10.5 Workforce and Organisation Development Committee

The Workforce and Organisation Development Committee was established as a Board Committee in 2013/14. It is responsible for providing assurance to the Board on the effectiveness of the Trust's systems and processes for supporting employees in the provision and delivery of high quality, safe service user care and ensuring that the Trust is meeting its legal and regulatory duties in relation to its employees.

The Workforce and Organisation Development Committee of the Board of Directors comprises three Non-Executive Directors and Executive Directors. The Committee is chaired by Susan Rogers MBE, the Trust Vice Chair.

The Director of Human Resources and the Director of Corporate Governance/Board Secretary attend the Committee's meetings to provide advice and professional support to its members.

The Committee met on four occasions during 2016/17 and Committee members' attendance at its meetings are as shown in the table below:

Name	Position	Attendance
Susan Rogers MBE	Committee Chair and Non-Executive Director	4/4
Ann Stanley	Committee Member and Non-Executive Director	3/4
Councillor Leigh Bramall	Committee Member and Non-Executive Director (from July 2016)	1/3
Clive Clarke	Committee Member and Non-Executive Director/Executive Director of Operations	3/4
Phillip Easthope	Committee Member and Executive Director of Finance	3/4
Dr Mike Hunter	Committee Member and Executive Medical Director (from 01.10.2016)	0/2
Liz Lightbown	Committee Member and Executive Director of Nursing, Professions and Care Standards	3/4
Dr Rachel Warner	Committee Member and Executive Medical Director (Interim) (01.04.2016-30.09.2016)	2/2

3.1.11 Executive and Non-Executive Directors' qualifications and experience

Jayne Brown OBE
BA(Hons) Politics Modern History, Masters Degree in Public Health, Coaching Diploma, Diploma in Strategic Health Service Management, Graduate Institute Personnel and Development
Chair

Insert photo

Jayne joined the Trust on 01 July 2016 and has over 25 years' NHS experience, including 13 years as a Chief Executive. She is the Director of two Limited Companies and the Vice Chair of a Community Voluntary Service. She is also a carer.

Jayne has a BA (Hons) in Politics and Modern History as well as a Masters Degree in Public Health, a Diploma in Strategic Health Service Management and a Coaching Diploma. She is a graduate of the Institute of Personnel and Development.

Jayne's wide experience is a highly valued part of her ability to lead the Board in setting the organisation's priorities. Jayne was awarded an OBE in 2004 for services to the NHS. Jayne's tenure of office runs until 30 June 2019.

Tenure of office
01 July 2017 to 30 June 2019.

Professor Alan Walker CBE
BA (Hons), D.Litt, Hon D. Soc Sci, FBA, ASS, FRSA
Chair

Insert photo

Professor Walker CBE is a widely celebrated and published academic in social policy and social gerontology with a very high global standing. He has extensive experience in the health service having served as a Non-Executive Director, Vice Chair and Chair in Community Health Sheffield NHS Trust and Sheffield Care Trust.

His wide academic and NHS Board-level experience give him an intimate understanding of the challenges which the Trust must face to meet the needs of the people who use its services. This experience is a highly valued part of Professor Walker's ability to lead the Board in setting the organisation's priorities.

The appointment of Professor Walker for a term of three years from 01 July 2013 followed a rigorously competitive recruitment and selection process. It also demonstrates the Council of Governors' confidence in his ability to provide outstanding leadership to the Board and the Council.

Professor Walker served as the Trust's initial Chair from 01 July 2008 (for a term of one year which was extended for another period of 12 months). He was appointed for a first full term of three years from 01 July 2010 by the Council of Governors, also following a rigorously competitive recruitment and selection process.

Among many other academic awards that he has received, Professor Walker is the recipient of both the Social Policy Association's Lifetime Achievement Award (2007) and the British Society of Gerontology's Lifetime Achievement Award (2007).

Professor Walker was appointed the Commander of the British Empire (CBE) by the Queen in 2014 for his services to social science.

Tenure of office
01 July 2013 to 30 June 2016.

Susan Rogers MBE
BA (Hons) History, Certificate of Education
Non-Executive Director
(Vice-Chair)
(Chair of the Workforce and Organisation Development Committee)

Insert photo

Susan Rogers MBE had extensive experience in the teaching profession, as well as industrial relations. She has served at the highest level of NASUWT (National Association of Schoolmasters Union of Women Teachers), the largest teachers' trade union in the United Kingdom, both as President and Treasurer.

From 2005 to 2009, Susan served as the Chair of AQA (Assessment and Qualifications Alliance), the largest unitary awarding body for public examinations in the United Kingdom.

Susan was awarded an MBE for her services to the Trade Union movement. She previously served as a member of the Employment Tribunals and continues to work for international solidarity for trade union development in Iraq.

Susan served a three year term as a Non-Executive Director from 2009 to 2012. Following the advertisement of the post on the NHS Jobs website, the Nominations and Remunerations Committee formally interviewed her for the post and recommended that she be appointed as a Non-Executive Director of the Trust. The Council accepted this recommendation and appointed Susan for a further term of three years with effect from 01 December 2012. The Nomination and Remuneration Committee proposed to the Council of Governors and they agreed to a one year extension to the term of Susan to 30 November 2016.

Her appointment has enhanced the Board's ability to address the organisation's human resource needs and its strategic capacity in general.

Tenure of office
01 December 2012 to 30 November 2015. Extended to 30 November 2016. Further extended to 30 November 2017.

Councillor Leigh Bramall
BSc(Hons) Communications and Society
Non-Executive Director

Insert photo

Leigh Bramall is Deputy Leader of Sheffield City Council, and Cabinet Member for Business and Economy, leading on economic development in England's fourth largest city.

Graduating in media research at Leicester University with a BSc (Hons) Communications and Society, Leigh then spent two years working in English Language education in Japan before moving to London to work in business-to-business public relations in the property industry. He subsequently returned to his home town of Sheffield to head up European Corporate Public Relations at leading engineering simulation software provider, ANSYS Inc. At the same time he entered local politics, becoming a city councillor in 2004 and currently represents the Southey Ward. Most recently, he worked in communications and research for a Member of the European Parliament up to 2011 prior to taking on a senior political role in Sheffield. He took on the lead role for economic development in May 2012.

Tenure of Office
04 January 2016 to 30 November 2018.

Richard Mills
BSc Environmental (Town) Planning, Diploma in Health Service Management
Non-Executive Director
(Chair of the Finance and Investment Committee)

Insert photo

A Director with over 35 years senior management experience in the NHS, Charitable, Independent and Public Sector organisations (including Board level positions in NHS organisations), Richard Mills was appointed as a Non-Executive Director of the Foundation Trust with effect from 01 December 2015.

Richard was an NHS Manager and Director from 1979-2012, working in the London and Thames Valley Hospital, Health Authority and Primary Care Trust levels. Richard was the Chief Executive of Intensive Care National Audit and Research Centre (ICNARC) 2014-2015 and has been a management consultant since 2012. Richard's expertise is invaluable to the Board, where he currently serves as Chair of the Finance and Investment Committee.

Tenure of office
01 December 2015 to 30 November 2018.

Ann Stanley
FCCA
Non-Executive Director
(Chair of the Audit Committee)

Insert photo

A qualified accountant by profession, Ann Stanley was appointed as a Non-Executive Director of the Foundation Trust with effect from 01 November 2014.

Ann has served as a senior Finance Executive in the public, voluntary and commercial sectors. Her varied skillset and experience includes working in Brussels for the European Communities (she is a fluent French speaker) and in London for the BBC. Ann has also worked as a senior Finance Executive in Higher Education and as a Group Accountant for HM Prison Service. She is presently a Non-Executive Director for a leading Housing Association based in Lincolnshire where she chairs the Audit and Risk Committee.

Her strong career track record is supported by her Fellowship of the Chartered Institute of Certified Accountants (FCCA). Ann's financial expertise is invaluable to the Trust Board, where she currently serves as Chair of the Audit Committee. She is also a member of the Finance and Investment Committee and a member of the Workforce and Organisation Development Committee.

Tenure of office
01 November 2014 to 30 November 2018.

Mervyn Thomas
BA (Hons) Politics, MA Social Policy, CQSW (Certificate in the Qualification of Social Work), FRSA
Non-Executive Director
(Chair of the Quality Assurance Committee)

Insert photo

Appointed with effect from 01 September 2009 (for a term of three years), Mervyn Thomas brings a wealth of experience from the health and social care sectors, giving him a perfect fit with the strategic needs of the Trust.

His experience as a serving Non-Executive Director in other health organisations and his role as Chairman of the South Yorkshire Probation Trust is complemented by his extensive past experience at senior managerial levels in local government. Mervyn Thomas holds a

Bachelor of Arts Degree in Politics, a Master of Arts Degree in Social Policy and a Certificate of Qualification in Social Work. He is a Fellow of the Royal Society of the Arts.

Mervyn served a three year term as a Non-Executive Director from 2009 to 2012. Following the advertisement of the post on the NHS Jobs website, the Nominations and Remunerations Committee formally interviewed him for the post and recommended that he be appointed as a Non-Executive Director of the Trust. The Council accepted this recommendation and appointed Mervyn for a further term of three years with effect from 01 December 2012. The Nomination and Remuneration Committee proposed to the Council of Governors and they agreed to a one year extension to the term of Mervyn to 30 November 2016.

Tenure of office
01 December 2012 to 30 November 2015. Extended to 30 November 2016. Further extended to 30 November 2017.

Kevan Taylor
BA (Dual Honours) Degree in Sociology and Social Administration
Chief Executive

Insert photo

Appointed as the Trust's initial Chief Executive with effect from 01 July 2008, Kevan Taylor has a firm base of NHS executive directorship experience.

Prior to his appointment as the Trust's Chief Executive, he served as the Chief Executive of the predecessor Trust. He led the Trust through its achievement of both Care Trust and Foundation Trust status. He also served as Director of Commissioning of the Sheffield Health Authority. Kevan has a background as a practitioner in Social Care and as a Local Authority Manager.

Kevan has a particular commitment to integrated care across Sheffield, previously leading the Right First Time Partnership and currently Chairing the Joint Provider Executive. As a former social care practitioner he is keen to ensure strong integration with social care and increasing partnership with primary care.

Kevan established the partnership link between mental health services in Sheffield and services in Gulu, Northern Uganda. This link is now very well established and many colleagues from Uganda have spent time in Sheffield funded by the Commonwealth Fellowship programme. Sheffield and Gulu are keen to develop this partnership further and share the mutual lessons and benefits.

Kevan has coached and managed junior football and serves as a Club Welfare Officer at Hallam and Redmires Rangers Junior Football Club.

Clive Clarke
Diploma in Social Work (CQSW)
Deputy Chief Executive/Executive Director of Operations

Insert photo

Clive Clarke was appointed as an initial Executive Director of the Trust with effect from 01 July 2008. A qualified nurse and social worker, Clive Clarke brings the benefit of more than 29 years' experience in health and social care provision. He has served as Director of Adult Mental Health Services and as Head of Social Services in Sheffield Care Trust.

Since November 2012 Clive took on the role of Deputy Chief Executive Designate with responsibility for Planning and Performance, Commercial Relations, Estates, IT (which includes information governance) and Clinical and Corporate governance, a responsibility he shares at Board Level with Professor Tim Kendall. The new role enables Clive to continue to drive the closer working relationship between clinical services and corporate/support services with the aim of improving service quality. Since March 2013 Clive has been the Deputy Chief Executive. In 2016 Clive became the Trust's Executive Director of Operations.

Clive was a participant in the 2001 King's Fund Top Managers Leadership Programme.

Phillip Easthope
FCCA, BA (Hons) Accounting and Management Control
Executive Director of Finance

Insert photo

Phillip has been the Trust's Executive Director of Finance since January 2016, following a period as the Trust's Interim Executive Director of Finance from March 2015. Prior to his appointment, he was the Trust's Deputy Director of Finance since 2012 and has over 14 years' experience in NHS finance. Phillip is a Fellow of the Association of Chartered Certified Accountants and has completed the NHS Strategic Financial Leadership Programme.

Dr Mike Hunter
MB, ChB (Sheffield, 1995) MRCPsych (Royal College of Psychiatrists, 1999)
Executive Medical Director

Insert photo

Mike was appointed as the Trust's Executive Medical Director with effect from 01 October 2016. He has been a Consultant Psychiatrist for many years and was previously Clinical Director of Acute & In-patient Services and Community Services at the Trust. His responsibilities include quality improvement, patient safety, clinical governance, medical leadership, medical education and service user engagement.

Mike trained in Sheffield, first in medicine and then in psychiatry. He is a Consultant Psychiatrist with a background in Rehabilitation and Assertive Community Treatment. He is particularly interested in the development of services that provide intensive support outside of the traditional hospital setting and in developing enhanced approaches for mental health within Primary Care.

Liz Lightbown
Registered Mental Health Nurse (RMN), BSc (Hons) Behavioural Science, MSc Health Planning and Financing, Diploma in Public Health,

Executive Director of Nursing, Professions and Care Standards

Insert photo

Liz Lightbown joined the Trust on 21 April 2010, initially on secondment. She was subsequently appointed on a permanent basis in April 2011. She is a Registered Mental Health Nurse and holds a Bachelor of Science Degree in Behavioural Sciences, a Masters Degree in Health Planning and Financing, and a Diploma in Public Health. She was a participant on the King's Fund National Nursing Leadership Programme and is Prince 2 (Project Management) qualified.

Liz is the Trust's Chief Nurse, Executive Lead for Health Professions (non-medical), Director of Infection Prevention and Control (DIPC) and Executive Lead for Safeguarding Adults and Children. Since April 2012 Liz has been the Executive Lead for the Trust's International Health Partnership with Gulu Regional Referral Hospital in Northern Uganda and was the Trust's Chief Operating Officer from 2012 to 2016. In 2016 Liz became the Trust's Executive Director of Nursing, Professions and Care Standards.

Dr Rachel Warner
MBBS, BA Physiology, MSc, MRCPsych, Nye Bevan Certificate for Health Care Executive Leadership
Executive Medical Director (Interim)

Insert photo

Rachel served as the Trust's interim Executive Medical Director from 01 April 2016 to 30 September 2016. She has been a Consultant Psychiatrist since 1997 and was Clinical Director of Adult Mental Health Services between 2005 and 2013. From 2013 to 2016 she was the Trust's Deputy Medical Director. Her clinical work is as Consultant Psychiatrist in one of our community mental health teams.

3.1.12 Directors' interests

Under the provisions of the Trust's Constitution and the Board of Directors' Standing Orders, we are required to have a register of interests to formally record declarations of interests made by members of the Board of Directors. In particular, the register will include details of all Directorships and other relevant material interests which both Executive and Non-Executive Directors have declared.

Members of the Board of Directors must declare any interests which might create, or be seen to create a conflict or potential conflict between their personal or private interests and those of the organisation or their duties as members of the Board of Directors. They are also required to declare any conflicts of interest that arise in the course of conducting Trust business, specifically at each meeting of the Board.

The Register of Interests is maintained by the Foundation Trust Board Secretary and is available for inspection by members of the public on request.

Please submit any requests to Margaret Saunders, Director of Corporate Governance/Board Secretary, by ringing 0114 or email margaret.saunders@shsc.nhs.uk.

3.1.13 Board Evaluation

The Board of Directors is responsible for ensuring the organisation has robust clinical, corporate and financial governance systems in place. This includes the development of systems and processes for financial control, organisational control, risk management and quality. The Board of Directors receives and scrutinises detailed information and assurances on all aspects of the Trust's performance and business. It assesses its own performance and effectiveness, ensuring that it complies fully with its statutory and regulatory functions and duties.

Development training for the Board of Directors during 2016/17 has included learning and monitoring progress against action plans following Care Quality Commission (CQC) inspections, developing the Trust strategy and agreeing priorities for the Trust's Annual Plan for 2017/18, establishing the strategic direction for the Trust and specifically primary care and learning disability services, Five Year Forward View, Sustainability and Transformation Programme, developing and critiquing the Board Assurance Framework and Risk Management Strategy including consideration of the Trust's risk appetite and the wider issues of good governance and a well-led organisation.

The Board has committed significant amount of time to learning the lessons from the CQC inspections and other external evaluations of the organisation. The Board has identified what is required in terms of systems, processes and culture changes to ensure adherence to quality standards. This has included a review of the operation of all Committees which report to the Trust Board, including the Quality Assurance Committee and the development of a Quality Strategy.

In recognition of the complexity and change in the external environment, the Board has dedicated significant time to reviewing its strategy in the light of external changes both in Board meetings and at dedicated development sessions. The development of strategy has focussed on both the whole system in the city including the interface with primary and acute care, the wider Sustainability and Transformation Programme, as well as the future development of the Trust's services.

This year, as last, the Board has placed a particular focus on strengthening its governance processes. As well as a review of the operation of the Board committees as part of the annual audit programme, the Board has dedicated development sessions to improving understanding of the regulatory environment and risk and compliance requirements. The Board also held a joint development event in July 2016 with the Governors.

There were a number of changes to the Non-Executive Directors in 2016/17, including the appointment of a new Chair of the Trust Board from 1 July 2016. These are detailed in Section 3.1.27 of this report. Appraisals for those Non-Executive Directors who had been in post through the year took place. The Council of Governors were individually invited to comment on the performance of each Non-Executive Director. This information was fed into the appraisal process led by the Trust Chair with support from the Lead Governor.

The evaluation of the performance of the Executive Directors was carried out by the Chief Executive during his monthly one-to-one meetings and annual reviews with them. As stated in Section 3.2 of this report, the evaluation of the Chief Executive's performance was carried out by the Trust Chair in their one-to-one meetings. The performance of the Chief Executive, Executive Directors and the Associate Director of Human Resources was also discussed by the Remuneration and Nominations Committee.

The Board is satisfied that the composition of its membership is balanced, complete and appropriate and this can be seen in the biographical details of Board members as set out above.

3.1.14 Overview of the arrangements in place to govern service quality

In order to ensure quality, the Trust's governance arrangements are summarised as follows:

- *Board of Directors.* Sets the Trust's strategic aims and ensures the necessary supporting strategies, operational plans, policy frameworks and financial and human resources are in place for the Trust to meet its objectives and review its performance;
- *Quality Assurance Committee.* Brings together the governance and performance systems of the Trust in respect of quality. The Committee provides oversight of the Trust systems in respect of quality, risk management arrangements. The Committee is informed by the work of a range of committees that oversee Trust systems and performance in respect of key matters relating to quality and safety, for example Control of Infection Committee, Safeguarding Adults and Children Committees, Mental Health Act Committee;
- *Audit Committee.* Reviews the existence and maintenance of an effective system of integrated governance, risk management and internal control Trustwide;
- *Executive Management Team.* Oversees the operational functioning and delivery of services and programme management oversight of key transformation and improvement projects;
- *Systems of Internal Control.* A range of policy frameworks and internal controls are in place to protect and assure the safety of care and treatment and the delivery of quality care in line with national policy and legislation. These range from Policy statements of the Trust (eg. Mental Health Act Policies), Risk Registers at service and Trustwide level and the Board Assurance Framework.

The Trust triangulates service performance across a range of indicators relating to care standards, quality, workforce and finance at service, Directorate and Trustwide level. Further developments are to be made within 2017/18 to enhance our performance management frameworks through effective business information systems. The Board of Directors' monthly and annual performance reporting processes ensure that the Executive Management Team are able to scrutinise and manage the operational performance of services and the Board to maintain overall oversight on the performance of the Trust. On an established quarterly cycle, the performance of all services are reviewed through Directorate-level Service Reviews. The Executive Team reviews with each operational Directorate their performance against planned objectives.

The above framework ensures that the Board of Directors is able to monitor and evaluate the performance of the Trust and its services while initiating improvement actions where required.

The above framework ensures that the Board of Directors is able to monitor and evaluate the performance of the Trust and its services and to initiate improvement actions were required. Information about our Quality Assurance and Improvement Strategy is provided in the Quality Report in Section 4.

The following information is publicly available which provides more information about quality governance arrangements within the Trust:

- *Annual Governance Statement.* Formal statement from the Board that defines the systems and processes in pace across the Trust. See Section 3.7.
- *Corporate Governance Statement.* Formal statement from the Board which is published annually by the Board as part of its self-certification of its plans for the future.
- *Board Assurance Framework*. Defines the controls and actions in place to assure the Board that risks to the delivery of goals and objectives are in place and monitored. Available on the Trust's website.
- *Board Performance reports.* A range of monthly and quarterly reports defining current performance. This will include the monthly progress report of the action plan following the CQC inspection. These are available in the Board Section of the Trust's website.
- *Quality Improvement and Assurance Strategy.* Available on the Trust's website.
- *Quality Improvement and Assurance Strategy Action Plan.* Available on the Trust's website.

3.1.15 Information about the care we have provided

Our Quality Report, in Section 4, provides a range of information about:

- Our performance against key healthcare targets and other information about how we have performed in respect of safety, effectiveness;
- The findings from the CQC inspection of our services and the actions we have taken;
- Feedback received from other regulators or significant interested parties and actions we have taken;
- Progress we have made in delivering targets we agreed with our main Commissioners;
- Our audit and research activities;
- Improvements in information provided to service users or members of the public;
- Information about complaints and how we have responded to complaints.

Section 3.1.16 of this Annual Report provides an overview of developments across the different services we provide.

3.1.16 Our Services – A Year in Review

Inspections and assessments

In November 2016 the Care Quality Commission (CQC) visited us to carry out an inspection. During the announced inspection, the CQC team visited 28 wards, teams and clinics and spoke to staff, service users, relatives and carers, attended meetings and joined care professionals for home visits and clinic appointments. The inspection reports were published in March 2017 and rated us as Good overall.

The inspection reports shows that we have made significant progress since the last inspection in 2014 but also shows us that there is still important work to do.

Our overall rating has changed from *Requires Improvement* to *Good* and eight of our ten of our core services are now rated as *Good.* All our services were *Good or Outstanding* in the caring and responsive categories. The effective and responsive domains overall have moved from *Requires Improvement* to *Good* since the last inspection. However, we know we still have more work to do and we are committed to working closely with staff, service users and partners to bring about further improvements.

Our results for PLACE 2016 were above the national average in almost every area and achieved four 100% outcomes. PLACE (Patient Led Assessment of the Care Environment) is a national self-assessment process for assessing the quality of the hospital environment and covers cleanliness, food and hydration, privacy, dignity and wellbeing, and condition, appearance and maintenance in areas which are accessible to service users and the public. At least 50% of each assessment team is made up of service users. The 100% scores were for cleanliness at Forest Lodge, Grenoside Grange and Longley meadows and for condition, appearance and maintenance at Grenoside Grange.

South West Home Treatment Team successfully achieved full accreditation from the Royal College of Psychiatrists. A plan is now being developed for introducing the standards more widely across the other Home Treatment Teams.

The Psychiatric Liaison Service also successfully achieved full accreditation from the Royal College of Psychiatrists. The Psychiatric Liaison Accreditation Network (PLAN) award provides formal recognition that the service is committed to providing and improving quality of care in psychiatric liaison services.

The Memory Service maintained its accreditation as 'excellent' by the Memory Service National Accreditation Programme at the Royal College of Psychiatrists.

Service improvements

Our Memory Service reduced their waiting time for referrals from 29 weeks to 0-2 weeks. This means that for people in the community with worries about their memory, referral to diagnosis and treatment is between 6 – 8 weeks in total.

Our Early Intervention in Psychosis Service met all access and waiting time targets and will now operate on a citywide basis to ensure a consistent service across the whole city.

From 01 November, we increased our Place of Safety Provision on Maple Ward from one bed to two. The Place of Safety is a city wide service that has been provided since 2006. Its purpose is to provide a safe place for a mental health assessment to take place for people found by the police in a public place who appear to need immediate care or control and have been detained under Section 136, Mental Health Act. The suite has recently been renovated to provide a more comfortable and safer environment for people who are detained there.

NHS England agreed to a recurrent investment in our Gender Identity Service of just under £500,000 a year. This has doubled the number of cases that can be managed. However, due to the high number of referrals this service receives, waiting times are likely to remain high.

Our Eating Disorder Service received additional investment to support improved access for younger people.

We secured future funding for our Short Term Educational Programme (STEP) from Commissioners for the next 2-3 years. The STEP programme is offered by our Community Recovery Service and offers a range of educational groups co-facilitated by peer support workers and staff which include: relaxation, anxiety management, managing depression, bi-polar management, understanding borderline personality disorder, recovery education programme and Transitions (a group for young adults aged 16-25).

We developed a new intensive rehabilitation service at Forest Close. We have developed the rehabilitation pathway which is resulting in shorter in-patient stays and joint working with the Community Enhancing Recovery Team (CERT) and other community services. We held a conference in November 2016 during which we received a significant amount of positive feedback from both service users and staff about the changes.

Our Community Enhancing Recovery Team (CERT) has continued to expand and is now supporting 35 service users who have been returned to their home city from locked rehabilitation placements around the country. CERT continues to work in partnership with South Yorkshire Housing Association to support service users to manage their own independent tenancies and the feedback received from service users continues to be very positive.

Savings made from reducing out of city placements have been reinvested into the home treatment services. Each of the four home treatment teams have recruited an additional band 6 nurse and band 5 nurse, significantly improving the staffing ratio.

Our Liaison and Diversion Service has expanded and is developing a South Yorkshire approach with our partner organisations. This service helps to identify and support people from within the criminal justice system, court and probation service who could benefit from intervention. The Service is successfully helping service users navigate health and social care pathways across a range of vulnerabilities.

We re-launched our Improving Access to Psychological Therapies (IAPT) Service in May 2016. The service enhancements offer service users more choice and improve access. They include the development of an interactive website which allows people to book directly on to interventions through the website. Introducing a social prescribing 'prescription pad' for GPs to use with their patients, changes to the online Computerised Cognitive Behavioural Therapy programme and the development of the Improving Wellbeing Sessions.

We reviewed and updated our medication management at Wainwright Recovery and Respite Service including medication audit and monitoring, staff training and local procedures.

Working together with the Woodland View Relatives Group we have made significant improvements to the service user experience at Woodland View Nursing Home. We have created dining nooks and serveries within each cottage to enhance the dining experience. We have moved from a 'cook chill' model of catering to providing fresh, home-cooked food. We have also increased the therapeutic activities offered and the range of equipment available. The outside spaces have also been improved which has included a garden design project undertaken by students from Sheffield Hallam University.

We have made improvements in medicine management at Birch Avenue Nursing Home and Woodland View Nursing Home through the implementation of an electronic medicine administrative system in conjunction with Boots, the Chemist.

We upgraded the seclusion facilities at Ward G1, Grenoside Grange, to comply with Mental Health Act requirements.

We redesigned the care pathway in the Sheffield Adult Autism and Neurodevelopmental Service (SAANS) to streamline processes and improve the links between SAANS and other services.

We expanded our multi-faith team of chaplains. The team provides support for service users, their families and carers as well as staff. Multi-faith chapels and prayer rooms are available at the Longley Centre, Michael Carlisle Centre, Firshill Rise and Fulwood House.

We have increased our research portfolio by 14.3%. We are proud to be a research active Trust and aim to offer our service users opportunities to participate in high quality clinical research trials, when they choose to do so, and engaged in research studies that align with our objectives. Examples of active research studies include:

- The STEPWISE trial – a National Institute of Health Research (NIHR) funded trial providing an educational intervention to prevent weight gain in schizophrenia. We are the sponsor of this trial
- The SCIMITAR+ trial – a NIHR funded trial of a bespoke smoking cessation intervention for service users with severe mental ill health.
- The TRIumPH project – implementing a care pathway for people with psychosis which aims to promote good clinical practice and aligns with the NICE Quality Standards (2015) and Mental Health Access and Waiting Times Standards (2015/16).

We have a small commercial research portfolio and are one of the few mental health Trusts in the region to meet the NIHR objective of offering service users the opportunity to participate in commercial clinical trials in dementia.

We are rolling out Microsystems Coaching as our chosen quality improvement tool across the Trust. So far we have 22 teams working with a trained microsystem coach across clinical and corporate services, 13 active microsystem coaches with a further 8 enrolled for training and 47 staff have completed a two day microsystem quality improvement course.

New services and developments

Sheffield Treatment and Recovery Team (START) were successful in winning a new 3-5 year contract for alcohol community treatment service provision in Sheffield. The new contract brings together a number of smaller contracts to provide a seamless ‘end to end’ service, supporting any individual in Sheffield with problematic alcohol use to receive all the interventions they need to secure their recovery within a single service. We also hold the contract for drug services in the city and the award of the alcohol contract ensures that any resident of Sheffield experiencing issues with drug and/or alcohol use can access support through a simple pathway with one provider.

We developed a Reach for Recovery Programme in our Community Recovery Services. The programme was designed by service users and staff for service users who experience longer term mental health problems. The Mental Health Recovery Star is used as an outcome tool to understand a service user’s journey and progress, assisting service users to identify what they would like to change in their lives to reach their own personal goals. Peer support workers or experts by experience co-facilitate the groups offered within Reach for Recovery and this partnership is proving to be invaluable. The group programme includes: managing mental health, promoting recovery, practical living skills, food and mood, expressing myself, storying and ‘it could work for me’. The programme is helping to sustain people within their home and community setting, enabling them to lead fulfilled lives.

We secured Transforming Care money to support the development of a Positive Behavioural Support style academy to support people with a learning disability within Sheffield. The work will include service user and carer collaboration and external input from NHS Elect.

We introduced a Recovery College in January 2017 at the Forest Close site. The Recovery College site and courses have been co-produced with service users and are also co-delivered. There are a variety of both social and educational courses available to service users and all the courses have specific rehabilitation aims. The courses are available to service users from a range of services including Forest Lodge (our forensic low secure ward). Courses are also available to staff.

We are developing the service pathway for people with a diagnosis of personality disorder. We held a positive pathways event in October 2016 which was co-ordinated via a steering group of service users and carers who experience emotional sensitivity or have a diagnosis of personality disorder. This was a fantastic example of co-production and attracted around 100 service users who attended the event to hear about our plans. We have recruited peer recovery workers to work alongside qualified practitioners, all of who have lived experience of emotional sensitivity or personality disorder. Over the course of the next year we plan to recruit a Dialectical Behavioural Therapy (DBT) programme lead to begin a therapeutic interventions programme to 100 service users a year as well as recruiting six practitioners from the Community Mental Health Teams to improve the interface and flow through the pathway. We are also developing a DBT training programme for staff.

Collaborative care planning is now in place across all of our adult in-patient services as well as in the CERT Team. We have also introduced collaborative care planning across our Community mental Health Teams to drive forward our recovery orientated approach.

We have been working with stakeholders to develop our design plans for our new adult acute in-patient unit at the Longley Centre. Our aim is for the new wards to provide a healing environment that will reduce restrictive interventions and improve the quality of service user and staff experience. This will include a new entrance area for the Longley Centre and a range of new or improved facilities along with improved areas for staff. The new unit will include share therapy spaces, new Section 136 Place of Safety suites and dedicated spaces for carrying out assessments and interventions for service users referred to the unit. We have held several stakeholder events which have involved service users, carers, staff and other relevant partners in reviewing the design options and giving their views on what the design should include. This work will continue over the coming year and offers us a wonderful opportunity to improve our in-patient environments and the health and wellbeing of our service users and staff.

Our IAPT Service has continued to support the ‘PRaCTISED’ research trial which has entered its third year. The trial focuses on assessing counselling and its effectiveness in treating depression.

We piloted a Single Point of Access in our Out of Hours Service which was funded via the Prime Minister’s Challenge Fund. The service operated at the weekends and evenings to triage and direct referrals to the appropriate service. The pilot demonstrated the benefit of the approach and has directly informed our future strategy.

We piloted extended support following discharge in our Liaison Service which meant that service provision was extended to 7 day support. The pilot demonstrated the benefits of 7 day support and non-recurrent funding has been secured to continue the extended support.

We are working with South Yorkshire Housing Association who have been successful in securing £2.7million in funding over 2 years from the Big Lottery Fund and European Social Fund to deliver Building Better Opportunities (BBO), a person centred employment service for adults with mental health problems, learning disabilities and complex needs. BBO delivery staff will co-locate with host organisations from across the City Region and have selected us as one of their host organisations.

The Community Learning Disability Team has introduced a Mindfulness programme that aims to meet the needs of people with a learning disability. The programme has been offered to 25 people so far and initial feedback has been positive.

The success of the Enhanced Primary and Community Care (EPCC) pilot has led to further funding and joint working with Sheffield City Council to introduce a full enhanced primary care service this year working with a third sector partner. EPCC aims to deliver an integrated and coordinated primary & community pathway, delivering personalised care planning with a focus on ill health prevention. Patients are identified as 'emerging health risk' and the multi-disciplinary team work to support the patient manage their own health. A robust evaluation process support by ScHARR is underway.

Our Speech and Language Therapy Team in the Learning Disability Service are ensuring that people with dysphagia (a swallowing difficulty that increases the risk of choking) are supported citywide. The Team has put in place ongoing training, consultancy and direct clinical support to ensure that service users and their carers are capable of safely managing the risks of dysphagia. This work is being further complemented by the development of dysphagia-friendly menus and guidance. The Team are also looking to co-produce an easy read cookbook which will highlight how meals can be sourced, prepared and consumed with little or no risk to the service user.

We are working with partners on the Sheffield City region Test Bed – one of seven national Test Bed innovations taking part in a major drive to modernise how the NHS delivers care. The 'Perfect Patient Pathway', as the Sheffield City region Test Bed will be known, aims to bring substantial benefits for patients suffering from long term health conditions, such as diabetes, mental health problems, respiratory disease, hypertension and other chronic conditions. By using new technology, coupled with new ways of delivering care, the intention is to keep patients with these conditions well, independent and avoiding crisis points which often result in hospital admission, intensive rehabilitation and a high level of social care support. Our clinicians, IT staff and service users are involved in this in collaboration with technology innovators.

Embedding a culture of compassion

We held our second Compassionate Care Conference in September 2016. Our Compassionate Care Conferences are co-produced by staff and service users with the focus equally on providing compassionate care for service users and carers and supporting staff to be compassionate to themselves and their colleagues. The conference was co-hosted by the Interim Medical Director, Dr Rachel Warner and Service User Volunteer, Catherine Carlick. Kate Lucre was the keynote speaker with an inspiring talk on Compassion Focussed Staff Support Initiatives which gave a good mix of learning and theory, case study and a practical understanding of the importance of self-compassion. A choice of workshops run by both Kate Lucre and our own internal experts was also on offer. The workshops were followed by a Schwartz Round for which the topic was 'work hitting home'.

We established a support network for staff experiencing mental health problems.

The Recovery Education Unit in association with Peter Bullimore began hosting a series of workshops introducing the Maastricht interview for people who hear voices and the Maastricht interview for troublesome thoughts, beliefs and paranoia. These workshops help people who experience distressing voices and practitioners to develop a framework for making sense of their experiences.

We held a Suicide Prevention event in December 2016 including three nationally renowned speakers: Professor Rory O'Connor, Professor Christabel Owens and Angela Samanta. The event provided an opportunity for over 80 clinicians from across the city to come together to gain a greater understanding of what may help to prevent people from completing suicide.

We held our first awards evening for staff and also recognising staff who have given over 30 years long service. The winners were: Sue Sibbald, Peer Support Specialist, Personality Disorder (Chair's Special Recognition Award), Ann Hurley, Sheffield Community Brain Injury and Rehabilitation Service (Volunteer of the Year), Victor Zhao, Housekeeper, Endcliffe Ward (Compassionate Care), Stacey Scott, Jennifer Evans and Beverley Toone, Support Time Recovery Workers, Argyll House (Innovation and Research), Kim Tissington, Senior Operational Manager, Specialist Directorate (Leadership), Chloe Martin, Recovery Worker, Community Enhancing Recovery Team (Learner of the Year), Claire Jepson, Occupational Therapist, G1 Ward (Outstanding Achievement by an Individual), Zoe Gregory, Nurse/Care Co-ordinator, Sheffield Assertive Outreach Team (People's Choice) and the Intensive Rehabilitation Service, Forest Close (Quality Improvement by a Team).

We hosted the Positive Practice in Mental Health Collaborative's Special Interest Group in Staff Wellbeing and Mental Health.

We are continuing with our work to implement the Safewards programme on our acute in-patient wards. This initiative is a structured approach which is evidence based and aims to improve the safety of services as well as the experience of service users. We are monitoring the impact of the programme on both service users and staff.

We have made great progress with our RESPECT training programme and eliminating the use of prone techniques. We have also put systems in place to monitor other restrictive interventions. We are now working with teams and service users to implement and embed Safewards as an approved tool to reduce incidents and improve engagement and quality. Our recent review of Therapeutic Activities is a key part of the work to find creative solutions to reducing restrictive practices.

Health and Wellbeing

We are proud to support and protect people's health and wellbeing. To meet our duty of care as an NHS organisation, put NICE Guidance into practice and provide a safe, smoke free place for everyone, we went completely smoke free on 31 May 2016. Over 50 staff have been trained as Smoking Cessation Practitioners and free Nicotine Replacement Therapy is available to all in-patients. Staff are also offered six weeks of free Nicotine Replacement Therapy either to support a quit attempt or to help them explore how to abstain from smoking while at work.

We continue to work with the National Centre for Sport and Exercise Medicine (NCSEM) Sheffield on their vision of a whole city physical activity behaviour change making it easier for people to be physically active as part of their everyday lives. As part of our partnership

our IAPT Service runs education programmes on Assertiveness, Understanding Stress and Anxiety, Managing Low Mood and Managing Sleep Problems – all of which promote physical activity as an integral part of good mental health.

We have also recruited and trained staff to work as workforce wellbeing coaches, delivering evidence based intervention to improve cardiovascular fitness. Several of our sites have regular staff running clubs and we also offer a weekly staff boot camp fitness session.

We participated in the inaugural Workplace Challenge as part of Move More Month, which encouraged organisations to get active and win medals for their team (an innovative project from NCSEM Sheffield). A good number of Trust staff downloaded the Move More App and recorded their physical activity during the month of July. We finished 7th in the leader table and next year we hope to improve that position.

We ran a pilot of Wellness Interventions for our staff. A comprehensive fitness assessment was offered to 36 staff which included an assessment of their physical fitness as well as health checks including blood pressure, cholesterol and blood glucose tests.

We took part in the Workout at Work (WOW) campaign which promotes physical and mental wellbeing in the workplace. Physiotherapists from our Community Learning Disability Teams took the opportunity to promote healthier work habits by WOWing 73 staff over four events and two sites, demonstrating office-based exercises that can improve posture and wellbeing.

We signed the Time to Test Pledge - if our female employees cannot make appointments for cervical screening out of working hours, we have committed to finding a way to make sure they can attend cervical screening, even if it means doing so during their working day.

We installed a Cardio Wall on Endcliffe Ward. The Cardio Wall incorporates five different user programmes which involve hitting nine light pods in a certain time which helps to improve a wide range of physical skills as well as mental wellbeing. It is proving to be very popular with service users and we plan to have a Cardio Wall installed on each of our adult in-patient wards in the future.

Staff at Buckwood View Nursing Home took part in the React to Red pilot. React to Red is a pressure ulcer prevention campaign that is committed to educating as many people as possible about the dangers of pressure ulcers and the simple steps that can be taken to avoid them. The team at Buckwood View achieved an impressive 100% training roll out and won an award.

Tackling stigma and discrimination

We held our first Working Together Conference in December 2016. The conference was open to all staff, and offered a fantastic opportunity to learn more about the exciting work that has been ongoing in the Trust in relation to BME staff, as well as hearing from some inspirational external and internal speakers.

We are proud to be a participant in Innov8 which aims to increase the diversity of NHS leaders, particularly in senior roles and increase the number of inclusive leaders in organisations. Our Innov8 project is focusing on mentoring from staff at all levels across the Trust. Five Board Members are involved with the project, along with five members of staff in senior positions.

We signed up to be a Dementia Friendly organisation. We are holding regular Dementia Friends Information Sessions for staff and held a very successful Memory Walk in summer 2016.

We hosted a National Association of Psychiatric Intensive Care Units conference on Endcliffe Ward which gave staff the opportunity to share good practice, including reducing restrictive interventions and the implementation of the Safewards programme.

We maintained our commitment to the Sheffield Fair Employer Charter. This is a voluntary code of practice which promotes positive health and wellbeing among the Sheffield workforce and is part of the Our Fair City Campaign (launched by Sheffield's Fairness Commission - a cross-party group of political, business, community and religious representatives led by the Sheffield Executive Board). As an organisation we are proud to pay the real Living Wage to our staff – this is part of our commitment to fairness.

We maintained our commitment to tackling mental health stigma and discrimination. We are proud to have signed the Time to Change organisational pledge and continue to work to challenge the stigma and discrimination which still, sadly, surround mental health.

This year we moved onto the new Disability Confident Employer Scheme. This is a new government scheme that has replaced the Two Ticks scheme. The Trust is currently on level two of the scheme which means it is a 'Disability Confident Employer'. We have made a commitment to work towards level three of the scheme – 'Disability Confident Leader' within the next two years.

We maintained our action plan to support the Trust as a Mindful Employer.

To assist us in ensuring that our values remain at the heart of everything we have further developed Values Based Recruitment (VBR) interviewing whereby the organisational values are at the heart of the recruitment criteria. This supports hiring people who are aligned to our values.

We maintained our commitment to the Armed Forces Corporate Covenant. The Covenant is a commitment to support current and former members of the Armed Forces. The key principles are that no member should face disadvantage in the provision of public services compared to any other citizen and that in some circumstances, special treatment may be appropriate especially for the injured or bereaved.

The Secretary of State for Health (Jeremy Hunt) visited our Homeless Assessment and Support Team (HAST). A good discussion took place about the challenges facing homeless people.

Staff development

We secured funding from Health Education Yorkshire and Humber to support the development of Band 4 assistant practitioners. This role will initially be developed and piloted within dementia care.

We are supporting career development opportunities and learning by actively encouraging staff rotations, the development of Band 4 assistant practitioner posts and posts split over two allied specialities.

We have continued to develop and expand our Coaching Service for staff. We now have 24 coaches trained to ILM5 level, each coaching between 2 and 4 staff from all levels in the Trust.
We have supported 171 staff through external leadership training with the NHS Leadership Academy. Staff have successfully completed a range of leadership programmes including: the Nye Bevan programme, the Elizabeth Garrett Anderson programme, the Mary Seacole programme, the Edward Jenner programme and the frontline leadership course for nurses and midwives.

Our staff are active on the Supporting Women in Medicine (SwiM) Leadership Programmes.

We piloted a training course based on Acceptance and Commitment Therapy and compassion to improve the resilience of newly qualified nurses. The pilot consisted of 13 newly qualified preceptorship nurses, to support them into the move into leadership post preceptor roles.

This year we have introduced an additional initiative to strengthen staff engagement and support by developing and piloting a mentoring course.

Supporting carers
We co-produced a range of leaflets which can help staff to better support and involve carers and young carers. We worked closely with Sheffield Young Carers, Sheffield Carers Centre and the Children and Young People's Empowerment Project (Chilypep) to improve the links between adult mental health services in Sheffield and individual carers and young carers. The resource pack of leaflets along with other helpful information and links are available on both on our staff intranet and our website. While the resource pack currently focuses on adult mental health ongoing development work will take place to develop them for different services.

Award Winners
Transforming Acute Mental Health Care in Sheffield won the service re-design category at the HSJ Awards 2016 – the first mental health Trust to win this award. This recognises the work that has taken place across the acute care pathway in the in-patient and community teams. As a result of this work, no one has been sent out of city due to a lack of acute in-patient bed capacity for over two years. This is a great achievement and compares very favourably to the national picture of out of area bed use.

Endcliffe Ward were highly commended in the Building Better Healthcare Awards in the mental health services category.

Endcliffe Ward won the Design in Mental Health Awards (in the best refurbishment category).

Endcliffe Ward won Refurbishment Project of the Year at this week's Institute of Healthcare Engineering and Estate Management Awards.

Endcliffe Ward won Team of the Year at the National Association of Psychiatric Intensive Care Unit Conferences. This is a recognition of their excellent multidisciplinary practice.

Mark Thorpe (Community Recovery Worker and Occupational Therapy Volunteer) won Mental Health Worker of the Year in the Best of Health Awards 2016. Mark also won an Unsung Hero Award which celebrates non-medical/non-clinical staff.

Our South Yorkshire Band 4 project won the Partnership category in the Talent for Care Awards (Health Education England). The project is a partnership between ourselves, Barnsley Hospital NHS FT, Doncaster & Bassetlaw Teaching Hospitals NHS FT, Rotherham NHS FT, Sheffield Children's Hospital NHS FT, Sheffield Teaching Hospital NHS FT and St Luke's Hospice.

The Transitions Group won the Patient Experience category at the national Positive Practice in Mental Health Awards. The Transitions Group (Community Recovery Service is a course for young people aged 16-25 who struggle with the move from child and adolescent to adult services. The age is the only criteria for the group hence the mental health issues vary from Anxiety, Low Mood and ADHD to Paranoid Schizophrenia and Personality Disorder.

Our Community Enhancing Recovery Team (CERT) was highly commended in the Staff Mental Wellbeing category at the national Positive Practice in Mental Health Awards.

Our Acute Care Pathway was highly commended in the Transforming Care category at the Positive Practice in Mental Health Awards.

Brendan Stone (Co-Chair of our Service User Engagement Group) won the Excellence in Patient Experience awards at the Yorkshire and Humber NHS Leadership Awards.

Anthony Poole (Interim Head of Design and Delivery, IMST Directorate) runner up in the Emerging Leader Award at the Yorkshire and Humber NHS Leadership Awards.

Pam Allen (Carers Lead) received a Sheffield Caring for Carers Award. Pam was nominated by the Sheffield Young Carers Project for being a 'voice for carers and young carers'. Pam is working closely with Sheffield Young Carers, Sheffield Carers Centre and Chilypep (Children and Young People's Empowerment Project) to improve the links between adult mental health services in Sheffield, carers and young carers.

We were shortlisted as finalists for two awards in the HPMA Excellence in HRM Awards 2017. Our programme to promote and improve equality, diversity and inclusion for Black, Asian and Minority Ethnic staff was a finalist in the 'most effective use of diversity to strengthen governance, recruitment or promotion' category. The Trust's Innov8 project focuses on mentoring staff at all levels across the Trust. Five members of the Board of Directors are involved with the project along with five members of staff in senior positions. While our partnership with Gulu Regional Hospital in Uganda is a finalist in the 'University of Bradford award for cross-sector working'. Over the past few years the partnership has resulted in the opening of a Children's Ward on the mental health unit at the Hospital and the training of 135 workers in RESPECT techniques which emphasise the use of de-escalation techniques before resorting to physical interventions such as restraint.

Amanda Clark (Community Mental Health Nurse (CMHN), Older Adults Community Mental Health Teams (OACMHT)), Simon Valentine (CMHN, OACMHTs) and Charlotte Dudley (Nurse Assessor, Dementia Rapid Response and Home Treatment Team) all won Mentor of the Year Awards from Sheffield Hallam University. They were all nominated by students they have mentored.

Dr Jonny Bunn and Dr Danny Pennells (Foundation Grade Doctors working on G1 as part of their rotation) awarded the First Prize for Trainees Research at the Trent Annual

Conference 2016. The competition was open to all trainees within the Trent Region. Their winning research focused on assessing the efficacy of dementia in-patient treatment.

We were shortlisted as finalists in the Schwartz Rounds Awards in two of the four categories: Best Schwartz innovation and the poster competition.

The SAANS Service has received an Award for Excellence in Autism and Neurodevelopmental Services from the Healthcare & Pharmaceutical Awards 2016.

The Learning Disability Directorate's Project Focusing on Dysphagia Care won an award in the national Care Coordination Association Good Practice Awards in the category "Improving Service User Care Through Effective Learning & Development Strategies".

Events, engagement and activities

Our Service User Engagement Strategy was approved by the Board of Directors in July and sets out a bold and achievable plan for the next five years. The strategy ensures that we are putting service users' experiences and views at the heart of service change and staff development.

We held our first Quality Improvement event in July which was co-produced with service users. The event together staff from across the Trust together with service users to focus on how we can achieve our vision to provide mental health and community care of the highest quality.

We took part in NHS Fab Change Day with a pledge from our Chief Executive to drive quality improvement through the Microsystem improvement methodology, whereby a trained Microsystem Coach facilitates individual teams (including their service users and carers) to undertake a structured improvement process, empowering teams and service users to influence change from the front-line.

Our Substance Misuse Service held a series of well attended events during national recovery month (September), including the establishment of regular knitting groups, women's groups and men's groups.

Our Primary Care Directorate has continued to engage patients in patient participation groups to support the GP Practices in raising awareness of patients' needs and to improve health outcomes for hard to reach, BME and vulnerable groups. The Friends and Family Test has been introduced to provide regular feedback to enable us to develop services to meet the needs of our patients and to address any gaps in provision.

Our Primary Care Directorate has also continued to support the extension of the Practice Champions project working collaboratively with our third sector partner in training patients as volunteers and active partners in health education – there are now over 80 patient volunteers.

Our Learning Disability Service continues to hold six-weekly Carer Clinics which offer family carers the opportunity to have a dedicated one-to-one session with a senior manager from the Service or from Assessment & Care Management (Sheffield City Council). These sessions were set up in direct response to seeing the frustrations of families attending larger public meetings when there was not the opportunity to explore individual issues. Many carers have said that they really value the fact that someone senior is taking the time to listen to them and explore ways forward.

We held our first Arts Festival in September. This has been a key objective of our Arts and Health Strategy and there was a range of events, including music, poetry, visual and creative arts across our sites and also at external venues. An online art gallery was also created which can be viewed on our website: www.shsc.nhs.uk

We held two members events in partnership with Sheffield Teaching Hospitals NHS Foundation Trust on the topics Dementia and Nutrition and Talking about Research. The events were well attended and gave Governors an opportunity to engage with current members. A programme of events will continue throughout 2017/2018, to reflect the issues important to members.

We took part in Sheffield Mental Health Week and Sheffield Wellbeing Festival which both included opportunities to try out activities that can benefit both mental and physical health as well as information on mental health services, community activities and self-help resources.

Service closures and transfers

This year both Pinecroft Recovery Ward and Rowan Ward closed as part of our reconfiguration programmes in rehabilitation services and acute care.

Longley Meadows Respite Unit for people with a learning disability was closed in January 2017 as a result of changes to how respite services are commissioned within the city. Warminster Road Respite Care Service transferred to Sheffield City Council in January 2017.

Sheffield City Council continued to progress a tender exercise for our existing services in supported living / registered residential care in the Learning Disability Directorate. Services at Wensley Street, Beighton Road and Melrose Road have transferred to new providers and services at the Burngreave Development, Steven Close and Mansfield View will follow. We are sorry to say goodbye to these services and the residents and staff and wish them well.

Due to a new carers strategy for the city commissioned by Sheffield City Council, the Older Carers Support Service in our Learning Disability Directorate closed. Support for this group of carers is now provided by Carers in Sheffield.

Hurlfield View Resource Centre closed at the end of March 2017. Unfortunately our ability to provide the level of service required within the finance available became more and more challenging during the course of the year. We worked closely with Sheffield City Council to manage the transition safely and we are continuing to work with NHS Sheffield Clinical Commissioning Group to address the lack of dementia emergency respite health beds in the city.

We were sad to close our Sheffield Community Access and Interpreting Service (SCAIS) this year. The loss of several major contracts left the service in an unsustainable position.

We were unsuccessful in our tender for the mental health floating support contract (previously provided by the Community Recovery Service).

The number of beds at Woodland View Nursing Home was reduced by the Commissioners by 25%. This resulted in the closure of one of the cottages. The transition took place over a number of months with minimal disruption to residents and in full collaboration with carers and relatives.

3.1.17 Using our Foundation Trust status to develop and improve our services

Foundation Trust status enables us to engage Governors and members, who represent the communities that we serve, in the development of our services and the improvement of service user care. The Quality Report, contained in Section 4 of this Report, shows some of the ways in which our Governors and members have been involved in shaping the way that we have delivered our services over the last 12 months.

We have developed new ways of delivering much needed services in partnership with the third sector. In previous years Annual Report we reported how we had developed a partnership with Rethink Mental Illness and commissioned them to deliver a Crisis House service. Last year we reported how we have developed a partnership with South Yorkshire Housing Association where they provide intensive tenancy support to people alongside receiving intensive community support from us. This has allowed us to return people back to Sheffield and reduce the need for long term hospital care away from Sheffield that delivered poor outcomes for the people concerned.

We are able to use our money more flexibly to support the priorities we have identified. Key examples of this have been how we have built up our cash reserves in order to improve our estate and in-patient services. In last year's Report, we reported on the opening of our new psychiatric intensive care unit, Endcliffe Ward, following a major capital investment programme. This has allowed us to significantly improve the environment of care and the service we can provide for people who need intensive in-patient care. The Board has also used the financial freedoms afforded to us as a Foundation Trust to invest in a range of improvements in community services, which are reported elsewhere. As we move into 2017/18 the Board will be approving future capital schemes that make further investments to support improvements in our in-patient environments.

3.1.18 Performance against key health care targets

Our Quality Report, in Section 4, provides a detailed overview on how we have performed in respect of quality and targets across a range of services. In respect of the main healthcare targets we are aim to deliver as an NHS Foundation Trust, these are summarised below.

Target or Indicator	Threshold or target YTD	Quarter 1		Quarter 2		Quarter 3		Quarter 4	
		Actual	Target achieved?	Actual	Target achieved?	Actual	Target achieved?	Actual	Target achieved?
Care Programme Approach (CPA): in-patients receive community follow up within 7 days of discharge									
Care Programme Approach (CPA): service users have a formal review of care within 12 months									
Admissions to in-patient care had an assessment to consider access to crisis resolution / home treatment services prior to admission									
Early intervention in psychosis: support 75 new referrals each year									
Minimising delayed transfers of care from hospital									
Early intervention in psychosis: people are assessed and access treatment within 2 weeks of referral (new measure, from Q4 2015/16)									
Improving Access to Psychological Therapies - People start treatment within 6 weeks (new measure, from Q3 2015/16)									
Improving Access to Psychological Therapies - People start treatment within 18 weeks (new measure, from Q3 2015/16)									
Data completeness, MH: identifiers									
Data completeness, MH: outcomes									
Compliance with requirements regarding access to healthcare for people with a learning disability									

3.1.19 Arrangements for monitoring improvement in the quality of care

We monitor improvements in service quality through our governance systems and a range of reports we use to monitor quality. The Board and the Quality Assurance Committee receive regular reports on service quality and improvements. We report on the quality of the services we provide to our Council of Governors. The Quality Improvement Group provides an opportunity for clinical staff, managers, Board members, Governors and others to hear, in detail, about quality improvement projects, and share ideas for innovation and best practice.

We also report externally to our Commissioners on: the quality of services that we provide, the service improvements that we make, our progress in achieving the various quality targets that are set for us annually in our contracts with our Commissioners and, our performance in the additional arrangements that our Commissioners use to incentivise us to make quality improvements in areas that they prioritise.

We identify a range of areas that we want to make improvements on. These are outlined in our Quality Report in Section 4, where we state our objectives for improving quality and the progress we have made over the last two years. This section also summarises the objectives we agreed with our Commissioners for improving quality under the Commissioning for Quality and Innovation scheme.

Further content to follow.

Our approach is set out within our Quality Improvement and Assurance Strategy 2016/ 2022 and the accompanying implementation plan which is in the process of being refreshed to accommodate the Trust's overall Quality Improvement Plan. The purpose of the strategy is to develop a culture of continuous quality improvement by -

- Delivering quality by creating the conditions for all our staff and every team to engage successfully in quality improvement underpinned by effective team governance;
- Ensuring measurable quality objectives are agreed across the organisation;
- Ensuring effective, supportive and responsive Trust governance and assurance systems;
- Having clear arrangements to support delivery and accountability;
- Ensuring we have accurate and appropriate information available about the quality of care provided at all levels;
- Enhancing quality improvement capacity and capability through ensuring maximum numbers of staff are coached in Microsystems quality improvement methodology.

In order to ensure high quality care and support, the Trust's quality governance arrangements are summarised as follows:

Board of Directors: Sets the Trust's strategic aims and ensures the necessary supporting strategies, operational plans, policy frameworks and financial and human resources are in place for the Trust to meet its objectives and review its performance. Receives assurance reports on compliance with CQC standards as well as the improvements necessary to achieve quality services.

Quality Assurance Committee: Brings together the governance and performance systems of the Trust in respect of quality. The Committee provides oversight of Trust systems in respect of quality and risk management arrangements. The Committee is informed by the

work of a range of committees that oversees Trust systems and performance in respect of key matters relating to quality and safety. Receives assurance reports on compliance with CQC standards as well as the improvements necessary to achieve quality services.

Audit Committee: Reviews the existence and maintenance of an effective system of integrated governance, risk management and internal control Trust-wide.

Executive Management Team: Oversees the operational functioning and delivery of services and programme management oversight of key transformation and improvement projects. The Medical Director is the Trust's executive lead for quality improvement. Oversees the development and implementation of Trust wide compliance plans.

Service User Safety Group: Monitors the Trust's performance around incident management including serious incidents, learning from incidents, Trust mortality, the patent safety thermometer, infection prevention and control, falls, restrictive practices and all matters of patient safety.

Clinical Effectiveness Group: Establishes our annual clinical audit programme (which includes national and locally agreed clinical audits), oversees the implementation of NICE guidance and embeds the routine use of outcome measures in clinical services.

Service User Engagement Group: Improves the quality of service user quality and experience, ensures that service user experience drives quality improvement and enables the clinical directorates to enhance how they engage with service users.

Systems of Internal Control: A range of policy and performance management frameworks (at individual and team level) as well as internal controls are in place to protect and assure the safety of care and treatment and the delivery of quality care in line with national policy and legislation.

Following the plans put in place for 2016/17, we are continuing to build on these into 2017/18 and beyond. We identified the areas below as key areas to enable us to improve our quality governance arrangements and these continue to be our focus from 2017/18 onwards:

- Peer Review and Self Inspection – Continue to build capacity and capability across the Trust by which to self-inspect our services and ensure compliance with quality standards (CQC, MHA,MCA,EMSA)
- Enabling service user engagement in our quality improvement projects – Ensuring that service users are enabled and supported to contribute to Microsystems projects within teams
- Team Level Information Needs – Implementation of a business intelligence system to provide real-time quality information to front line teams

To deliver our strategy, it is essential that staff have the ability to engage with improvement techniques. While we will use a range of quality improvement techniques as appropriate, the core Trustwide approach that we will use will be Microsystems improvement methodology.

3.1.20 Significant changes to the services we provide

During the year the following changes were agreed that resulted in a significant change to the services we provide.

- *Service improvements.* To follow
- *New services.* To follow

- *Services we no longer provide.* To follow

3.1.21 Working with our stakeholders

Our Commissioners

As an NHS Foundation Trust, we provide a range of services, covering direct care services, training, teaching and support functions. The main Commissioners of our clinical services are NHS Sheffield Clinical Commissioning Group, Sheffield City Council and NHS England. Housing Associations commission our residential care services.

Our non-service user care services are commissioned by NHS Sheffield Clinical Commissioning Group, other NHS Foundation Trusts, NHS Trusts and Whole Government Accounts (WGA) organisations, along with other Clinical Commissioning Groups.

NHS England and Clinical Commissioning Groups commission education, training, research and development from us.

Total income by Commissioner

Insert graph from Finance

3.1.22 How we work with our partners

We work in partnership with the main organisations that commission our services, namely NHS Sheffield Clinical Commissioning Group and Sheffield City Council. This allows us to understand the health and social care needs of the wider population, to influence the commissioning approach taken and to develop new services for the benefit of the people of Sheffield.

We work in partnership with the other health and social care organisations in Sheffield as we collaborate to provide the best services for the people of Sheffield. There is a clear drive to change the way services are provided in Sheffield to deliver real improvements in community care and support for individuals' health and social care needs. We have significant experience of relocating care from a hospital context to a community one, along with delivering successful integrated health and social care services across a range of partnership structures. By working in partnership with all the organisations in Sheffield we are able to inform and shape how we move forward as a citywide health and social care community.

We work in partnership with a diverse group of interested parties across the public and third sector, voluntary and local community groups. This allows us to develop better relationships with other organisations who support people in Sheffield and fosters better collaborative working between us. We use these opportunities to promote the needs and interests of the people that we serve and to reduce some of the barriers individuals can often experience in accessing the services that they need.

We continued with our partnership with South Yorkshire Housing Association for the delivery of housing support services for people with serious mental health problems. This has allowed us to develop effective community support packages combining health and social care support alongside support for day to day living within the community. As a result of this people are now accessing support locally rather than needing long term hospital care away from Sheffield. This builds on developments we introduced in the previous year, such as the introduction of a new and much needed Crisis House service, delivered in partnership and on our behalf by Rethink Mental Illness.

We began a new partnership with South Yorkshire Housing Association who have been successful in securing funding over two years from the Big Lottery Fund and European Social Fund to deliver Building Better Opportunities, a person centred employment service for adults with mental health problems, learning disabilities and complex needs. It's based on Individual Placement Support, a 'place then train' approach that's shown to be twice as effective as traditional approaches.

We work in partnership with Sheffield Teaching Hospitals NHS Foundation Trust to provide occupational therapy and mental health services into the intermediate care services they provide.

3.1.23 Consultations

- *Formal consultations we have completed.* We have not undertaken any formal consultations during the year about proposed service changes;
- *Formal consultations we have in progress.* At the time of confirming this Annual Report there were no formal consultations in progress;
- *Formal consultation we have planned for next year.* In line with our established Annual Plan for 2017/18 we may consult on the development of our community mental health services.

3.1.24 Our broader public and service user involvement activities

This year has seen a real increase in the level of service user and carer involvement across the Trust. Below is just a snap shot of the activity that has taken place.

Our Service User Engagement Strategy was approved by the Board of Directors in July 2016 and sets out a bold and achievable plan for the next five years. It positions us as a leader in service user engagement among NHS health and social care and mental health Trusts. The commitments we have made build on existing work and assets, and will direct future action in a coherent and planned way in order to extend and maximise impact while fostering a culture of excellence in service user engagement in which innovation, flexibility and responsiveness are central.

To achieve our vision for service user involvement we will work towards the following outcomes:

- Leadership and vision will be co-owned by people who access our services, carers, professionals and staff
- Independent service user perspectives will be present at all levels of the Trust
- Service users will influence (and sometimes lead) governance, policy and practice of the Trust
- Service users will lead some Trust initiatives through to completion
- Service users will originate and lead some organisational initiatives with minimum influence from the Trust
- We will be responsive to service user leadership, and to initiatives originated by service users
- We will proactively help to build and support independent local service user led organisations and initiatives.

Our Service User Engagement Group (SUSEG) is now well established and has representation from all clinical Directorates and service users. It meets on a monthly basis and this year the working groups have focused on five key areas of work:

- Improving how we work with service users to recruit staff;
- Improving how we work with service users to train staff;

- Developing paid peer support;
- Embedding a culture of recovery;
- Establishment of the Service User Experience and Monitoring Unit.

All areas of work have been co-produced with service users and staff.

Our Service User Network: Relevant, Inclusive, Supportive, Exciting (or SUN:RISE) aims to improve the range of ways that service users can become informed and actively involved with the Trust.

The group meets on the second Wednesday of each month in a city centre location. All service users and interested professionals are welcome to attend all or part of the meeting. Satellite SUN:RISE groups have been set up in various services across the Trust including the acute in-patient wards at the Longley Centre and Michael Carlisle Centre, SUN:LIGHT at the Limbrick Centre and SUN:RAY at Argyll House. These satellite groups aim to address concerns of local service users and to enable service users to have a positive impact on their local service. Over the next year, we are supporting other areas of the Trust to set up their own local groups.

In our Learning Disabilities Service regular 'Meet the Manager' sessions are held giving service users and carers an open forum to seek answers about the service from senior managers as well as proving an opportunity to update people on plans, policies and processes that impact them.

Service users worked with staff in our Community Mental Health Teams to pilot collaborative care planning.

There has been a further increase in the number of people seeking volunteer experience within the Trust. Currently 168 people actively volunteer in a very wide variety of different areas which include: recruitment and selection, Chaplain assistant, reading across a variety of different Trust sites, administrative support, befriending and co-delivering training to both staff and service users. These are just some examples of the different areas volunteers are involved in.

Our reading project celebrated its sixth year, reading to service users in a variety of different settings which include the adult acute in-patient wards, dementia wards and forensic services.

3.1.25 Improving services from complaints and concerns

We are committed to ensuring that all concerns and complaints are dealt with promptly and investigated thoroughly and fairly. We value the feedback we receive from service users and carers and recognise the importance of using this feedback to develop and improve our services.

Service users, carers, or members of the public who raise concerns can be confident that their feedback will be taken seriously and that any recommendations made as a result of the findings of the investigation will be fed back in order that services can learn the lessons and make changes to practice and protocols, thus raising standards.

A number of service improvements were made as a result of complaints this year. For example:

- To follow

We consider the learning from complaints a valuable opportunity to improve standards of service delivery and to share good working practice. We produce regular reports, giving details of complaints made and resultant actions plans on a quarterly basis. These reports are discussed at the Quality Assurance Committee and are available to all staff.

Further detailed content to follow after year end.

More information is provided in our comprehensive Annual Complaints report (which includes the complainant survey) and is available at: www.shsc.nhs.uk/about-us/complaints

3.1.26 Research and Development Activities

In 2016/17 over 900 service users were recruited to participate in research approved by a research ethics committee. More than 850 of these were to studies registered on the NIHR national portfolio.

Research is a priority for the Trust and is one of the key ways by which the Trust seeks to improve quality, efficiency and initiate innovation. In April 2016, the Trust Board approved a new research strategy which strengthens the Trust commitment to high quality research, by ensuring that research is embedded in core clinical and social care and seeking to ensure participation in research across all Trust services. Over the last year, the Trust has worked closely with the Yorkshire and Humber Collaboration for Leadership in Applied Health Research and the Yorkshire and Humber Local Research Network to improve our services and increase opportunities for our service users to participate in research, when they choose do so. We have strong links with academic partners, including the Clinical Trials Research Unit and the School of Health and Related Research at the University of Sheffield, and the School of Health and Wellbeing at Sheffield Hallam University, to initiate research projects in the Trust. In 2016 a new professor of mental health was appointed in the School of Health and Related Research who holds a joint post with the Trust, this is part of our strategic aim to increase research capability amongst our staff.

We adopt a range of approaches to recruit people to participate in research. Usually we will identify individuals appropriate to the area being researched and staff involved in their care will make them aware of the opportunity to participate. Service users and carers will be provided with a range of information to allow them to take informed decisions about whether they wish to participate. We use tools like the Join Dementia Research tool designed by the National Institute for Health Research in association with Alzheimer's Research UK and the Alzheimer's Society to match service users who have expressed an interest in research with appropriate studies.

Areas of research in which the Trust has been active over the last 12 months include:

- A 10 centre randomised controlled trial of an intervention to reduce or prevent weight gain in severe mental illness;
- A trial comparing the effectiveness of counselling for depression with cognitive behavioural therapy;
- A multi-centre trial of a self-help intervention to improve quality of life in Alzheimer's disease;
- A trial supporting for the families and carers of service users with dementia;
- A trial of a bespoke intervention to support service users with severe mental illness stop smoking;
- Redesigning the early intervention in psychosis pathway;
- A trial of intensive speech and language therapy intervention;

- Pharmaceutical trials of new drugs for service users with dementia (including Alzheimer's disease).

3.1.27 Council of Governors

The role of the Council of Governors

Governors play a vital role in governance arrangements of the Trust. They primarily carry out their role through the meetings of the Council of Governors, of which there were six in 2016/17. Please see Table 1 for a breakdown of the number of meetings attended by each Governor.

All meetings of the Council of Governors are open to members of the public, except in instances where there are confidential matters which need to be discussed. In these circumstances members of the public are excluded for the confidential item only.

While responsibility for the Trust's management and performance rests with the Board of Directors, the Council of Governors has specific decision making powers conferred upon it by the Health and Social Care Act 2012 and the Trust's Constitution. These include:

- Holding the Non-Executive Directors both individually and collectively to account for the performance of the Board of Directors;
- Holding the Board of Directors to account for the effective management and delivery of the organisation's strategic aims and objectives;
- To be consulted by Directors on future plans, including any significant changes to the delivery of the Trust's business plan, and offer comment on those plans;
- Receiving the annual accounts, any auditor report regarding the accounts, and annual report;
- Deciding whether any private patient work undertaken by the Trust would significantly interfere with the Trust's principal purpose, which is to provide goods and services for the health service in England, or performing the Trust's other functions;
- Approving any proposed increases in non-NHS income of 5% or more in any financial year. Approval means that at least half of the Governors taking part in the vote agree with the increase;
- Approving 'significant transactions';
- Approving an application by the Trust to enter into a merger, acquisition, separation or dissolution. In this case, approval means at least half the Governors taking part in the vote agree with the amendments;
- Approving amendments to the constitution.

The Council of Governors also plays an equally important role in the governance of the Trust by:

- Assisting the Board of Directors in setting the strategic direction of the Trust;
- Monitoring the activities of the Trust with a view to ensuring these are being carried out in a manner that is consistent with the Trust's Constitution and its terms of authorisation;
- Representing the interests of members and partner organisations;
- Providing feedback to members;
- Developing the Trust's membership strategy;
- Contributing to constructive debate regarding the strategic development of the NHS Foundation Trust and any other material and significant issues facing the organisation;
- Building and maintaining close relations between the Foundation Trust's constituencies and stakeholder groups to promote the effective operation of the Trust's activities.

In undertaking the above, the Council of Governors ensures that the Board of Directors is held to account by the Trust's key stakeholders.

The Engagement Policy which defines the relationship between the Board and Council sets out clearly the roles and responsibilities of each including that of the Chair, Chief Executive, Lead Governor, Senior Independent Director and Governors. Any disputes are resolved in accordance with the Trust's constitution. The Engagement Policy provides further guidance on action to take dependent upon the nature of the dispute.

Composition of the Council of Governors

The Council of Governors comprises 44 seats, 33 of which are elected from the membership. Governors are elected for a 3 year term and can hold this position for a total of three terms. Eleven of the seats are for organisations with whom the Trust works or stakeholder organisations as they are called. These positions also have a three year term.

The Council of Governors is chaired by Jayne Brown OBE who is also the Chair of the Board of Directors. It is her responsibility to ensure that Governors' views are represented at the Board of Directors and that information from the Board is fed back to the Council. She fulfils this responsibility through a monthly letter to Governors as well as providing updates at each Council meeting. The Chair also gives Governors the opportunity to meet with her every year.

It is a requirement of the regulator, NHS Improvement, that all Foundation Trusts have a Lead Governor. Jules Jones, Public South East Governor, was elected as current Lead Governor and has held the position since June 2015.

Six Council of Governors meetings took place during 2016/2017. The individual attendance of each Governor is shown in Table 1, which also shows a breakdown of seats on the Council and associated Governors as at 31 March 2017, including their term of office.

Number of Seats	Name	Constituency	Date Appointed From	Date Term of Office Ends	Meetings attended over total number of meetings eligible to attend
9 Public seats (elected)	Dorothy Cook	Public South East	01.07.2008 01.07.2010 01.07.2013	30.06.2010 30.06.2013 30.06.2016	2/2
	Jules Jones	Public South East	01.07.2011 01.07.2014	30.06.2014 30.06.2017	6/6
	Brandon Ashworth	Public South West	10.12.2014	30.06.2016	0/2
	Rosemary De Ville	Public South West	07.08.2014	30.06.2017	3/6
	David Houlston	Public South West	01.07.2016	30.06.2019	3/4
	Sylvia Hartley	Public North West	01.07.2014	30.06.2017	6/6
	John Buston	Public North West	22.09.2014	30.06.2016 30.06.2019	6/6

Number of Seats	Name	Constituency	Date Appointed From	Date Term of Office Ends	Meetings attended over total number of meetings eligible to attend
			01.07.2016		
	Lorraine Ricketts	Public North East	01.07.2014	30.06.2017	4/6
	Barbara Bell	Public Rest of England	30.04.2015	29.04.2018	3/6
10 Service User Seats (elected)	Adam Butcher	Service User	01.07.2016	30.06.2019	4/4
	Dean Chambers	Service User	01.07.2010 11.08.2014	30.06.2013 21.09.2016	0/4
	Debjani Chatterjee MBE	Service User	11.08.2014	10.08.2017	2/6
	Tyrone Colley	Service User	01.07.2011 01.07.2014	30.06.2014 30.06.2017	5/6
	Richard Fletcher	Service User	01.07.2016	30.06.2019	2/4
	John Kay	Service User	12.02.2009 01.07.2010 01.07.2013	30.06.2010 30.06.2013 30.06.2016	2/2
	Toby Morgan	Service User	24.03.2015	23.03.2018	5/6
	Pat Molloy	Service User	01.07.2013	30.06.2016	6/6
	Terry Proudfoot	Service User	01.07.2016	30.06.2019	4/4
	Russell Shepherd	Service User	22.04.2013 01.07.2014	30.06.2014 30.06.2017	0/6
	Joan Toy	Service User	01.07.2016	30.06.2019	¾
	Nev Wheeler OBE	Service User	01.07.2008 01.07.2010 01.07.2013	30.06.2010 30.06.2013 30.06.2016	0/2
	VACANCY				
2 Young Service User/Carer seats (elected)	Michael Thomas	Young Service User/Carer	01.05.2016	30.04.2019	5/6
	VACANCY				
4 Carer seats (elected)	Ian Downing	Carer	01.07.2010 01.07.2013	30.06.2013 30.06.2016	1/2
	Susan Roe	Carer	01.07.2013	30.06.2016	5/6
	Gill Holt	Carer	01.07.2014	29.01.2017	2/5
	Billie Critchlow	Carer	01.07.2016	30.06.2019	4/4
	Angela Barney	Carer	24.03.2015	23.03.2018	4/6
8 Staff seats (elected)	Dan Creber	Social Work	01.07.2014	30.06.2017	3/6
	Deborah Gamsu	Psychology	01.05.2016	30.04.2019	1/6

Number of Seats	Name	Constituency	Date Appointed From	Date Term of Office Ends	Meetings attended over total number of meetings eligible to attend
	Elaine Hall	Allied Health Professionals	01.07.2011 01.07.2014	30.06.2014 30.06.2017	5/6
	Diane Highfield	Clinical Support Staff	11.11.2013	10.11.2016	2/4
	Dani Hydes	Central Support	08.07.2014	07.07.2017	4/6
	Mark Thorpe	Support Work Staff	07.12.2015	30.06.2017	1/6
	Paul Miller	Medical & Clinical Staff	01.07.2011 01.07.2014	30.06.2014 30.06.2017	5/6
	Vin Lewin	Nursing Staff	01.04.2013	31.03.2016	0/6
11 appointed seats	Professor Paul Ince	University of Sheffield	01.06.2015	31.05.2018	0/6
	Joan Healey	Sheffield Hallam University	29.09.2011 29.09.2014	28.09.2014 07.09.2016	2/3
	Susan Wakefield	Sheffield Hallam University	08.09.2016	07.09.2019	2/3
	Sue Highton	Staff Side (Unions)	01.07.2011 01.07.2014	30.06.2014 30.06.2017	5/6
	Teresa Barker	Age UK Sheffield	26.11.2013	25.11.2016	1/5
	Janet Sullivan	Sheffield MENCAP	01.07.2011 01.07.2014	30.06.2014 30.06.2017	3/6
	Dr Abdul Rob	Pakistan Muslim Centre	24.01.2011 24.01.2014	23.01.2014 23.01.2017	3/5
	Celia-Jackson Chambers	SACMHA	23.02.2015	22.02.2018	3/6
	Cllr Roger Davidson	Sheffield City Council	14.11.2012 14.11.2015	13.11.2015 05.05.2016	0/4
	Cllr Robert Pullin	Sheffield City Council	03.10.2016	02.10.2019	1/2
	Cllr Adam Hurst	Sheffield City Council	05.09.2014	04.09.2017	2/6
	Cllr Josie Paszek	Sheffield City Council	04.02.2015	03.02.2018	5/6
	Dr Leigh Sorsbie	Sheffield CCG	18.12.2014	17.12.2017	1/6

Changes to the Council of Governors
In 2016/2017 five elections took place.

Constituency	Number of candidates	Successful Candidate/s	Declaration Date	Term Start Date

Service Users	6	Adam Butcher Richard Fletcher Pat Molloy Terry Proudfoot K. Joan Toy	29 April 2016	1 July 2016
Carers	3	Billie Critchlow Sue Roe	29 April 2016	1 July 2016
Public: South West	3	Rosemary de Ville David Houlston	29 April 2016	1 July 2016
Staff: Nursing	2	Vin Lewin	29 April 2016	1 May 2016
Staff: Psychology	2	Deborah Gamsu	29 April 2016	1 May 2016

There were no uncontested seats in 2016/2017.

In addition, the following governors stood down from the Council during 2016/2017

Name	**Constituency**	**Replaced by**
Cllr Roger Davison	Sheffield City Council	Cllr Robert Pullin
Dean Chambers	Service User	-
Joan Healey	Sheffield Hallam University	Susan Wakefield
Gill Holt	Carer	-

Governor Activities in 2016/17
Holding to Account
Throughout the year Governors have undertaken a number of activities which have enabled them to fulfil their statutory duties, represent members and the public and hold the Trust to account. The foundation of their success is dependent upon their relationship with the Board. The Board takes specific steps to cement its relationship with the Council of Governors in addition to the action it takes throughout the year to ensure that it fully understands the views of Governors. Non-Executive Directors meet with the Governors prior to each Council meeting where a sharing of information takes place and where Non-Executive Directors agree to pursue any issues with the Board that Governors' raise. Along with the Chief Executive and Non-Executive Directors, other Board members attend Council meetings when appropriate.

An additional mechanism by which Governors can scrutinise Trust performance is through the Performance Overview Group which met twice in 2016/17 following which its function was scrutinised and cemented for future years.

According to the Health & Social Care Act 2012, it is the role of the Council of Governors to ensure that the Trust operates within its terms of authorisation. The Trust must furnish Governors with sufficient information to give assurance on the safety, quality and cost effectiveness of its services. This is undertaken through a variety of methods including performance reports to every Council meeting, annual reviews with the Board of Directors and through regular dialogue with Non-Executive Directors. However, in order to give a greater focus to performance against the Trust's annual business and quality objectives, the Performance Overview Group will meet to discuss the progress of the Trust in its priorities and plans. The group will discuss business objectives, finance, human resources and any other relevant performance information.

To further strengthen the Board's accountability and increase its scrutiny, Governors are invited to ask questions of the Board at each meeting. The responses to these are formalised in the minutes of Council meetings. Governors have used this mechanism to question the Trust regarding staffing levels, staff sickness and subsequent workloads, risk management, carer support, e-learning, the Mental Health Act, social media and associated stigma, gender dysphoria, women's mental health needs, domestic abuse, NICE guidelines, crisis concordant and staff safety.

The Forward Plans
The Board holds an annual development session with Governors to discuss the Trust's forward plans. This is undertaken prior to objectives being agreed in order that Governor views can help shape objectives. In addition, Governors then seek the views of their members in order to ensure the development of objectives and fully informed by members.

Other Activities
Governors received a comprehensive Trust induction in 2016/2017 which aligns with the good practice guidance from NHS Providers. In addition a bespoke training programme was provided, delivered by NHS Providers as part of the GovernWell programme, which enabled an enhanced understanding of the role and statutory duties including:

- Accountability
- Effective Questioning and Challenge
- NHS Finance
- Quality Matters
- Member and Public Engagement

Several Governors also attended the Governor Focus Conference in London providing an opportunity to network with other governors and receive an update from national bodies about key issues for Foundation Trusts.

In addition to their statutory duties, Governors were involved in a number of other areas of the Trust. These include:

- Adult Inpatient Forum;
- Carers Strategy Group;
- Creative Arts Support Group;
- Children Young People and Family Support Scrutiny Committee (SCC);
- Clover Group Patient Participation Group;
- CMHT Pathway Development;
- Crisis House Governance;
- SHSC Compassion Conference;
- Families Lobbying and Advising Sheffield (FLASH);
- Health and Nutrition Steering Group;
- Health and Wellbeing Event;
- Health Watch;
- Learning Disabilities Partnership Board;
- Membership Engagement;
- Mental Health Awareness Week.
- Mental Health Partnership Board;
- Nomination & Remuneration Committee;
- Patient Participation Group for Primary Care Services;

- PLACE Visits;
- Psychological Therapies Governance Committee
- Quality Improvement Group;
- Recovery College;
- Safeguarding;
- Service User Safety Group;
- Sheffield Adult Autism and Neurodevelopmental Service (SAANS);
- Sheffield Health and Wellbeing Board;
- Sheffield Parent Carer Forum (SPCF);
- Smoke Free Steering Group;
- SUN:RISE (service user involvement network);
- Survivors of Bereavement by Suicide;
- Wellbeing Festival;
- World Mental Health Day.

Through their wider interests, the Governors were able to bring a broader spectrum of views to Council.

Governors are required to declare any material or financial interests in the Trust. For a copy of the register of interests, please contact Karen Jones by emailing Karen.jones@shsc.nhs.uk or telephoning (0114) 2716747.

The Nominations and Remuneration Committee of the Council of Governors
The appointment of the Trust Chair and other Non-Executive Directors is the responsibility of the Council of Governors. The process of selecting suitable candidates to be recommended for appointment by the Council is delegated to a Committee of the Council of Governors known as the Nominations and Remuneration Committee (NRC). In addition, the Committee has responsibility for monitoring the performance evaluation of the Trust Chair and the Non-Executive Directors.

The Trust's Chair presides over the meetings of the Committee, except in circumstances where there would be a conflict of interest in which case the Reserve Chair (who is a member of the Council and Lead Governor) presides.

The NRC oversaw a rigorous process to appoint the Chair of the Trust Board in 2016. This culminated in the successful appointment of Jayne Brown OBC to the post of Chair from 01 July 2016 for a four year period.

In July 2016 NRC reviewed the appointment arrangements for the Local Authority nominated Non-Executive in light of changes to the Trust's contractual relationship with the Local Authority.

As a result of this the Terms of Reference for NRC were also amended to ensure this change in relationship with the Local Authority was taken into account. At the same meeting NRC also discussed the issue of succession planning for Non-Executive Director posts and as a result agreed to recommend to Council the extension of terms of office for two Non-Executive Directors until November 2017 to facilitate a more detailed review of tenures. NRC also considered the issues of remuneration benchmarking, Non-Executive Director Appraisals and the Fit and Proper Persons Protocol.

The NRC met again in November 2016 with a further detailed discussion regarding succession planning. It was proposed to extend the terms of office for two Non-Executive

Directors to align with a third Non-Executive. It was also recommended to Council to increase Non-Executive Director remuneration from £12,000 per annum to £12,688 per annum from 01 April 2017. In addition it was suggested to make additional payments of £2,000 per annum from 01 April 2017 for the Audit Committee Chair and the Trust Board Vice-Chair. This remuneration recognised the additional responsibility of these positions. The NRC met again in January 2017 to review the Non-Executive Director appointment process, job description and person specification and agree shortlisting and Interview dates.

Three meetings took place in 2016/17 in July, November and January. The attendance of Committee members is shown below.

Name	**Position**	**Attendance**
Jayne Brown OBE	Chair	3/3
Jules Jones	Lead Governor	3/3
Angela Barney	Committee Member	3/3
Barbara Bell	Committee Member	1/3
Elaine Hall	Committee Member	3/3
Sylvia Hartley	Committee Member	3/3
Cllr Adam Hurst	Committee Member	2/3
Michael Thomas	Committee Member	1/3
Pat Molloy	Committee Member	1/3

3.1.28 Membership

Foundation Trust status gives us the advantage of being closely influenced by the people who live in the communities that we serve. This is reflected in the diversity of the constituencies into which our membership base is divided.

Constituencies, eligibility criteria and membership numbers

There are three elected membership constituencies, each of which has a number of classes within. The table overleaf details each one and its eligibility criteria and where applicable, the number of members in the class as at 31 March 2017.

Constituency	***Class***	***Number of Members***	***Criteria***
Public	South West	2982	Must live in the following electoral wards: Gleadless Valley, Dore & Totley, Fulwood, Graves Park, Nether Edge, Ecclesall, Beauchief & Greenhill, Crookes
	South East	2527	Must live in the following electoral wards: Darnall, Manor Castle, Arbourthorne, Richmond, Birley, Mosborough, Beighton, Woodhouse
	North West	2249	Must live in the following electoral wards: Stocksbridge & Upper Don, Stannington, Hillsborough, Walkley, Broomhill, Central
	North East	2495	Must live in the following electoral wards: West Ecclesfield, East Ecclesfield, Southey, Firth Park, Burngreave, Shiregreen & Brightside

Constituency	***Class***	***Number of Members***	***Criteria***
	Out of Sheffield	601	Any area within England outside of the Sheffield electoral wards
Service User	Service User	981	Must have received a service or services from the Trust within the last 5 years
	Carer	649	Must have cared for someone who has received a service from the Trust in the last 5 years
	Young Service User or Carer	102	A service user and carer, but must be 35 years old or younger
Staff	Allied Health Professionals	150	Must have either worked for the Trust continuously for at least 12 months or have a contract of no fixed term
	Central Support Staff	318	
	Clinical Support Staff	567	
	Medical & Clinical	205	
	Nursing	551	
	Psychology	269	
	Social Work	49	
	Support Work	976	
Appointed	Voluntary, Community & Faith Sector Organisations	N/A	Not applicable
	University of Sheffield		
	Sheffield Hallam University		
	Staffside (unions)		
	Local Councillors		
	NHS Sheffield		

At the end of March 2017 there were 12,588 members (excluding staff).

Developing a representative membership

As a successful Foundation Trust, it is our aim to maintain and further develop a membership that involves and reflects a wide representation of our local communities. We have set out how we intend to do this through our membership strategy. As well as defining the membership, this strategy outlines how we plan to:

- Benefit from being a membership-based organisation;
- Communicate with and support the development of its membership;
- Make sure that the membership is reflective of Sheffield's diversity;
- Provide opportunities for our members to become involved with the Trust in ways that suit their needs and wishes.

Some of the actions identified to achieve these four points are:

- Publicising widely the opportunities and benefits of membership;
- Recruiting members from across the whole community;

- Targeting hard to reach groups specifically;
- Developing and supporting effective channels of communication and engagement between Governors and members;
- Ensuring membership is a worthwhile experience for individuals by engaging individuals in a manner of their choice.

Membership Recruitment & Engagement

In line with the Trust's membership strategy to both recruit and engage members from across Sheffield, Governors and staff participated in a number of community events, specifically targeting ones in areas of the city with a high ethnicity and also targeting specific groups such as people with a learning disability. Some of the events included:

- Sheffield Consumers In Research;
- Learning Disabilities Week Event;
- Sheffield EID Festival;
- Wellbeing Festival;
- World Mental Health Day Celebrations;
- Recruitment events at the Royal Hallamshire Hospital and Northern General Hospital;
- Carers Week Event;
- Talking about Research Event;
- Sheffield Hallam University Wellbeing Event;
- Health and Wellbeing Event, Concorde School;
- Longley Sixth Form Volunteer and Careers Fair;
- King Edwards Sixth Form Volunteer and Careers Fayre.

The Trust held a very successful Annual Members' Meeting in 2016 which over 250 staff and members attended. The event provided an opportunity for members to learn more about the Trust and its services. Governors presented a report on their activities to members.

The Trust continued to respond to and engage with members' issues by holding two membership events in partnership with Sheffield Teaching Hospitals NHS Foundation Trust: Dementia and Nutrition and Talking about Research. The events were well attended and gave Governors an opportunity to engage with current members. A programme of events will continue throughout 2017/2018, again to reflect the issues important to members.

The Trust maintains a public profile, with the primary focus of communication via *Involve*, membership magazine. Governors and staff sit on the editorial group and ensure the focus remains on issues important to members and provision of information regarding all aspects of the Trust's services.

The Trust website provides members with updated information and with ease of access in communicating with both the Trust and governors. There is also a Trust presence on Facebook and Twitter and makes use of these social media platforms to promote, inform and engage members and the public.

If you want to contact your Governor, you can telephone (0114) 2718768, email governors@shsc.nhs.uk or write to:

The Council of Governors
FREEPOST
SHSC NHS FOUNDATION TRUST

2.1.29 External communication

We produced a large amount of proactive publicity this year and achieved good media coverage across a range of services. We will continue to work hard on our positive PR, sharing the stories of the excellent work being undertaken within the Trust and, where possible, illustrating these with case studies which demonstrate the positive impact of our staff and services on the lives of our service users. We aim to minimise negative publicity to build on our reputation, however, we will be open and honest in all our communications with the media (within the constraints of confidentiality).

We have maintained our social media presence during the year via our Facebook and Twitter accounts. These are regularly updated with news, events and photographs and are growing in popularity.
Website: www.shsc.nhs.uk
Facebook: www.facebook.com/shscft
Twitter: www.twitter.com/shscft or @SHSCFT

3.1.30 Political or charitable donations we have made

The Trust has not made any political or charitable donations during the year 2016/17 as it is not lawful for an NHS Foundation Trust to make such donations.

3.1.31 Cost allocation and charging guidance

The Trust complies with the cost allocation and charging guidance issued by HM Treasury in 'Managing Public Money', in that we seek to set charges that recover full costs, calculating costs on an accruals basis, including overheads, depreciation and the cost of capital.

3.1.32 The Better Payments Practice Code

The Better Payments Practice Code target is to pay all non-NHS trade creditors within 30 days of receipt of goods or a valid invoice (whichever is later) unless other payment terms have been agreed. The disclosure is completed on the basis of total bills paid. The calculations are carried out excluding invoices in dispute.

The Trust pays very few NHS bodies, making percentage compliance for NHS bodies challenging.

Performance for non-NHS bodies is consistently over 90% and is improving.

The Trust is also signed up to the Prompt Payment Code administered by the Chartered Institute of Credit Management of behalf of the Department for Business Innovation and Skills. Code signatories undertake to pay suppliers on time within the terms agreed, give clear guidance to suppliers and encourage good practice through their supply chains. Signatories also undertake to pay suppliers within a maximum of 60 days and to work towards adopting 30 days as the norm.

For further details see note 7 in the Annual Accounts.

3.2 Remuneration Report

Executive Directors' remuneration

The Remuneration and Nominations Committee of the Board of Directors comprises the Non- Executive Directors. The Committee is chaired by Jayne Brown OBE, the Trust Chair.

The Committee is responsible for determining the remuneration and terms and conditions of service of the Executive Directors (including the Chief Executive) in order to ensure that they are properly rewarded having regard to the Trust's circumstances.

The Chief Executive attends the Committee's meetings in an advisory capacity. The Director of Human Resources and the Director of Organisation Development/Board Secretary attend the Committee's meetings to provide advice and professional support to its members.

The Committee met on three occasions during 2016/17 and Committee members' attendance at its meetings are as shown in the table opposite:

Name	Position	Attendance
Professor Alan Walker CBE	Committee Chair (until 30 June 2016)	1/1
Jayne Brown OBE	Committee Chair (from 01 July 2016)	2/2
Councillor Leigh Bramall	Committee Member and Non-Executive Director	1/3
Richard Mills	Committee Member and Non-Executive Director	3/3
Susan Rogers MBE	Committee Member and Non-Executive Director	3/3
Ann Stanley	Committee Member and Non-Executive Director	3/3
Mervyn Thomas	Committee Member and Non-Executive Director	3/3

The Committee meets at least once a year to decide on the appropriate remuneration and terms and conditions of service of the Executive Directors. These terms and conditions are determined by the Committee and include all aspects of remuneration, provisions for other benefits (such as pensions and cars) and arrangements for termination of employment or other contractual terms.

The Committee is responsible for monitoring the performance of the Chief Executive, based on an annual review provided by the Trust Chair, and of all the other Executive Directors based on an annual report provided by the Chief Executive.

The Executive Directors are on permanent contracts, and six months' notice is required by either party to terminate the contract. The only contractual liability on the Trust's termination of an Executive's contract is six months' notice. Any other liability, such as unfair dismissal compensation, would depend on the circumstances of the case. The table overleaf provides details of Executive Directors' contracts:

Executive Director	Date of Contract	Unexpired terms (Years to age 65)
Kevan Taylor	February 2003	9

Clive Clarke	April 2003	12
Liz Lightbown	April 2011	15
Dr Mike Hunter	October 2016	20
Phillip Easthope	January 2016	27

The Chief Executive undertakes annual appraisals with all Executive Directors, and progress on objectives is assessed at monthly one-to-one meetings with each Executive Director.

The Chief Executive reports the outcomes of these appraisals to the Board's Remuneration and Nominations Committee. The Chief Executive's own performance is monitored by the Chair at regular one-to-one meetings and he is subject to annual appraisal by the Chair who reports the outcome of his appraisal to the Board's Remuneration and Nominations Committee.

The Board's Remuneration and Nominations Committee reviews the remuneration of Executive Directors annually, taking into account information on remuneration rates for comparable jobs in the National Health Service.

The Executive Directors' remuneration levels are referenced to the Chief Executive's level of remuneration and any increases determined for the Chief Executive. Performance-related pay is not applied under current arrangements.

It was determined that the same increase be awarded to the Executive Team as applied to staff on the relevant Agenda for Change pay bands. As staff at the higher bandings did not receive any increases under Agenda for Change, then no increase applied to the Executives.

The salary component for Executives supports the short and long term strategic objectives of the Trust as it assists the Trust in attracting and retaining senior managers who have the necessary skills and experience to lead the Trust and take forward the identified objectives. The salary is paid through our normal payroll processes. There is no specified maximum on the level of remuneration which could be paid but account would be taken of available benchmarking information and the relationship with the salaries available to other staff. There is provision, on termination of the contract, for the non-payment of salary in lieu of outstanding leave.

Non-Executive Directors' remuneration

There is a Nominations and Remuneration Committee of the Council of Governors whose responsibility, among others, is to make recommendations to the Council of Governors on the remuneration, allowances and other terms and conditions of office of the Chair and all Non-Executive Directors. It is for the Council of Governors, in general meeting, to determine the remuneration, allowances and other terms and conditions of office of the Chair and the Non-Executive Directors, taking into account the recommendations made to it by the Nominations and Remuneration Committee.

It is the responsibility of the Council of Governors' Nominations and Remuneration Committee to monitor the performance of the Trust Chair and Non-Executive Directors. The Committee may, in appropriate cases, or, if specifically requested by the Council of Governors to do so, report its findings to the Council. Details of the activities of the Nominations and Remuneration Committee for the past year are reported on in Section 3.1.27 of this report.

Details of the remuneration paid to all of the Directors during 2016/17 are shown in Table A on the following page. The Non-Executive Directors' duration of office is reported in Section 3.1.8 of this report.

Directors' remuneration and pension entitlements

All Executive Directors are contributing members of the NHS-defined benefit pension scheme and are eligible for a pension of up to half of final salary on retirement. The scheme provides a lump sum of three times the final salary on retirement. Executive Directors in the scheme receive the same benefits as other staff members. The 'Pension Benefits' Table C provides details of the current pension and lump sum position for each Director.

Table A: Salaries and Allowances

Name and title	Period 1.4.16 to 31.3.17							Period 1.4.15 to 31.3.16						
	Salary and Fees (bands of £5,000)	Other Remuneration (bands of £5,000)	Taxable Benefits (rounded to the nearest £00)	Annual Performance Related Bonuses (bands of £5,000)	Long-Term Performance Related Bonuses (bands of £5,000)	Pension Related Benefits (bands of £2,500)	Total (bands of £5,000)	Salary and Fees (bands of £5,000)	Other Remuneration (bands of £5,000)	Taxable Benefits (rounded to the nearest £00)	Annual Performance Related Bonuses (bands of £5,000)	Long-Term Performance Related Bonuses (bands of £5,000)	Pension Related Benefits (bands of £2,500)	Total (bands of £5,000)
Prof A. Walker CBE, Chairman								25-30	0					25-30
Jayne Brown OBE Chair								-	-					-
Councillor. M. Rooney, Non-Executive Director								0 - 5	0					0 – 5
A. Stanley Non-Executive Director								10 - 15	0					10 – 15
A. Clayton, Non-Executive Director	-	-					-	5 - 10	0					5 – 10
M. Thomas, Non-Executive Director								10-15	0					10-15
S. Rogers MBE, Non-Executive								10-15	0					10-15

Director														
Councillor. L. Bramall Non-Executive Director								0 - 5	0					0 - 5
R. Mills Non-Executive Director								0 - 5	0					0 - 5

Name and title	Period 1.4.16 to 31.3.17							Period 1.4.15 to 31.3.16						
	Salary and Fees (bands of £5,000)	Other Remuneration (bands of £5,000)	Taxable Benefits (rounded to the nearest £00)	Annual Performance Related Bonuses (bands of £5,000)	Long-Term Performance Related Bonuses (bands of £5,000)	Pension Related Benefits (bands of £2,500)	Total (bands of £5,000)	Salary and Fees (bands of £5,000)	Other Remuneration (bands of £5,000)	Taxable Benefits (rounded to the nearest £00)	Annual Performance Related Bonuses (bands of £5,000)	Long-Term Performance Related Bonuses (bands of £5,000)	Pension Related Benefits (bands of £2,500)	Total (bands of £5,000)
K. Taylor, Chief Executive								140 - 145	0				10 – 12.5	155 - 160
C. Clarke, Deputy Chief Executive and Social Care Lead								120 - 125	0				10 – 12.5	130 - 135
P. Easthope, Executive Director of Finance								95 - 100	0				95 – 97.5	195 - 200
Dr M. Hunter, Executive Medical Director								-	-	-			-	-
Prof. T. Kendall, Executive Medical Director								100 - 105	80 - 85	8800			12.5 - 15	200 - 205
E. Lightbown, Chief Nurse/Chief								105 - 110	0				40 – 42.5	145 - 150

Operating Officer														
Dr R. Warner, Executive Medical Director (Interim)								-	-	-			-	-

Paragraph 4-16 inclusive of Part 3 of Schedule 8 to the Regulations requires the disclosure of the remuneration figures detailed above and includes a single remuneration for each senior manager who served during the year in tabular form as shown above.

Professor A. Walker CBE left the Trust in 2016/7. Professor T. Kendall stepped down as Executive Medical Director as of 31 March 2016. Dr R. Warner was Executive Medical Director (Interim) from 01 April-30 September 2016. A. Clayton and Councillor M. Rooney left the Trust in 2015/16.

Table B: Senior Managers' Remuneration

Component	Description
Salary and Fees	The salary component for Executives supports the short and long term strategic objectives of the Trust as it assists the Trust in attracting and retaining senior managers who have the necessary skills and experience to lead the Trust and take forward the identified objectives. The salary is paid through our normal payroll processes. There is no specified maximum on the level of remuneration which could be paid but account would be taken of available benchmarking information and the relationship with the salaries available to other staff. There is provision, on termination of the contract, for the non-payment of salary in lieu of outstanding leave.
Other Remuneration	Only one Executive receives payment under this component. This relates to payment for work undertaken for the Royal College of Psychiatrists. The other remuneration component supports the short and long term strategic objectives of the Trust as it assists the Trust in attracting and retaining senior managers who have the necessary skills and experience to lead the Trust and take forward the identified objectives while also undertaking work of national importance related to one of the key functions of the Trust (mental health treatment and care).
Taxable Benefits	Only one Executive receives payment under this component. This relates to the Trust's lease car scheme and all staff are eligible to apply for this. The taxable benefits component supports the short and long term strategic objectives of the Trust as it assists the Trust to attract and retain its workforce. The level of remuneration which could be paid is dependent on the terms and conditions of the lease car scheme.
Annual Performance Related Bonuses	Performance-related pay is not applied under current arrangements.
Long-Term Performance Related Bonuses	Performance-related pay is not applied under current arrangements.
Pension Related Benefits	There is nothing in addition to the normal NHS pension employer contributions for all staff.

Notes: There are no new components of the remuneration package. There have been no changes made to existing components of the remuneration package. The Executive Directors' remuneration levels are referenced to the Chief Executive's level of remuneration and any increases determined by the Remunerations and Nominations Committee. The remuneration levels for employees are set by Agenda for Change or other relevant agreed contractual arrangements.

The Hutton Disclosure

	1.4.16 to 31.3.17	1.4.15 to 31.3.16
Band of Highest Paid Director's Total (remuneration £000)		200 - 205
Median Total Remuneration		19,461
Ratio of Median Remuneration to Midpoint of the Highest Paid Director's Band		10.4

In accordance with the Hutton Review of Fair Pay, reporting bodies are required to disclose the relationship between the remuneration of the highest paid Director in their organisation and the median remuneration of the organisation's workforce.

The banded remuneration of the highest paid Director in the financial year was X as shown above. It was X times the median remuneration of the workforce, which was £X.

The median remuneration is based on full time equivalent directly employed staff as at 31 March, excluding the highest paid Director (as per the guidance).

In this calculation total remuneration includes salary, non-consolidated performance related pay and benefits in kind. It does not include severance payments, employer pension contributions and the cash equivalent transfer value of pensions.

The highest paid Director is also the highest paid employee. The median is the middle number in a sorted list of numbers. The ratio is the number of times the median can be divided into the highest paid Director's total remuneration.

Directors and Governors Expenses

	2016/17 £00	2015/16 £00
Expenses shown in £00s		
Aggregate sum of expenses paid to Governors		6
Aggregate sum of expenses paid to Directors		33
Total		39

	Number in office		**Number receiving expenses**	
	2016/17	2015/16	**2016/17**	2015/16
Governors		38		5
Directors (excluding the Chair and Non-Executive Directors)		5		5

Table C: Pension Benefits

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

Name and title	Real increase in pension at pension age (bands of £2,500) £000	Real increase in pension lump sum at pension age (bands of £2,500) £000	Total accrued pension at pension at 31 March 2016 (bands of £5,000) £000	Lump sum at pension age related to accrued pension at 31 March 2016 (bands of £5,000) £000	Cash equivalent transfer value at 31 March 2016 £000	Cash equivalent transfer value at 31 March 2015 £000	Real increase in cash equivalent transfer value £000
K. Taylor, Chief Executive							
C. Clarke, Deputy Chief Executive and Social Care Lead							
P. Easthope, Executive Director of Finance							
Dr M. Hunter, Executive Medical Director							
E. Lightbown, Chief Nurse/Chief Operating Officer							
Dr R. Warner, Executive Medical Director (Interim)							

Notes

The majority of employees are covered by the provisions of the NHS Pensions Scheme. The Scheme is an unfunded, defined benefit scheme that covers NHS employers, General Practitioners and other bodies under the direction of the Secretary of State, in England and Wales. As a consequence it is not possible for the NHS Trust to identify its share of the underlying scheme assets and liabilities. A small number of staff are, however, members of South Yorkshire Pensions scheme. Further details can be found in the Annual Accounts at note 1.6.2.

Service contract obligations
There is a requirement to notify of any outside business interests and/or contracts/proposed contracts where there is a financial interest. Prior written consent is required for engaging in any other business, profession, trade or occupation.

The intellectual property created during the course of employment belongs to the Trust and there is provision for payment to Trust for any remuneration which arises from such intellectual property.

Policy on payment for loss of office
There is a requirement on each side to provide six months' written notice. The principles for approaching payment for loss of office will be those arising from the legal obligations of the Trust under normal contractual or statutory provisions.

The Trust reserves the right to terminate the contract forthwith for offences of gross misconduct and other similar situations such as serious breach of the contract, becoming bankrupt, being convicted of a criminal offence, becoming permanently incapacitated and/or becoming disqualified from holding office as an Executive Director.

Statement of consideration of employment conditions elsewhere in the Trust
To follow

Chief Executive
26 May 2017

3.3 Staff Report

3.3.1 Staff numbers

Overall, the workforce has remained stable. There has been a decrease in substantive employment and an increase in agency staff.

Average number of people employed (whole time equivalent basis)	2016/17 Number	2015/16 Number
Medical and dental		143
Administration and estates		532
Healthcare assistants and other support staff		147
Nursing, midwifery and health visiting staff		1,228
Scientific, therapeutic and technical staff		373
Social care staff		95
Agency staff		171
		2,689

As at 31 March 2017 the gender ratio of staff is X% female, X% male. Of the Trust's Directors X are female and X are male. Of the Trust's other senior managers, X are female and X are male.

3.3.2 Sickness absence

Following the success of our previous conferences on the promotion of attendance and management of sickness absence, and to help ensure our staff have an improved understanding of the causes of sickness and the actions which are available and appropriate to improve and promote attendance, additional conferences will be taking place in the future. The next scheduled conference will take place in June 2017 and will include a range of key speakers as well as workshops on health and wellbeing and psychological services for staff. As with previous conferences, the agenda for this event has been developed through the work of our Joint Staff Working Party on promoting attendance and managing sickness absence.

The level of sickness absence continues to be a focus for action as it remains generally higher than our organisational target of 5.1%. Actions have included a continuous plan for raising awareness of the importance of the issue (including the conferences mentioned above), and the development and implementation of an action plan to address the issue. This has included the appointment of an Attendance and Sickness Absence Case Manager, to review in detail, those individuals whose level of sickness absence has given cause for concern, and to provide managers with dedicated support and guidance in managing situations where triggers within the Promoting Attendance and Sickness Absence Policy have been hit. We have also simplified the existing absence management policy and changed the language and stages within it. To support the new Policy, the management training has been refreshed, and additional training sessions supporting awareness and health and wellbeing have taken place. We are working closely with Staff Side colleagues in a partnership approach to address this difficult issue.

In managing sickness cases we recognise the importance of good quality medical advice and information to support staff both during their absence and to facilitate a supported return to work at the earliest opportunity. We liaise regularly with our Occupational Health provider with a view to establishing what improvements can be made to the service. Furthermore, in addition to the confidential staff counselling service we offer, we are also currently developing 'fast track' triage processes to support staff with physical (musculo-skeletal) and mental health issues. A further improvement to the support

provided to staff has been the creation of a dedication section on the staff intranet which includes advice and support on a range of topics including personal support, work, available support groups within the Trust, health and wellbeing, and personal and professional development as well as information on staff benefits.

More detailed information on sickness absence is given below:

Staff Sickness Absence	2016/17	2015/16
Total Days Lost		32,348
Total Staff Years		2,375.72
Average Working Days Lost		13.4

3.3.3 Supporting disabled employees

This year we moved onto the new **Disability Confident Employer Scheme**. This is a new government scheme that has replaced the Two Ticks scheme. The Trust is currently on level two of the scheme which means it is a 'Disability Confident Employer'. The Trust has made a commitment to work towards level three of the scheme – 'Disability Confident Leader' within the next two years.

This year we have also been considering a new NHS workforce standard focused on disability that is being introduced by NHS England, the Workforce Disability Equality Standard. This is due to be introduced in 2018.

In 2016 we agreed to establish a new group to take forward work on these two areas. We will report on progress in our Annual Equality and Human Rights Report.

We continued to improve reporting of staff disability in the organisation. On 31 March 2016 6% of staff said that they had a disability and the percentage of 'not stated' reduced from 20% to 17%.

3.3.4 Staff engagement and involvement

The Trust has a range of methods for keeping staff informed on matters of concern to them as employees. These include

- A monthly letter from the Chief Executive which updates staff on key developments and challenges facing the Trust, including financial and economic factors affecting the Trust's performance, and invites staff to feedback and engage with him directly;
- Regular team briefings.
- A weekly e-bulletin containing information relevant to staff including training opportunities, service developments, staff benefits etc.
- Regular updates on our staff intranet;
- Production and dissemination of all staff e-mails;
- Engagement with various groups of staff through regular forums on specific areas of concern.

Supervision is seen as a key mechanism for ensuring staff concerns are addressed systematically and we have taken forward its work on improving supervision. Building on the new Supervision Policy introduced in 2015/16 and the establishment of a specific training module which is initially targeted at nurses. This builds on the previous work which has been undertaken to improve the take-up of Personal Development Reviews (PDR) by embedding a PDR three month focal point 'window' (April to June) for all employees.

Support mechanisms for staff are already well established within the Trust which encourage staff to get involved with the Trust's performance and development. These include:

- Visits to teams from Non-Executive Directors and Executive Directors of the Board, including the Chief Executive;
- Our Recognition and Achievement Awards which recognise staff and teams (both clinical and non-clinical) who have gone above and beyond expectations in the performance of their work. We also have a dedicated award category for volunteers;
- Our Clinical Excellence scheme for consultant medical staff;
- Microsystems coaching;
- Crucial Conversations training;
- Participation in the national Staff Survey and the quarterly Friends and Family survey;
- Special staff surveys on specific topics such as sickness and smoking;
- Our Coaching Service;
- Schwartz Rounds;
- Mindfulness and Mindful Leadership training;
- Staff Conferences including Compassionate Care and Promoting Attendance and Managing Sickness Absence.

This year we have introduced an additional initiative to strengthen staff engagement and support by developing and piloting a mentoring course.

As a Foundation Trust, all staff are automatically members of the Trust (unless they specifically choose to opt out). We have eight dedicated Staff Governors who ensure that the voices and concerns of staff are represented at the Council of Governors.

3.3.5 Staff consultation

We engage with Staff Side on a continuing basis. This includes the established mechanisms such as the Joint Consultative Forum, Joint Policy Group and, for medical staff, the Joint Local Negotiating Committee. In addition, there are specific arrangements put in place in relation to particular issues or topics.

The continuing and extensive organisational change agenda has also required close working between the Trust and Staff Side in order to assist staff as much as possible. This has included a number of service re-organisations, service closures and the transfer of staff both from and to the Trust. It has also included one further round of our Mutually Agreed Redundancy Scheme (MARS) which enables posts to be available, where practicable, for staff on redeployment. We operate the scheme in conjunction with Staff Side representatives through our MARS Vacancy Panel. 37 employees have had their applications approved under this scheme in early 2017.

Work-life balance issues have been recognised by a further roll-out of the additional annual leave scheme and the continued operation of our Flexible Working Policy. The Trust is also continuing to monitor the hours of staff to ensure compliance with the working time legislation and has extended its flexible staffing resource to cover both cook/housekeepers and administrative staff to help relieve any short term staff shortages in these areas.

Policies have been reviewed or developed reflecting Trust and staff concerns. These have included a review of key employment policies in 2016/17 for example Organisational Change, Redundancy, Retirement, Pay protection, Disciplinary, Bullying and Harassment, Stress Management at work, Recruitment and Selection and Redeployment. This list is not exhaustive and an ongoing programme of policy review is underway.

We have maintained a range of initiatives aimed at increasing staff engagement by supporting staff to feel connected to the organisation, to be committed to and absorbed in their work, to experience positive relationships and to be physically and emotionally healthy. These include relatively informal activities such as senior managers undertaking 'walk rounds' and working on shifts, to more structured interventions (both specific to teams and across teams) to surveys of staff (within the Trust and nationally) .

We have maintained a range of initiatives aimed at increasing staff engagement by supporting staff to feel connected to the organisation, to be committed to and absorbed in their work, to experience positive relationships and to be physically and emotionally healthy. These include relatively informal activities such as senior managers undertaking 'walk rounds' and working on shifts, to more structured interventions (both specific to teams and across teams) to surveys of staff (within the Trust and nationally) .

3.3.6 Education, training and development

The Education, Training, and Development service works closely with our Service Directorates to ensure the delivery and commissioning of training provides the knowledge and skills our staff need to develop their learning and support their roles. Training is delivered through blended approaches, including classroom learning, e-learning, work-based learning and simulation.

We have seen significant increases in all our essential core mandatory training subjects during 2016/17 and are working closely with the Directorate and Individual Teams to sustain this work and ensure the planning of training and attendance is embedded in team processes. Core mandatory training subjects were further reviewed to ensure a streamlined approached to attendance and moving forward a new clinical staff update will be designed to incorporate several subjects on the same day. This will allow staff to look at how different subjects overlap and influence each other and provide a more holistic approach to training. Wherever possible subjects will not updated in isolation, to allow a deeper application of learning into practice.

We continue to review and develop the use of technology and simulation in training, and look at ways of simulating clinical and work situations and environments within our training sessions to enable staff to embed skills into their practice. This year our physical health training has focused on staff recognising the deteriorating patient and staff promoting health and wellbeing in all our areas. Developments this year include a revised Induction, Study and Study Leave and Mandatory Training Policies and new Education Governance guidelines also being introduced.

We have progressed in the way we record training on our Electronic Staff Records system (ESR), records are more standardised across subjects. The training administration team has changed the way it works to ensure efficiency of processes, resulting in improving communication and data management between central records and local managers. A lot of work has gone into making training records available to staff freely and in a user friendly way on their own ESR platform. Around 6000 lines of data cleansing have made information easier to understand for our users. We have built a good relationship between the administration team and the trainers, improving communication and this has increased the team‘s motivation to keep making improvements to our processes.

We remain committed to apprenticeships as a route into employment and have seen a 60% increase in numbers this year. We currently have 10 business and administration apprenticeships; nine staff undertaking cleaning and environmental support service awards at Level 2 and 3, and 18 young people training into health and social care support roles. The national Care Certificate for all new support workers and social care support staff support workers was introduced in April 2015. All new support staff follow a comprehensive induction with the Care Certificate mapped to our mandatory training and health and social care apprenticeship programme. Delivery and outcomes are continuously monitored and we are pleased to report that the quality of our bespoke programme was highlighted as part of a recent Sheffield College Ofsted inspection.

With the adoption of apprenticeship standards in preference of standalone qualifications we are in the process of identifying and improving the learning and career progression of staff from entry level to advanced specialist practice. This pathway enables individuals to step off and back onto the career ladder taking individual ownership of their learning journey and progression. An example is a higher level apprenticeship to train Assistant Practitioners - an opportunity to develop new roles and clearer progression routes and improve retention of staff who we have invested in. Having already formed robust partnerships with training providers and other NHS Trusts, we are looking for future opportunities to strengthen existing partnerships as well as develop new ways of working in preparation for the new apprenticeship levy which comes into effect from April 2017.

Over the last 12 months, the Recovery Education Unit (REU) has been busy developing its course portfolio for both its postgraduate programme and non-accredited courses as part of the specialist skill development for staff in the Yorkshire and Humber region. Workshops included two Maastricht interview programmes for paranoia and voice hearing in collaboration with Peter Bullimore (of the Hearing Voices Network). These workshops were so successful that we recently hosted a visit from Professor Marius Romme and Dr Sandra Escher, authors of Making Sense of Voices (2000), to hear more about the work we are doing. The REU team has also collaborated with Guy Shennan, author of solution focus practice, (Shennan, 2014) by offering a popular two-day workshop on solution focused approaches. Both these short courses have proven to be very popular and we are hoping for more funding to secure more places over the next academic year. Earlier in the year the REU team hosted an away day for the HR Department which proved to be very popular, one member of staff commenting ‘*it’s the best away day we have ever been on’*.

Members of the team are active supporters of service user engagement in particular around sharing learning and experience in peer support / harnessing lived expertise. Other development this year include a new online mental health awareness course;

teaching around communication skills within the medical training department; delivering mental health awareness training to staff from Sheffield Teaching Hospitals NHS Foundation Trust and involvement in the development and delivery of our Compassion Conference. Our national profile as a specialist mental health training provider continues to grow with a workshop session at the International Hearing Voices Network Conference and a recent article in the Mental Health and Social Inclusion Journal with its Editor, Rachel Perkins commenting that '*Shaun's story is immensely inspiring and so beautifully written. It's important reading for both staff and others facing similar challenges'*.

The Postgraduate courses for the Diploma in Mental Health Recovery and the Certificate in Mental Health Recovery run by the REU team were recently rewritten and in May 2016 were revalidated by Sheffield Hallam University and received two commendations. These courses are at Level 7 (Masters Level) and can be used to lead to an MSc (Advancing Practice Development). The courses have been given indefinite approval and were commended for "*the support they provide for returning students and the progressive and innovative nature of the provision, particularly given the complex and dynamic environment of the NHS*". The review panel felt that the way in which the REU team approached it teaching from a theoretical, professional and service user standpoint was particularly good. The spread of expertise in the REU team was noted and the balance of health professionals and people with lived experience was excellent.

We currently have 280 qualified mentors/practice educators working across 46 placement teams. This gives capacity to support up to 78 pre-registration mental health nurse, 36 occupational therapy, four physiotherapy and three speech and language therapy students at any given time. We are able to support students at all stages of their training through a range of placement provision which includes in-patient and community teams, respite and specialist services.

In collaboration with Sheffield Hallam University (SHU) and other local Trusts we have become a case study site for the Health Education England Reducing Pre-registration Attrition and Improving Retention (RePair) project. We are especially interested in exploring how the Placement Advisor Project can offer individualised support to students independently of both the University and placement teams.

We have nine support staff seconded to the pre-registration nursing degree programmes with SHU and the Open University. Unfortunately the funding that has enabled this will not be available in the next financial year, while those enrolled on programmes will continue to receive funding we will need to identify alternative arrangements to continue this valuable work in the future.

We have a well-established relationship with Sheffield University Medical School, leading on teaching in psychiatry to undergraduate medical students across the five year course (240 students per year) and as the lead organisation for clinical placements in the region. We provide six week clinical placements in the third year of study for 120 medical students per year and oversee and quality assure these and another 120 placements across the region. This year we are also providing placements for approximately 50 Physician Associates in conjunction with Sheffield University, Sheffield Hallam University and the University of Birmingham. Additionally, we run several recruitment initiatives to encourage students and doctors to consider psychiatry as a career (@PEEPSheff and @EYMPsychaitry) and offer selected components and electives to interested students from Sheffield and beyond. We also co-ordinate Masterclass sessions in psychiatry, including those led by Experts by Experience, participants in the Patients as Educators

Scheme at the University of Sheffield and support students taking further degrees (BMedSci and Masters) in areas related to mental health in association with the Department of Neuroscience and ScHARR. We are pleased to be working closely with ScHARR in association with the newly appointed Professor of Mental Health, Professor Scott Weich. A Quality Tariff Visit undertaken by the Medical School in 2016 found that the Trust provided excellent placements and showed a clear commitment to teaching.

We are a lead employer for psychiatry trainees in South Yorkshire, employing approximately 130 doctors across the region. There are approximately 40 trainees working within the Trust at any given time. We deliver an innovative Core Psychiatry Training Course in partnership with Leeds University.

We host various simulation sessions to assist junior doctors to meet both the requirements of their curriculum and to continue to progress the quality of service user care. Junior doctors placed in the Trust attend the RAMPPS course (Recognising and Managing Physical Problems in a Psychiatric Setting). RAMPPS is a multidisciplinary course in which, nurses, core trainees and GPs replicate scenarios in psychiatric in-patient units. The programme aims to increase knowledge of managing physical health problems and to improve the confidence of attendees in the management plans for this. Junior doctors across the region also attend a simulation session focused on communication skills.

All trainers responsible for junior doctors are fully trained as Clinical and Educational Supervisors, and training compliance is monitored regularly by the Medical Education Team. Health Education undertook a Quality Management visit in November 2016 which found that trainees felt well supported with good range of experience available to them to facilitate their learning.

Information on psychology training to follow

3.3.7 Volunteers

We are committed to providing high quality volunteering opportunities across the Trust. We receive on average between 20 and 40 volunteer enquiries every month. If volunteers are successful in gaining a volunteer placement they will go onto attend the Volunteer Induction were they will have an opportunity to meet other volunteers, and will take part in mandatory training, including a further one day compulsory training in Safeguarding.

Volunteers are active within in a very wide variety of different areas which include: recruitment and selection, RESPECT training, Microsystem coaching, chaplain assistant, gardening, reading groups across a variety of different sites, administrative support, befriending, participating in the PAT dog scheme and helping to establish SHSC radio podcasts.

Between 2015, and 2016, eight volunteers secured paid roles within the Trust. These included peer support worker posts and a training related post. In addition, five members of Trust staff also volunteer their time and nine volunteers have successfully secured employment outside of the Trust. Other volunteers have been supported into education, including post graduate courses, for example, Recovery in Mental Health, Occupational Therapy and Mental Health Nursing.

Our volunteers are highly valued colleagues and we are committed to offering them opportunities which promote personal and professional development. Further information about volunteering at the Trust, along with contact details, can be found at www.shsc.nhs.uk/about-us/get-involved/volunteering

3.3.8 Health and Safety

We place a strong focus on health, safety and well-being. We aim to maintain an environment and practices which are safe and supportive for service users, staff and visitors.

The Trust has a well-established Health and Safety Committee comprising management and Staff Side representatives, which is chaired by an Executive Director. The role of the Committee is to monitor and maintain effective health and safety management systems that are proportionate to level of risk to be managed and ensure compliance with legislation, regulations and codes of practice.

The Committee has overseen the completion of several areas of work this year including developing or updating the following approved documents:

- Slips, Trips & Falls (Staff and Public) Policy;
- Display Screen Equipment Policy;
- Central Alert System Policy;
- Back Care and Manual Handling Policy.

For a second year in succession the Trust is seeking accreditation with the Contractors Health & Safety Assessment Scheme (CHAS). We are one of only a handful of NHS Trusts in the United Kingdom to have achieved this accreditation. CHAS is a recognised scheme which evidences compliance with a range of health and safety standards. As well as recognising the good standards appertaining in the Trust, CHAS accreditation also supports us on the commercial side of our Foundation Trust role as it may be a pre-requisite of tendering for services with some external organisations, particularly Local Authorities.

Training and competence is a high priority within the Trust to ensure staff have the appropriate skills, experience and knowledge to undertake their work in a safe and caring manner.

The estate compliance/'Red Box' system continues to be applied within all Trust premises and remains a crucial tool for local managers to establish and monitor responsibilities and arrangements for estates, health and safety and fire prevention.

Health and safety inspections are regularly undertaken at all sites by local staff. Inspections are also completed by the Trust's Health and Safety Advisor to measure health and safety performance at each service/department and for the Trust as a whole. Local managers and staff have found the results and advice provided hugely beneficial and helpful in knowing what areas are doing well and which need to improve further.

In-patient areas are audited every 12 months and community based services and nonclinical services, every 18 months, in line with a risk-based approach.

The Trust employs competent people to provide specialist advice in managing health and safety and related matters:

- Health and Safety Advisor;
- Risk Management and Clinical Governance Teams;
- Senior Infection Control Nurse;
- Fire and Security Officers;
- Local Security Management Specialist;
- Designated Estates Managers with specific responsibilities for estates related issues e.g. water quality/legionella and electrical safety.

3.3.9 Occupational health

Our approach to occupational health involves the following strands:

- Occupational Health Service – this is provided via a contract with Sheffield Teaching Hospitals NHS Foundation Trust. Our Occupational Health provider has representation on the Joint Sickness Working Party and presented at our recent Conference on Promoting Attendance at Work;
- Workplace Wellbeing – this is our own free, confidential staff counselling and consultation service which is available to both individuals and groups of staff;
- Health and wellbeing – we provide a dedicated page on our staff intranet which helps direct staff to a range of useful local, regional and national resources and tools to assist with promoting a healthy and active lifestyle;
- Training – we provide specific training on key health related areas such as back care, manual handling, stress awareness and dealing with conflict;
- Specific projects – this encompasses both regular initiatives such as the annual flu immunisation campaign as well as special initiatives such as the introduction of the Trust going completely Smoke Free and the implementation of the Public Health Responsibility Deal.

3.3.10 Countering Fraud and Corruption

Local Counter Fraud services are provided by 360 Assurance. The role of the Local Counter Fraud Service assists in creating an antifraud culture within the Trust: deterring, preventing and detecting fraud, investigating suspicions that arise, seeking to apply appropriate sanctions and redress in respect of monies obtained through fraud.

Further information to follow as required.

3.3.11 Staff Survey

Staff engagement and associated support mechanisms are already well established within the Trust. These include:

- Visits to teams from Non-Executive Directors and Executive Directors of the Board, including the Chief Executive;
- Our Awards for Excellence Scheme which recognises staff and teams (both clinical and non-clinical) who have gone above and beyond expectations in the performance of their work. We also have a dedicated award category for volunteers;
- Our Clinical Excellence scheme for Consultant medical staff;
- Our Workplace Wellbeing Service;
- Microsystems coaching;
- Crucial Conversations training;
- Participation in the national Staff Survey and the quarterly Friends and Family survey;
- Special staff surveys on specific topics such as sickness and smoking;

- The setting up of a Coaching Service
- Schwartz Rounds;
- Mindfulness and Mindful Leadership training;
- Staff conference.

In 2015/16 we established a Coaching Service to provide additional support for staff and we have further developed the Service in 20116/17.

Our results and areas for consideration are shared with the Executive Directors' Group and the Board of Directors. They are also discussed with our Staff Side and the relevant actions incorporated within the plans of the relevant teams including Human Resources and Communications. Within Human Resources they will be incorporated within the People Plans which are being developed with Directorates and professions.

Response Rate	**2016/17**		**2015/16**		**Trust improvement/ deterioration**
	Trust	**National Average**	**Trust**	**National Average**	
			46%	41%	

Top 4 ranking scores	**2015/16**		**2014/15**		**Trust improvement/ deterioration**
	Trust	**National Average**	**Trust**	**National Average**	
% of staff appraised in the last 12 months			93%	89%	
Staff satisfaction with resourcing and support			3.42	3.31	
% of staff suffering work related stress in last 12 months			36%	39%	
% of staff working extra hours			63%	74%	

Bottom 4 ranking scores	**2016/17**		**2015/16**		**Trust improvement/ deterioration**
	Trust	**National Average**	**Trust**	**National Average**	
% of staff agreeing their role makes a difference to patients/service users			86%	89%	
% of staff experiencing physical violence from staff in last 12 months			6%	3%	
Effective use of patient/service user feedback			3.53	3.68	
% of staff feeling motivated at work			3.79	3.88	

Priority areas are still under consideration. However, actions are underway in a number of areas.

Further information to follow.

3.3.12 Expenditure on consultancy

In 2016/17 we spent £X on consultancy. Further details can be found in the Annual Accounts at note 4.1.

3.3.13 Off-payroll engagements

As part of the Review of Tax arrangements of Public Section Appointees published by the Chief Secretary of the Treasury on 23 May 2012, NHS Foundation Trusts are required to present data in respect of off-payroll arrangements.

The Trust's procurement policy 'Engaging Individual Self-Employed Contractors' seeks to provide a framework and clear guidance for budget holders and managers to follow when making a decision to recruit an individual to provide a service for the Trust. The order of consideration would generally be: employment, agency, self-employed contractor (off-payroll). Any engagement of a self-employed contractor must be requisitioned in advance of engagement as per usual procurement processes and require the Directorate's Executive Director approval to confirm that he or she is assured that other avenues (employment or agency) have been explored. The Trust assures itself of the tax status of the contractor via issue of a Tax Declaration at the commencement of the contract. A register of engagements of contractors earning over £220 per day is maintained by the Directorate. All such engagements will be reviewed and re-authorised after 12 weeks with advice sought from procurement and Human Resources.

Table 1: For all off-payroll engagements as of 31 March 2017, for more than £220 per day and that last for longer than six months

Number of existing engagements as of 31 March 2017	
Of which:	
Number that have existed for less than one year at time of reporting	
Number that have existed between one and two years at time of reporting	
Number that have existed between two and three years at time of reporting	
Number that have existed between three and four years at time of reporting	
Number that have existed for four or more years at time of reporting	

All existing off-payroll engagements, as outlined above, have at some point been subject 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.

Table 2: For all new off-payroll engagements, or those that reached six months in duration, between 01 April 2016 and 31 March 2017, for more than £220 per day and that last longer than six months.

Number of new engagements, or those that reached six months in duration, between 1 April 2015 and 31 March 2016	
Number of the above which include contractual clauses giving the department the right to request assurance in relation to income tax and National Insurance obligations	
Number for whom assurance has been requested	

Of which: Number for whom assurance has been received Number for whom assurance has not been received Number that have been terminated as a result of assurance not being received	

Table 3: For any off-payroll engagements of Board members, and/or, senior officials with significant financial responsibility, between 01 April 2016 and 31 March 2017.

Number of off-payroll engagements of Board members, and/or, senior officials with significant financial responsibility, during the financial year	
Number of individuals that have been deemed 'Board members, and/or, senior officials with significant financial responsibility', during the financial year. This figures should include both off-payroll and on-payroll engagements.	

3.3.14 Exit packages

Staff exit packages

The table below summarises the total number of exit packages agreed during 2016/17. Included within these are compulsory redundancies and other schemes including MARS (Mutually Agreed Resignation Scheme) applications. The note shows packages agreed in year, irrespective of the actual date of accrual or payment.

Exit package cost band	Number of compulsory redundancies		Number of other departures agreed		Total number of exit packages by cost band	
	2016/17	2015/16	**2016/17**	2015/16	**2016/17**	2015/16
<£10,000		1		13		14
£10,000-£25,000		2		17		19
£25,001-£50,000		3		6		9
£50,001-£100,000		1		3		4
£100,001-£150,000		0		0		0
Total number of exit packages by type		7		39		46
Total resource cost		338		758		987

Exit packages: non-compulsory departure payments

The table below discloses non-compulsory departures and values of associated payments by individual type. The note shows packages agreed in year, irrespective of the actual date of accrual or payment. As a single exit package can be made up of several components, each of which will be counted separately in this note, the total number above will not necessarily match the total numbers in Exit Packages note opposite which will be the number of individuals.

	Number of Agreements		Total Value of Agreements £000	
	2016/17	2015/16	**2016/17**	2015/16
Voluntary redundancies including early retirement contractual costs		0		0
Mutually agreed resignations (MARS) contractual costs		28		657
Early retirement in the efficiency of the service contractual costs		0		0
Contractual payments in lieu of notice		11		51
Exit payments following Employment Tribunals or Court orders		1		49
Non-contractual payments requiring HMT* approval		0		0
Total		40		757
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

* Includes any non-contractual severance payment following judicial medication, and amounts relating to non-contractual payments in lieu of notice. The Remuneration Report provides details of exit payments payable to individuals name in that Report.

3.4 Code of Governance Disclosures

Our commitment to good governance

The Board of Directors recognises the importance of the principles of good corporate governance and is committed to improving the standards of corporate governance followed by all those who play a part in the conduct of the Trust's business.

The Board recognises that the purpose of the NHS Foundation Trust Code of Governance (the Code) (which is published by NHS Improvement, the independent Regulator of NHS Foundation Trusts) is to assist NHS Foundation Trust Boards and their Governors to improve their governance practices by bringing together the best practices from the public and private sectors.

Sheffield Health and Social Care 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 Code issues in 2012.

Application of the main and supporting principles of the Code of Governance

The Board implements the main and supporting principles of the Code through a number of key governance documents, policies and procedures, including:

- The Trust's Constitution;
- The Standing Orders of the Board of Directors and the Council of Governors;
- The Scheme of Reservation and Delegation of Powers of the Board of Directors;
- The Standing Financial Instructions;
- The Annual Governance Statement;
- Codes of Conduct and Standards of Business Conduct;
- The Annual Plan and the Annual Report;
- Authority structures and terms of reference for the Committees of the Board of Directors and Council of Governors.

Compliance with the provisions of the Code

In 2016/17 the Trust complied with all relevant requirements of the Code with the exception of two provisions.

In relation to provision A.1.9 'having a single code of conduct for Board members'. Although the Trust does not have a single code, the conduct of Board members is governed for Non-Executive Directors by their terms and conditions of office and for Executive Directors their contract of employment. In addition, the Constitution, Standing Financial Instructions and Declaration of Interests & Standards of Business Conduct Policy including Potential Conflicts of Interest, Ethical Standards, Hospitality, Gifts, Research and Commercial Sponsorship all specify the standards of conduct to which all board members adhere.

In relation to provision B.7.4 relating to the terms of office of Non-Executive Directors, a comprehensive review of the Trust's constitution was undertaken and it was decided by the Board of Directors and Council of Governors that terms of office of four years, rather than three stated in the Code, would provide a greater degree of stability and continuity without compromising independence. The revised constitution was approved by the Board of Directors and Council of Governors in August 2016.

Disclosure of corporate governance arrangements

In accordance with the disclosure requirements of the Code, the Board of Directors makes the following disclosures:

A.1.1 Statements on how the Board of Directors and the Council of Governors operate, including high level statements of which types of decisions are to be taken by each one of them and which are to be delegated to the management by the Board of Directors, are contained in Sections 3.1.8 and 3.1.27 of this report. A statement describing how any disagreements between the Council of Governors and the Board of Directors will be resolved is contained in Section 3.1.27.

A.1.2 The names of the Chair, the Vice-Chair, the Chief Executive, the Senior Independent Director, Chairs and members of the Board of Directors' Remunerations and Nominations Committee, the Council of Governors' Nominations and Remuneration Committee and the Audit Committee are contained Sections 3.1.8, 3.1.10 and 3.1.27 of this report. The number of meetings of the Board of Directors, its Committees and the attendance by individual Directors are shown in Sections 3.1.8 and 3.1.10 of this report.

A.5.3 The names of the Governors, details of their constituencies, whether they are elected or appointed, the duration of their appointment and details of the nominated Lead Governor are contained in Section 3.1.27 of this report. The number of meetings of the Council of Governors and the individual attendance by Governors and Directors is also contained in Section 3.1.27.

B.1.1 The Board considers the following Non-Executive Directors to be independent in character and judgement:

i. Professor Alan Walker CBE (Chair) (term ended 30/06/16);
ii. Jayne Brown OBE (Chair) (term commenced 01/07/16);
ii. Ann Stanley;
iv. Mervyn Thomas;
v. Susan Rogers MBE;
vii. Richard Mills;
viii. Councillor Leigh Bramall

The Board holds this view in relation to all of the above-mentioned Directors for the following reasons:

- None of them is employed by the Trust or has been in the last five years;
- None of them has, or has had, within the last three years, a material business relationship with the Trust, either directly or as a partner, shareholder, Director or senior employee of a body that has such a relationship with the Trust;
- None of them has received or receives additional remuneration from the Trust apart from their Director's fee. They do not participate in any performance-related pay as no such scheme is run by the Trust nor are they a member of the Trust's pension scheme;
- None of them has close family ties with any of the Trust's advisers, Directors or senior employees;
- None of them holds cross-directorships or has significant links with other Directors through involvement (with those other Directors) in other companies or bodies;

- None of them is a member of the Council of Governors;
- None of them has served on the Board of this NHS Foundation Trust for more than 10 years.

B.1.4 Contained in Sections 3.1.11 and 3.1.13 of this report is a description of each Director's expertise and experience and a statement on the Board of Directors' balance, completeness and appropriateness. In addition, it also contains information about the length of appointments of the non-executive directors and how those appointments may be terminated.

B.2.10 An explanation of the work of the Remuneration and Nomination Committee which oversees the appointment process of executive members of the Board can be found in Sections 3.1.10.4 and 3.1.27 of this report. The work of the Nominations and Remunerations Committee of the Council of Governors, including the process it used in relation to Board appointments together with an explanation of whether a search consultancy was used in the appointment of the Chair or the Non-Executive Directors, is contained in Section 3.1.27 of this report.

B.3.1 The Trust Chair's other significant commitments and any changes to them during the year are contained in the Directors' Register of Interests referred to in Section 3.1.12 of this report.

B.5.6 A statement about how the Governors have canvassed the opinion of the Trust's members and the public, and for appointed Governors the body they represent, on the Trust's forward plan, including its objectives, priorities and strategy, and how their views were communicated to the Board of Directors is contained in Section 3.1.27 of this report.

B.6.1 A statement on how the performance of the Board, its Committees and individual Directors was evaluated is contained in Section 3.1.13 of this report;

B.6.2 Relating to external evaluation of the Trust Board and governance of the Trust a number of activities have taken place.

A Care Quality Commission (CQC) Well-led inspection was conducted in May 2016 and reported in August 2016. The findings supported the ratings from the last inspection in November 2014 which were assessed a "good" in the Well-led domain. A further comprehensive CQC inspection was undertaken in November 2016 with an overall rating of good and a well-led rating of good, with an outstanding rating identified in one domain in two service areas.

In addition 360 Assurance, the Trust's internal auditors, also conducted a review of the Trust's Provider Licence compliance with the final report completed in February 2017.

Following each review detailed actions plans have been completed and monitored by the Council of Governors, relevant committees and Trust Board.

C.1.1 An explanation from the Directors of their responsibility for preparing the accounts and a statement by the auditors about their reporting responsibilities is contained

in Sections 3.1.4 and 3.6 of this report and the approach taken to quality governance is detailed in the Governance Statement (Section 3.7).

C.2.1 A report that the Board has conducted a review of the effectiveness of the Trust's system of internal controls is contained in Section 3.1.10.1 of this report.

C.2.2 The Trust has an Internal Audit function. Information on how the function is structured and what role it performs is included in Section 3.1.10.1 of this report.

C.3.5 The Council of Governors has not refused to accept the recommendation of the Audit Committee on the appointment or re-appointment of an external auditor, and this matter is therefore not reported on.

C.3.9 An explanation of the work of the Audit Committee can be found in Section 3.1.10.1 which includes any significant statements the committee considered in relation to financial statements, operations and compliance, and how these issues were addressed, an explanation of how it has assessed the effectiveness of the Trust's external audit process and details of the Trust's external audit contract as well as information about any non-audit work that may have been commissioned.

E.1.4 Members who wish to communicate with Governors or Directors may do so by contacting the Deputy Board Secretary.

E.1.5 Board members and in particular Non-Executive Directors develop an understanding of the views of Governors and Members through their attendance at meetings of the Council of Governors. They are further informed of the activities of the Council of Governors at monthly Trust Board meetings as updates on the affairs of the Council of Governors and the Trust's Members are a standing item on the Board's agenda. Further details on how the Board canvass the views of Governors and Members can be found in Sections 3.1.27 and 3.1.28 of this report.

E.1.6 The Board monitors membership and engagement monthly through its performance management processes. Information on monitoring how representative the Trust's membership is and the level and effectiveness of member engagement is contained in Section 3.1.28 of this report.

Detailed information regarding the Trust's membership constituencies and their eligibility, membership numbers, the Membership Strategy and steps taken in year to ensure a representative membership are detailed in Section 3.1.28.

The Council of Governors has not exercised their power under paragraph 10c of Schedule 7 of the NHS Act 2006, and this matter is therefore not reported on.

A statement from the Directors that the business is a going concern, together with supporting assumptions or qualifications as necessary, is contained in Section 2.1 of this report.

3.5 NHS Improvement's Single Oversight Framework

Single Oversight Framework
NHS Improvement's Single 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, provides 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 segments 3 or 4 where it has been found to be in breach or suspected breach of its licence.

The Single Oversight Framework applied from Quarter 3 of 2016/17. Prior to this, Monitor's *Risk Assessment Framework* (RAF) was in place. Comparative information relating to the RAF has not been presented as the basis of accountability was different. This is in line with NHS Improvement's guidance for annual reports.

Segmentation
NHS Improvement has reviewed the Trust's performance and information available to it and placed the Trust in Segment 2. This segmentation information is the Trust's position as at March 2017 (to check at final sign off).

Finance and use of resources

The finance and use of resources theme is 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. Given that finance and use of resources is only one of the five themes feeding into the Single Oversight Framework, the segmentation of the trust disclosed above might not be the same as the overall finance score here.

Area	Metric	2016/17 Q3 score	2016/17 Q4 score
Financial sustainability	Capital service capacity		
	Liquidity		
Financial efficiency	I&E margin		
Financial controls	Distance from financial plan		
	Agency spend		
Overall scoring			

[Any further commentary we want to add can go here]

3.6 Statement of the Chief Executive's responsibilities as the Accounting Officer of Sheffield Health & Social Care 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.

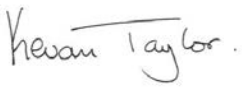
NHS Improvement, in exercise of the powers conferred on Monitor by the NHS Act 2006, has given Accounts Directions which require Sheffield Health & Social Care NHS Foundation Trust to prepare for each financial year a statement of accounts in the form and on the basis required by those Directions. The accounts are prepared on an accruals basis and must give a true and fair view of the state of affairs of Sheffield Health & Social Care 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 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 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
- Prepare the financial statements on a going concern basis.

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

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



Kevan Taylor
Chief Executive
26 May 2017

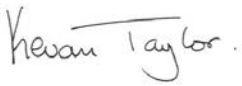
3.7 Annual Governance Statement

To follow

From the reports and information provided across the organisation to the various governance groups, I am satisfied that the system of internal control is effective and supports the achievement of the Trust's policies, aims and objectives, whilst safeguarding the public funds and departmental assets.

Conclusion

In my opinion, no significant control issues have been identified for the period 01 April 2016 to 31 March 2017.



Kevan Taylor
Chief Executive
26 May 2017

3.8 Equality Report
Equal Opportunity and Dignity Statement

In 2016 we updated our Equal Opportunities and Dignity at Work Policy and associated statement:

Sheffield Health and Social Care NHS Foundation Trust is committed to eliminating discrimination, promoting equal opportunity and doing all that we can to foster good relations in the communities in which we provide services and within our services. We aim to recognise and promote the diversity of our organisation with respect to gender; race; ethnicity; ethnic or national origin; citizenship; religion; disability; mental health; age; domestic circumstances; social class; sexual orientation; marriage or civil partnership status and beliefs, and recognise and support trade union membership.

We believe in fairness and equality and aim to value diversity and promote inclusion in all that we do. This is reflected in our Trust Values that form the guiding principles and behaviours for the way we do our work:

Our Values are:

- Respect
- Compassion
- Partnership
- Accountability
- Fairness
- Ambition

These values are at the heart of celebrating and promoting the diversity of our organisation, prioritising equal opportunity is essential to living these values.

The Trust is committed to ensuring that all employees achieve their full potential in an environment characterised by dignity and mutual respect. Within our teams valuing difference is fundamental; it enables staff to create respectful work environments and to deliver high quality care and services while giving service users the opportunity to reach their full potential.

If unlawful discrimination occurs it will be taken very seriously and may result in formal action being taken against individual members of staff, including disciplinary action.

Equality and Diversity
In 2016 we used the Equality Delivery System to identified a new set of Trust Equality Objectives – these are published on our website and can be accessed through the following link https://shsc.nhs.uk/about-us/equality/our-equality-objectives/

The Trust also published its Annual Equality and Human Rights Report 2015/16 this can be found through the following link:

http://shsc.nhs.uk/wp-content/uploads/2016/08/Equality-and-Human-Rights_Report_SHSC_MAIN_201516_FINAL_August2016.pdf

The Trust also publishes information about the diversity of staff and service user. The report for 2015/16 contains information that was current on 31 March 2016 and can be found through the following link:
http://shsc.nhs.uk/wp-content/uploads/2016/08/SHSC-_Supplemementary_Annual_Report-_2015_16_FINAL.pdf

Highlights of 2016/17
In 2016/17 the Trust updated and developed the following policies relevant to Equality and Inclusion:

- Gender Reassignment Support in the Workplace Policy;
- Managing and Supporting Staff experiencing Domestic Abuse Policy;
- Zero Tolerance of Harassment (Third Party) Policy;
- Mental Health Act Code of Practice – Equality and Human Rights Policy.

We made good progress on the actions we identified in our Workforce Race Equality Standard (WRES) action plan and the Trust Board agreed specific WRES targets. We published our second WRES report and an action plan for 2017/18. For more information please see the following reports.

Workforce Race Equality Standard Report 2016
http://shsc.nhs.uk/wp-content/uploads/2016/08/SHSC_WRES-REPORT-2016.pdf

Workforce Race Equality Standard Report Action Plan and Targets 2016 - 2021
http://shsc.nhs.uk/wp-content/uploads/2016/08/SHSC_WRES-REPORT_ACTION_PLAN_2016_and_TARGETS-2016-2021.pdf

Our mentoring project involving Board members mentoring Black Asian and Minority Ethnic staff was a success and the Trust identified funding to continue a second phase of the project which progressed well in 2016.

We also implemented the Accessible Information Standard.

3.9 Sustainability Report

We continue to focus on the objectives of our approved Sustainable Development Management Plan (SDMP). It is now, more than ever, essential that we ensure the organisation is fit for the future and we gain commitment to the values of sustainable development throughout the organisation. We are dedicated to recognising enabling opportunities to ensure we are reducing inefficiencies, reducing our consumption of energy and resources and ensuring we promote wellbeing both at work and at home.

Our objectives:

- Promote active travel;
- Carry out staff travel survey;
- Produce, monitor and report on Sustainability Key Performance Indicators;
- Create a healthy workforce plan;
- Clear engagement strategy for staff and service users;
- Review the Trust's Business Continuity Plan to include Adaptation;

- Introduce Sustainability Clauses into all job descriptions;
- Create a framework for more partnership working on sustainability.

2015/16- Review on progress

This year staffing and resourcing challenges impacted on our objectives. The following achievements were met:

- NHS Sustainability Day 24 March 2016- This was the third year that we took part in this national day of recognition, information sharing and promotion of sustainable practices. We held an open event and all staff were encouraged to attend to explore the theme 'the impact prevention can have on creating a sustainable health system'. We had representation and displays from the Facilities Directorate, Finance and Procurement, Information Services, the Bike User Group, Health and Wellbeing, Nutrition and Hydration, Substance Misuse and Legal Highs, and Infection Control;
- Sustainability Champions continued to promote sustainable practices within their work area.
- The Trust's Bicycle User Group (BUG) is well established and good practices continue to be shared where feasible. This will be increasingly important as we work towards our SDMP objective promoting alternative travel to and from our places of work and around the city;
- Lighting upgrades continue across the Trust portfolio with the introduction of LEDs (Light Emitting Diodes). LED lighting has now been installed on Burbage Ward, Stanage Ward, Maple Ward and Dovedale Ward and the car parks at Woodland View and Lightwood House;
- Hotel services continue to engage with our food suppliers to ensure that food we procure, where feasible, is sourced from local or UK suppliers;
- We developed dedicated managed space to store surplus furniture and equipment. This has allowed the Facilities Directorate, in partnership with the Procurement Team, to promote reuse of our assets; reducing the cost of supplying new goods and the indirect cost of removal and disposal of equipment;
- A process has been established for the cleaning of external as well as internal waste hold healthcare waste wheelie bins with Healthcare Environmental (HE), our waste management contractor. An agreement has been entered into for HE to visit all relevant Trust sites twice a year to exchange healthcare waste wheelie bins in situ for clean bins. Wheelie bins will then be cleaned off site at the supplier premises. The first roll out of this program has been completed;
- Dedicated Sustainability page has been developed on the staff intranet, containing helpful and informative documents, links and information;
- Fluorescent tubes: a process for the safe and legally compliant, storage, transportation and disposal of fluorescent light tubes and lamps has been established. The service can be accessed free of charge through one of our suppliers based on the same industrial estate as our Facilities Directorate, thus reducing travel costs and time.

What we will continue to work on (as referenced in the previous annual report):

- Energy monitoring and targeting – charge validation, usage monitoring, hints and tips for staff to reduce the energy we consume. We are also carrying out a focused review to determine the software we are currently licensed to use or have access to via our energy suppliers is not duplicated and adds value;
- Procurement – development of a Sustainable Procurement Strategy;

- Travel Plan – undertake a review of how we all travel to and from work, producing action plans to increase alternative travel to cars – this also includes the review of current Trust facilities available e.g. cycle storage, lockers and showers;
- Establishment of the Sustainability Business Management Group and Sustainability Champions Group to lead and drive the sustainability agenda;
- Food waste – reviewing current food wastage and consider options for alternative disposal and to meet any revised legislative requirements which may be implemented;
- Transport Services and Estates continuing to trial alternative fleet vehicles with a view to introducing 'dual fuel' or similar if proven to meet service needs/delivering value for money.

Reporting Table/Metrics for 2016/17

Area	Type	Non-financial information	Financial information
Greenhouse Gas Emissions	Direct Greenhouse Gas Emissions	The Trust consumed X kWh of Gas which equates to X tonnes of Co2e*	The Trust spent £ X purchasing Gas
	Indirect Energy Emissions	The Trust consumed X kWh of Electricity which equates to X tonnes of Co2e*	The Trust spent £ X purchasing Electricity
	Official Business Travel Emissions	Grey Fleet (including Lease Car Mileage and Public Transport)** Mileage travelled by the Grey Fleet amounted to X	Grey Fleet (inc. Lease Cars and Public Transport): The Trust spent £ X in on mileage for the Grey Fleet
Waste Minimisation and Management	Domestic Waste (including recycling and offensive waste)	Total Waste Arising: - X kg Waste to Landfill: - X kg Waste Recovered/Recycled: - X kg Waste Incinerated: - X kg	The cost of disposing of Domestic Waste was £ X
	Healthcare Waste (orange bags, sharps, mattresses and pharmaceutical waste)	Total Waste Arising: - X kg Waste incinerated: - X kg Waste to deep landfill: - X kg	The cost of disposing of Healthcare Waste was £ X
Finite Resources		The Trust consumed X m3 of water and sent away X m3 in the form of sewage	The total water and sewage cost was £ X

* Co2e = Carbon Dioxide Equivalent which is a way of reporting all greenhouse gas emissions or reductions as 1 standard unit
** Grey Fleet = employee-owned (or lease) vehicles used for Trust business purposes (home visits, meetings, conferences etc)

In 2016/17 we will focus on:

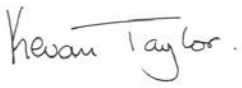
- Our contract for the supply of collection and disposal of trade and recycling waste is due for renewal this year. We are reviewing with the Procurement Team the

merit of adopting a framework agreement for the collections of all waste streams including confidential waste, clinical, hazardous and WEEE;

- In alignment with the above, waste flow mapping will be carried out to understand where and how waste (including consumables, water, energy etc.) occurs, how it is moved within the Trust (e.g. collection of cardboard) and how much it is truly costing. This should enable opportunities to focus on where savings can be achieved. For example optimising waste collection schedules, movement of waste budgets and so on;
- Continuing to seek opportunities to enhance staff training to promote sustainable behaviour. Examples include; refreshed waste signage and guidance documents. Introduction of a waste and recycling element within our corporate induction for all new starters. We are continuing to work towards an e-learning package to be assessed and implemented;
- Establishing closer links with the Procurement Team to promote reuse; potential to review how we process 'waste' electrical and non-electrical equipment at President Park. The aim is to establish a redistribution network within the Trust to catalogue and advertise equipment available. Wherever equipment cannot be reused within the Trust we will be able to review the merits of developing a process for alternative reuse e.g. loan/give to other local NHS Trusts or charitable donation to benefit our local communities;
- Supporting the IMST Directorate with a formal process for IT equipment reuse and compliant disposal;
- A formal and compliant process for the disposal of hazardous substances within the Facilities Directorate e.g. waste paints, solvents, pesticides, cleaning chemicals etc.

Figures (TO BE INSERTED ONCE ALL DATA GATHERED)

This Accountability Report has been approved by the Directors of Sheffield Health & Social Care NHS Foundation Trust.



Kevan Taylor
Chief Executive
26 May 2017

Section 4.0 Quality Report
Part 1: Quality Report 2016/17 Chief Executive's welcome
I am pleased to present the Sheffield Health and Social Care NHS Foundation Trust Quality Report for 2016/17.

In publishing this Quality Report the Board of Directors have reviewed its content and verified the accuracy of the details contained in it. Information about how they have done this is outlined in Annexe B to this report.

To the best of my knowledge the information provided in this report is accurate and represents a balanced view of the quality of services that the Trust provides. I hope you will find it both informative and interesting.

Kevan Taylor
Chief Executive

Part 2A: A review of our priorities for quality improvement in 2015/16 and our goals for 2016/17

To follow

ANNEXE A

Statements from local networks, overview and scrutiny committees and Clinical Commissioning Groups

To follow

Healthwatch

Our response

Sheffield City Council's Healthier Communities and Adult Social Care Scrutiny and Policy Development Committee

Our response

Sheffield Clinical Commissioning Group

Our response

ANNEXE B

2016/17 STATEMENT OF DIRECTORS' RESPONSIBILITIES IN RESPECT OF THE QUALITY REPORT

The Directors are required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations 2010 to prepare Quality Reports for each financial year. Monitor has issued guidance to NHS Foundation Trust Boards on the form and content of annual Quality Reports (which incorporate the above legal requirements) and on the arrangements that Foundation Trust Boards should put in place to support the data quality for the preparation of the Quality Report.

In preparing the Quality Report, Directors are required to take steps to satisfy themselves that:

- The content of the Quality Report meets the requirements set out in the NHS Foundation Trust Annual Reporting Manual;
- The content of the Quality Report is not inconsistent with internal and external sources of information including:
  - Board minutes and papers for the period April 2016 to May 2017;
  - Papers relating to Quality reported to the Board over the period April 2016 to May 2017;
  - Feedback from the Commissioners on insert date;
  - Feedback from Governors on insert date;
  - Feedback from Healthwatch on insert date;
  - Feedback from the Scrutiny Committee on insert date;
  - The Trust's complaints report published under Regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009;
  - The latest national patient survey issued in insert date;
  - The national staff survey issued insert date;
  - The Head of Internal Audit's annual opinion over the Trust's control environment dated insert date; and
  - Care Quality Commission report following its inspection of Trust services published in March 2017 and intelligent monitoring reports issued during 2016/17;
- The Quality Report presents a balanced picture of the NHS Foundation Trust's performance over the period covered;
- The performance information reported in the Quality Report is reliable and accurate;
- There are proper internal controls over the collection and reporting of the measures of performance included in the Quality Report, and these controls are subject to review to confirm that they are working effectively in practice; and
- The data underpinning the measures of performance reported in the Quality Report is robust and reliable, conforms to specified data quality standards and prescribed definitions, is subject to appropriate scrutiny and review; and the Quality Report has been prepared in accordance with Monitor's annual reporting guidance (which incorporates the Quality Accounts regulations) (published at www.monitor-nhsft.gov.uk/annualreportingmanual) as well as the standards to support data quality for the preparation of the Quality Report (available at www.monitor-nhsft.gov.uk/annualreportingmanual)).

The Directors confirm to the best of their knowledge and belief they have complied with the above requirements in preparing the Quality Report.

By order of the Board

Insert Jayne's signature

Chair 26 May 2017

Chief Executive 26 May 2017

ANNEXE C

INDEPENDENT AUDITOR'S REPORT TO THE COUNCIL OF GOVERNORS OF SHEFFIELD HEALTH AND SOCIAL CARE NHS FOUNDATION TRUST ON THE QUALITY REPORT

To follow

.

Section 5.0 Auditor's Report

INDEPENDENT AUDITOR'S REPORT TO THE COUNCIL OF GOVERNORS OF SHEFFIELD HEALTH AND SOCIAL CARE NHS FOUNDATION TRUST ONLY

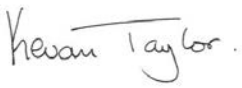
To follow

Section 6.0 Accounts
Foreword to the accounts

Sheffield Health and Social Care NHS Foundation Trust

These accounts for the year ended 31 March 2017 have been prepared by Sheffield Health and Social Care NHS Foundation Trust in accordance with paragraphs 24 and 25 of Schedule 7 of the National Health Service Act 2006 in the form which Monitor, the Independent Regulator of NHS Foundation Trusts, has, with the approval of HM Treasury, directed.

After making enquiries the Directors have a reasonable expectation that the NHS Foundation Trust has adequate resource to continue in operational existence for the foreseeable future. For this reason they continue to adopt the going concern basis in preparing the accounts.

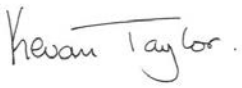


Kevan Taylor
Chief Executive (as Accounting Officer)
26 May 2017

The Accounts of Sheffield Health and Social Care NHS Foundation Trust for the period ending 31 March 2017 follow. The four primary statements; the Statement of Comprehensive Income (SOCI), the Statement of Financial Position (SOFP), the Statement of Changes in Taxpayers' Equity (SOCITE), and the Statement of Cashflows (SCF) are presented first. These are followed by the supporting notes to the accounts.

Note 1 outlines the Foundation Trust's accounting policies. Subsequent notes provide further detail on lines in the four primary statements and are cross referenced accordingly.

The financial statements (Accounts) were approved by the Board on 26 May 2017 and signed on its behalf by:



(Chief Executive)
26 May 2017

STATEMENT OF COMPREHENSIVE INCOME FOR THE YEAR ENDED 31 MARCH 2017

To follow

Section 6.0 Glossary

Accounts Payable (Creditor)
A supplier who has delivered goods or services in the accounting period and has invoiced the Trust, but has not yet been paid.

Accounts Receivable (Debtor)
An organisation which has received a service from the Trust in the accounting period and has been invoiced by the Trust, but has not yet paid.

Annual Governance Statement
A statement about the controls the Foundation Trust has in place to manage risk.

Annual Accounts
Documents prepared by the Trust to show its financial position.

Annual Report
A document produced by the Trust which summarises the Trust's performance during the year, including the annual accounts.

Asset
Something which is owned by the Trust. For example, a building or a piece of equipment, some cash or an amount of money owed to the Trust.

Audit Opinion
The auditor's opinion of whether the Trust's accounts show a true and fair view of its financial affairs. If the auditors are satisfied with the accounts, they will issue an unqualified audit opinion.

Available for sale
Assets are classed as available for sale if they are held neither for trading nor to maturity. An example of this would be an investment without a maturity date such as an ordinary share.

Budget
Represents the amount of money available for a service in a period of time and is compared to actual spend for the same period.

Capital Expenditure
Money spent on buildings and valuable pieces of equipment such as major computer purchases.

Cash and cash equivalents
Cash includes cash in hand and cash at the bank. Cash equivalents are any other deposits that can be converted to cash straight away.

Cash Equivalent Transfer Value (Pensions)
This is the total value of the pension scheme benefits accrued (i.e. saved up) which are the contributions paid by a member of staff and the Trust over the period of employment. These funds are invested and valued at a point in time by an actuary. The cash equivalent transfer value is the amount which would be transferred, if a staff member moved to work for a different organisation.

Continuity of Service (COS) Risk Rating
Previously used prior to the introduction of the Financial Sustainability Risk Rating. The COS rating incorporated only two metrics, namely liquidity (days) and capital service capacity ratio (time) which monitored the financial stability of the Trust.

Corporation tax
A tax payable on a company's profits. Foundation Trusts may have to pay corporation tax in the future. The legislation introducing corporation tax to Foundation Trust has been deferred and 2011/2012 was the first year that Government introduced corporation tax to Foundation Trusts.

CQC
Care Quality Commission. The independent regulator of all health and social care services in England.

CQUINs
Commissioning for Quality and Innovation payments framework were set up in 2009/10 to encourage care providers to continually improve how care is delivered.

Current Assets
These are assets, which are normally used or disposed of within the financial year.

Current Liabilities
Represents monies owed by the Trust that are due to be paid in less than one year.

Deferred Income
Funding received from another organisation in advance of when we will spend it.

Depreciation
An accounting charge which represents the use, or wearing out, of an asset. The cost of an asset is spread over its useful life.

EBITDA
Earnings Before Interest, Tax Depreciation and Amortisation – this is an indicator of financial performance and profitability and indicates the ability to pay the dividends due to the Government in respect of the 3.5% return on assets the Trust is expected to achieve.

External Auditor
The independent professional auditor who reviews the accounts and issues an opinion on whether the accounts present a true and fair view.

Finance lease
An arrangement whereby the party leasing the asset has most or all of the use of an asset, and the lease payments are akin to repayments on a loan.

Financial Sustainability Risk Rating
The new approach replacing the previous Continuity of Service (COS) Risk Rating. The COS rating incorporated only two metrics, namely liquidity (days) and capital service capacity ratio (time) which monitored the financial stability of the Trust.

The Financial Sustainability Risk Rating measures a basket of four financial metrics: Capital Services Capacity Rating, Liquidity Rating, I&E Margin Rating and I&E Margin Variance Rating.

Financial statements
Another term for the annual accounts.

Foundation Trust Financial Reporting Manual
The key document, published annually by Monitor, setting out the framework for the Trust's accounts. Now called the *Annual Reporting Manual*.

Going concern
The accounts are prepared on a going concern basis which means that the Trust expects to continue to operate for at least the next 12 months.

IFRS (International Financial Reporting Standards)
The professional standards Trusts must use when preparing the annual accounts.

Impairment
A decrease in the value of an asset.

Income and Expenditure Reserve
This is an accumulation of transfers to / from the Revaluation Reserve as well as the cumulative surpluses and deficits reported by the Trust, including amounts brought forward from when it was an NHS Trust.

Intangible asset
An asset which is without substance, for example, computer software.

Inventories
Stocks such as clinical supplies.

Liability
Something which the Trust owes, for example, a bill which has not been paid.

Liquidity ratio
Liquidity is a measure of how easily an asset can be converted into cash. Bank deposits are very liquid, debtors less so. The liquidity ratio is a measure of an entity's ability to meet its obligations, in other words how well it can pay its bills from what it owns.

MEA (Modern Equivalent Asset)
This is an instant build approach, using alternative site valuation in some circumstances.

Monitor
Monitor is the sector regulator for health services in England.

Net Book Value
The net book value is the lower of the cost to the business to replace a fixed asset or the recoverable amount if the asset was sold (net of expenses).

NICE

National Institute for Health and Care Excellence. NICE provide independent, evidence-based guidance on the most effective ways to prevent, diagnose and treat disease and ill health, reducing inequalities and variation.

NIHR
National Institute for Health Research. The NIHR is a large, multi-faceted and nationally distributed organisation, funded through the Department of Health to improve the health and wealth of the nation through research.

Non-current assets held for sale
Buildings that are no longer used by the Trust and declared surplus by the Board, which are available for sale.

Non-current asset or liability
An asset or liability which the Trust expects to hold for longer than one year.

Non-Executive Director
These are members of the Trust's Board of Directors, however they do not have any involvement in the day-to-day management of the Trust. Their role is to provide the Board with independent challenge and scrutiny.

NPSA
National Patient Safety Agency. Their key functions transferred to the NHS Commissioning Board Specialist Health Authority in June 2012.

Operating lease
An arrangement whereby the party leasing the asset is paying for the provision of a service (the use of the asset) rather than exclusive use of the asset.

Payment By Result/Payment by Outcomes
A national tariff of fixed prices that reflect national average prices for hospital procedures. Already in use in acute trusts and currently being developed for mental health and learning disabilities services.

POMH
The national Prescribing Observatory for Mental Health (POMH-UK) aims to help specialist mental health Trusts/healthcare organisations improve their prescribing practice.

Primary statements
The four main statements that make up the accounts: the Statement of Comprehensive Income; Statement of Financial Position; Statement of Changes in Taxpayers' Equity; and Statement of Cash Flows.

Provisions for Liabilities and Charges
These are amounts set aside for potential payments to third parties, which are uncertain in amount or timing, for example, claims arising from litigation.

Public Dividend Capital
This is a type of public sector equity finance based on the excess of assets over liabilities at the time of the establishment of the predecessor NHS Trust. It is similar to a company's share capital.

Public Dividend Capital Payable
This is an annual amount paid to the Government for funds made available to the Trust.

Reference Cost
The costs of the Trust's services are produced for the Department of Health for comparison with other similar Trusts.

Revaluation Reserve
This represents the increase or decrease in the value of property, plant and equipment over its historic cost.

Right First Time
A Sheffield programme formed to achieve a vision of working in partnership across Health and Social Care to transform services and deliver better outcomes for people.

Risk Assessment Framework (RAF)
The RAF was updated in August 2015. It sets out the risk assessment framework that Monitor use to assess each NHS Foundation Trust's compliance with two aspects of its provider licence; continuity of services and governance license conditions. NHS Foundation Trusts are assigned a financial sustainability risk rating and a governance rating.

Service Line Reporting
A system which identifies income and expenditure and then produces gross profit across defined 'business units', with the aim of improving quality and productivity.

Statement of Cash Flows
Shows the cash flows in and out of the Trust during the period.

Statement of Changes in Taxpayers' Equity
This statement shows the changes in reserves and public dividend capital during the period.

Statement of Comprehensive Income
This statement was previously called 'Income and Expenditure Account'. It summarises the
expenditure on pay and non-pay running costs less income received, which results in a surplus or deficit.

Statement of Financial Position
A year-end statement which provides a snapshot of the Trust's financial position at a point in time. The top half shows the Trust's total net assets (assets minus liabilities). The bottom half shows the Taxpayers Equity or investment in the Trust.

Third Sector Organisations
This is a term used to describe the range of organisations that are neither public sector nor private sector. It includes voluntary and community organisations (both registered charities and other organisations such as associations, self-help groups and community groups), social enterprises, mutuals and co-operatives.

True and fair

It is the aim of the accounts to show a true and fair view of the Trust's financial position, that is they should faithfully represent what has happened in practice.

UK GAPP (Generally Accepted Accounting Practice)
The standard basis of accounting in the UK before international standards were adopted.

Unrealised gains and losses
Gains and losses may be realised or unrealised. Unrealised gains and losses are gains or losses that the Trust has recognised in its accounts but which are potential as they have not been realised. An example of a gain that is recognised but unrealised is where the value of the assets has increased. This gain is realised when the assets are sold or otherwise used.

Section 7.0 Contacts

Sheffield Health and Social Care NHS Foundation Trust Headquarters
Fulwood House
Old Fulwood Road
Sheffield
S10 3TH
Tel: 0114 2716310 (24 hour switch board)
www.shsc.nhs.uk

Human Resources
If you are interested in a career with Sheffield Health and Social Care NHS Foundation Trust, visit the Trust website (www.shsc.nhs.uk) and click on 'Working for the Trust'.

Communications
If you have a media enquiry, require further information about our Trust or would like to request copies of this report please contact the Communications Manager.
Email: communications.shsc@shsc.nhs.uk
Tel: 0114 2716706

Membership
If you want to become a member of the Trust or want to find out more about the services it provides, please contact the Membership and Governor Officer on 0114 2718768.

Contacting members of the Council of Governors
The Governors can be contacted by emailing governors@shsc.nhs.uk or by phoning 0114 2718768.