



▶ Annual report and accounts 2024/25

Sheffield Health and Social Care NHS
Foundation Trust
Annual Report and Accounts 2024/25

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► Welcome from the Chair and Chief Executive

Welcome to our annual report and accounts for the financial year 2024/25. Our Trust is proud to serve the people of Sheffield as well as the wider communities of South Yorkshire. The Trust provides mental health, learning disability, and autism services to a diverse population of over half a million people in Sheffield, encompassing a wide range of cultural, economic, and social backgrounds.

This past year has been one of both challenge and significant progress as we continued to deliver our vision to improve the mental, physical, and social wellbeing of the people we serve. Our commitment to delivering outstanding care that is person-centred, inclusive, trauma-informed, and evidence-led has underpinned all our work and we are proud to share the achievements and improvements that have been made across our services.



Throughout 2024/25, we remained focused on the priorities that matter most to our service users and communities: reducing waiting times, transforming community and crisis care, delivering care closer to home, and creating therapeutic and safe environments. We also invested in building our digital capability and capacity including the rollout of our new electronic patient record system, Rio and our data warehouse, while taking important strides toward sustainability and improving our estate.

We have strengthened our commitment to addressing Inequalities, inclusion, equity, and human rights through initiatives like the Patient Carer Race Equality Framework (PCREF), our anti-racism strategy, and an unwavering focus on co-produced, culturally competent care. We are proud to be one of the first Trusts to integrate human rights as a core strategic priority, bringing this commitment into daily practice.

None of these achievements would have been possible without the dedication, compassion, and resilience of our incredible staff. Across all roles and disciplines, our people have gone above and beyond to provide safe, high-quality care, even in the face of system-wide pressures. We are deeply

grateful to every colleague for their hard work and commitment. We have continued to invest in building a culture that is values led, inclusive and supports the wellbeing of our staff.

We also want to thank our governors, volunteers, members, and community partners across health, social care, the voluntary sector, education, and beyond, for their collaboration and shared purpose. Together, we have driven improvements in access, experience, and outcomes for our service users, and we will continue to build on this collective strength.

Our report also reflects a Trust that is constantly learning and improving. Through our Integrated Change Framework, launched this year, we are embedding a culture of continuous improvement that gives everyone in SHSC the tools and confidence to make a difference. We are proud of the positive momentum this has generated and the growing network of staff leading change across our organisation. We will continue to invest in our continuous improvement approach.

As we look ahead, we remain focused on delivering our strategic priorities, being responsive to the needs of our communities, and working in true partnership to reduce health inequalities and enable recovery and wellbeing for all.

Thank you for your continued support. We welcome your feedback on this report. If you have any comments or questions, please don't hesitate to reach out to us.

Thank you

Sharon Mays
Chair

Salma Yasmeen
Chief Executive



Section 1: About our Trust

1.1 Who we are

Sheffield Health and Social Care NHS Foundation Trust (SHSC) has been serving the population of Sheffield since 2008. This means we are here to be of service to the diverse needs of just over 556,500 people, with on average 55,000 people a year having direct contact with our Trust. Sheffield residents make up about 94% of all those who use our services. As a Foundation Trust a Board of directors are appointed as well as a Council of Governors, to ensure the Trust remains accountable to the local population and over 12,000 members.

Our 2,500 diverse workforce is a huge strength, and the Trust employs a dedicated and committed team of people to ensure we deliver safe, high quality, effective services that are trauma informed and culturally and spiritually appropriate in settings that are therapeutic, clean, comfortable and well maintained.

As a provider of mental health, learning disability, and autism services, it is essential that the support we offer meets the needs of the people we care for every day. Our services range from community-based support to inpatient care, and include rehabilitation teams, psychological therapies, low-secure forensic units, and inpatient services for both adults and older people. In addition, the Trust delivers a range of specialist services across South Yorkshire, including support for gender identity, eating disorders, and autism.

The funding to deliver these services is an annual income of £179.1million, enhanced by our strong research and development offer which provides on average an additional annual income in the region of £13.1million.

Our aim is to ensure that the services we provide are person centered, tailored to the individual needs of service users, whilst maintaining the involvement of families, carers and loved ones in partnership. Our goal is to provide services close to where people live, supporting recovery and maintaining independence so that we can get the best possible outcome for each person. And, when more support is needed, to ensure our inpatient services offer a place of safety, with a focus on recovery through a multi-disciplinary team approach.

The Trust estates are expansive and deliver services from an average of 30 sites and many partner locations, including the homes of people who use services. Most of these locations are across Sheffield and are the result of closer partnership working with organisations such as Northern General Hospital, the Voluntary, Community and Social Enterprise Sector (VCSE), and GP surgeries in primary care.

1.2 Our vision and values

Our vision is to improve the mental, physical and social wellbeing of the people in our communities. The way in which we work and deliver care is through our Trust values set out below:



1.3 About our services

Our approach to delivering outstanding care is to ensure we provide services that are person-centered, strength-based, trauma-informed, evidence-led and coproduced with the individual. A golden thread to ensure everyone counts means a focus on equality, inclusion and addressing health inequalities. The services we provide, and the locations they are provided in, are tailored to suit the individual needs of our service users, their families, and carers.

Ensuring services are as close to home as possible and provided in the community means we can provide targeted support, personalised care and treatment which maintains independence and supports recovery. For those who need inpatient services we want to ensure they remain close to family friends and loved ones to support recovery and timely discharge.



The support we offer is mainly on an individual basis, considering the option for face to face and digital. A good example of this is our community-based recovery services. Other services, such as Talking Therapies (previously known as IAPT) offer a more flexible package of support, which can be provided in a group setting, again digital or face to face from a range of community settings across the city.

We want to ensure that our services meet the needs of the population we serve and so our approach to delivering any improvement or change is through clear information, communication and involvement. Ensuring co-production, quality improvement, addressing health inequalities and sustainability drive the required outcome.

1.4 How services are commissioned

Our main commissioning partners are South Yorkshire Integrated Care Board and NHS England. The commissioner, service commissioned and breakdown of the total income of £179.1m for 2024-2025 is set out below:

Commissioner	Service commissioned	Value	% of income
South Yorkshire Integrated Care System	Mental health and learning disability services for people in Sheffield. Community brain injury and long-term neurological conditions services. Nursing home services at Woodland View.	£135.1m	75.4%
South West Yorkshire Partnership Foundation Trust (on behalf of the Provider Collaborative)	Inpatient low secure services for people across South Yorkshire and community forensic services for people in Sheffield.	£4.6m	2.6%
South Yorkshire Housing Association	Nursing home services at Birch Avenue.	£3.1m	1.7%
NHS England	Gender service	£2.7m	1.5%
NHS England (Education & Training)	Core Psychiatry Training Course and other teaching and education services.	£8.6m	4.8%
Other NHS Trusts	Hosted Trainees	£4.9m	2.7%
Research and grant awarding bodies	Research projects.	£3.7m	2.1%
Other NHS Trusts	Range of psychological therapy services to support care pathways.	£1.1m	0.6%
Other contracts	Smaller contracts commissioned from local authority or other agencies and bodies.	£6.9m	3.8%
NHS England	Notional income for Pension	£8.4m	4.7%
Total income		£179.1m	100%

1.5 About our partners

The Trust plays an active role as a partner in Sheffield and contributes more broadly to the South Yorkshire region through the Integrated Care System (ICS) and the South Yorkshire Mental Health, Learning Disabilities, and Autism Provider Collaborative. Through these partnerships, the Trust works collaboratively on shared priorities to improve population health, with a strong emphasis on delivering effective services and addressing health inequalities.

Partnerships bring together a range of stakeholders to set priorities and develop plans for service delivery and improvement. This collaborative approach enables agencies to align their strategies and directly contribute to improvement priorities across both Sheffield and the wider South Yorkshire system.

As an active partner in Sheffield, the Trust is a key member of the Sheffield Health and Care Partnership. This involves working closely with local organisations through the following groups:



- Sheffield Health and Care Partnership
- Sheffield Wellbeing Board
- Sheffield Mental Health, Learning Disability, Dementia and Autism Delivery Group

These partnership arrangements include all agencies across the health and social care sector, voluntary, community and social enterprise (VCSE) which includes SACMHA, Rethink, Light, Sheffield Flourish, Sheffield Carers Centre, Sheffield Mencap, Sheffield Pakistani Muslim Centre. As well as through Synergy which is the overarching place mental health alliance. Other partners in Sheffield include:

- University of Sheffield
- Sheffield Hallam University
- Higher Education providers

For the broader south Yorkshire footprint, we are a partner of the South Yorkshire Mental Health, Learning Disability, Dementia and Autism Provider Collaborative. This brings together providers with the same areas of focus to ensure that learning and effective ways of working provide consistency of provision and get the best value for the public pound. This is achieved by sharing ideas, working at scale, addressing shared opportunities and tackling challenges.

Collectively these robust partnership arrangements bring together the mental health trusts across South Yorkshire in the form of committees in common for each constituent Trust Board, chaired by Sharon Mays, our Trust Chair. This year the focus has been on four major priorities, which are:

- Neurodiversity – improving timely access to ADHD and Autism diagnosis and support
- Health based places of safety – increasing the availability of suitable health-based places of safety for people experiencing mental health crises
- Learning Disabilities – reducing the overuse of psychotropic medications for people with learning disabilities
- Eating Disorders – developing and increasing the use of community support,

By working together with partners using a strengths-based approach, our aim is to continue to develop relationships, foster collaborative solutions, pathways and working arrangements which promote the needs and interests of the people we serve. Over the year we have made the following improvements in our agreed priority areas

- **STOMP** (Stopping Over-Medication of People with Learning Disabilities and Autistic People) aims to improve the lives of people with learning disabilities and autism. This year, we successfully bid to be part of the Q/NHS Providers Improving Equity – peer learning and coaching programme project. This opportunity allows us to work directly with learning disability teams across South Yorkshire with support from national experts in improvement and coaching.
- **Eating disorder services** this year means we have developed a new commissioning and delivery arrangement to allow more responsiveness to the changing needs of the population and agreed recommendations as part of a transformed clinical model including for adult community care, Avoidant Restrictive Food Intake Disorder (ARFID) and Medical Emergencies in Eating Disorders (MEED). The work has secured funding from the Q community to develop a training programme for the workforce around neurodiversity and eating disorders.
- **Health based place of safety** programme to reduce delays in accessing health-based places of safety (HBPOS or Section 136 suites) and to reduce delays in transfer to the

appropriate place post-assessment has been developed from the experiences of people who use the suites. Flourish, a mental health based in Sheffield, were commissioned to work with people through coproduction. The Provider Collaborative agreed to commission an extra suite for South Yorkshire, and the Trust is providing this in Sheffield at our Longley Centre site, increasing our capacity from two suites to three.



- **Autism and ADHD** work across the system by undertaking local reviews of Autism and ADHD services across South Yorkshire to develop future plans. Over the year we have developed a robust oversight governance framework, ensuring ADHD and Autism activity is visible and transparent, worked together to develop a new sustainable funding model for future years and prioritised work on reducing waits in ADHD to ensure access to treatment.
- **Supporting staff** through a Clinical and Care Professional Assembly (CCPA) in March 2024, with the aim of sharing innovation and learning at greater pace to support collaboration to achieve the SY MHDLA Provider Collaborative objectives.

During 2023/24 our Chief Executive, Salma Yasmeen was one of the commissioners on the Barnsley Pathways to Work Commission that was chaired by the Rt Honourable Alan Milburn and led by Barnsley Council. Following publication it was announced in November 2024 that this pioneering approach to tackling economic inactivity will be rolled out across South Yorkshire backed with £10 million of government funding for a trailblazer programme that will be led by the South Yorkshire Mayoral Combined Authority (SYMCA), focused on improving the support available to people who are economically inactive due to ill health, helping them return to work. The Trust is already working to ensure that we are responsive and create pathways to employment for people that are economically inactive, living with a MH issue or have learning disabilities or autism.

Together partners can reduce barriers of access, learn from shared experiences, build shared skills and strengthen services. Our partnerships ensure inclusive services that are culturally and spiritually appropriate, person-centered and trauma informed. The reciprocal mentoring programme for the

Integrated Care System (ICS) sponsored by our Chief Executive Salma Yasmeen is also in place. The aim of the programme is to maximise presence and impact in helping to create more diverse and inclusive leadership culture across the Trust and wider region. Learning partnerships are also established between Black, Asian and minority ethnic leaders aspiring to senior roles.

1.6 Creating a culture of continuous improvement

This year the Trust launched a new Integrated Change framework that will support our approach to innovation, continuous quality improvement and change embedding the way the Trust manages change led by a dedicated integrated change team bringing together the quality improvement (QI) team, and programme management office. A co-designed approach was launched in January 2025 and is supported by a culture of leadership development. The approach is underpinned by building improvement capability and capacity and embedding improvement into management systems and approaches.



Our approach is helping us to develop a network of improvers who are working on improvement and change, without which a culture of improvement would not be possible. This approach includes Improvement champions, an Improvement Faculty and Improvement and Change Specialists. In the last year we have trained and supported:

- **257 colleagues have had an introduction** to QI through the Trust Induction
- **47 Improvement Champions** who are leading QI projects supported by QI coaches, or have attended 1 day QI training (included as part of other courses e.g., Developing as Leaders)
- **11 Improvement Faculty members** who have completed Improvement Learning South Yorkshire training

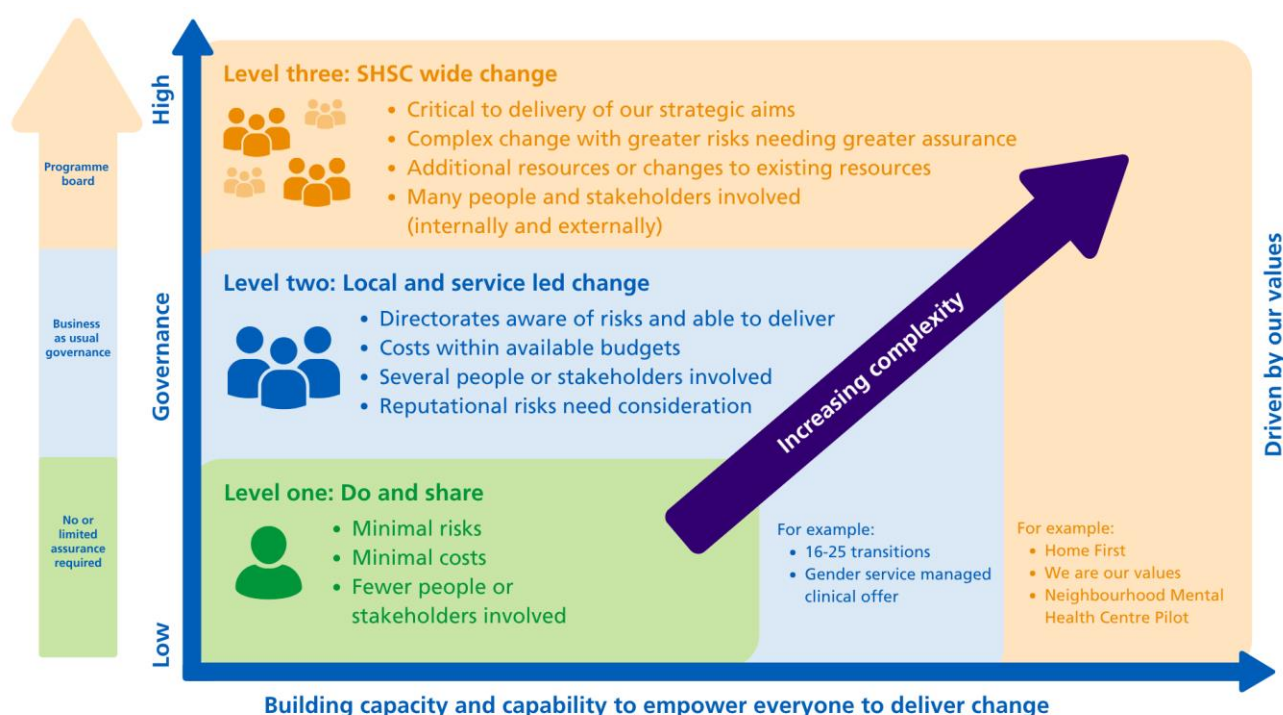
The new framework aligns with the NHS IMPACT approach to change which can be found [here](#):

[NHS England » NHS IMPACT](#) and further supports staff with the skills and tools to embrace improvement. The Trust is committed to ensuring that those closest to the issues are empowered to continually improve knowing they have appropriate support.

The robust Integrated Change Framework provides a systematic and coordinated way of supporting our people to make successful evidence-led improvements that are sustainable and improve outcomes through measurable improvements.

The Framework will also support us to deliver on the trust wide change and improvement priorities as well as support a culture of innovation and improvement giving everyone permission to make improvements if there is no cost, complexity or risk.

A diagram of our change framework is set out below:



To support the visibility of QI activity a dedicated landing page on the intranet hosts a QI project logging form, resources and tools, a training package to help develop people and access to designated support from a QI facilitator.

Currently there are 63 logged QI projects running across the Trust. We are also testing an approach to engagement in improvement by running a pilot of 'Improve well' which is a crowdsourcing digital engagement tool. This virtual feedback platform supports everyday continuous improvement and innovation in health care and has successfully been rolled out in many other healthcare organisations to improve engagement

All colleagues have awareness of, and access to improvement support and support our Trust Vision



With the launch of the Improvement and Change Framework in 2025, we will refine our approach to programme delivery. The new framework will emphasise continuous improvement throughout the programme lifecycle, foster enhanced collaboration and teamwork, and ensure that a strong focus on impact and outcomes drives all programme activities. This refined approach, supported by the Improvement and Change Delivery Group, will ensure that we continue to deliver meaningful and lasting improvements for the people we serve.



► Section 2: Performance

2.1 Priorities for 2024-2025

The Trust priorities for 2024-2025 are set out below. These priorities ensure that the Trust can deliver on strategic priorities as set out in the Trust Strategy which can be found here: www.shsc.nhs.uk/about-us/our-vision-values-and-strategy



The Trust has a robust approach to governing change and transformation programmes including programme boards, oversight through the Executive Management Board, committees and Trust Board

Our approach to delivering our priorities is through several enabling strategy action plans, using our values to drive our culture. The clinical and social care strategy which can be found here: [Clinical and Social Care Strategy 2021-2026 - Approved July 2021.pdf](#) supports the delivery of care priorities and sets out what we want to achieve during each year. These priorities are:

- Person-centered and strengths-based care
- Trauma-informed approach evidence-led care
- Coproduction to support delivery of the strategy
- Outcomes and health inequalities

Through our approach we are striving to deliver care that improves the quality of life for people who use our services, consider people as individuals and contribute to a shared purpose and goal for the people of Sheffield. Collectively this means improved care pathways, better access to support, evidence-led treatment. and improved satisfaction and outcomes. All of these are delivered in line with the pillars of the strategy. A summary is set out below:



**We will give
care that is**

- ▶ Person-Centred and Strengths-Based
- ▶ Trauma-Informed
- ▶ Evidence-Led
- ▶ Coproduced

**We will
work with**

- ▶ Primary Care
- ▶ The City
- ▶ The Wider System

What are we going to do?

- ▶ **Develop Care Models that promote recovery**

How will we do it?

- ▶ Design services to meet people's needs
- ▶ Develop Team SHSC

2.2 How well did we perform against our priorities

Some of the headlines on how well we have performed this year are set out below. More details on our progress can be found in section 2.3. This year the Trust has continued to make steady progress with accelerated areas of progress on focused and targeted pieces of work that required significant effort this year.

At the start of 2024/25 we set out a challenging target of achieving a £6.5m deficit plan with an efficiency programme of £7.3m (4.9%). Through difficult circumstances with high level of out of area placements, teams have worked hard to make efficiencies and reduce waste in other areas to achieve our planned deficit.

Progress in all areas is testament to the leadership and dedication to continually improve. The Trust is proud to highlight some of our achievements in each priority area. These are:

- **Safe, effective high-quality care and environments**
- The **average waiting time for the community learning disability team has decreased** significantly, from 13.5 weeks in 2022 to 9.3 weeks in 2024, demonstrating improvements in efficiency and access to care. This has resulted in high levels of satisfaction with service users reporting they were treated with respect and were likely to recommend the service to others.
- The completion of a **programme of work in the community environments**, Sidney Street and Fitzwilliam buildings, means community staff from five services move into a more therapeutic environment.
- **The reducing restrictive practice** plan meant that seclusion episodes reduce from an average of 40-45 episodes of seclusion per month, to fewer than five episodes of seclusion per month in 2024/25 with February 2025 having no episodes across all wards.

- The Trust **2024 PLACE results show that we are close to reaching the national average** this year, which demonstrates progress. The improvements made in 2024 have demonstrated impact on our results, which is positive for our service users and staff. A site-by-site view of our results shows that we improved upon last year's performance on 38 measures, remained consistent on one measure and deteriorated on three.
- A focus on **improving waiting times** has resulted in services such as Specialist Psychotherapy (SPS) achieve a 20% reduction in waiting times for both their referral to assessment and referral to treatment times and Neurological Enablement Service (NES) reducing referral to first contact with a clinician by an outstanding 86%
- **Peer led improvement work on the Gender Identity Clinic (GIC) resulted in a 47% reduction for appointments not attended.** In addition, enhancement to the well-being support offer and improved patient information (such as an accessible video guide) has improved access to support.



- **Ensuring people with learning disability have a positive experience of care** through staff in crisis and emergency teams now undergo regular training and support to ensure the care of people with learning disability presenting in crisis is a positive experience. This work has resulted in a reduction in people with learning disability requiring detention in hospital.
- SHSC has **continued to attract research funding to support the clinical trials of new medications for dementia**, led by consultant psychiatrist and **new treatments for depression and anxiety** such as psilocybin led by one of our consultants.
- The Trust is hosting a national 5-year **research program exploring looking at new approaches to understanding and helping complex emotional difficulties.**
- **Supporting carers** in our inpatient wards continues with care homes and crisis teams awarded our first star for completing stage one of the Triangle of Care accreditation from the Carers Trust in June 2024.

- **Liaison mental health service, which has** significantly increased, and the Trust is increasing investment to provide a triage nurse, diverting patients from emergency department to the decisions unit. This provision is in place for 24 hours a day, 7 days a week until 2026 and will be evaluated ensuring service users receive the right care in the right environment.
- **Improvements to crisis service** with triage nurse roles has resulted in improved assessments. In 2024/25, 62.8% of A&E referrals were assessed within the 1-hour window. This is an improvement of 10.3% when compared to the previous year.
- **Dedicated mental health response vehicle** service in partnership with Yorkshire Ambulance Service (YAS) for people experiencing a mental health crisis responded to 1,037 calls meaning 663 visits to A&E were avoided.
- **A new and improved crisis line service** was launched this year in April 2024 through NHS111 as a mental health crisis helpline with 13,870 calls managed this year.
- **Reducing delayed discharges** from hospital wards with the average number of individuals delayed in adult acute wards. By strengthening partnerships meaning a reduction in our out of area placements and a reduction in bed days in the final quarter of 2024 with a need to continue to focus on this in 2025.
- **Reduction in out of area beds and Home First is driving improvements to the Trust out of area position by focussing on** delivering safe and effective care and treatment as close to a patient's home, family or community. The last quarter of the year the Trust has seen a steady reduction in out of area placements, and this will be a continued focus on the Home First Programme in 2025

Supporting our workforce

- **Creating a culture where values drive behaviours** resulted in over 1000 staff sharing their views. This included 3000 pieces of feedback from a summer of values engagement activity that will help us refresh our values and develop a behaviours framework that we will launch in early 2025. A new 'values' into action delivery group made up of staff champions from across the Trust will take forward the work in 2025.
- **Improvements to workforce wellbeing** include a successful charity bid resulting in an Organisational Development Practitioner to improve access for those underserved, wellbeing webinars and 49 well-being champions who are supported by a tailored induction programme.
- The results from this year's **staff survey published in March 2025 demonstrated an 11% increase in staff involvement**, with 62% of substantive staff responding compared to 52% in 2023. There was also an increase in the voice and views of ethnically diverse staff and bank staff. This results in an overall improvement in response rate compared to previous years.
- Our 2024 staff survey results show **marginal improvements across the full question set in staff engagement and experience**. The bank staff results show a positive increase in engagement with 71% of the questions increasing and 25% decreasing. Other questions were unchanged which is a positive reversal of the 2023 results.

- Trust **staff networks remain focused on delivering improvements** through events, communications and activities. This year the networks have continued to support a journey of inclusion including work towards becoming an anti-racist organisation, amazing women supporting women to step in to their leadership spaces, improving access for people with a disability and providing reasonable adjustments, triangle of care and carers support and reviewing policies.
- This year the Trust launched SHSC manager, an **investment to equip, grow and support 500 managers** and continued with our in-house leadership programme to develop another 100 leaders. Building on our 'Developing as Leaders' (DAL) program that has now seen just a further 50 staff of all grades and roles complete the program.
- The Trust hosted a research programme looking at the **implementation of new roles in mental health** with the University of Sheffield and are delighted to have maintained a high GMC national training survey (NTS) ranking this year.

Celebrating the best of Team SHSC

In February 2025, more than 200 staff, service users and partners came together to celebrate the Shine Awards – Sheffield Health and Social Care's annual staff awards ceremony.

The event recognised the outstanding work of individuals and teams across the Trust. Fifteen awards were handed out, celebrating everything from compassionate care and inspirational leadership to excellence in co-production.



Winners included Stanage Ward for their person-centred inpatient care, Diane Morrison for her leadership during challenging times, and Sheffield Flourish for their work involving people with lived experience.

Hosted by BBC Radio Sheffield's Xanthe Palmer, the evening was a joyful celebration of dedication, teamwork and the Trust's values in action.

Improving our estate, facilities and environment

- **Significant improvements to estates** for teams and ward environments, including improving access to green spaces resulting in an increased therapeutic experience for those who use our services whilst increasing safety.
- Estate **mechanical and electrical infrastructure has been improved** at Grenoside, Michael Carlisle Centre and Longley Centre. The Trust has also started on the refurbishment of Maple ward, to remove ligature anchor points and uplift the environment.
- Improvements have been made to G1 ward at Grenoside, by replacing bedrooms doors with **specially designed doors, which benefit service users living with dementia**.
- Our Woodland view cottages Oak and Willow, have received improvements to make their

clinic rooms compliant from an infection prevention and control perspective

- **Improvement to our gardens** by the rehabilitation team gardening group means we are now growing food for other service users using a greenhouse funded by Sheffield Hospitals Charity.
- Trust also **made significant progress in reducing emissions associated with water consumption, waste disposal and travel**. During 2024/25, all actions have not been completed, but there has been significant progress with the number of actions achieved increasing from 19% to 28%, with the greatest area of improvement being workforce and system leadership.
- Improvements to Forest Close inpatient rehabilitation unit for adults who now have their own **catering budget to support service users to cook their own Halal meals**.
- The Trust signed a pledge committing to **support a smoke free future**.

Working in partnership

- In April 2024, working in partnership with Primary Care Sheffield and voluntary sector partners, the Trust **launched the city-wide offer of primary care based mental health teams**. Over 7,000 people have been able to access integrated teams in the first 12 months of operation.
- In August 2024, the Trust were selected as **one of six NHS England pilots to test the integration of neighbourhood-based services**. The pilot in Gleadless and Heeley will build on our mental health offer involving wider community assets such as libraries and a community centre with wider system partners.
- The Trust continues to **champion health equity**, ensuring this is a golden thread for front line staff up to Board level. Partnership working continues through the Health and Wellbeing Board, with the Trust signed up to detailed actions to support the achievement of the Sheffield Fair and Healthy Plan establishing our place and role as an anchor organization
- Continued to grow the scope and impact of the **'Being There' project**. Through collaboration with Pakistan Muslim Centre (PMC). The project focuses on providing informal cultural advocacy, recognising the diverse needs of our service users and the need for independent involvement to gain experience feedback from all service users.
- The Trust **has implemented all the recommendations of the General Medical Council (GMC) "Fair to Refer?" report**. This is one year ahead of the GMC deadline of 2026. The actions will be kept under review to ensure that progress is maintained.

Addressing inequalities, promoting equity and inclusion

- **Sexual safety charter** in place and a data driven approach to tackling a reduction is now established. This has led to a broader focus on reducing violence and aggression and anti-racism, with a dedicated intranet page and wellbeing focus.
- A focus on **dementia and neurodiversity training** and competence to improve person centered care and experience

- Delivering through community feedback and participation the patient carer race equality framework (PCREF) in partnership with our local community has focused on **cultural advocacy workers who connected over 300 service users to support and services**.
- A **co-designed approach to delivering PCREF** through engaged staff, representative and key stakeholders has resulted in a delivery plan which has a clear set of priorities and measurable actions. Areas of focus include leadership, human rights and cultural competency.
- The **integration of human rights into the RESPECT training** has been particularly significant in SHSC - by August 2025, approximately 1,500 staff members will have completed between 90 minutes and 3 hours of training across all groups and professions.
- A coproduced and collaborative approach to **developing and delivering services to ensure cultural competency and spiritually appropriate care** with groups such as Maan, ACT (Aspiring Communities Together) and PMC (Pakistan Muslim Centre).
- As the key sponsor of the South Yorkshire integrated care system (ICS) **reciprocal mentoring programme there are 42 aspiring and established leaders** from across the system participating in the programme.
- This year the focus has been on **improving the recording of equality information and reasonable adjustments**. The Trust has worked nationally on phase 3 of the Rainbow badge and collaboratively with South Yorkshire on an anti-racist regional assembly. A detailed report on the Trust progress to delivering on our equality and human rights objectives is published annually.
- The Trust **hosted the Yorkshire and Humber School of Psychiatry Annual Conference** on behalf of NHS England, with a focus on supporting medical trainees to consider new models of care for people to address health inequalities in our communities.
- Active involvement with the South Yorkshire **Smoking Cessation Programme has resulted in 100% of inpatient smokers being offered assessment** with a Tobacco Treatment advisor.

Digital improvements

- A huge **transformation programme set to deliver significant Improvements to our electronic patient record system** has been realised. The implementation of a whole new system approach named Rio will now create a platform for improved patient records going forward.
- In addition to Rio, the **implementation of a data warehouse** (Nexus) will allow for a single view of the truth from systems and can paint a picture of the teams/services and organisation based on the information collected. Using this data warehouse, we will have access to information relating to service activity which can be analysed.

2.3 Delivering our Trust strategy

The Board of Directors has a robust framework in place to assure delivery of the Trust strategy, the Council of Governors and external regulators ensure that our services are performing well, are high quality, that we are providing the best possible treatment and care to our service users and their carers within the resources available to us, and we are making good progress towards delivering our vision and implementing our strategies and plans.

The set of key performance indicators (KPIs) which comprise our performance framework is reviewed each year and takes into consideration changes in local, national, contractual and regulatory requirements. These are then presented to the Board committees for approval and can be varied in-year as required with the approval of the committees.

The Integrated Performance and Quality Report (IPQR) is provided to the Finance and Performance and the Quality Assurance Committees every month. It is also considered by the People Committee with a specific focus on people at its bi-monthly meetings. It is reported to the Trust Board for assurance together with a summary of the key messages, risks and exceptions discussed at each respective committee.

We examine a range of indicators that are either set for us contractually by commissioners, or because we have set ourselves an ambition to achieve or improve the services we deliver. Where required the Trusts recovery plan process is instigated to understand why performance isn't delivering against expectation and ensure where possible performance is improved.

In 2024/25 we have increased executive led performance reviews in response to our financial performance ranging from monthly to quarterly. Below is a summary of progress against each of our strategic aims and the priorities we set ourselves this year.

2.3.1 Deliver Outstanding Care

2.3.1.1 Priority: Deliver therapeutic environments

The Trust is making good progress on the inpatient programme of work. The work is to improve the environment for service users and staff which includes the completion of the refurbishment of Stanage ward at the Michael Carlisle Centre. This work means that staff and service users have now been able to move into the ward, resulting in a move from those on Maple ward at the Longley Centre to the Michael Carlisle Centre into Dovedale 2 ward which provides improved safety and a more therapeutic environment.

Creating a safer, more therapeutic Maple Ward

In early 2025, work began to refurbish Maple Ward at the Longley Centre – part of SHSC's commitment to creating safer, more therapeutic spaces for service users and staff.

The project aimed to remove fixed ligature anchor points and introduce new features including 17 ensuite bedrooms, a compliant accessible room, a quiet space, and a landscaped garden courtyard. The ward was also set to benefit from improved de-escalation areas, a new dining room, and a dedicated staff rest area.



Adele Sabin, who leads the Trust's therapeutic environments programme, said the work was about putting comfort and safety first: *"I'm really excited to see our plans come to life and proud of everything our team has done to get us here."*

Feedback from service users on Stanage Ward reported that they like the new environment as it is brighter and more open and love the garden space too. Service users on Dovedale 2 ward report enjoying the spaces on the ward, especially the open access to the large garden.

Estate mechanical and electrical infrastructure has been improved at Grenoside, Michael Carlisle Centre and Longley Centre, these items were at the end of their usable life and required replacement, keeping our infrastructure up to date is important to making sure we can carry on providing services at these locations without disruption.

The Trust has also started on the refurbishment of Maple ward, to remove ligature anchor points and uplift the environment. This head start in 2024/25, will allow the continuation and completion of the project in 2025/26 to the benefit of our staff and service users.

Improvements have been made to G1 ward at Grenoside, by replacing bedrooms doors with specially designed doors, which benefit service users living with dementia. This work also improves the safety of service users with increased visibility for observation and anti-barricade design which assists with response to falls. The estate infrastructure has also been improved at Grenoside, with the beginning of a larger programme of works to improve the quality of fire compartmentation to a compliant level.

Our Woodland view cottages Oak and Willow, have received improvements to make their clinic rooms compliant from an infection prevention and control perspective, two new wet rooms have been created, offering accessible bathrooms on both cottages, outside areas have been levelled to allow service users unassisted and unrestricted access to outside space in a safe way and the general décor and therapeutic nature of the cottages have been refreshed.

The completion of a programme of work in community environments, for example the refurbishment of Sidney Street and Fitzwilliam buildings, allowed community staff from five services to move from accommodation that was tired and required many repairs, into a more therapeutic environment.

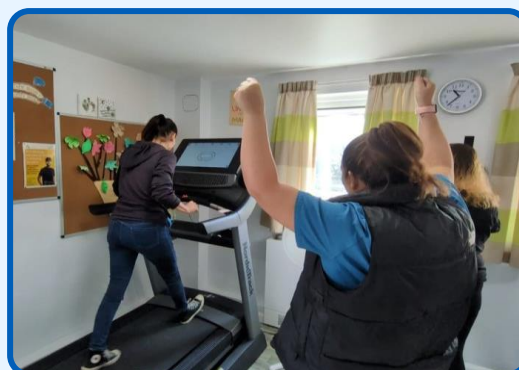
Throughout 2024/25 work continued to progress the sale of the Trust former headquarters site at Fulwood. At the time of writing the report the sale remains ongoing. This disposal is an important aspect of our plans to enable re-investment in high quality care facilities to meet the needs of the people of Sheffield.

Helping people stay active at Beech

In April 2025, the team at Beech – SHSC's step-down service for people leaving inpatient care – transformed an unused space into a 24-hour gym to help service users stay active and support their recovery.

Thanks to generous donations to Sheffield Hospitals Charity, the gym was equipped with a rowing machine, treadmill, air bike and boxing pads. The space gave people staying at Beech a new way to build confidence, improve their wellbeing and feel more at home.

The project was also supported by funds raised during the Trust's charity marathon, or "charathon," in December 2024. Staff say the gym has already made a big difference to people's motivation and mood.



Transforming community mental health services

The Community Mental Health Programme aim is to improve the quality of community mental health services, enhance clinical outcomes, and align services with the new Community Mental Health Framework. Below are the key benefits and achievements:

- Teams have successfully worked on transferring existing service users to the new clinical model, showing improvements in service delivery. New referrals are now being allocated within the updated structure, with caseload sizes remaining stable despite an increase in referrals.
- Referral-to-assessment waiting times have decreased, though increased referrals from primary care have demonstrated continued demand for specialist community services. Efforts are underway to address this, with performance monitoring set to be included in service dashboards moving forward.
- The CMHT has embraced the five core principles of care—meaningful interventions, named workers for all service users, co-produced care, carer involvement, and accessible, responsive services. These principles are embedded in the service model, ensuring that care is flexible, holistic, and centered on the needs of service users.
- The CMHT model has been closely aligned with primary care, reflecting the NHS 5-year plan for mental health. Care groups have been restructured to align with the 16 Primary Care Networks (PCNs) across Sheffield, facilitating better joint working and a more integrated approach to community care.
- The programme has successfully integrated Voluntary, Community, and Social Enterprise (VCSE) partners, expanding the support available to service users and enhancing care delivery beyond the scope of CMHT services.

The CMHT programme moved into its closure phase in January 2025, with post-implementation review processes planned to ensure that the changes are embedded and follow on actions taken forward through a continuous improvement approach in the Home First Programme which will support people to get care and treatment at home with support from community and voluntary sector teams and partners. Or to give service users high quality care when they need a hospital bed until they are clinically ready to be supported at home.

Transforming learning disability services

The Learning Disability Programme aims to provide effective support and care in the community to address the health-related needs of people who have a learning disability and cannot access mainstream mental health services without reasonable adjustments or require joint working with mainstream mental health services.

Progress so far:

- The teams have integrated into one multidisciplinary specialist learning disability service. While further work is needed to fully integrate the teams. Work is ongoing to identify a single site to support co- location and integration.
- New roles have been introduced to enhance the service, including Arts, Music, and Speech and Language Therapists, as well as a Physiotherapy Assistant. These roles contribute to a more holistic approach to care, supporting the diverse needs of service users.
- The service has adopted a new model for learning disability nursing care, improving the consistency and quality of care delivered to service users.

- A dedicated approach to stopping 'over medication' prescribing has been developed, with improvements already evidenced. Ongoing efforts are focused on further embedding this approach to reduce unnecessary medication use and improve outcomes for service users.
- Also, a Practice Development Forum has been established to implement a Positive Behaviour Support framework, in line with NICE guidelines, ensuring that care is delivered in a respectful and supportive manner

Service user experience data from 2022 – 2024 show significant improvements in service user experiences, including:

- High levels of satisfaction, with service users reporting they were treated with respect and were likely to recommend the service to others.
- Psychology service outcomes indicate increased satisfaction in quality of life, alongside decreased risk and distress at discharge compared to assessment.

A new way of supporting people with learning disabilities

In 2025 we launched a new Specialist Community Learning Disability Service. It brought together three separate teams into one joined-up service, making it easier for people to get the right support at the right time.

The new service offered two levels of care – standard and enhanced – depending on people's needs. It also introduced a single point of access for referrals, making it simpler for people, families and professionals to get in touch.

By working closely with people with lived experience, carers and staff, the team designed a service that was more responsive, more personal, and more focused on helping people stay well in their communities.



In addition, the average wait time for the Community Learning Disability Team has decreased significantly, from 13.5 weeks in 2022 to 9.3 weeks in 2024, demonstrating improvements in efficiency and access to care. We will continue to develop and embed the model in 2025 working towards an outstanding community learning disability service.

Place survey

The Trust 2024 results show that we are close to reaching national average this year demonstrating progress. Overall, while there is still much room for improvement, the improvements made in 2024 are demonstrating impact on our results, which is positive for our service users and staff. A site-by-site view of our results shows that we improved upon last year's performance on 38 measures, remained consistent on one measure and deteriorated on three. The three measures where the results deteriorated were:

- Longley Centre – Ward Food
- Longley Centre - Disability
- Woodland View – Cleanliness

A thematic analysis shows that the areas where we perform worst compared to other similar trusts in our region are:

- Food
- Disability

Improvements in processes in 2024 which will be consolidated and repeated in 2025 and include:

- Approach to recruitment and training of assessors
- Systematic action planning of improvements to estates and facilities directed towards addressing the specific findings of PLACE reviewers
- Approach to the provision of good quality food in all in-patient environments.
- Oversight of/ support for the maintenance of cleaning standards.
- Ensure the schemes we undertake through our capital plan address PLACE findings including in relation to disability and dementia.

2.3.1.2 Priority: Transform primary community mental health services

In April 2024, working in partnership with Primary Care Sheffield and voluntary sector partners, the Trust launched the city-wide offer of primary care based mental health teams. Each of the 16 primary care networks in Sheffield now has a neighbourhood-based team working as part of the wider primary care network team. This has brought care, support and treatment closer to people's homes and has continued to integrate physical and mental healthcare at a local level.

Over 7,000 people have accessed the integrated teams in the first 12 months of operation. In addition, we have introduced several new feedback mechanisms, including the new national patient reported outcomes. The ReQoL outcome score has shown the effectiveness of the offer with an average 5-point increase in scores which is deemed to be above the level to demonstrate real meaningful impact and change.

Our work to continue to innovate our community mental health services continues through the exciting pilot of the Neighbourhood Mental Health Centre in the Gleadless and Heeley area of Sheffield. In August 2024, the Trust were proud to have been selected as one of six NHS England pilot sites to test further integration of neighbourhood-based services. This pilot will build on our mental health offer involving wider community assets such as libraries and a community centre to further enhance our collaborative work with wider system partners. The pilot programme sees the Trust investing in the refurbishment of the Newfield Green Library and Community Centre to modernise facilities for the local community, whilst providing dedicated mental health facilities onsite.

2.3.1.3 Priority: Improve access to crisis care

Our performance against key metrics is summarised below, followed by an overview of the progress made in delivering our priorities over the last year.

Delivering outstanding care	Target	2024/25 At March 2025	2023/24 At March 2024	
% of people who receive a mental health assessment within one hour in A and E	100%	62.8%	51.1%	
% of people who receive a mental health assessment within 24 hours on a general hospital ward (Liaison Psychiatry)	100%	66.3%	73.2%	
Delayed transfers of care: proportion of inpatients who experienced a delay in their discharge	0	137/647 21.2%	134/539 24.9%	
% of service users followed up within 72 hours of discharge	80%	87.1%	87.9%	
Inappropriate use of out-of-area beds (bed days used)	0	8,744	2,996	

The focus this year has been to ensure people who use our services are able to access comprehensive crisis pathways. Pathways that meet the needs of every individual. Crisis care is provided in a range of community settings such as, a home, emergency department, inpatient service or in transport such as a dedicated mental health response vehicle.

This year the Trust has made positive progress on:

- **Liaison mental health service** has experienced significantly increased demand and has focused available capacity on waiting within our emergency department. The Trust is accessing the 'Better Care Fund' to provide a triage nurse function to divert patients from the emergency department to the decisions unit. This provision is in place for 24 hours a day, 7 days a week until 2026. The service has been positively evaluated and is ensuring service users receive the right care in the right environment.
- **Triage assessments by liaison psychiatry service for emergency referrals** following the introduction of the triage nurse roles. The triage nurses proactively assess patients with mental health issues in A&E which helps us to achieve the 1-hour waiting time targets and also improve patient experience. In 2024/25, 62.8% of A&E referrals were assessed within the 1-hour window. This is an improvement of 10.3% when compared to the previous year. Additional funding from the better care fund will allow the Trust to recruit an additional 3 triage nurse roles in 2025/26.
- **A new and improved crisis line service** was launched this year in April 2024 through NHS111 as a mental health crisis helpline. The call handler (Nottingham Community Housing Association) received 13,870 calls in the 2024/25 financial year which means the Trust performed above the national average. Further improvement to call abandonment rates and speed to answer calls is planned by increasing funding.

- **Dedicated mental health response vehicle** service for people experiencing a mental health crisis is delivered by Yorkshire Ambulance Service (YAS). As of February 2025, a total of 1,037 calls were attended by this service and 663 visits to A&E were avoided for the period 2024-25. This supports our ability to get the right support to people suffering from a mental health crisis quickly because people can be rapidly diverted to our services, such as our Decisions Unit and the crisis line.

In addition, the Trust is beginning to see positive progress against plans towards the end of this year in the following areas:

- **Reducing delayed discharges** from hospital wards with the average number of individuals delayed in adult acute wards. By strengthening partnerships with Sheffield City Council and South Yorkshire ICB a joint city-wide mental health discharge programme group has brought system leaders together to deliver a shared care system to reduce delays. This has been achieved through timely access to care in the community and dedicated hospital social workers working on wards with a focus on timely access to community accommodation and support. In addition, the Trust expanded step-down services for people ready to leave hospital in partnership with Sheffield City Council and South Yorkshire Housing Association utilising additional beds. There was a significant rise in the number of delayed discharges from mental health hospital wards between October 2024 and December 2024. The number of people delayed in hospital beds reached a 2-year peak in January 2025 at 35 service users. This was largely attributed to Local Authority social worker recruitment and retention challenges. System leadership efforts have been mobilised which have reduced the number of delayed discharges from mental health hospital wards. However further improvements are required to ensure that the right care can be provided in the right place, at the right time. The Better Care Fund has been allocated to deliver sustainable improvements to mental health discharge pathways throughout 2025-26. This must be realised through sustained and robust system leadership to optimise hospital bed capacity.
- **Home first was launched in the latter part of this year following a programme of work to support a clear understanding of the Trust out of area position** using diagnostics to assess the root cause through data and insight. The Trust originally engaged 'Real World Health' (RWH) who undertook the data visualisation work in 2024. In early 2025 the Trust subsequently engaged 'VOT Health' to support the work to deliver the changes required, informed by the 'Real World Health' work.

Home First is a programme that will use the findings to mobilise an ambition to deliver safe and effective care and treatment as close to a patient's home, family or community. Reducing the amount of time patients spend in restricted environments (including delayed discharges) ensuring no patients receive inpatient services out of area. With a focus on safety, high quality care and risk reduction, the priority to reduce unnecessary detention under the Mental Health Act is supported by Human Rights principles. The programme has been driven through a co-produced model and engagement of staff and the experience of people who use services, their families carers and loved ones. This year the Trust is starting to see the impact of this work, evidenced by the reduction in the number of patients being placed out of area. In February and March 2025, the number of out-of-area bed days used reduced to just over 1000 each month. This is an in-year improvement compared to the period November to January 2024-2025 where the average was nearly 1200 bed nights per month.

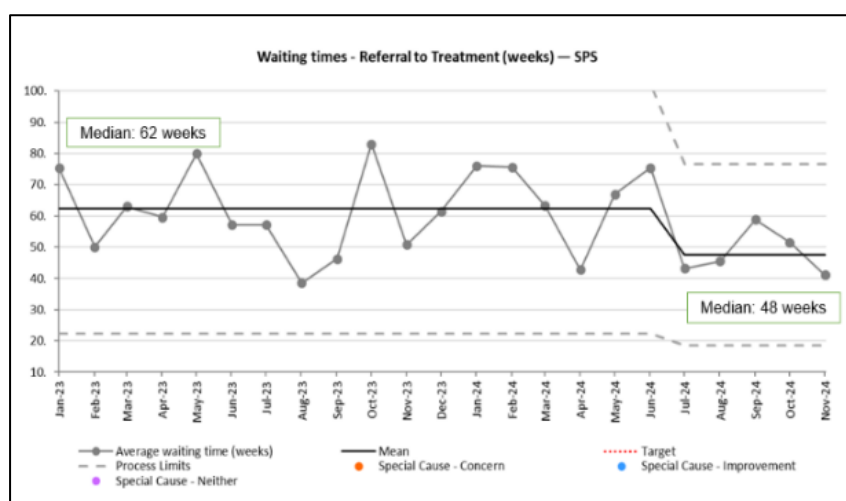
2.3.1.4 Priority: Improve access so people wait less and wait well

Our performance against key metrics is summarised below, followed by an overview of the progress made in delivering our priorities over the last year.

Delivering outstanding care	Target	2024/25 At March 2024	2023/24 At March 2024	
Talking Therapies: proportion of people who started treatment within four weeks of referral	75%	98.8%	98.8%	
Talking Therapies: proportion of people moved to recovery following treatment	50%	52.2%	52.4%	
Early Intervention in Psychosis: proportion of people who start treatment within two weeks of referral	95%	88.5%	92.9%	
Increase the number of mothers who receive specialist perinatal mental health support. Perinatal target 4.5% (of Sheffield 2016 ONS Birth Rate)	294 4.5%	525 8.0%	400 6.1%	
% of people who receive a mental health assessment within 24 hours on a general hospital ward (Liaison Psychiatry)	100%	66.3%	73.2%	

In July 2023, the Trust launched our first ever internal quality improvement (QI) collaborative programme. The focus of the program was “Waiting Less and Waiting Well.” Nine teams from the Rehabilitation and Specialist directorate have been involved in this two-year programme, which is set to finish in July 2025.

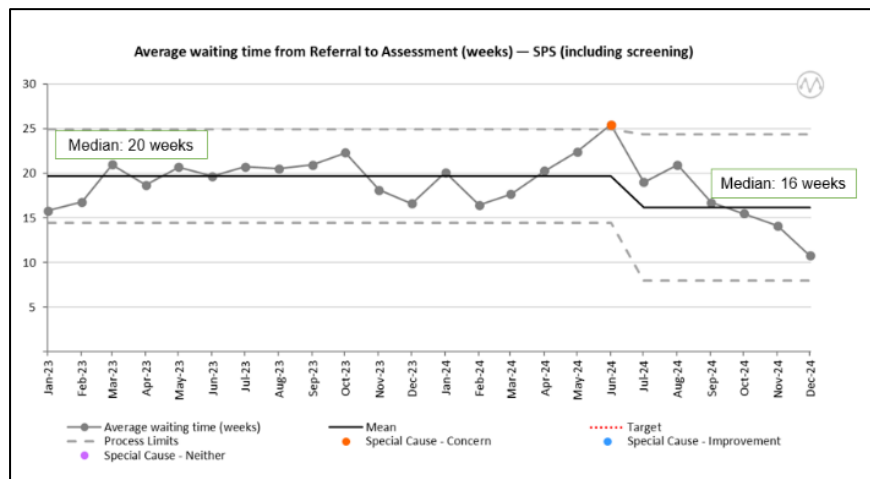
The programme has been delivered using an adapted version of the Institute for Healthcare Improvement’s Breakthrough Series Collaborative (BTS) model. Collaborative models, such as the BTS model, allow teams to work together to deliver improvements by learning from one another whilst being supported by recognised experts in topic areas.



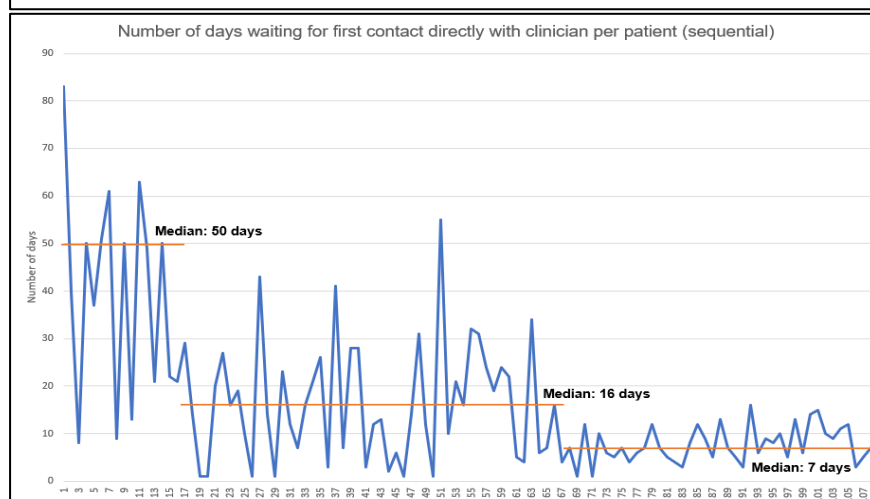
This approach involves teams coming together for “Learning Sessions” to share learning and outcomes from tests of change, promoting an “all teach, all learn” approach. Between Learning Sessions, in the “Action Period,” teams are receiving support from QI coaches. This model has been adapted to run over 2 years, based on how long it has taken other Mental Health Trusts to show improvement in waiting lists.

During the collaboration, QI coaches have used the East London NHS Foundation Trust (ELFT) approach to optimising flow to support teams to understand issues affecting their waiting list. Using this framework, teams visualise their systems, generate and test ideas for improvement, consider

measures and monitor the impact over time. More information about ELFT's approach can be found here: <https://qi.elft.nhs.uk/collection/improved-experience-of-care/flow-demand-and-capacity> Several teams have shown clear, sustained improvements in waiting list times since the start of Waiting Less and Waiting Well. The following graphs highlight the Specialist Psychotherapy Service (SPS) team's data, who have achieved a 20% reduction in waiting times for both their referral to assessment and referral to treatment times.

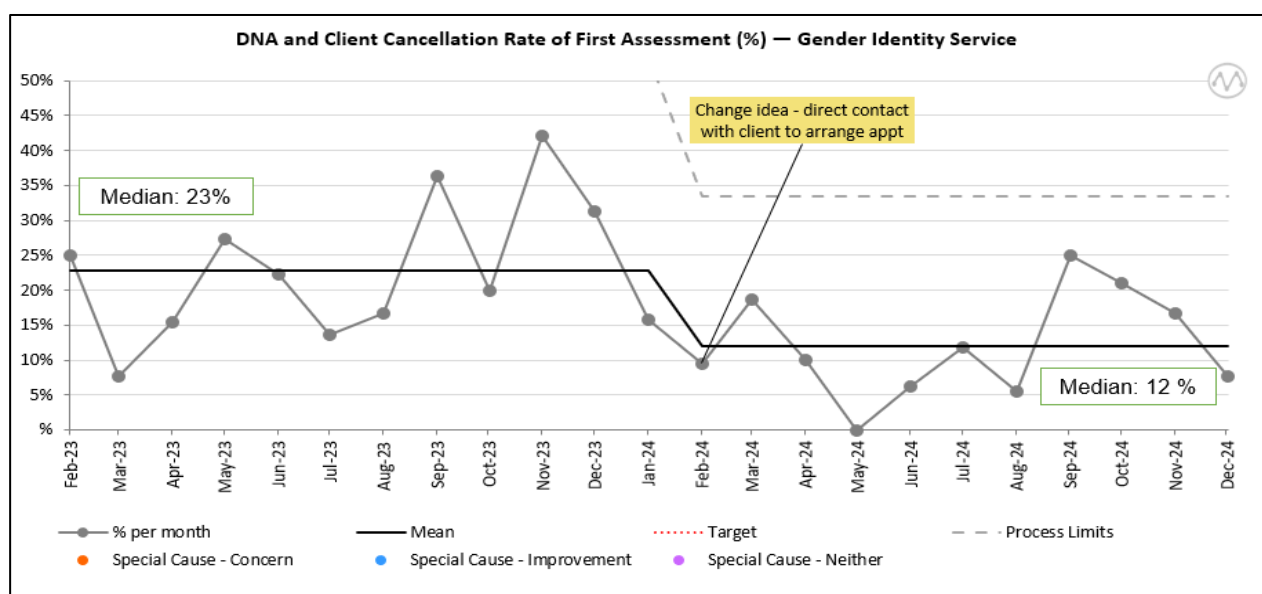


The Neurological Enablement Service (NES) has reduced the time between referral and first contact with a clinician by an amazing 86%. As with SPS, the team followed the ELFT framework and used their process map to identify areas for improvement. Using Plan-Do-Study-Act (PDSA) cycles, NES brought multidisciplinary staff together to achieve this success.



The level of improvement showcased by SPS and NES has not been achieved by all teams, however, all teams have identified some levels of improvement. It is important to recognise that some teams have been exposed to external factors such as national increases in waiting times, which have impacted on their improvement journey.

For example, the Sheffield Gender Identity Clinic (GIC) are experiencing a national increase in demand without a corresponding increase in capacity.



Despite this, the team have worked on their processes to increase their productivity by reducing the number of unattended first appointments, either through clients who do not attend (DNA) or cancelling at short notice and have achieved a 47% reduction.

GIC have also worked to improve their website with more information for service users and carers. This work includes an accessible video guide to travelling to the Sheffield GIC, information about appointments and treatment options, and increased support for clients whilst they are waiting for the service. Their well-being support has been enhanced to include monthly online group sessions, which share evidence-based techniques to manage difficulties such as stress, anxiety and low mood.

Helping people wait well for neurological support

The Neurological Enablement Service (NES) supports people in Sheffield living with long-term neurological conditions like Parkinson's and MS. As part of the Trust's 'Waiting Less, Waiting Well' programme, the team looked at how they could improve the experience of people waiting for therapy.

They introduced a new triage system to make sure people are seen by the right specialist sooner. They also created a library of self-help resources and started offering early advice calls to help people feel supported while they wait.



These changes have helped reduce waiting times and made sure people feel more confident and informed about their care. The team say it's all about making every contact count – even before therapy begins.

The focus of the last few months has been on sustaining improvements and how teams will continue to make improvements on their own. We will also support teams by sharing their learning with others. This will include learning to help other teams in the organisation to do similar improvement work.

2.3.1.5 Priority: Deliver quality and safety objectives

The Trust quality objectives have been refreshed in this year 2024-2025 and have been developed in conjunction with a variety of stakeholders, including people who use our services, governors, local stakeholders such as Sheffield Healthwatch and the integrated care board (ICB). The objectives have now been set for 2024-2027 and targets to progress each objective are set annually. The objectives are:

- **Objective 1:** Understanding and improving sexual safety for service users with a specific focus this year on improving sexual safety for inpatient areas.
- **Objective 2:** Ensuring we focus on neurodivergence and ensure support, care and treatment is person centered, and individual needs are met.
- **Objective 3:** Developing an organisational approach to person-centered dementia care working with key stakeholders and a focused approach to ensure care remains person centered.





- **Objective 4:** Developing a range of tools that support reporting to improve understanding of patient experience to encourage feedback and a fuller understanding of patient experience.

Each year the Trust prepares a report about the quality of services, called quality accounts. The reports are published annually and are available to the public. Quality accounts ensure we report on quality and show improvements in services.

The quality of the services is measured by looking at patient safety, the effectiveness of treatments patients receives and patient feedback about the care provided. The Trust quality accounts provide a full view on how well we are doing and are uploaded to the Trust website. The report can be found here: <https://www.shsc.nhs.uk/about-us/publications>

The tables below set out how well we have done this year against each quality objective. This is the first year of reporting and sets out our actions and progress for year one 2024-2025.

Quality objective one: Sexual safety – Understanding and Improving sexual safety for service users, particularly in inpatient areas

Year one - we said we would	How have we done?
Establish a working group, linked to PMO (Programme Management Office), to manage and oversee sexual safety workstream.	
Develop a sexual safety dashboard to report against national sexual safety standards and to enable benchmarking to be undertaken.	
Work with senior nursing practitioners to embed the use of a ward charter for sexual safety, to improve psychological safety.	
Build relationships with other stakeholders, including voluntary sector organisations.	

An established working group and the development of a sexual safety dashboard, which is now distributed monthly to all services, means there is now a tool to fully understand baseline position and hot spots. Whilst support to understand the data requires more support, the Trust can now focus on data driven action and improvements through a dedicated task force.

A sexual safety charter has been published and key actions identified to ensure we meet the 10 pledges which are:

- Ensuring we have appropriate support in place for anyone reporting an incident
- Reviewing policies and updating them
- Improving reporting
- Developing training with NHS England
- Promoting the charter
- Linking with safeguarding colleagues

The launch of an integrated approach to a reduction in violence and aggression using a questionnaire and event that brought together different stakeholders and community groups, and comprehensive communication campaign and improved reporting structure are now driving our approach.

Quality objective two: Neurodivergence – Ensuring individual needs are identified and person-centered care is delivered for service users

Year one - we said we would	How have we done?
Establish baseline data on staff competence and confidence in their knowledge of autism and working with autistic people, with the aim of highlighting training gaps and needs	Year 2 2025-26
Develop a community of practice for autism in conjunction with the Quality Improvement Team	✓
Undertake environmental assessments across SHSC sites to highlight potential sensory difficulties for service users	✓
Roll-out co-produced and cofacilitated national autism trainer programme	✓
Recruit experts by experience to facilitate roll-out of training	✓



The Trust is continuing to understand the baseline understanding data but there are several training and development opportunities in place. There has been workforce access to the Anna Freud and ATT - National Autism Trainer Programme (NATP) programme (2024-25) where we have identified nine community staff and four staff based in inpatient services to be trained. This will be increased in community and inpatient services as training continues. A key focus of our approach has been to use training delivered by experts with experience. A survey has also been rolled out to assess competency and staff confidence. This information will establish the baseline.

Quality objective three: Dementia – Developing an organisational approach to person-centered Dementia care

Year one - we said we would	How have we done?
Create a dementia taskforce to develop a workplan and prioritised list of required actions against this objective	Year 2 2025-26
Enable the workstream lead to develop relationships with Dementia UK, Shindig, Alzheimer's Society and other voluntary organisations to understand the size of the Sheffield population need/demand in this area	✓
Identify a workstream lead	✓

A taskforce and workplan are now in place and lead to ensure delivery of this objective. Meetings have taken place with staff across older adult services to focus on dementia quality. Discussions and feedback will be further reviewed to identify key areas of focus so that quality improvement and transformation. The older adult services focused on work and quality improvement in the Sheffield Memory Service is progressing.

Quality objective four: Patient level reporting – Developing a range of tools that support reporting to improve understanding of patient experience

Year one - we said we would	How have we done?
Prepare communications to recruit lived experience expertise to join a coproduced patient level reporting review group	
Develop the patient level reporting review group with the recruited expertise, including a governance structure to ensure accountability and responsibilities are clear	Year 2 2025-26
Work with the review group to develop the required mechanisms for measuring success, or otherwise, in collecting patient feedback	Year 2 2025-26
Codesign a patient experience dashboard to bring all current feedback mechanisms together and close the feedback loop to ensure learning is undertaken	

The development of a service user experience dashboard is currently in the early stages of development. This includes information gathering on feedback mechanisms used across the Trust. Further work to develop a dashboard that accommodates the different source types is under review as well as gaps in services collating feedback. More work led by experts by experience to co-design an approach is ongoing.

While progress has been slow at the beginning of this objective, a 6-month improvement plan has been developed to significantly increase productivity and guide stages for completion with target dates.

2.3.1.6 Performance position

Performance position	Focus	Target	Actual	Status
Eliminate Out of Area Placements (adult acute spot beds & PICU) (National KPI) Target at Plan submission to NHSE	Delivery	5	33 (end of March 2025)	
Minimise delayed hospital care (Clinically Ready for Discharge patient numbers – adult acute services)	Delivery	10% of beds	18.7%	

Performance position (national key performance indicators, see App 2)	Focus	Target	Actual	Status
Number of women accessing specialist community Perinatal Mental Health and Maternal Mental Health services in the reporting period.	Delivery	490	525	
Talking Therapies outcomes: Reliable recovery rate for those completing a course of treatment and meeting caseness.	Delivery	48%	48.8%	
Talking Therapies outcomes: Reliable improvement rate for those completing a course of treatment.	Delivery	67%	68.1%	

Talking Therapies: % of people accessing treatment within 6 weeks	Delivery	75%	98%	
Talking Therapies: % of people accessing treatment within 18 weeks	Delivery	95%	100%	
The number of people who receive two or more contacts from NHS or NHS commissioned community mental health services. (Note: due to the Rio rollout into our older adult services this data only relates to our adult community mental health services, with an adjusted target)	Delivery	3,007 (rolling 12-month average)	3,364 (rolling 12-month average)	

2.3.2 Effective use of resources

2.3.2.1 Implementing Rio Safely

This year the Trust delivered its largest transformation programme which was to implement a new electronic patient record system (Rio). This system replaced the Insight system which was no longer fit for purpose. The benefits of Rio are that it will provide clinical and non-clinical teams with improved access to patient information, making it easier for staff to access the right information at the right time.

Rio is also patient based, and the system integrates with other local, regional and national systems, meaning more information is available to clinicians. This improvement increases service user safety, ensuring an accurate view of every service user and their care.

Delivering the system through a phased approach prior to a full launch meant our Older Adult Mental Health Services tested the system, with a full independent review in October 2023, with implementation in other secondary mental health services by March 2025.

The review strengthened the capacity and capability of the Rio implementation team, and the Trust's permanent digital team to support a sustainable approach. This means a continuation to develop a digitally mature organisation over the coming years.

In addition to Rio, the implementation of a data warehouse (Nexus) will allow for a single view of the truth from systems and can paint a picture of the teams/services and organisation based on the information collected. Using this data warehouse, we will have access to information relating to service activity which can be analysed. Supervisions, clinical incidents and care plan updates will be available daily so staff can maximise the efficiency of our clinical services. Having successfully implemented Rio safely, the digital team are now ensuring that staff are able to use the data to inform service delivery and ensure patient safety and quality improvement.

Delivering Rio and Nexus was a key part of the digital strategy, where the focus was to improve foundations of digital infrastructure to align with national and local digital initiatives. This supports the 'what good looks like framework', the NHS England digital maturity assessment and The National Cyber Security Centre, Cyber Assurance Framework (CAF).

Safer, simpler, standardised: A new era for patient records at SHSC

In March 2025, Sheffield Health and Social Care NHS Foundation Trust successfully launched Rio – a new electronic patient record system designed to improve safety, efficiency and care.

The launch marked a major milestone for SHSC, with over 60 'Rio champions' supporting teams across services to get up and running. Staff now benefit from quicker access to records, real-time updates, and easier communication between services.

Georgia Wood, a mental health social worker, said: *"After using Rio, you realise how straightforward and user-friendly the system is. I really love that we can see all our notes in one place."*



The launch was the result of close collaboration between digital and clinical teams, and has helped staff spend more time with service users and less time on admin.

2.3.2.2 Deliver our financial plan and efficiency programme text to add

At the start of 2024/25 we set out a challenging target of achieving a £6.5m deficit plan with an efficiency programme of £7.3m (4.9%). This is part of a plan to move back to breakeven within 3 years. Through difficult circumstances with high level of out of area placements, teams have worked hard to make efficiencies and reduce waste in other areas to achieve our planned deficit. The adjusted deficit position is due to receiving £5.9m non-recurrent deficit funding.

2.3.2.3 Performance position

Performance position	Focus	Target £	Actual £	Status
Surplus/Deficit)	Delivery	(6,514)	(6,009)	
Adjusted Surplus/(Deficit)	Delivery	(603)	(98)	
Out of Area spend *	Delivery	(6,486)	(15,358)	
Agency spend	Delivery	(4,856)	(2,677)	
Cash	Delivery	33,897	41,830	
Efficiency Savings	Delivery	7,334	7,334	
Capital	Delivery	(10,246)	(7,705)	

To ensure the £7.3m efficiencies could be achieved, internal targets of £9.7m were set. Efficiencies include Overspending areas from 2023/24, reducing their overspend by £3.7m (43% reduction) due to improving roster efficiency and reducing agency usage. There has also been a £1m reduction in non-pay from additional financial controls and approval processes. Through delivery of schemes and other non-recurrent underspends it was possible to offset the overspend incurred on Out of Area usage. Work is continuing into 2025/26 to further reduce overspend, improve productivity and reduce waste.

Capital expenditure was lower than planned due to the delay in the sale of Fulwood, this resulted in some Capital projects being delayed. SHSC was successful in Capital bids to NHS England for

additional Capital funding which meant several of the delayed projects could be started or completed in 2024/25, this including the refurbishment of Maple ward. Due to the reduction in Capital, receiving non-recurrent deficit funding and Capital funding the cash balance was higher than planned.

2.3.3 Ensure our services are inclusive

The Trust continues to champion health equity, ensuring this is a golden thread from front line staff to Board level. Partnership working continues through the Health and Wellbeing Board, with the Trust signed up to detailed actions to support the achievement of the Sheffield Fair and Healthy Plan establishing our place and role as an anchor organisation, whilst strengthening connections to peers in other NHS Trusts and alongside local authority public health to collectively drive changes in relation to health inequalities.

Supporting staff involvement means fostering a curious approach towards health inequalities leading to an understanding of the role they play. A population health forum and learning library hosted on the Trust extranet page, means everyone can expand knowledge. There are also strong developments across the Trust staff network groups, with an additional working group being created focusing on neurodiversity.

During 2023/24 our Chief Executive, Salma Yasmeen was one of the commissioners for the Barnsley Pathways to Work Commission. Following publication it was announced in November 2024 that this pioneering approach to tackling economic inactivity will be rolled out across South Yorkshire backed with £10million of government funding for a trailblazer programme that will be led by the South Yorkshire Mayoral Combined Authority (SYMCA), focused on improving the support available to people who are economically inactive due to ill health, helping them return to work.

2.3.3.1 Deliver the patient carer race equality framework (PCREF)

There are three key areas of focus contained in the framework to ensure the Trust embed anti-racism using PCREF. A delivery plan was presented to the executive Board in June 2024 where a clear set of priorities, measurable actions and priorities were agreed. Plans were further communicated and engagement sought across a wide range of communities and partners to formalising the PCREF delivery plan.

As an early adopter site, the PCREF implementation pilot started in March 2023, completed in March 2025, however, the work continues far beyond the pilot phase. The pilot was funded by NHS England and delivered in collaboration with community partners and the University of Sheffield.

Two cultural advocacy workers, recruited by the Pakistan Muslim Centre (PMC), have worked with over 300 service users across inpatient services this year. Service users are more open to discussing their concerns and sharing their needs, knowing that their cultural context will be understood and respected. Sheffield PCREF's top 5 areas of focus are:

- Advance Choice Statements
- Governance Structure
- Community Development Workers
- Develop a 'How to' toolkit (a practical guide to support staff in providing culturally competent care)
- Communications Plan

As a priority, there will be wider engagement and involvement of community leaders in the continued implementation and evaluation of PCREF, through the implementation group and recruitment of community development workers within the Trust.

Our achievements for this year are set out under the following areas of focus:

Focus Area 1: Leadership and Governance

A Board development session was held in June 2025, centred on education, awareness of health inequalities, and population health. Key actions and achievements under this focus area include:

- **Executive Leadership:** The Trust has appointed an executive PCREF lead at Board level, accountable for the delivery and oversight of PCREF. The Executive Director of Nursing, Quality, and Professions serves as the designated lead.
- **Independent Evaluation:** A local evaluation of PCREF has been completed, led by the University of Sheffield, providing critical insights to shape ongoing implementation.
- **Health Inequalities Dashboard:** A comprehensive dashboard has been developed to track key metrics aligned with the Trust's statutory obligations. This includes data on restrictive practices by ethnicity, safety incidents and near misses involving racialised communities, and complaints disaggregated by ethnicity.
- **Strategic Partnership:** The Trust is working in partnership with NHS England's *Advancing Mental Health Equalities Taskforce* as a PCREF early implementer site, reinforcing its commitment to equitable care.
- **'Being There' Project Expansion:** The Trust continues to grow the reach and impact of the 'Being There' project through collaboration with the Pakistan Muslim Centre (PMC). This initiative provides informal cultural advocacy, helping ensure service users from diverse backgrounds are heard and supported through culturally appropriate engagement.
- **Culture of Care Programme:** This programme is being rolled out to transform the culture within inpatient mental health wards. Cultural advocacy workers are embedded in this initiative, with anti-racism principles forming a core component.
- **Leadership in Population Health:** A dedicated Head of Population Health and Inequalities has been appointed. This role has significantly improved the quality and accuracy of ethnicity data recording across the organisation, enabling better-informed decision-making

Focus Area 2: Patient and carer feedback mechanism:

The feedback reflects a mix of awareness and satisfaction levels among respondents regarding the PCREF. While some initiatives are well received, there remains a need for improved communication, cultural competence, and inclusive leadership within SHSC. Addressing these areas will enhance the effectiveness of the PCREF and help ensure it meets the needs of all stakeholders. An improvement plan is in place to increase the volume and quality of feedback. The key focus areas for this year are outlined below:

- **Increased feedback from ethnically diverse groups:** With the support of engagement officers, more feedback is being collected from ethnically diverse patients. This has highlighted specific areas for improvement such as access to religious materials and culturally appropriate meals which are now being addressed.
- **Progress on the Triangle of Care:** The Trust has implemented the first star of the Triangle of Care and is working on the second. This framework ensures the voices of carers, including those from racially marginalised groups, are heard and incorporated.
- **Expansion of lived experience roles:** The organisation is increasing the number and diversity of colleagues with lived experience in both fixed roles and other opportunities, reinforcing a commitment to inclusion.
- **Revival of the 'Safe 2 Share' initiative:** This insight project resumed in November 2024 under new leadership, enabling more effective collection of real-time feedback from wards.

- **Creation of a Lived Experience and Coproduction Assurance Group:** This group uses feedback and personal stories to align focus areas and drive targeted improvements.
- **Extensive community engagement:** Coproduction and collaboration with community organisations have been integral to the Community Mental Health Transformation, the Trust's strategic refresh, and the February feedback sessions. These efforts aim to strengthen the voices and influence of diverse communities.

Focus Area 3: National organisational competencies

The Trust is working in partnership with the University of Sheffield to evaluate the implementation of the PCREF in Sheffield. This collaboration aims to increase staff knowledge and awareness, provide ongoing training, and ensure the workforce is confident in its understanding of diversity. A strong emphasis on human rights and cultural awareness underpins this approach. Key priorities for the year include:

- **National leadership on human rights:** The Trust is the first in the UK to embed human rights into day-to-day practice as a core strategic priority going beyond legal compliance to drive meaningful cultural change.
- **Human Rights in RESPECT training:** Human rights have been fully integrated into RESPECT training, with approximately 1,500 staff across all roles and professions expected to complete 90 minutes to 3 hours of training by August 2025.
- **Human rights and practice lead training:** A dedicated three-day training course is delivered twice a year to around 20 staff members who champion human rights in practice.
- **Cultural awareness training:** Approximately 10 cultural awareness sessions have been delivered by cultural advocacy workers to enhance team understanding and responsiveness to diverse needs.
- **Strengthening community partnerships:** The Trust continues to deepen engagement with the voluntary and community sector. An engagement officer works closely with *Aspiring Communities Together (ACT)* to improve access to care and address barriers for the Yemeni community.
- **Targeted peer support:** With funding from Sheffield Charities, two Somali peer support workers are now supporting the Trust in training, service development, and enhancing access to care.
- **Co-learning and co-production:** Ongoing co-learning initiatives include the continuation of the '*Being There*' project in partnership with the *Pakistan Muslim Centre (PMC)* and collaboration with *SACMHA*.
- **Racial equity in practice:** An equality officer from *SACMHA* is embedded in the Restrictive Practice Team, ensuring staff understand the disproportionate impact of restrictive practices on racialised service users.
- **Driving culture change:** The Reciprocal Mentoring Programme and the Inclusion, Diversity, and Equality Group continue to foster cultural change through open dialogue, shared learning, and leadership involvement.
- **Inclusive meal provision:** Service users at the Forest Close inpatient rehabilitation unit now have their own catering budget, enabling them to prepare culturally appropriate Halal meals promoting autonomy and dignity in care.
- **Advocacy impact:** In the last six months, cultural advocacy link workers have supported 174 service users and engaged with over 40 family members, helping to amplify underrepresented voices

Going forward there will be a continued focus on leadership and governance, ensuring all our approaches are co-produced. In addition, the Trust is starting to evaluate the impact of our work as we maintain and build on:

- **Strengthening partnership with communities:** A continued commitment to actively

engage and develop meaningful and sustainable partnerships at multiple levels. There has been increasing collaboration with Maan, ACT (Aspiring Communities Together) and PMC (Pakistan Muslim Centre).

- **Race action group:** There has been one to two tier 2 Race Action Groups (RAG) with representatives from MAAN Somali Mental Health, ACT Sheffield, Firvale Hub, Israac Somali Community Association and SACHMA which we will continue to use to drive forward our approaches and co-design improvements.
- **Improving the recording of protected characteristics:** We are continuing to work on improving how we record protected characteristics of service users, this is further supported by Rio. Progress this year will be increasing an overall Trust target in line with peers to ensure we can fully understand who is and isn't using our services and how we can target improvements that meet the needs of those populations.
- **Least restrictive practice:** A key area of focus to reduce this practice has been led by the race equity officer from SACMHA (Sheffield African Caribbean Mental Health Association) through a restrictive practice oversight group, reducing restrictive practice, safe wards and post-incident support. In March 2025 our Board approved our refreshed Reducing Restrictive Interventions Plan (2025/27). This plan aims to build on the significant achievements of the 2021-2024 strategy which saw seclusion episodes reduce from an average of 40-45 episodes of seclusion per month, to fewer than five episodes of seclusion per month in 2024/25 with February 2025 having no episodes across all wards.

Working together to reduce restrictive practice

In April 2024, staff, service users and partners came together at a special conference to share learning and ideas on reducing restrictive practice across the Trust.

The event featured powerful talks from campaigners and people with lived experience, including Aji Lewis, who spoke about the impact of restraint and the importance of embedding Seni's Law in mental health care. Delegates also heard from the Restraint Reduction Network and SHSC staff about the progress already made and the work still to do.



The day inspired reflection, learning and renewed commitment to delivering care that is compassionate, person-centred and least restrictive. One attendee said the event helped them identify areas of their own practice to improve and where to focus next as a team.

2.3.3.2 Work in partnership to address health inequalities

NHS organisations have a legal duty to collect, analyse and publish information on health inequalities every year. The NHS England statement sets out how organisations should exercise this duty and what information should be published, including the indicators which the Trust should report against. These indicators are aligned to key health inequalities priorities for the NHS, which includes the five priority areas for addressing healthcare inequalities and the Core20PLUS5 approach to reducing inequalities for adults and children and young people. You can find the Trust annual statement published on the Trust website: <https://www.shsc.nhs.uk/>

Work this year has provide a continued focus on 'Home First' to support care closer to home and through active partnerships support to Primary and Community Mental Health service and the

Heeley and Gleadless Community Mental Health neighbourhood Hub programme.

Active involvement with the South Yorkshire Smoking Cessation Programme has resulted in 100% of inpatient smokers being offered assessment with a Tobacco Treatment advisor and Going forward the focus of partnership working and addressing health inequalities remains a key strategic priority recognising housing is a core factor influencing health inequalities.

As there is a city-wide drive to address the link between health and housing, the Trust remain key partners. This includes consideration of the Trust role in both the prevention space and in reducing housing related delays to discharge. This work means we have continued to forge strong links with our voluntary and community sector (VCSE) partners. Using insight and knowledge to inform service delivery and improve patient experience particularly for those marginalised and experiencing health care inequalities.

Mohamed's journey to going smoke free

In 2024, Mohamed, a service user, successfully quit smoking after working with the QUIT team at SHSC. He had been smoking up to 10 cigarettes a day for two years.

With support from James Campbell, a tobacco treatment advisor, Mohamed agreed on a treatment plan that included a vape and nicotine patches. Although he experienced a few setbacks in the early weeks, he stayed determined.

Thanks to regular support and encouragement from James, Mohamed reached 12 weeks smoke free in August. He said: *"I am happy I quit smoking with the help of the QUIT team. James really helped me to stop smoking – now I am healthy since I stopped."*



James praised Mohamed's commitment and said it was a pleasure to support him on his journey.

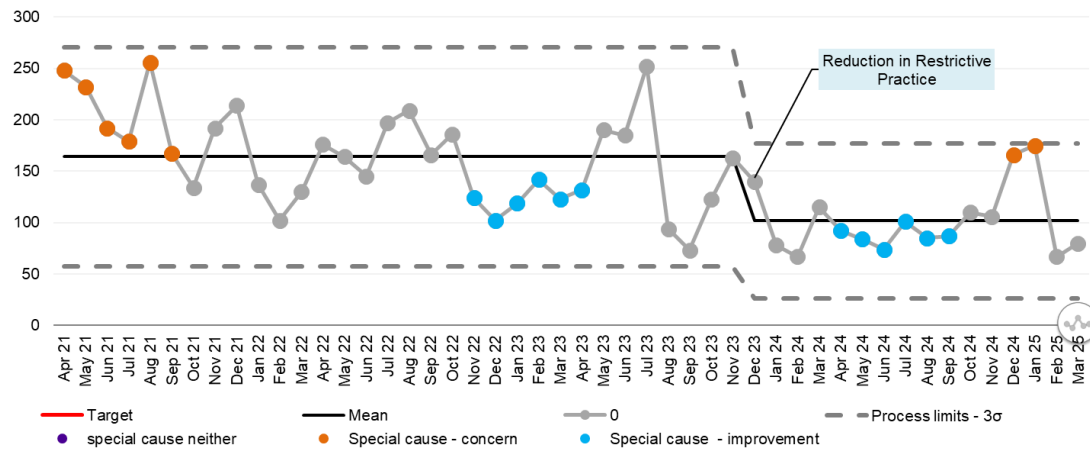
The report contains the required domains for mental health:

2.3.3.2.1 Rates of restrictive interventions

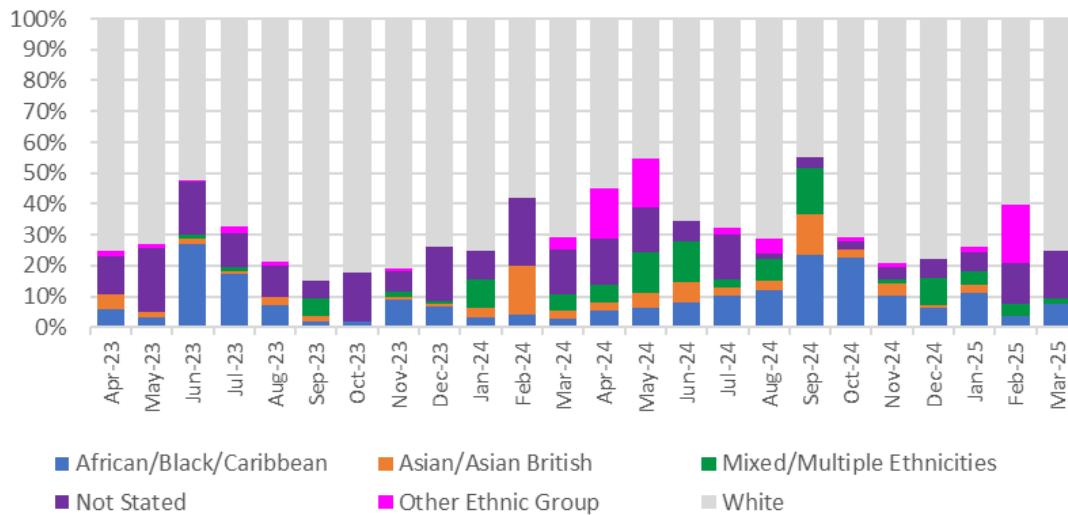
The rates of restrictive interventions Trust wide have been on decline following improvement work. The information below provides the figures for this period.

	2024/25 All incidents	2024/25 for Black British/African/Caribbean people
Seclusion	5.1% of people admitted	28.2% of people admitted
Physical Restraint	33.9% of people admitted	12.8% of people admitted

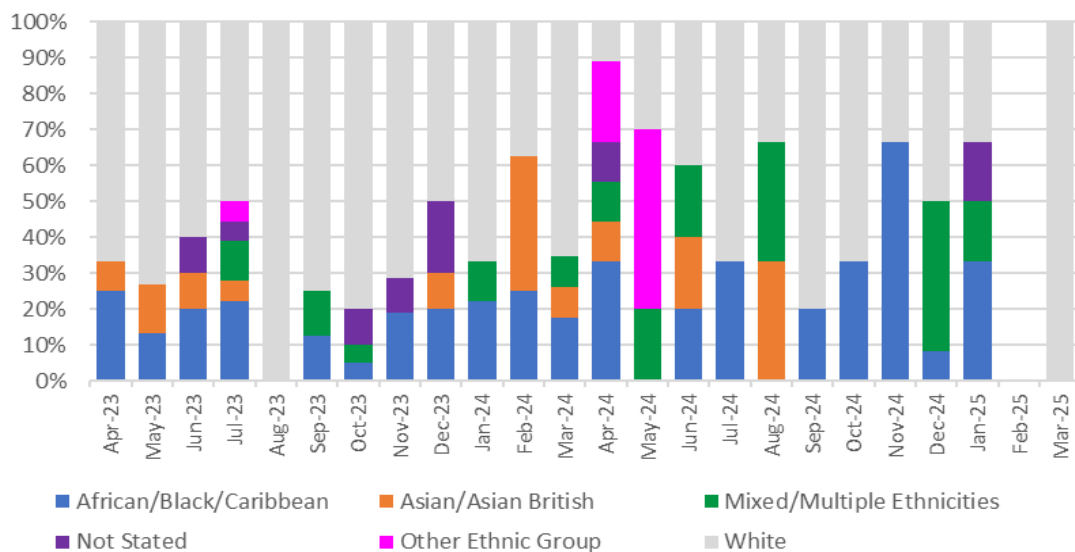
Restrictive Practice Incidents-Trustwide starting 01/04/21



Physical Restraints by Ethnicity (%)

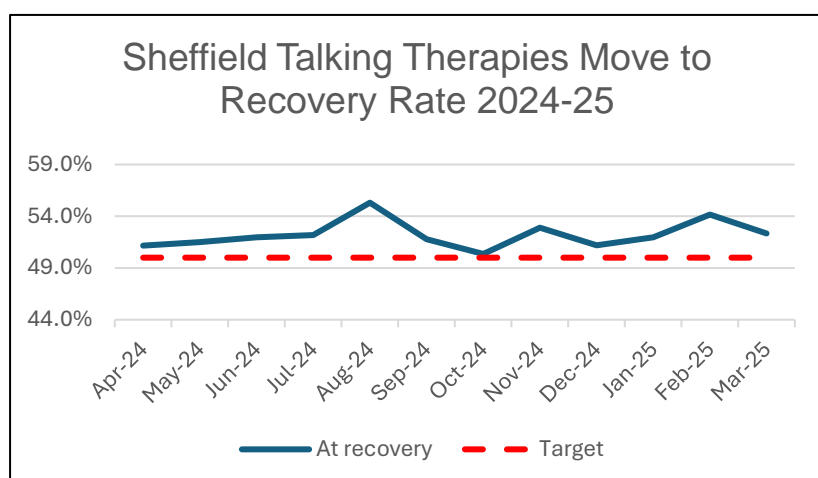


Seclusion Episodes by Ethnicity (%)



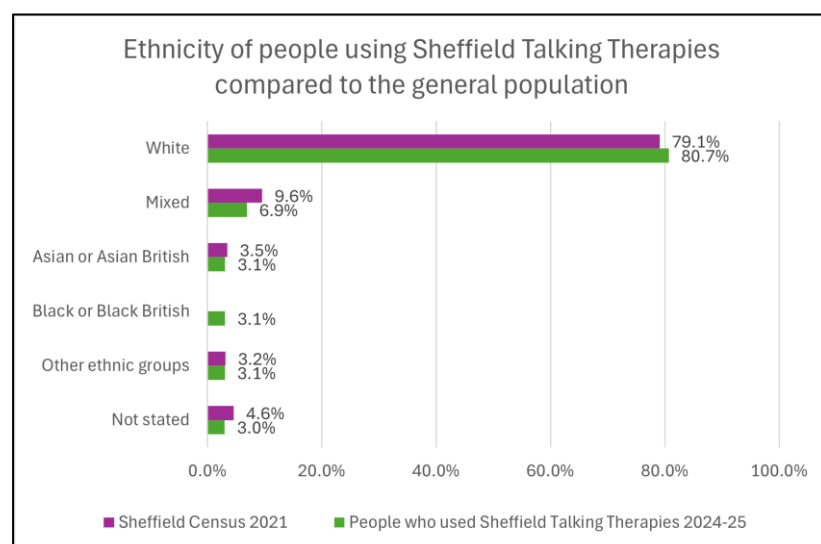
2.3.3.2.2 NHS talking therapies recovery

The Sheffield Talking Therapies Equalities Team was established in April 2022 and has developed to become a fully established team in the service, operating in the same way as core teams but



focussing on delivering clinics and having presence in the voluntary and community sector. The strategy was first created in 2021/22 and is reviewed annually, focussing on improving access, experience and outcomes for all.

Over the 12-month period, a total of 6,476 people received treatment from Sheffield Talking Therapies. Of those an average of 52.2% moved to recovery. The service has exceeded the recovery rate target every month throughout 2024-25.



Sheffield Talking Therapies Equalities Team have created several focussed working groups to address the disparities of access and experience within their service as identified through analysed data, working closely with statutory and Voluntary, Community and Social Enterprise (VCSE) partners.

The rate of ethnicity recorded has improved showing an improvement from 4.1% not stated/recorded to 2.8%.

2.3.3.2.3 Rates of total Mental Health Act detentions

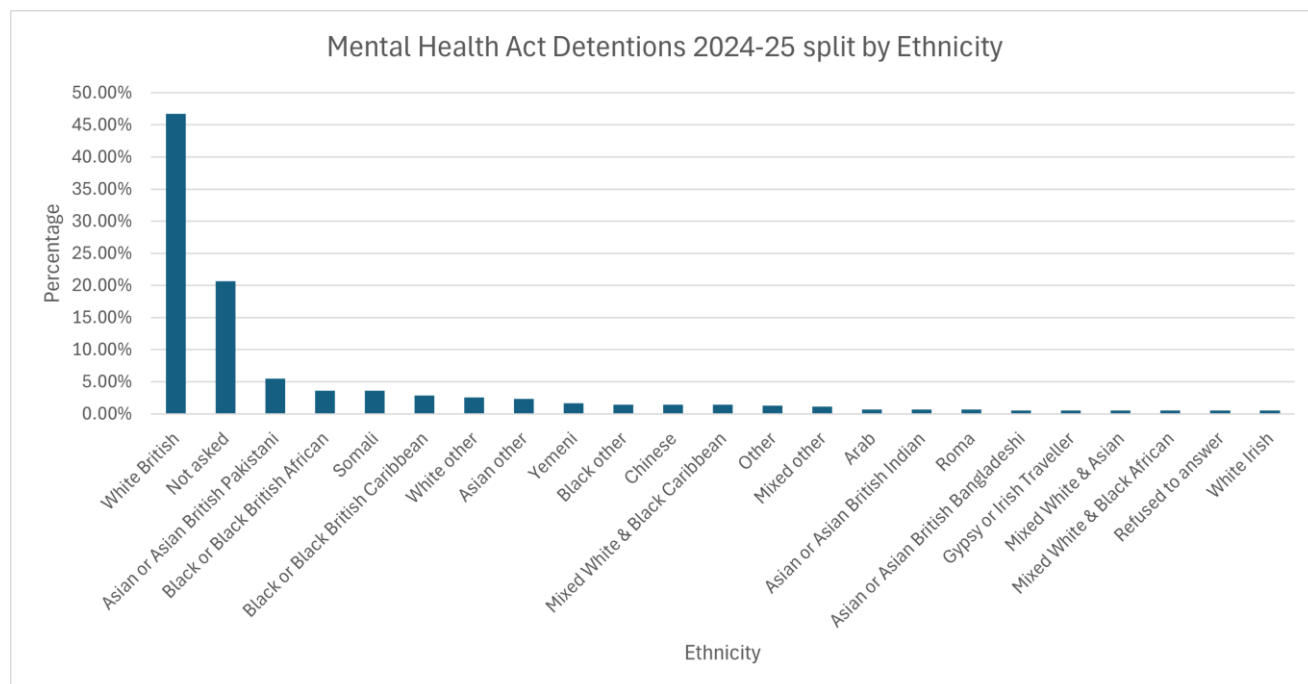
The Trust is committed to ensuring care is delivered closer to home whenever possible, and that any detentions where necessary are appropriate, that the experience of the service user is as positive and as supportive as possible.

This year the Trust has focused on a deep dive into episodes of care to ensure data is accurately reflecting what is happening on the wards. This includes a more detailed and explorative way to gather a much clearer understanding of the inequalities relating to Mental Health Act detentions.

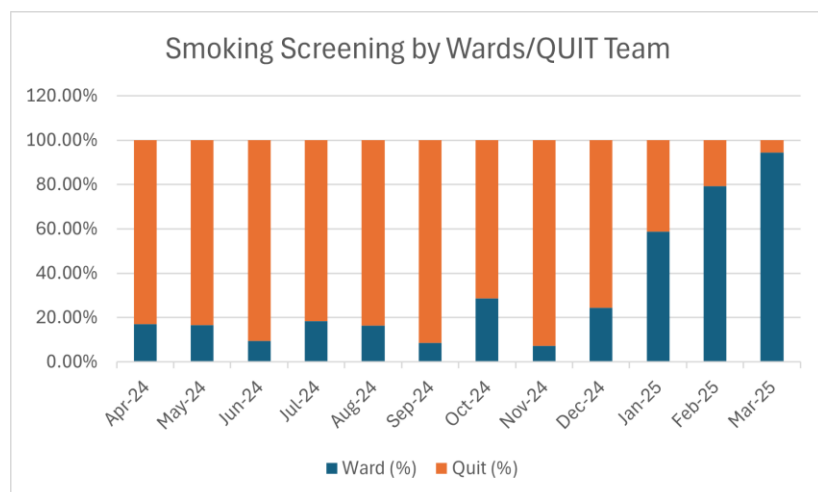
This year the Trust has reduced detention rates.

	2024/25	2023/24
Detentions under the Mental Health Act	910	1042
Number of people detained	497	538

The chart below sets out detentions by ethnicity. 3.0



2.3.3.2.4 Proportion of adult acute inpatient settings offering smoking cessation services



The Trust wide tobacco dependence treatment service is available to all staff and service users.

All wards assess screen smoking status on admission and offer a specialist mental health smoking cessation service. All smokers and users of nicotine are seen by the Trust 'Tobacco Dependence Treatment Team' (QUIT Team) and offered assessment for ongoing support to stop smoking or manage temporary abstinence from

smoking while on a smoke free ward. For those admitted to the health-based place of safety or decisions unit are only seen by the QUIT Team if they go on to be admitted to an acute ward.

Inpatients:

89% of admissions were screened within 24 hours

99.4% of identified smokers or vapers were seen by the QUIT Team

99.5% of identified smokers or vapers were offered nicotine treatment

Trust focus on human rights

One of the key components of the Trust's strategic vision for 2023-2026 is a focus on human rights. As one of the first NHS Trusts in the country to appoint a permanent full-time Human Rights Officer

(HRO), the focus is to implement a strategy for embedding human rights into day-to-day practice, standing out in England for the significant emphasis we place on human rights in mental health care. The role also fulfills public sector equality duties, and the Human Rights Act 1998 enhancing the well-being and dignity of people who use our services.

A commitment to fostering the integration of human rights principles within the Trust culture at both the micro and macro levels means the HRO is a resource for staff across the organisation. The lead provides guidance on how to effectively apply the Human Rights Act in everyday patient care, as well as in Trust governance, policy development, and reviews. This is further demonstrated by the proactive incorporation of human rights discourse into the Trust's key cultural transformation agendas, such as the Culture and Care Strategy, the Least Restrictive Practice Strategy, and the Patient Carer Race Equality Framework. Each, utilising human rights frameworks as an operational foundation.

In addition, the human rights officer (HRO) delivers three-day advanced training on human rights practice leadership to over 25 staff each year, with leads positioned to champion the agenda for human rights in respective services so it is a consistent part of care, governance and management of services. The feedback has been that all training participants indicated they would apply a human rights-based approach in their roles "a lot more," and reported feeling "a lot more" confident in raising human rights concerns than before.

Further to these core programs, the HRO has provided training to over 100 students through various programs including student nurse inductions, the Psychiatrist training program, the Physician Associate Program, and the Psychologists DClinPsy program. Furthermore, the HRO has and continues to deliver ad hoc training for professional groups at special seminars on request. The ongoing culture change at the Trust is becoming clear, with staff increasingly asking, "What about human rights?" in multidisciplinary team meetings, best interest decisions, ward governance meetings, and other discussions driving safety and dignity, power imbalances and reducing restrictive practices. This has led to a reduction in blanket restrictions, seclusion, and limitation of CCTV in inpatient settings.

Through active collaboration with the internal service user forum, SunRise and third-sector organisations such as the Sheffield African Caribbean Mental Health Association and Sheffield Flourish knowledge, a shared understanding of human rights among service users means individuals are now aware of their rights and engage more effectively with public sector authorities. The Trust has been visited by Human Rights International who are showcasing a number of pieces of work which champion a Human-Rights approach

2.3.3.3 Deliver on equality objectives

An accessible version of the Trust's **Equality Objectives 2024–2028** is available on our website, alongside our detailed **Annual Equality and Human Rights Report**, which outlines progress made each year.

Key Achievements in 2024/2025:

- **Improving Data on Protected Characteristics:**
A multi-service working group was established to enhance the collection of service user data on protected characteristics. Pilots have been launched across several services to improve how this information is gathered and used to inform care.
- **Review of Interpreting and Translation Services:**
The Trust undertook a comprehensive review in preparation for re-tendering interpreting and translation services. This included an in-depth assessment of current provision, patient experience feedback, and performance to shape a new service specification.

- **Enhancing Reasonable Adjustments:**
A new functionality was added to the electronic patient record system to enable the recording of reasonable adjustments. This ensures that people with disabilities can easily share their needs, allowing for more inclusive and accessible care.
- **Support for Disabled Staff:**
The Trust continued to prioritise support for disabled staff in accessing reasonable adjustments. Over 45 staff received support, with more than 90 items provided. This contributed to a modest improvement in disabled staff satisfaction, as reflected in the 2024 Staff Survey.
- **Disability and Inclusion Training:**
Targeted training focused on disability awareness and recording reasonable adjustments was delivered, complementing ongoing training in allyship and microaggressions. These are key components of the organisation's new manager development programme.
- **LGBT+ Inclusion:**
The Trust worked with the national NHS LGBT team to help develop **Phase III of the Rainbow Badge Accreditation Scheme**, which will be rolled out across the system to strengthen inclusive practice.
- **Anti-Racism Strategy Development:**
An initial scoping exercise using the **North West Anti-Racist Framework (Bronze Level)** was completed. The Trust is now collaborating with leaders in the Integrated Care System (ICS) to develop a South Yorkshire-wide anti-racism approach, including the formation of a regional assembly.
- **Addressing Career Progression Barriers:**
The Trust actively participated in ICS-led work examining why ethnically diverse nurses in Band 6 roles are underrepresented in senior positions. This work aims to identify and dismantle barriers to progression.
- **Responding to Racist Incidents – Staff Event:**
In October 2024, the Trust hosted an event for staff—particularly ward-based teams—focused on responding to racist incidents. The event included:
 - Findings from a recent staff survey on reporting racism
 - A Patient Safety presentation on managing racist incidents
 - A session from South Yorkshire Police on law enforcement responses
 - A Crown Prosecution Service briefing on how racist crimes are prosecuted
- **Triangle of Care Accreditation**
- In June 2024, the Trust's inpatient wards, care homes, and crisis teams were awarded their **first star** for completing **Stage One** of the **Triangle of Care** accreditation from the Carers Trust. Building on this achievement:
 - **Stage Two** is now underway, focusing on community services.
 - Between August and November 2024, **19 introductory workshops** were held with various teams.
 - Teams are currently completing self-assessments to benchmark themselves against the six key standards and identify areas for improvement.

2.3.4 Create a great place to work

2.3.4.1 Live our values, improving experience and wellbeing

Creating a culture of values into behaviours

Ensuring the organisational culture is inclusive, where values drive behaviours has remained a targeted area of focus this year. Fostering the right conditions means our core values drive and underpin everything we do. The aim is to create a positive organisational culture which will improve outcomes and experience, increase wellbeing, supported by development and leadership opportunities. The approach has been co-created. The highlights are:

- Over 1000 staff shared their views on a 'values into behaviours' approach. This included 3000 pieces of feedback from a summer of values engagement activity.
- A 'Values into Behaviours' staff delivery group is in place to drive the approach.
- A launch in Spring 2025 of our refresh values and new values in to behaviours framework will take place. This values-based culture will support the Trust to further improve advocacy for attracting, retaining and developing our workforce.

A focus on wellbeing

Supporting our workforce to remain well at work is at the heart of the People Strategy and plan, as well as pivotal to the success of the organisation. The approach is to foster a diverse approach to staff well-being such as accessible wellbeing offers that are relevant and responsive to supportive line managers who offer quality supervision.

There is a dedicated page on the staff extranet (Jarvis) 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. This includes free access to wellbeing apps, development opportunities and links to guidance available on a range of matters including finances. The Trust provide access to the South Yorkshire Integrated Care System's Psychological Wellbeing Hub, which has been used to support capacity and demand.

Workplace wellbeing is free, and staff counselling and consultation services are available to both individuals and groups. This includes bespoke stress resilience sessions for teams. Physiotherapy support through self-referral with up to six free sessions and a triage service with tele-health and referral for face-to-face sessions if required. A further offer of specific training on key health-related areas such as managing menopause, back care, manual handling, stress awareness and dealing with conflict are also available.

A strong focus on a diverse workforce and knowledge of workplace settings means the Trust can commit to a supportive, safe and values-based culture with wellbeing front and centre. The well-being of our people remains a high priority, and we are proud to share the success this year of well-being focused initiatives:

- Appointed 49 Wellbeing champions across 40+ teams and services, supported with a tailored induction, and ongoing engagement activity
- Following a successful Sheffield Hospital Charities bid, we appointed an Organisation Development (OD) Practitioner for 18months. The priorities of this role were to improve access to wellbeing from those currently underserved. This OD work has started a programme of work supporting staff to improve their digital literacy skills.
- We recognise that it is important that we look after ourselves, whether that's physically or mentally or spiritually. As part of our [health and wellbeing offer](#), during 2024-25 we hosted a series of inclusive wellness sessions aimed at supporting holistic wellbeing and thriving. These were led by Suhail Mirza, a global wellness speaker, coach and healthcare workforce author. Open to all staff, the three live interactive webinars were extremely well attended and looked at simple daily tips and tools to manage anxiety and stress and how we can have more control over our emotions than we think. The feedback from these sessions was extremely positive.
- Focus on the experience and support of International Medical Graduates and Less than Full Time trainees to improve experience and retention.

With a continued focus on continuous improvement of the Trust wellbeing offer, ensuring a co-create approach to evaluating Trust values, and a strong emphasis on team engagement means our workforce is supported, engaged and better placed to focus on the people who use our services. The support and care we model for our workforce will translate to those we support and care for.

Occupational Health

The Trust Occupational Health services have been provided by Sheffield Teaching Hospitals since January 2023; the service includes pre-employment screening service, vaccinations and management referral service

2.3.4.2 Improve staff engagement and involvement

2.3.4.2.1 Staff survey

The national NHS staff survey is one of the largest workforce surveys in the world and is carried out every year to improve staff experience across the NHS. The survey is aligned to the [NHS People Promise](#) to track progress against its ambition to make the NHS the workplace we all want it to be. The survey is commissioned by [NHS England](#) and NHS Improvement and is key to delivery of the NHS Long Term Workforce Plan.

The results from the 2024 survey were published in March 2025. The Trust heard from 62% (1614) of our substantive staff in the survey, a rise from 52% (1329) participants in 2023. It was also pleasing to see increases in participation from ethnically diverse staff rising from 209 participants in 2023 to 314 in 2024.

The response from bank staff to the staff survey was 34% (92) of our bank staff, a rise from 28% (77) responses in 2023.

Staff Survey 2024 Results

Our 2024 substantive survey results show marginal improvements across the full question set in staff engagement and experience. The bank staff results show a positive increase in engagement with 71% of the questions increasing and 25% decreasing. Other questions were unchanged which is a positive reversal of the 2023 results.

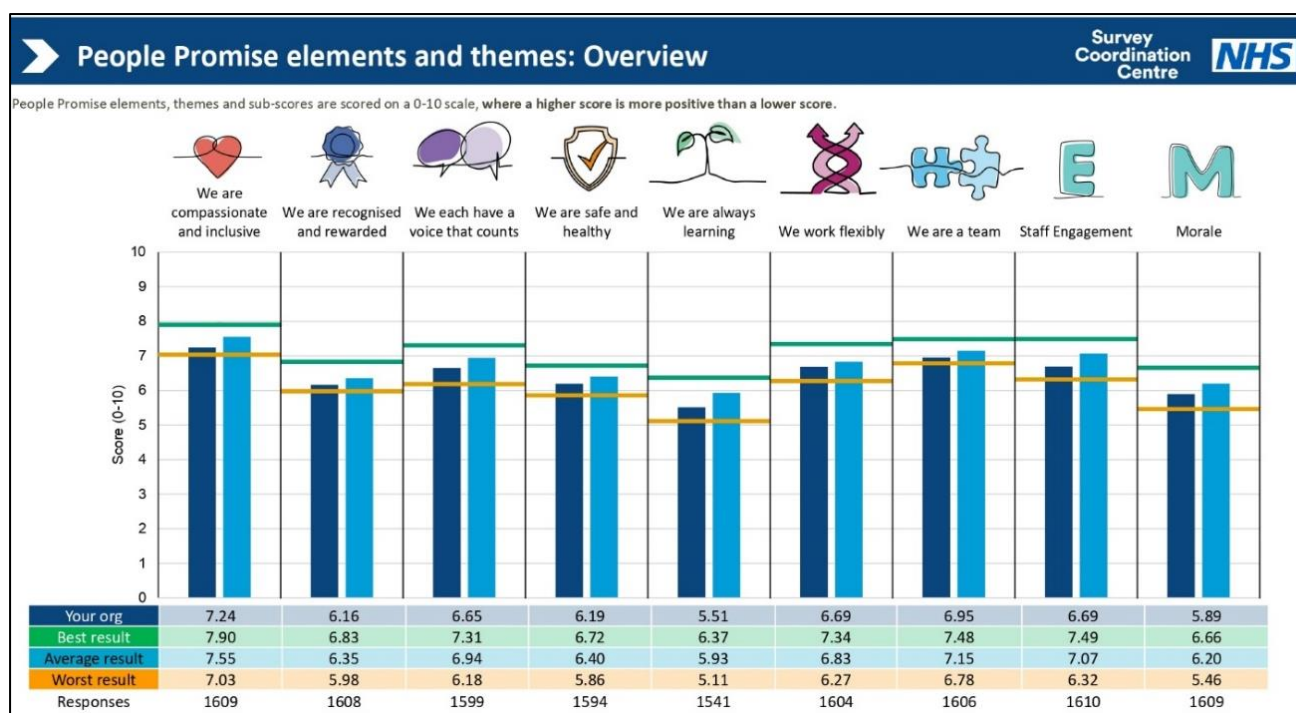
The Trust recognise that we are slightly behind the average scores of 50 mental health and learning disability trusts nationally. Despite improvements across most People Promise themes and sub themes. Advocacy scores are a key indicator of how staff feel about working for SHSC and the care we provide. It is vital and reassuring to see positive movement in our 2024 results.

The Trust most improved question in 2023 'I would recommend my organisation as a place to work' continues to improve. Between 2021-2024, there has been a 10% increase in our scores.

People Promise

Three out of the seven 'People Promise' elements have increased from 2023 results, together with staff engagement and morale. The Trust also maintained position across the remaining four out of the seven People Promise elements.

(Source: National NHS Staff Survey Results Benchmarking Report 2025)



People Promise Scores

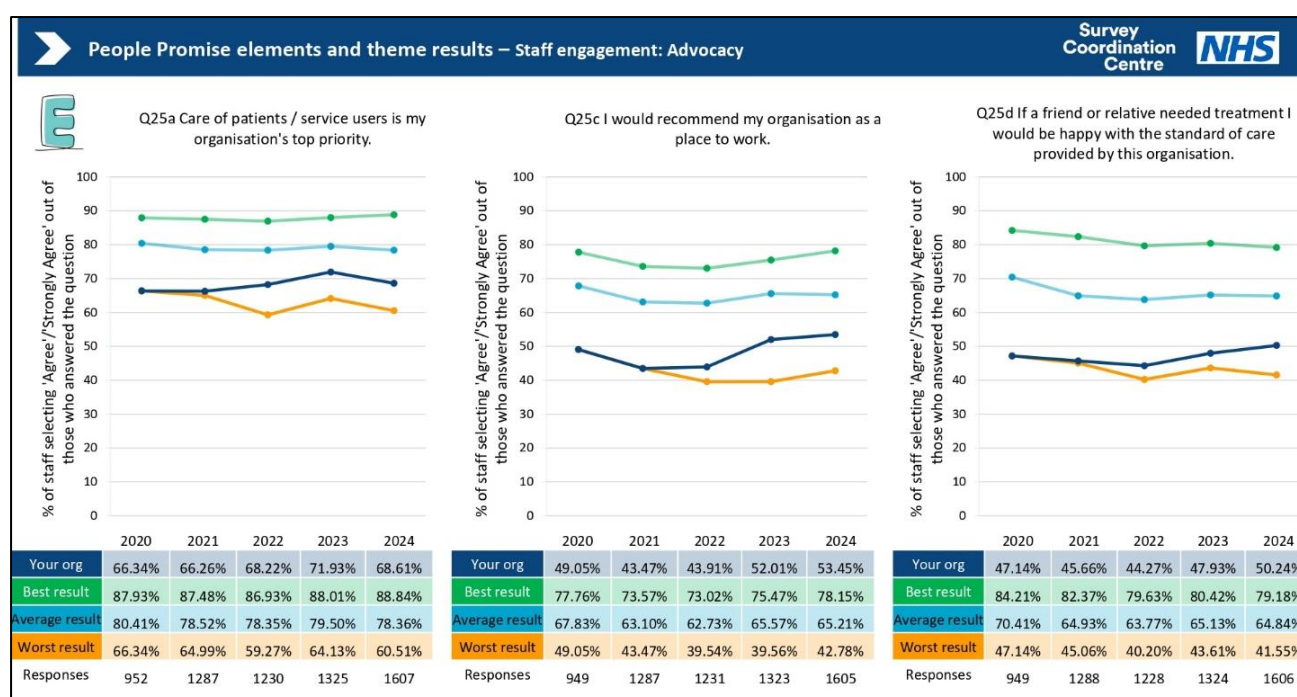
People Promise theme	Trust score 2023	Trust score 2024
We are compassionate and inclusive	7.31	7.26
We are recognised and rewarded	6.24	6.20
We each have a voice that counts	6.69	6.67
We are safe and healthy	6.15	6.21
We are always learning	5.55	5.55
We work flexibly	6.76	6.70
We are a team	6.96	6.97
Staff Engagement	6.69	6.71
Morale	5.85	5.90

Advocacy

The Trust advocacy scores improved across the national comparator group of 50 mental health and learning disability trusts. Moving nationally from 48 position to 46 to be recommended as a place to work. The Trust has improved between 1-2 positions across the advocacy subset of three questions:

- 'Care of patients / service users is my organisation's top priority' score declined from the previous year (68.6% in 2024 v 71.9% in 2023). Similarly, the national average and worst results also declined.
- The most improved question in 2023 'I would recommend my organisation as a place to work' continues to improve. Since 2021, there has been a 10% increase from 43.47% to 53.45% in 2024.

- 'If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation, was the highest increase for SHSC across the three advocacy questions with a 2.31% increase to 50.24%.

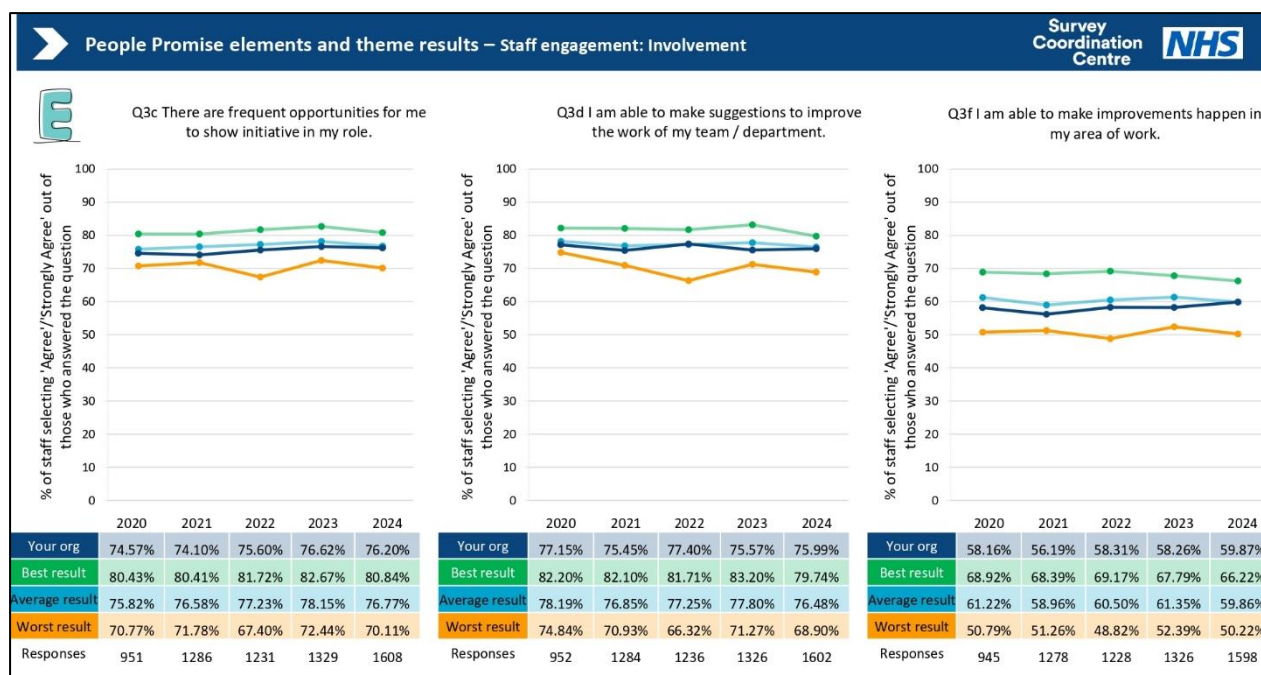


(Illustration 3 – SHSC's advocacy results against national comparator group: 2020-24)

Positive themes from results of analysis

As an organisation committed to improvement, it is positive to see that one of our most improved areas relates to staff involvement. The Trust 2024 results show marginal improvements, but the ranking has significantly increased due to national comparator group decreasing. This means the Trust sits within the average for the following scores:

- 'I am able to make suggestions to improve the work of my team / department' was ranked 41 out of 51 in 2023 (quartile 4). In 2024, this was ranked 28 out of 50 (quartile 3).
- 'I am involved in deciding on changes introduced that affect my work area / team / department' was ranked 35 out of 51 in 2023 (quartile 3). In 2024, the ranking was 20 out of 50 (quartile 2).
- 'I am able to make improvements happen in my area of work' was ranked 42 out of 51 in 2023 (quartile 4). In 2024, the ranking was 25 out of 50 (quartile 2).



(Illustration 4 – SHSC's improvement results against national comparator group: 2020-24)

Other significant spikes across the survey related to the following questions:

- 'I am trusted to do my job' - jumped 10 positions from 50 in 2023 to 40 (remains in quartile 4) in 2024.
- 'Team members understand each other's roles' - jumped 13 positions from 48 (quartile 4) in 2023 to 35 (quartile 3) in 2024.

Areas of improvement

The Trust has identified priority areas for accelerated action at organisational and team level, these are to:

- **Improve advocacy** of SHSC as a place to work, a place for care and recognising that we prioritise care as an organisation.
- **Tackle discrimination** and **build relationships** resulting in a workforce who feel respected, recognised and valued for the part they play in their team, service and SHSC.
- **Improve the skillset of leaders and managers** by continuing to provide the opportunity to learn and develop, building on strengths and supporting personal development that results in effective and efficient teamwork.
- **Build a culture where staff feel safe and supported** to speak up about any concerns, they may have that affect the wellbeing and care of our staff and our service users.

Staff networks

Ensuring our workforce is onboard and engaged as well as involved is a key part of delivering our people promise. The Trust has five thriving equality-focused staff networks, as well as a travel and physical health network. All these networks ensure the workforce can come together to share information and ideas, support one another and have a strong voice and influence. The chairs of the staff network groups have worked collaboratively on:

- Building the effectiveness of the Chairs of the staff networks policy review group and process to ensure our policies are accessible, culturally appropriate and inclusive.
- The development of the new Trust managers development programme, which includes providing content for training.
- Shared individual and collective experiences and thoughts in blogs including LGBTQ+ history month, International Women's Day and south Asian heritage month.
- Being part of regional collaborative action, linking in with other networks across south Yorkshire and through the Integrated Care System (ICS) to develop shared staff network initiatives.
- Amazing women, quarterly events focused on learning from the experience of role models in the organisation including the Trust Chief Executive and board members.

The Trust networks this year 2024-2025 have delivered the following:

- **Ethnically diverse staff network group:** In October 2024, the Trust held its ninth annual Working Together Conference. This conference was organised and facilitated by the staff network. The day was a combination of presentations and workshops, the keynote speaker was Dr Eleanor Rutter, Deputy Director of Public Health for Sheffield. Members of the network have also been key stakeholders, in regional work led in the Integrated Care System (ICS) to develop a South Yorkshire regional anti racist assembly. A focus on network members leading learning sessions in services, sharing experiences to support greater understanding leading to improvements in practice.
- **Disability staff network:** The group have peer supported members of the group to navigate access to external and internal resources. In addition, the network worked on, and made a case for, the organisation to become a neuroinclusive employer. The chair has also actively championed work on the development of a single wellbeing and adjustments passport, to ensure consistency across all NHS organisations.
- **Staff carers network:** The network has been actively involved in work to roll out the triangle of care and to champion carers support groups. This year the network awarded certificates to services as part of carers week; an initiative taken forward by the Chair.
- **Lived experience staff network:** The network has been involved in and trialled alternatives to traditional meetings. This includes testing the concept of a 'walk and talk' meeting to improve wellbeing. Sessions led by the network have focussed on staff support for workplace stress. There has been huge push to increase membership this year using a range on incentives and initiatives.
- **Rainbow staff network:** Members of the network led the development of a statement on 'Conversion Practice' for the Trust and actively promoted the organisation and inclusive mental health services at events such as the 'Sheffield Pinknic'.

Onboarding new starters

The Trust has refreshed our on boarding approach for new starters which kicks off with the welcome to SHSC one-day event at Centre Court within their first six weeks. Hosted by CEO Salma Yasmeen

and Chair Sharon Mays, it offers a warm welcome, networking, and an introduction to our teams, culture, and values, with lunch and refreshments provided.

Through presentations, group activities, and market stalls, we bring our five core values to life: working together for service users, kindness and respect, everyone counts, commitment to quality, and improving lives. Induction builds a culture of care, with safety, diversity, and development at its heart. New starters are encouraged to share feedback, helping us continually improve

Medical staffing, education and training

This year there has been an enhanced focus on fostering positive relationships with the medical workforce. This has involved promoting recruitment, retention and enriching career opportunities for all doctors. Engagement and development sessions have offered medical staff a platform to ensure voices are heard with a clear focus on shaping future strategic direction. Areas of focus this year include:

- A focus on medical locum reduction
- Research, leadership and educational opportunities for substantive psychiatrists at consultant, specialist and specialty psychiatrists (SAS), resident psychiatrists, research fellow and clinical fellow grades.
- Support for the integration of International Medical Graduates (IMGs) into the workforce to ensure cultural awareness and uphold the SHSC commitment to diversity, equality, and inclusion. This diversity in the medical workforce enriches organisational culture and improves the quality of care for our patients by reflecting the communities we serve.
- A focus on sexual safety for all staff including psychiatry residents.

Psychiatrists at all levels are supported with leadership development through the internal 'Developing as Leaders' programme, senior medical directorate development sessions, and a range of external bodies including the Royal College of Psychiatrists and the Faculty of Medical Leadership and Management.

As regional lead for both undergraduate and postgraduate medical education, SHSC continues to play a leading role in supporting the development of mental health competencies of all future doctors through our undergraduate programme and delivering educational support to trainee psychiatrists through the postgraduate medical education department. We are delighted to have maintained our high GMC National Training Survey (NTS) ranking this year and have continued to receive excellent feedback from the University of Sheffield for our support of the School of Medicine and Population Health. We were particularly delighted this year to have hosted the School of Psychiatry Conference for Yorkshire and Humber, with our theme of Addressing Inequalities, which clearly resonated with the attendees and received excellent attendance and feedback.

Building leadership capacity and capability

The Trust commitment to developing leaders and managers through professional development and team building remains at the centre of our approach. Initiatives with teams have enhanced self-awareness, team cohesiveness and relationships, problem solving through the development of growth mindsets and have contributed to strengthening our people's wellbeing and performance. This year the Trust has:

- **Launched the 'SHSC Manager'** offer which is an investment to support the 500+ managers. Co-designed by staff for managers, the resource will equip managers with the skills, understanding and knowledge to support teams to thrive and deliver on priorities.
- **Delivered development sessions** on menopause awareness, equality, diversity and inclusion, sustainability and improving performance development reviews as well as supervision. The development offer covers over 20 topics with 70 sessions delivered each year.

- **An in-house developing as leaders (DAL) programme** has supported over 100 leaders so far with the programme running since 2022. A fifth cohort of 30 leaders began in January 2025.
- **South Yorkshire Reciprocal mentoring our CEO is the system** sponsor of the south Yorkshire integrated care system (ICS) reciprocal mentoring programme. This has resulted in 42 aspiring and established leaders from across the system participating in the programme. The aim of the programme is to optimise career development of aspiring leaders, increase confidence, capability and capacity to become inclusive and compassionate. Each leader will build a culture that fosters mutual learning, respect and appreciation of professional, personal and cultural similarities and differences.
- **The Board and Executive Director Leadership development** programme focused on becoming an effective board and high performing team supported by external facilitators.
- **Nurse leadership development** formed part of our ongoing commitment to nurturing leadership potential across our workforce, the Trust partnered with the Florence Nightingale Foundation to deliver a bespoke leadership development programme. This year, 20 Band 6/7 nurses, 11 Band 8a nurses, and 11 ethnically diverse nurses participated in the initiative. The Florence Nightingale Foundation programme is renowned for its focus on compassionate leadership, personal impact, and system-level thinking. Participants engaged in a series of workshops, coaching sessions, and action learning sets designed to enhance their confidence, strategic insight, and ability to lead change within complex healthcare environments. This investment in our future leaders reflects our dedication to fostering an inclusive and empowered nursing workforce.

Pre-registration mental health nursing

The Trust continue to support pre-registration mental health and learning disability students from Sheffield Hallam University (SHU), maintaining 30 active mental health and 2 learning disability placements, with capacity for up to 68 students.

Despite a slight reduction in capacity this year, strong collaboration between the placement quality team, SHU lead link lecturer, clinical educators, and recruitment leads ensures ongoing focus on placement quality, recruitment challenges, and student experience.

Acute inpatient ward capacity has been strengthened through three targeted workshops, aligning actions with NHS England's Safe Learning Environment Charter (SLEC). One ward remains closed to placements but is on track to reopen in 2025 following leadership engagement and SLEC recommendations.

Building on successful student orientation visits, we are now introducing WhatsApp groups to strengthen communication and support throughout placements.

Open University Registered Nurse Degree Apprenticeship (RNDA)

Since December 2024, there have been 14 apprentices enrolled on the Open University RNDA programme. All apprentices have been recruited internally, with six of them having successfully completed their nursing associate training with the Trust.

During 2024, five apprentices completed their training, including two who undertook the Registered Nursing Associate (RNA) top-up programme. These individuals have all now joined the SHSC preceptorship programme.

Looking ahead, eight more RNDAs are expected to qualify in the 2025/26. This includes four RNA top-ups. The original number of apprentices due to qualify during this period has changed due to some taking breaks in their learning, resulting in later completion dates.

Despite challenges across the placement circuit, all apprentices have been able to meet the required clinical placement hours to progress through their training. RNDA recruitment paused in October 2024 and options to re-launch recruitment for a cohort of apprentices to start training in October 2025 is being discussed.

Appraisal

The appraisal procedure forms the basis of the Trust's approach to providing feedback to the employees on their performance, to identify areas of improvement, and to set goals for the future. The Trust supports the Government's philosophy that lifelong learning and development are key to delivering the NHS vision of patient centered care. Appraisals ensure our workforce feel valued. This is how well we did this year in comparison to previous years.

Appraisal compliance	March 2023	March 2024	March 2025	
% Agenda for Change Staff Appraisal Rate (12 Month Rolling or year to date as report to Board)	83.79%	81.24%	69.02%	
% Medical Staff Appraisal Rate (12 Month Rolling or year to date as report to Board)	84.91%	98%	100%	
% Mandatory Training Completed (12 Month Rolling or year to date as report to Board) overall compliance	87.35%	87.63%	88.09%	

Performance Position	Focus	2023	2024	2025	
Staff sickness absence	Delivery	6.45%	6.92%	6.79%	
Staff supervision	Delivery	72.62%	71.52%	48.92%	
Annual appraisals completed	Delivery	83.79%	81.24%	69.02%	

Staff side engagement and consultation 2024 to 2025

The Trust wants to ensure that there is a positive relationship with staff side representatives. This means ensuring there are opportunities for timely information and communication to build firm foundations for working together.

Senior managers meet with staff side every six to eight weeks at a Joint Consultative Forum (JCF) meeting and there are regular meetings with directorate management with further support for a positive working relationship. Staff side representatives are also represented in the staff wellbeing and organisational development group along with regular communication to provide employees with information on matters of concern and interest to them.

This year we have consulted and engaged with staff and trade union partners via JCF and local consultation groups on the following areas: Operational management teams reconfigurations; acute ward moves; learning disabilities organisational changes; development of the neighbourhood service model (Heeley and Gleadless); review of location flexibility allowance; interim pay award for band 2 & 3 to support cost of living challenges arising from delayed pay award implementation; and service changes throughout the year.

Also, this year the Trust has refreshed our commitment to continued partnership with staff side trade unions and in January 2025 the Trust signed a new partnership agreement, which replaced the recognition agreement.



Representatives from staff side and management side gathered at the Joint Consultative Forum Meeting 20 January 2025 to sign the partnership agreement

2.3.4.3 Performance position

Performance Position	Focus	2023	2024	RAG STATUS
NHS staff survey response rate	Delivery	52%	62%	Green
Care of patients/ service users is my organisations top priority	Delivery	72%	69.6%	Red
I would recommend my organisation as a place to work	Delivery	52%	54.1%	Green
If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation	Delivery	48%	50.9%	Green

2.3.5 Delivering our quality and safety objectives

The well-established Trust Health and Safety Committee acts as the focal point for all matters relating to the management of fire, security and health and safety. It provides advice and assurance to the Trust Board and its committee structure on all matters relating to fire, security, health and safety.

The committee supports the improvement of health and safety leadership, management commitment and employee participation and ensures health and safety management systems and processes are continually developed and monitored to the highest standards and minimise risk to all.

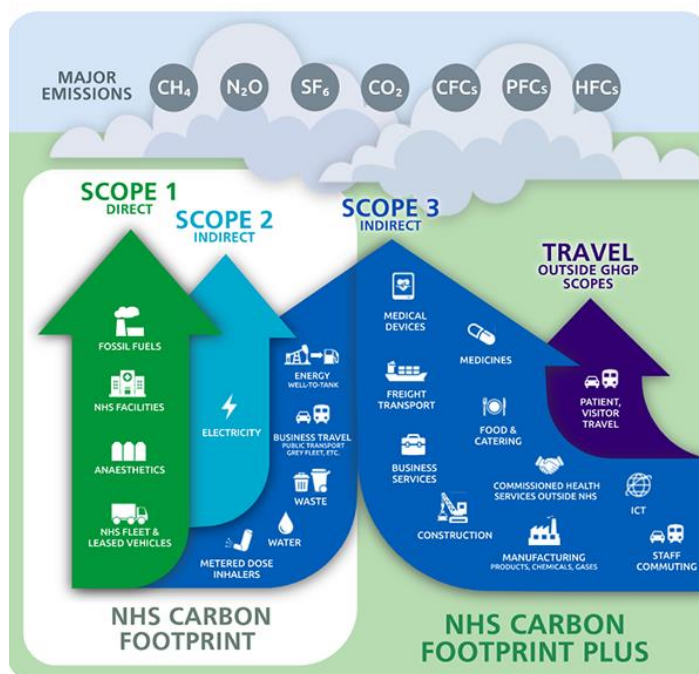
Work within the last year has continued to see the production of an annual report and board level directors training. In addition as part of monitoring effectiveness of the Committee a new sub-group has been introduced, Operational Fire and Security Group and Operational Health and Safety

Group both of which will provide a consultative forum to discuss and monitor the implementation of the Trusts health and safety policy that will further ensure that staff health, safety and welfare is protected and promoted within the Trust.

2.3.6 Sustainability report and task force on climate related financial disclosures

An integral part of our strategic direction Green Plan is the 3-year sustainability strategy. This has given the Trust a framework to deliver sustainable healthcare, protect the environment, reduce health inequalities and improve the health and wellbeing of our communities. The plan sets out our commitment to meet and exceed national Greener NHS (GNHS) targets for the emissions we control directly (our NHS carbon footprint) to be net zero by 2030, aligning with partner organisations across the city and for our total carbon footprint (our NHS Carbon footprint plus) to be net zero by 2045.

The challenge to transition to net zero and adapt to current or predicted impacts of climate change will be complex and require both cultural and systemic change.



The Trust acknowledges that the pace of change has been slower than anticipated and more work is required to improve:

- Visibility of the impacts and opportunities
- Our approach to metrics and targets

Aligning with disclosure guidance for public sector annual reports, we will continue to improve our approach to TCFD disclosures. In this report we have included recommended disclosures under the TCFD pillars below:

- **Governance Pillar:** (a) describe the board's oversight of climate-related issues, (b) describe management's role in assessing and managing climate-related issues.
- **Metrics and Targets Pillar:** (b) disclose Scope 1, Scope 2, and some Scope 3 Greenhouse Gas (GHG) emissions, and outline of GHG emissions reporting methodologies.

2.3.6.1 Embedding sustainability and governance of climate-related issues

Integration of sustainable development into our governance structure including Board oversight of climate-related risks and opportunities continues.

The Sustainable Development Group, chaired by Executive Director of Finance, and Board of Directors net zero lead for the organisation, was established in 2021/22. The group reports to the Finance and Performance Committee and Executive Management Team on a quarterly basis. To support collaboration and strengthen the governance structure focused delivery groups have been established and are reporting progress into the Sustainable Development Group with onward reporting to committee.

Established working groups have increased opportunities for both staff and service user engagement. An example is the estates sustainability steering group was set up to embed sustainability priorities and estates facilities green plan actions.

During 2024 the Trust continued to share best practice and work in collaboration with Sheffield partners and the south Yorkshire system. This has resulted in an awareness of links between planetary health and public health, leading to a collective impact on local climate action, infrastructure planning and policy development.

Turning food waste into clean energy

In May 2024 SHSC launched a food waste recycling trial at three sites – Longley Centre, Woodland View and Birch Avenue – to help reduce carbon emissions and support the Trust's net zero goals.

Led by Waste Manager Nkechi Adiele, the trial used kitchen caddies to collect unavoidable food waste like peelings, tea bags and leftovers. This waste was then processed through anaerobic digestion – a natural method that turns it into renewable energy and biofertiliser.

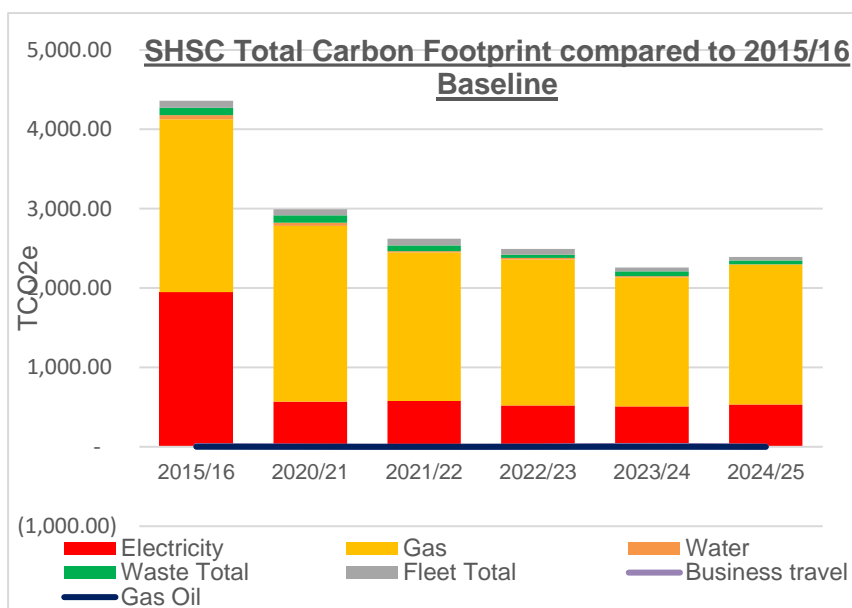
By the end of 2024 the trial had recycled nearly 5,000 kilograms of food waste, generating enough energy to power a home for six months and saving over two tonnes of CO₂. Nkechi said: *"Food waste recycling is a simple step that makes a big difference – for the planet and for our future."*

2.3.6.2 Our carbon footprint

An urgent and rapid response is required to reduce the Trust carbon footprint to net zero by 2030. The focus of our efforts has been to ensure a transparent and credible approach to transform services, with a focus on what we consume, dispose of and travel as an organisation.

The priority over the past year has been to build knowledge and data so we are accountable for emissions and can identify action that will make a direct change or influence behaviours. This includes gathering accurate and timely energy consumption data, and a programme to roll out automated and half-hourly meter reading.

This year the Trust has increased our overall Trust carbon footprint by 6%. We have reported increases in our electricity and gas consumption for 2024/25. See the table below. Some increases in electricity consumption are expected as we decarbonise our heating systems and move away from fossil fuels. The Trust is reviewing gas consumption data to understand where consumption may have increased.



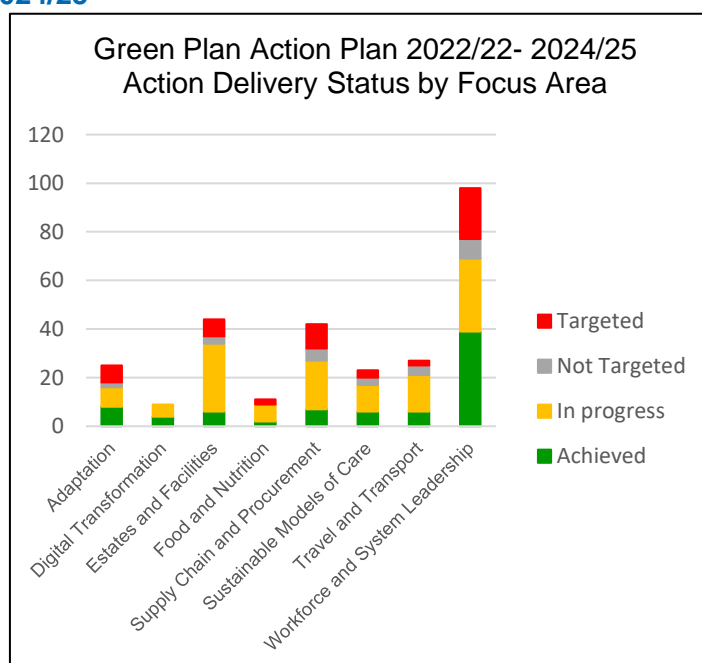
However, despite this increase in 2024/25 the Trust also made significant progress in reducing emissions associated with water consumption, waste disposal and travel. This means the Trust remains cumulatively below our total carbon emissions in comparison to 2020/21 when the first Green Plan was approved by Trust Board. The table below sets out our progress:

Emissions Source	TCO2e 2020/21 (Y1, Green Plan)	TCO2e 2024/25	% Change 2020/21 vs 2024/25
Grid Electricity	571	533	-7%
Natural Gas	2,211	1,762	-20%
Gas Oil	0.4	-	-100%
Water	43	5	-89%
Waste	90	51	-43%
Fleet	78	41	-47%
Business travel	4	3	-25%
Total	2,997	2,394	-20%

2.3.6.3 The Green Plan: progress update 2024/25

Every workstream lead has been allocated actions from Green Plan. The actions taken support delivery of the green plan 2021/22-2024/25. This action plan has been completed this year, and a refresh of the plan is currently being developed by the sustainability lead. This will take us through the next phase of delivery 2025/26-2028/29. The table below demonstrates our final position and progress.

During 2024/25, all actions have not been completed, but there has been significant progress with the number of actions achieved increasing from 19% to 28%, with the greatest area of improvement being workforce and system leadership. Developing increased engagement and training opportunities is contributing to our progress.



Going forward the refreshed strategy will include new strategic objectives driven by actions aligning to new guidance, milestones and targets set by the GNHS. This will reduce the amount of focus areas from 9 to 7 to simplify and reflect the priorities as a Mental health Trust.

Summary of key milestones achieved:

- **Workforce and System Leadership:** sustainability is embedded in key decisions using a quality equality impact assessment (QEIA) and a training framework developed.
- **Communications and engagement:** a focus on Jarvis (our internal extranet) with 51 articles/events leading to 3,281 clicks on them over the year. Hosted a month-long sustainability festival, in collaboration with Sheffield Teaching Hospitals and Sheffield Children's Hospital, interactive knowledge building webinar and face to face events. Launching our first staff sustainability survey and 13 nominations for sustainability at the Trust Shine awards.
- **Travel and Transport:** Each Trust site has a travel plan to support a shift to more sustainable modes of travel, activities to encourage behaviour change, developing travel policies and procedures.
- **Business continuity:** in October 2024 a winter preparedness event included a session on current and future climate impacts on Sheffield.
- **Supply chain and Procurement:** working towards ensuring every £1 we spend is spent with climate change and social value in mind.
- **Digital transformation:** steps to align with Greening Government Sustainable to ensure digital service changes and delivery are carried out with sustainability in mind.
- **Estates and Facilities:** development of a heat carbonisation plan for our estates and replacement of gas heating at two of our community bases Limbrick and East glade. A trial to segregate and recycle food waste has been successfully implemented diverting nearly 10 tonnes of food waste.

2.3.7 Final reflections and forward view to 2025-2026 a year of opportunity and challenge

As we reflect on 2024/25, we acknowledge a year of meaningful progress, collaboration, and commitment to delivering compassionate, inclusive care. As we look ahead, we remain focused on building momentum and maximising impact in 2025/26.

Our **refreshed Trust Strategy**, to be launched early in 2025, will provide a clear vision for the future. It will be supported by a **Communication and Involvement Strategy**, ensuring staff, partners, service users and communities are fully engaged. This alignment will help translate our strategic priorities into operational delivery that is both measurable and meaningful.

Key Priorities for 2025–2026

We are entering a year of opportunity. By capitalising on our progress and focusing on transformation, inclusion and innovation, we aim to drive real change. Our key areas of focus are:

- **Accelerate the 'Home First' Approach**
Expand our commitment to care closer to home by treating more Sheffield patients within local services or at home, reducing the need for inpatient and out-of-area placements.
- **Transforming Community Mental Health Care and Services**
Strengthen the use of community assets through the rollout of our new model, learning from the Heeley and Gleadless pilot site set to officially open in 2025, offering round-the-clock support and greater accessibility.

- **Embed a New Model of Care in Learning Disability Services**
Implement person-centred, timely, and equitable care for people with learning disabilities—reducing health inequalities and supporting improved quality of life.
- **Improve Inpatient Environments**
Provide safe, therapeutic local care by continuing the refurbishment of **Maple Ward** and ensuring environments support recovery and respect and dignity.
- **Drive Our Anti-Racism and Safety at work Commitments**
Launch a bold campaign to position SHSC as an anti-racist Trust. We will actively challenge and address all forms of discrimination, violence, aggression, and concerns around sexual safety in all care environments.
- **Optimise our Electronic Patient Record (Rio)**
Fully embed Rio to standardise, streamline, and strengthen clinical practice—making care safer, more efficient, and easier to deliver.
- **Reduce Waiting Times and Improve Access**
Continue to reduce delays in accessing care, ensure people are supported while they wait, and keep services inclusive and responsive to community needs.
- **Advance Innovation and Quality Improvement**
Invest in continuous improvement and innovation, giving teams the tools, support and autonomy to transform services and drive-up quality and productivity, especially in community services.
- **Deliver Our People Promise**
Make SHSC a truly ‘Great Place to Work’ by living our values through behaviours, improving staff experience, and empowering staff to speak up through our evolving cultural programme and launching and embedding our new values in to behaviour programme.
- **Strengthen Governance and Leadership**
Improve the flow of insight and decision-making through a review of governance structures, ensuring a transparent, well-led organisation.
- **Ensure Financial and Environmental Sustainability**
Continue to embed innovation and efficiency across services, ensuring sustainability and value while delivering high-quality outcomes.
- **Develop as a University Partnership Trust**
Progress our ambition to become a fully-fledged university partnership trust, enhancing our identity, strengthening academic ties, and co-developing a **joint Mental Health, Learning Disability, and Autism Strategy** in partnership with local universities.

Changing context and challenges ahead

2025/26 will be a pivotal year for the Trust. By staying true to our values and focused on our strategic priorities, we will continue to strengthen our services, improve lives, and shape a future rooted in compassionate, equitable, and high-quality care.

As we plan for the year ahead, it is essential that we remain responsive to both **emerging challenges** and the **changing context in which the NHS operates**. These external pressures will undoubtedly have implications for our Trust, but our commitment remains firm: to deliver safe,

effective, person-centred care that represents the best possible value for every public pound, improving outcomes for patients, service users, carers, and families.

We must address several complex and interconnected challenges, including:

- **Tackling Persistent Inequalities**
Systemic health inequalities, intensified by the ongoing economic downturn, continue to disproportionately affect socially disadvantaged and ethnically diverse communities. As an anchor institution, we have a responsibility to play a central role in responding. We will strengthen our partnerships with local communities, civic leaders, and organisations across Sheffield and South Yorkshire to address these disparities collaboratively and effectively.
- **Managing Increased Demand**
Demand for mental health and related services is expected to rise further in the near to medium term, reflecting the long-term socio-economic effects of the past decade. Our response will include robust demand and capacity planning, supported by a comprehensive workforce strategy and a strong focus on continuous quality improvement.
- **Reforming and Expanding Services through Innovation**
To deliver on our refreshed Trust Strategy and align with the forthcoming NHS Ten-Year Plan, we must embrace transformation. This means rethinking how services are delivered, expanding our workforce, improving succession planning, and working more closely than ever with system partners to deliver integrated care.
- **Navigating Financial Pressures**
Ongoing financial constraints may impact the pace and scale of planned improvements. Meeting efficiency requirements while maintaining service quality will be challenging. Our approach will be to work proactively with commissioners and partners across the South Yorkshire Integrated Care System (ICS) to agree and deliver shared priorities for 2025/26 and beyond.
- **Capital Investment and Infrastructure Modernisation**
We face significant capital investment needs across our estate, infrastructure, and digital systems. These include essential improvements to our inpatient facilities, support for sustainability, and upgrades critical to achieving our net zero ambitions. Given the current financial constraints, our focus will be to:
 - **Prioritise capital investment needs** effectively within our Departmental Expenditure Limit (CDEL) over the next three years.
 - **Maximise opportunities** to access additional capital funding from national and regional sources.
 - **Align investment decisions** with our strategic priorities, ensuring that every improvement we make has the greatest possible impact on service quality, safety, and sustainability.

By planning with purpose and acting with integrity, we will continue to meet the needs of our communities while building a more inclusive, responsive, and resilient organisation for the future.

2.3.8 Going concern

After making enquiries, the directors have a reasonable expectation that the services provided by the NHS foundation trust will continue to be provided by the public sector for the foreseeable future. For this reason, the directors have adopted the going-concern basis in preparing the accounts, following the definition of going concern in the public sector adopted by HM Treasury's Financial Reporting Manual.

2.3.9 Any important events since the end of the financial year affecting the Foundation Trust

At the time of finalising this annual report there have been no important events that happened between March 2025 and the report being issued in June 2025 which require reporting.

2.3.10 Details of any overseas operations

The Trust had no overseas operations during 2024/25 in respect of the provision of healthcare services.

During 2024/ 2025 the trust took part in the Remote International Mentoring Partnership Scheme funded through Global Health Partnerships. Eight clinical staff from SHSC mentored eight clinical staff in Gulu Regional Referral Hospital and all successfully completed the programme. We have been working with a service user and carer group, Mental Health Uganda Gulu Branch (MHUGB) and Gulu Regional Referral Hospital (GRRH) since 2012. All the funding for the work of the partnership is external to the Trust.

Closing statement

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

Salma Yasmeen

Chief Executive

Date: 27 June 2025

Section 3: Accountability Report

3.1 Directors report

The Directors present their report and audited financial statements for the year 2024/25. The Directors are responsible for preparing the annual report and accounts, and consider the report, taken as a whole, to be a fair, balanced and clear account of the performance of the organisation during the financial year.

3.1.1 Principal activities

The Trust's principal activity is the provision of mental health, learning disability and autism services.

3.1.2 Business review

The Trust's activities are reviewed in:

- The Chair and Chief Executive's statement in section 1.0
- The Annual Governance Statement in section 2.17
- The Accounts in section 4.0. In addition to this, other information relevant to the Trust's activities is set out in the other sections of the report.

3.1.3 Political or charitable donations we have made

The Trust did not make any political or charitable donations during the year 2024/25.

3.1.4 Cost allocation and charging guidance

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

3.1.5 Income disclosures

In 2024/25, the Trust met the requirement that income from the provision of goods and services for the purposes of the Health Service in England must be greater than its income from the provision of goods and services for any other purposes as defined under section 43(2A) of the NHS Act 2006 (as amended by the Health and Social Care Act 2012). All net income from the provision of goods and services for other purposes has been reinvested back into healthcare for the benefit of service users.

3.1.6 The Better Payments Practice Code

The Better Payments Practice Code is a target to pay all NHS and non-NHS trade payables within 30 days of receipt of goods/services or a valid invoice unless different terms have been agreed in advance. Compliance with the code requires 95% or above of payables to be paid within 30 days. Performance is measured on the number and the value of invoices. The disclosure is based on total bills paid over the financial year and excludes invoices in dispute. The Trust achieved 100% compliance for NHS entities throughout 2024/25 by both number and value. The performance for non-NHS bodies was 99.7% for invoice numbers and 99.2% for invoice values.

The Trust is a signatory to the prompt payment code and is committed to paying suppliers within clearly defined terms. We also commit to ensuring there is a proper process for dealing with any

invoices that are in dispute. There has been no interest paid under the Late Payment of Commercial Debts (Interest) Act 1998.

3.2 NHS Well-Led Framework

In 2024/25 the Board of Directors commissioned an externally supported well-led review. This included a focus on the new CQC quality statements. The organisation commissioned to undertake the review was with the Good Governance Institute (GGI). The review involved a desk top exercise of related documentation including reports, minutes and terms of reference of meetings. This was followed by an observation of all committees and the Board as well as the executive team meeting (EMT). During this time focus groups were set up to interview Board members, Trust leads, staff networks, clinical and operational staff, governors and triumvirates to ensure a whole system lens. The outcome of this work recognised the significant improvements the organisation has made towards being well led and has provided areas for further development to support the next phase of the Trust's improvement journey including developing a more enabling governance approach that is proportionate and supports a culture of continuous improvement. An action plan to ensure improvements are put in place by 2025/2026 has been developed through a Board development session in April 2025.

3.3 How we are organised

3.3.1 The Board of Directors

The Board of Directors is chaired by Sharon Mays who also chairs the Council of Governors. Board meetings are held in public every two months with strategy, planning and development Board meetings taking place between these.

3.3.2 Decisions taken by the Board of Directors

The Board of Directors is responsible for all key strategic decisions. It has established several committees with clear terms of reference and levels of delegation to undertake a detailed review of areas of Trust business. Currently these are:

- Audit and Risk Committee
- Quality Assurance Committee
- Finance and Performance Committee
- People Committee
- Mental Health Legislation Committee
- Remuneration and Nomination Committee

In addition, the Trust is part of the mental health learning disability and autism collaborative (MHLDA) which is a provider collaborative committee of the Board of directors. This committee is chaired by the Trust Chair, Sharon Mays.

3.3.3 Decisions delegated to management

The Executive Directors led by the Chief Executive are responsible for day-to-day running of the organisation and for implementing decisions taken at a strategic level by the Board of Directors.

3.3.4 Board of Directors balance

The Board of Directors currently has 5 voting Executive Directors including the Chief Executive, and 5 voting Non-Executive Directors including the Chair and 1 non-voting Associate Non-Executive

Director. For part of this year the Trust has carried a Non-Executive Director vacancy, reducing the number from 6, from 1 August 2024. This position will be recruited to in 2025-2026 following a values led recruitment approach, giving additional thought to Board composition skills, experience and diversity.

The Board of Directors regularly reviews its composition and considers the current composition reflects the skills and competencies required for the Trust to fulfil its obligations. The composition of the Board of Directors complies with the provisions of the Code of Governance for NHS Provider Trusts as at least half of the Board of Directors are Non-Executive Directors whom the Board considers to be independent.

3.3.5 Declarations of Interest

Arrangements are in place to capture declarations of interest which are confirmed to the Audit and Risk Committee and the Board of Directors. Declarations are also captured in minutes as required. No members of the Board are also serving on other NHS Foundation Trust Boards.

3.3.6 Non-executive declaration of independence

The Trust is compliant with requirements in the Code of Governance in respect of the independence of the non-executive directors.

3.3.7 Board evaluation

The Board of Directors assesses its own performance and effectiveness, ensuring that it complies fully with its statutory and regulatory functions and duties. The Board and all its assurance committees undertook an annual review of effectiveness for 2024/2025.

At the end of each meeting of both the Board of Directors and all assurance committees, a review of the effectiveness of the meeting and consideration of any unconscious bias takes place.

A Board development programme is in place and strategy; planning and development Board meetings take place regularly throughout the year. There has been a specific focus this year on developing the Board with a focus on leadership. In addition, specific sessions were held during the year on a wide range of issues including:

- Annual Emergency Preparedness Resilience and Response (EPRR) training and updated self-assessment and associated action plan
- Being an effective unitary Board with external support
- Changes to the Constitution
- Annual health and safety training
- Strategic direction review and Trust strategy refresh
- Communications and involvement strategy refresh
- Stakeholder engagement and developing our partnerships work with external support
- National policy update and consultation on the NHS ten-year plan
- Focus on Health inequalities and review of annual statement
- Work Foundation -workforce wellbeing and Health Inequalities
- Workforce wellbeing- supporting our people to stay safe and well at work including reducing violence and aggression, reducing racism and discrimination and improving sexual safety
- Risk Review, Board Assurance Framework development and Risk Appetite
- System governance
- Annual Operating Plan progress against 2024/25 objectives and consultation on 2025/26 plan and objectives alongside the draft quality objectives and priorities

The individual performance of each member of the Board of Directors is set against objectives and is undertaken as follows:

- The Senior Independent Director undertakes the review of the Chair of the Board of Directors and Council of Governors with input from Governors, the Board of Directors and external stakeholders - report to the Council of Governors via the Nomination and Remuneration Committee.
- The Chair undertakes appraisals for the Non-Executive Directors with input from Governors and the Board of Directors which is reported to the Council of Governors via the Nomination and Remuneration Committee.
- The Chair undertakes the appraisal for the Associate Non-Executive Director with input from the Board of Directors.
- The Chair undertakes the appraisal of the Chief Executive, and the Chief Executive undertakes the appraisal of the Executive team both with input from the Board of Directors. These are also reported to the Nomination and Remuneration Committee.

All processes have been updated to reflect requirements in the new Leadership and Competency Framework for Boards. The Board of Directors 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.

In line with the Health and Social Care Act, the NHS Code of Governance and provider licence requirements all executive and non-executive director appointments are made in compliance with Condition G4 of the Provider Licence 'Fit and Proper Persons' requirements and these are reviewed on an annual basis.

3.3.8 Process for the appointment of Chair and non-executive directors

The Nomination and Remuneration Committee of the Council of Governors meets and receives considerations from the Board of Directors on any skills required for any appointments to Chair or Non-Executive roles and receives and approves job descriptions, recruitment and appointment processes.

3.3.9 Conditions of service for non-executive directors

The length of appointments for Non-Executive Directors is 3 years. Proposals for re-appointments are received and approved at the Council of Governors and are conducted in line with the requirements of the Code of Governance. Agreement can be reached to extend the terms of the Chair or the Non-Executive Directors where this is in the best interests of the Trust. Terms of office may be ended by a resolution by the Council of Governors in line with the procedures laid out in the Constitution.

3.3.10 Conditions of service for Executive Directors

Full-time executive directors should not take on more than one Non-Executive Directorship of another Trust of organisation of comparable size and complexity.

3.3.11 Fit and Proper Person's requirement

Arrangements are in place to ensure all members of the Board of Directors are compliant with the Fit and Proper Persons Test requirements. Declarations of compliance have been received and are confirmed to the Audit and Risk Committee and Board of Directors. In addition, arrangements have been put in place to meet new requirements following the Kark Review.

3.3.12 Directors' statements as to disclosure to the auditors

For everyone who was a director at the time 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 to make themselves aware of any relevant audit information and to establish that the Trust's auditor is aware of that information.

3.3.13 Accounting policies statement


Accounting policies for pensions and other retirement benefits are set out in the Annual Accounts in Section 4.0 of this report and details of senior employees' remuneration can be found in the Remuneration Report in Section 3.13 of this report.

3.4 Board composition

3.4.1 Executive Directors

The Executive Directors are full-time employees of the Trust and are the most senior managers responsible for its day-to-day running. They develop the future strategy and direction of the Trust for approval by the Board of Directors, are accountable to independent regulators, and are responsible for ensuring clinical and corporate effectiveness.

In line with legislative requirements, the Board includes a medical doctor and a nurse at voting Executive level. Each Executive Director has their own area of responsibility.

Executive Directors	
 <p>Salma Yasmeen - Chief Executive: joined the Trust in July 2023</p> <p>Committees</p> <ul style="list-style-type: none">• Attends Remuneration and Nomination Committee as required.• Attends ICS system leadership Board,• MHLDA Provider Collaborative Board• Sheffield health and care partnership Board	<ul style="list-style-type: none">• Values led Chief Executive with a distinguished record of leading transformation, driving innovation, and forging partnerships that place people and communities at the heart of change. A registered mental health nurse by background, she brings a combination of clinical expertise and strategic leadership, having held senior positions including Deputy Chief Executive and Executive Director of Strategy and Change at South West Yorkshire Partnership NHS Foundation Trust, and Director of Nursing and Transformation in the Middle East.• As the founding CEO of an award-winning mental health community development charity, Salma achieved national recognition for pioneering new models of engagement that empowered diverse communities and addressed deep-rooted health inequalities.• She has also shaped major policy initiatives on equalities across health and care systems in Yorkshire and London, championing inclusive approaches that deliver meaningful, lasting impact. Salma is driven by an unwavering belief in the power of public services to transform lives, and help every person live safely, meaningfully, and well-connected within their communities



Professor Helen Crimlisk:
joined the Trust in September
2005

Committees

- Quality Assurance Committee - member
- Mental Health Legislation Committee (Executive lead)

- Helen is Executive Medical Director (interim), having been a consultant psychiatrist at SHSC for 20 years and Deputy Medical Director for eight years.
- Helen's responsibilities include quality and safety, medical education, research and innovation, clinical effectiveness, medicines management, population health and inequalities.
- Helen has executive responsibility for clinical data the Caldicott Guardian and has related responsibilities for the legal and ethical use of personal information and data.
- Helen is seconded one day per week as Associate Director of Teaching, School of Medicine and Population Health University of Sheffield and has an honorary role as Senior Lecturer, University of Sheffield and as Specialist Advisor for Workforce, Royal College of Psychiatrists



Phillip Easthope – Executive Director of Finance, Digital and Performance: joined the Trust in December 2002.

Committees

- Finance and Performance Committee – member (Executive lead)
- Audit and Risk Committee – regular attendee (Executive lead)

- 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 more than 20 years of experience in NHS finance.
- He is also the Senior Information Risk Officer (SIRO) and is the Executive Director for Digital and Performance and Executive Lead for Sustainability and the Green Plan: key priority areas for the Trust as we look to implement a new patient record system and embed sustainability in everything we do.
- Phillip is a Fellow of the Association of Chartered Certified Accountants and has
- Completed the NHS Strategic Financial Leadership Programme.



Caroline Parry – Executive Director of People: joined the Trust in October 2016

Committees

- People Committee – member (Executive lead)
- Remuneration and nomination committee – regular attendee (Executive lead)
- Finance and Performance Committee – as required

- Caroline was appointed as Executive Director of People in January 2021 and brings with her previous experience as a HR professional from the civil service, higher education, the third sector and several NHS Trusts having previously held the role of Deputy Director of Human Resources, a role she started in 2016.
- Caroline is a Chartered Fellow of the Chartered Institute of Personnel and Development and has a master's degree in HR management.
- Caroline's role is to implement our People Strategy, which aims to support the delivery of our organisational aims and our Clinical and Social Care Strategy.

Responsibility for organisational development, leadership development, recruitment and retention, workforce information and planning, equality, diversity and inclusion, and staff wellbeing and engagement.



Salli Midgley RMN, RGN – Executive Director of Nursing, Professions and Quality joined the Trust in December 2020

Committees

- Quality Assurance Committee – member (Executive lead)
- People Committee – member
- Mental Health Legislation committee – member

- Salli had the interim role of Executive Director of Nursing and Professions since January 2023.
- Salli had worked as a registered nurse for over 30 years working in a range of mental health services across Yorkshire and the Humber. With clinical practice mainly focused on inpatient services with adults and older adults.
- Salli's responsibilities previously included: safeguarding, infection prevention and control, use of force, delivery of the quality strategy, engagement strategy and carer strategy as well as nursing leadership.



Caroline Johnson, Executive Director of Nursing, Professions and Quality: joined the Trust in November 2024.

Committees

- Quality Assurance Committee – member (Executive lead)
- People Committee – member
- Mental Health Legislation committee – member

- Caroline Johnson assumed the role of interim Executive Director of Nursing and Professions in October 2024 and became substantive in the executive role in November 2024.
- Caroline is a Registered Nurse (Mental Health) with over 30 years' experience across a range of NHS, Independent sector, and educational roles. Clinically she worked for many years as a CBT and family interventions therapist for people and their families living with psychosis and led the development of early detection clinics for first episode psychosis.
- Caroline's responsibilities include: Safeguarding, Infection Prevention and Control, Use of Force, Delivery of the Quality Strategy, Engagement Strategy and Carer Strategy as well as Nursing, Allied Health Professions and Psychology leadership

Non-voting executive directors



Neil Robertson – Director of Operations RGN, RMN joined the Trust in April 2021

Committees

- Finance and Performance Committee – member
- People Committee – member
- Quality Assurance Committee – regular attendee

- Neil assumed the interim role of Director of Operations in January 2023, having previously joined the organisation in April 2021 as Director of Operations (at Deputy Director level) and became substantive in the Board level role in February 2024
- Neil was a nurse by background and has held several senior positions in the NHS including head of nursing and quality, operational director of different service portfolios and transformation and partnership leadership roles.
- Neil spent most of his career working in Southeast London before joining the Trust. Since joining SHSC.
- During the financial year Neil had executive responsibility for Estates, Facilities, PMO and EPPR and was the accountable emergency officer.



James Drury – Director of Strategy:
Joined the Trust in January 2024.

Committees:

- Finance and Performance Committee – member

- James joined the Trust in January 2024. Prior to this he was Director of Partnership Development at NHS West Yorkshire Integrated Care Board where he focused on place-based partnerships.
- James held previous NHS roles with Southwest Yorkshire Partnership NHS FT, Kirklees and Calderdale PCTs and Bradford District Care NHS FT.

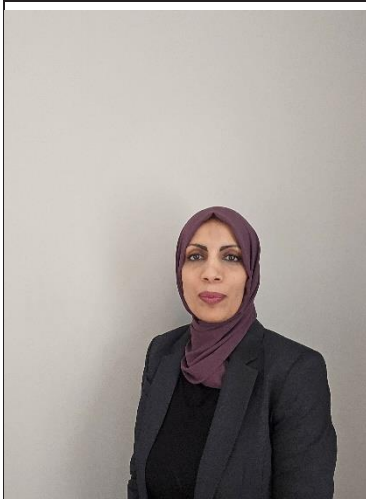


Deborah Lawrenson – Director of Corporate Governance (Trust Board Secretary) joined the Trust in April 2022

Committees

- Mental Health Legislation Committee – member
- Audit and Risk Committee - regular attendee
- Quality assurance Committee – regular attendee
- People Committee– regular attendee
- Finance and Performance Committee – regular attendee
- Remuneration and Nomination Committee – regular attendee

- Deborah had worked in the NHS since 1997 holding Board level and senior leadership roles in corporate governance and affairs across the NHS (acute, mental health and learning disabilities), public, private and charity sectors.
- Most recently Deborah worked for an acute Trust and a private sector hospital in London.
- Deborah demonstrated a passion for governance, compliance and communications and to provide the best possible care.



Gulnaz Akhtar Director of Performance and delivery: joined the Trust in December 2024

Committees

- Finance and Performance Committee - member
- Quality Assurance committee - attendee

- Gulnaz has extensive experience in policy, programme, performance improvement, and change management within healthcare at national, regional and local levels. She has a collaborative and facilitative leadership style and has built multi-agency partnerships, translating complex policies into actionable strategies, and delivering change.
- Gulnaz joined the Trust from NHS England's North East and Yorkshire regional team.
- She is a graduate of the Nye Bevan Leadership Programme and a passionate advocate for leading with and through partners to deliver improvements in health and care.



Helen Smart Director of operations: joined the Trust in February 2025

Committees


- Finance and Performance Committee – member
- People – member
- Quality Assurance Committee – regular attendee

- Helen brings more than 42 years of experience in the NHS, including executive roles in operations and laterally as a non-executive.
- Helen is a nurse by background and has successfully led a national nursing leadership project across 53 NHS Trusts and served as a senior operational turnaround manager at a local and regional level. She's led transformational work across numerous organisations.

3.4.2 Non-Executive Directors

The Non-Executive Directors are not employees of the Trust and are not involved in the day-to-day running of the organisation. They provide invaluable external insight to scrutinise and challenge the Trust's performance, system and processes. They hold or have held senior roles outside of the Trust and bring a wealth of experience and expertise from a range of fields including lived experience, higher education, financial, accounting, digital, public sector and private sector, clinical and management.

Their responsibilities include overseeing the delivery of the Trust's strategies, seeking assurance on performance against goals, evaluating and challenging around risk, appointing Executive Directors and very senior managers of the Trust and leading the development of the Trust's strategy and strategic plans.

Non-Executive Directors	Experience
 <p>Sharon Mays - Chair of the Board of Directors and Council of Governors: joined the Trust in October 2021</p> <p>Tenure of Office</p> <p>1 October 2021 to 1 April 2023 - extended by the Council of Governors for a further 2.5 years from 31 March 2023 to 30 September 2025. A further extension has been agreed by the Council of Governors from 1 October 2025 for two years.</p> <p>During the financial year Sharon has chaired the Board of Directors, Council of Governors, Board Remuneration and Nomination Committee and the Governor Nomination and Remuneration Committee; and has undertaken observations of the Board Assurance Committees.</p> <p>Sharon is Chair of the South Yorkshire Mental Health, Learning Disability and Autism (MHLDA) provider collaborative</p>	<ul style="list-style-type: none"> • Commercial lawyer by profession • Non-Executive Director on the boards of NHS organisations since 2006. • During her seven-year tenure as Chair of Humber Teaching NHS Foundation Trust, the organisation improved its overall Care Quality Commission (CQC) rating from 'requires improvement' to 'good', gained national recognition for its work on patient and carer experience, and won the Health Service Journal Mental Health Provider of the Year award. • In addition to chairing Sheffield Health and Social Care NHS Foundation Trust, Sharon also chairs the South Yorkshire Mental Health, Learning Disability and Autism Provider Collaborative and is a board member of NHS Providers. • Sharon has previously been a member of the joint independent audit and integrated Governance committee for the Police and Crime Commissioner for Humberside and Humberside Police Force. Previously been the Independent Person for standards investigations at East Riding of Yorkshire Council.

Board and Vice-chair of Sheffield Chair's group (Sheffield Health and Care Partnership)	
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Heather Smith - Non- Executive Director and Deputy Chair: joined the Trust in August 2019.

Tenure of office - 1 August 2019 to 31 July 2023 - re-appointed for a further 3 years in April 2023 from 1 August 2023 - 31 July 2026.

Heather was approved as Deputy Chair by the Council of Governors in April 2023.

Committees

- Quality Assurance Committee (Chair)
- People Committee Chair (from September 2023)
- Audit and Risk Committee
- Remuneration and Nomination Committee
- Mental Health Legislation Committee (until September 2023)

Heather has attended Council of Governors meetings and presented the work of committees.

- Heather is the Board NED lead for Freedom to Speak Up (nationally required role).

- Prior to retirement from her role as Principal of Sheffield College, Heather had worked in education in Sheffield, where she lives, for over 33 years. Since retirement Heather has undertaken advisory and coaching support work with colleges around the country, as well as working on a voluntary basis with a local organisation which is focused on reducing food waste and promoting sustainability.
- Heather's work in education has many links with the goals of the Trust. One of her early management roles was the introduction of pathways to employment and 35 apprenticeships with the NHS in Sheffield, a project which gained several national awards and still exists today.
- Heather is a passionate supporter of the need for city-wide organisations to work together collaboratively to improve lives and promote social justice and equality. Heather's interest and expertise lies in organisational development and transition, culture change and improvement management.



Anne Dray - Senior Independent Non- Executive Director (nationally required role): joined the Trust in November 2020.

Tenure of office

1 November 2020 to 31 October 2024 - re-appointed for a further 2 years in February 2024 from 1 November 2024 – 31 October 2026.

Committee membership

- Audit and Risk Committee (Chair)
- Quality Assurance Committee
- People Committee
- Finance and Performance Committee
- Remuneration and Nomination Committee

Anne has attended the Council of Governors meetings and presented the work of her committee. She also attends the Governors Nomination and Remuneration Committee in her role as Senior Independent Director when required.

- Graduate of the University of Sheffield and a member of the Chartered Institute of Public Finance and Accountancy. Anne undertook her professional accountancy training at Trent Polytechnic in Nottingham.
- Anne has lived in Sheffield since 1978. She has worked in the NHS for over 40 years and has been a Board level director for most of the past 30 years.
- Anne has worked across different health systems in both provider and commissioning organisations and at local and regional level.
- She has held a wide range of positions including Director of Finance and Information, Director of Performance, System QUIPP (Quality, Innovation, Productivity and Prevention) and Transformation Director, Director of Development, Programme Director, Transition Programme Director and Chief Executive.
- She was also a Non-Executive Director at Nottingham City Care Partnership up to May 2024.



Dr Olayinka Monisola Fadahunsi-Oluwole (Yinka) Non- Executive Director: joined the Trust in June 2021.

Tenure of office

1 June 2021 to 31 May 2025. Reappointed for a further 2 years from 7 June 2025 to 6 June 2027.

Committees

- Mental Health Legislation Committee (Chair)
- Quality Assurance
- People
- Remuneration and Nomination

Yinka has attended Council of Governors meetings and presented them on the work of her committee and has attended staff network groups. In her role as Chair of MHLC Yinka attended the Trust Least Restrictive Practice Conference.

- Yinka has lived in Sheffield since 2017, working at Sheffield Children's Foundation NHS Trust as a Specialty Doctor in Community Paediatrics and Neurodisability.
- Also, at the Children's Trust she is a medical appraiser of Doctors and Dentists; a Staff Governor (until September 2023), an Ambassador of The Children's Hospital Charity and a member of the Race Equality Network.
- Yinka is a member of the South Yorkshire Police Independent Advisory Group (Police Race Action Plan)
- Yinka firmly believes diversity of race, religion, sex, gender, sexual orientation, and culture should be celebrated and respected with equal opportunities for all.



Owen McLellan Non- Executive Director: joined the Trust in July 2022.

Tenure of office

1 July 2022 - 30 June 2025.
Reappointed for a further 3 years from 1 July 2025 to 30 June 2028.

Committees

- Finance and Performance Committee (Chair)
- Audit and Risk
- People Committee
- Remuneration and Nomination Committee

Owen has attended Council of Governor meetings and presented on the work of his committee.

- Owen is a qualified accountant and corporate treasurer with a wide-ranging background in senior finance roles in the commercial sector and financial services
- Owen has previously worked at Price Waterhouse Coopers LLP, at Morrisons Supermarkets where he held various positions to Finance Director and until recently was Managing Director of Company Shop Group.
- Owen is currently Chief Financial Officer at Lookers Ltd, a £5bn company where he is responsible for all aspects of finance and property.



Mark Dundon Non- Executive Director: joined the trust in March 2023.

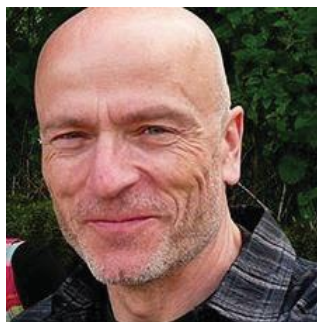
Tenure of office

1 March 2023 – 31 July 2024.

Committees

- People Committee
(Chair from September 2023)
- Finance and Performance Committee Mental Health Legislation
- Remuneration and Nomination Committee
- Mark has attended Council of Governors meetings and has presented them at the work of his committee.

- Mark has extensive experience at board level as an executive in Technology, Financial Services, Telecoms, Utilities and Transport and has held various Chief Information Officer roles. Mark was Director and Owner of Inversion Consultancy and Solutions Ltd.



Brendan Stone – Associate Non-Executive Director (non-voting): joined the Trust in March 2019

Tenure of office

Initially appointed March 2019 and re-appointed by the Board of Directors 7 March 2023 – 6 March 2025.

Further reappointment from 7 March 2025 to 6 September 2025.

Committees

- Quality Assurance Committee
- Mental Health Legislation Committee
- Remuneration and Nomination Committee

Brendan is the Board champion for service user voice and engagement

- Brendan is Professor of Social Engagement and the Humanities at the University of Sheffield.
- He has been very involved in leading work on the engagement of service users in developing policy and strategy.
- At a national level, he is a Senior Leader with The National Collaborating Centre for Mental Health (NCCMH) for NHS England's Culture of Care Programme and co-chaired the NHS England Strategic Oversight Group for the programme on the Use of Restrictive Interventions in NHS Commissioned Health Care.
- He is a Director of Sheffield Flourish, a mental health charity which frequently works with Universities and the NHS.
- Brendan has lived with serious mental illness throughout his adult life. He has experience of being hospitalised for mental illness, and in his earlier life spent periods homeless and as a rough sleeper.
- This non-voting associate non-executive role was put in place, as a Board of Directors appointment in 2018 to meet a requirement for the Trust's membership of the Association of University Hospitals, namely that SHSC has a university nominated non-executive on the Board of Directors.
- Brendan joined the Board of Directors as a nominee from the University of Sheffield and brings a wealth of experience and a specific focus to the board on Lived Experience.

3.4.3 Directors' interests

The Register of Interests is maintained by the Associate Director of Communications and Corporate Governance and is available for inspection by members of the public on the Trust's website at www.shsc.nhs.uk/about-us/board-directors

3.5 Code of Governance

SHSC has applied the principles of the NHS Code of Governance for Provider Trusts (effective from April 2023) throughout the financial year based on the Code's principles of 'comply or explain' and is compliant with the Code. The Code is based on the principles of the UK Corporate Governance Code issued in 2012.

The Board of Directors uses the Code of Governance to support maintaining high standards of governance practice across the Trust.

3.6 Attendance at Board of Directors and committee meetings 2024/25

Note - where a member of a committee has joined that committee part way through the year their attendance is noted against the number of meetings relevant to their tenure. All meetings have been quorate during the financial year.

Non-Executive attendance at Assurance Committee meetings and Council of Governors	Public Board of Directors meetings	Audit and Risk	Quality Assurance	Finance and Performance	People	MHLC	Board Remuneration and Nomination	Council of Governors (including AMM)
Sharon Mays (Chair)	7/7	1/1 Observing	1/1 Observing	3/3	1/1 Observing	1/1 Observing	7/7	6/6
Heather Smith	7/7	5/5	10/11 (delegate sent)	3/3	6/6	N/A	7/7	6/6
Anne Dray	7/7	5/5	11/11	12/12	N/A	2/2	6/7	4/6
Dr Olayinka Monisola Fadahunsi-Oluwole	6/7	N/A	9/11	N/A	6/6	4/4	6/7	3/6
Owen McLellan	7/7	4/5	N/A	12/12	5/6	1/1	4/7	3/6
Mark Dundon	3/3	N/A	N/A	3/4 (delegate sent)	1/2	N/A	2/2	N/A
Brendan Stone (Associate Non-Executive)	6/7	N/A	10/11	N/A	N/A	3/4 (delegate sent)	4/7	0/0

*Heather Smith and Sharon Mays attended FPC as a member on rotation from Sept 24-March 25 due to NED vacancies.

* Owen McLellan and Anne Dray attended MHLC as a member on rotation from Sept 24-March 25 due to NED vacancies.

*Mark Dundon left the trust at the end of July 2024

Executive attendance at Assurance Committee meetings	Public Board of Directors meetings	Audit and Risk	Quality Assurance	Finance and Performance	People	MHLC	Board Remuneration and Nomination
Salma Yasmeen	7/7	N/A	N/A	N/A	N/A	N/A	7/7
Dr Helen Crimlisk	5/7 Deputy sent	N/A	11/11	3/6	N/A	4/4	N/A
Phillip Easthope	7/7	5/5	N/A	12/12	N/A	N/A	N/A
Salli Midgley	4/4	N/A	4/5 delegate sent	N/A	4/4	1/2	N/A
Caroline Parry	7/7	N/A	N/A	10/11	6/6	N/A	5/7 (delegate sent)
Neil Robertson	6/6	N/A	9/10 (delegate sent)	9/11 (delegate sent)	3/5 (delegate sent)	N/A	N/A
Deborah Lawrenson	4/4	4/4	4/5 delegate sent	6/7 (delegate sent)	2/3 (delegate sent)	2/2	2/2
James Drury	7/7	N/A	N/A	8/12 (delegate sent)	N/A	N/A	N/A
Caroline Johnson	3/3	N/A	5/6 (delegate sent)	1/1	2/2	2/2	N/A
Gulnaz Akhtar	2/2	N/A	3/3	3/3	N/A	N/A	N/A
Helen Smart	0/1 (delegate sent)	N/A	1/1	1/1	1/1	N/A	N/A

*Salli Midgley left the Trust at the end of September 2024 *Deborah Lawrenson left the Trust at the end of October 2024 *Caroline Johnson joined the Trust in October 2024 Neil Robertson stepped down from Director of Operations and commenced a secondment in February 2025* Gulnaz Akhtar joined the Trust in December 2024 *Helen Smart joined the Trust in March 2025

3.7 Board of Directors assurance committees

The Board of Directors has several assurance committees to which it delegates authority to carry out some of its detailed work.

3.7.1 Effectiveness of the committees

All committees carry out annual reviews of effectiveness and present annual reports on the work of their committees for assurance to the Audit and Risk Committee and Board of Directors. Alert, Advise and Assure reports are received from all Assurance Committees to the Board of Directors.

3.7.2 Audit and Risk Committee

The Audit and Risk Committee provides the Board of Directors with an independent and objective review of the system of internal control and overall assurance process associated with managing risk.

The Committee is responsible for commissioning and reviewing work from independent external and internal audit services, counter fraud services and other bodies as required.

Meetings are attended, in accordance with the agenda, by the internal and external auditors, local counter fraud specialist, and members of the Trust Executive Management as required. The Chief Executive will attend the meeting at which the annual accounts are presented. Relevant Executive leads are asked to attend the meeting where any internal audit reports with limited assurance are received.

Both the internal and external auditors can meet informally with Audit and Risk Committee members (without executives present) to discuss any concerns or issues relating to the performance of management.

The committee receives the annual reports from the Board of assurance Committees to demonstrate how they have discharged their roles over the financial year. These assurances and this oversight form the basis for the Chief Executive's Annual Governance Statement.

Copies of the terms of reference of the Audit and Risk Committee can be obtained on the Trust's website at www.shsc.nhs.uk/about-us/board-directors/board-directors-committees

3.7.2.1 Significant issues considered by the Audit and Risk committee

The Audit and Risk Committee has an annual review cycle in place in relation to reviewing and considering effectiveness and on-going compliance. Significant activity considered by the committee during 2024/25 included:

- External Audit reports including the external audit plan, draft and Value for Money (VFM) assessment, ISA 260, auditors' annual report and management letter.
- Internal audit reports including the internal audit plan, progress reports, internal audit reports, draft and final Head of Internal Audit opinion.
- Counter fraud work plan, progress report and annual report.
- Draft and final annual governance statement, annual report and accounts.
- Reports on losses and special payments; material estimates and going concern.
- Receipt of registers for declarations of interest, hospitality, sponsorship and gifts.
- Updated Risk Management Framework and oversight of management of risks
- Board Assurance Framework and Corporate Risk Register.
- Trust Emergency Preparedness Group annual report and regular update including EPRR submission and action against compliance, updates on EPRR policies and plans.
- Annual reports from the Board assurance committees and reviews of effectiveness.
- Data and Information Governance Annual report including Senior Information

- Risk Owner (SIRO) and Caldicott Guardian.
- Annual and mid-year report on claims and litigation.
- External audit arrangements.
- Single tender waivers process and assurance reports and SFI breaches report.
- Revised Standing Orders, Standing Financial Instructions (SFI) and Scheme of Delegation.
- Annual report on policy governance and regular reports on policies overseen by the committee.
- Accounting policies and financial reporting manual.
- Annual ARC committee review of effectiveness and progress against committee objectives.
- Policy Governance Annual report and regular updates on monitoring, discussion and decisions on policies.
- Risk Oversight group annual report and regular updates on monitoring, discussion and decisions on corporate risks.
- New Cyber, Information Governance, and Artificial Intelligence Assurance Group – no annual report as they only reported from October 24 with specific focus on IG incidents and Cyber security

3.7.3 Quality Assurance Committee

The Quality Assurance Committee is responsible for providing assurance to the Board on the effectiveness of the Trust's systems and processes for safeguarding and improving the safety and quality of services and matters around service user and patient experience.

3.7.3.1 Significant issues considered by the Quality Assurance Committee

- Monthly Integrated Performance and Quality Report updates including recovery plans.
- Regular reports on the Quality Equality Impact Assessment (QEIA) process evidencing and challenging our understanding of the potential impact of our transformation and change activity.
- Quality hotspots: regular updates on actions in place with evidence of progress against actions.
- The committee received regular updates from all the Tier II assurance groups
- Monthly reports from the Policy Governance Group to ratify policy decisions
- Updates on the corporate risk register and board assurance framework
- Quality assurance Report
- Autism report
- Update on the delivery of quality objectives
- Specialist Gender services commissioner update
- Health based place of safety progress
- Community Mental Health Services transformation updates
- A biannual population health report
- Suicide prevention in England (NCISH) annual report for 2024 and the new Suicide Prevention Strategy for England: 2023 to 2028.
- New CQC inspection regime.
- An update on other plans and strategies overseen by the committee.

3.7.4 Finance and Performance Committee

The Finance and Performance Committee is responsible for ensuring that the Trust's finances are managed within the allocated resources to deliver an effective and

efficient service and provides an oversight of performance, transformation programmes and sustainability.

3.7.4.1 Significant issues considered by the Finance and Performance Committee

- 2024/25 and 2025/26 financial plans
- Annual operational plan
- Annual review of performance framework
- Annual update on bids, tenders and growth and business opportunities and risks
- Annual update on charity governance
- Updates on the corporate risk register and board assurance framework
- Business planning group report
- Committee annual report to the Board
- Corporate benchmarking
- Costing update and National Cost Collection (NCC) 2023/24 submission report
- The committee received regular updates from all the associated Tier II assurance groups
- Financial performance report inc. Value Improvement Programme (VIP) updates
- Findings relating to the fire doors audit
- Five-year capital plan update
- Progress on key performance indicators
- Improving digital maturity
- Integrated performance and quality report
- Internal audits - action tracking report
- Legal claims report
- National IFRS 8 operating segment declaration
- Policy governance group
- Review of standing orders, SFIs and Scheme of Delegation
- Transformation portfolio report
- Treasury management policy review
- Working capital review
- Action plans overseen by committee

3.7.5 Significant issues considered by the People Committee

The People Committee 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, ensuring an effective wellbeing offer for staff and ensuring that the Trust is meeting its legal and regulatory duties in relation to its employees.

3.7.5.1 Significant issues considered by the People Committee

- Workforce Plans
- Counter fraud case tracker
- Reducing violence aggression action plan
- Sexual safety report
- Integrated Performance and Quality Report (IPQR)

- People performance dashboard including people related KPIs
- Recovery and action plans
- Reports from tier 2 assurance groups
- NHS annual staff survey results
- People pulse results
- Staff supervision quality and experience survey
- Freedom to Speak Up (FTSU) reports
- Health Education England Contract annual self-assessment
- Mandatory training governance report
- Draft annual operational plan 2025-26
- Annual gender pay gap report
- Workforce Race Equality Standard (WRES)
- Workforce Disability Equality Standard (WDES) annual reports and action plans
- Annual equality and human rights report - annual update on equality objectives
- Corporate risk registers and the board assurance framework
- Policy governance group
- Learning from mid-year claims and litigation report
- Modern slavery and human trafficking statement 2023/24

3.7.6 Mental Health Legislation Committee

The Mental Health Legislation Committee is responsible for matters of statutory and regulatory compliance in respect of Mental Health and Human Rights Legislation.

3.7.6.1 Significant issues considered by the Mental Health Legislation Committee

- Quality Objectives
- Reports from tier 2 assurance group
- Human rights framework quarterly reports
- Associate mental health act managers (AMHAM) activity reports
- Corporate risk registers and board assurance framework updates
- Policy governance group (PGG) Report
- Mental health act scheme of delegation
- Mental health bill briefing
- Use of force plan

3.7.7 Remuneration and Nomination Committee

The Remuneration and Nomination Committee is responsible for determining the remuneration and terms and conditions of service of the Executive Management Team (including the Chief Executive).

3.7.7.1 Significant issues considered by the Remuneration and Nomination Committee

- Executive director recruitment approach
- Appointment of directors
- Changes to Board level executives' portfolios
- Executive directors' and CEO appraisals 2023-24 and objectives 2024-25

- Pay award for SHSC executive directors and senior managers outside of agenda for change
- Pay award for very senior managers (VSM)

3.8 The Management Team

The Board of Directors delegates the day-to-day management of the operational activities of the Trust to the Chief Executive supported by the Executive Management Team.

3.9 Committee in common

3.9.1 The South Yorkshire Mental Health, Learning Disability and Autism (MHLDA) Provider Collaborative Board

The Trust Board of Directors agreed to the establishment of a joint committee of the Boards of four local NHS Foundation Trusts and the South Yorkshire Integrated Care Board. The aim of the Board is to facilitate collective decision making and aligned action towards the goal of improving services. The Board is currently Chaired by the Trust Chair, Sharon Mays. Through partnership work there was also an agreement to the development of a joint committee to ensure areas of improvement for eating disorder services across the wider system be established. NHS Trusts and Integrated Care Boards (ICBs) have the authority to arrange for any of their functions to be exercised by each other or jointly with each other under section 65Z5 of the 2006 NHS Act. Where the Partners have arranged for functions to be exercised jointly, they have the power to form a joint committee for this purpose under section 65Z6 of the 2006 NHS Act as amended by the Health and Care Act 2022.

3.9.2 South Yorkshire Eating Disorders Joint Committee (SYEDJC)

South Yorkshire Eating Disorders Joint Committee (SYEDJC) reports directly to the MHLDA Provider Collaborative Board and is accountable to each of the Trust (and ICB) Boards. The committee is in place to ensure collaborative approaches to improving eating disorder services across South Yorkshire. This is a specific priority for the South Yorkshire Collaborative. By formally establishing a joint committee, the aim is to strengthen the partnership collaboration on eating disorders with the intention of improving outcomes, addressing inequalities and delivering better value. This includes community eating disorder services, medical emergencies in eating disorders (MEED), and improved pathways for in-patient care. The committee continues to provide strategic direction in relation to all-age eating disorders.

3.10 Audit

3.10.1 External Audit

Our external audit function has been carried out by KPMG LLP since 2019 following a full competitive tender process to ensure compliance with regulatory requirements. At an extraordinary Audit and Risk Committee held on 11 December 2023 a recommendation was made by the Audit and Risk Committee and approved by the Council of Governors, at their meeting on Tuesday, 19 December 2023, to make a direct award and secure a continued external audit arrangement with KPMG under a two plus one-year arrangement.

The auditors have attended Audit and Risk Committee meetings to present updates on accounting and other matters relevant to the organisation and to provide updates on audit plans and progress.

As part of this the committee considers the implications of new accounting standards and whether our financial statements are compliant with relevant reporting standards.

The auditors are required to demonstrate to the committee that they are objective and comply with the technical and ethical standards that apply to them as auditors.

The statutory fee for the 2024/25 audit was £235k including VAT.

The effectiveness of the external audit function is assessed annually through the self-assessment questionnaire of members.

KPMG has carried out no other services for the Trust during the financial year 2024/25.

The committee, Executive Director of Finance and the Associate Director of Communications and Corporate Governance (Trust Board Secretary) engage regularly with the auditors across the financial year.

3.10.2 Internal Audit

360 Assurance provides internal audit and Local Counter Fraud Service (LCFS) to the Trust and are represented at the Audit and Risk Committee meetings.

Our audit activity ensures an effective oversight of our financial reporting and governance processes. The internal audit plan was developed through discussion with members of the Audit and Risk Committee, the executive team and other directors and the annual audit plan is derived following an overarching risk assessment and is translated into the annual internal audit operational plan and three-year strategic plan. Progress on internal audits against the annual internal audit plan is received at each Audit and Risk Committee meeting together with progress with delivering internal audit actions.

Our internal audit work in 2024/25 is covered in the Annual Governance Statement in section 2.17 and the Head of Internal Audit Opinion. The Audit and Risk Committee last reviewed the performance and value for money of the internal audit function during 2024/25.

The activity of LCFS is also risk-focused and an agreed plan in place. During the year, the LCFS provided support in relation to assessing new and emerging risks and undertaking a proactive exercise including detention elements to seek out fraud, bribery and corruption, this was supported by bespoke training to teams including the People Directorate and awareness of fraud risks. Reactive work took place around alleged fraud activity as required.

The Trust incurred an Internal Audit fee of £97k including vat for the reporting period. This includes the Local Counter Fraud service. The effectiveness of the internal audit function is assessed annually through the self- assessment questionnaire of members.

3.11 Financial Reporting

The Audit and Risk Committee reviewed the Trust's Accounts and Annual Governance Statement. To assist this review, it considered reports from management and from internal and external auditors considering the quality and acceptability of accounting policies, including their compliance with accounting standards:

- Key judgements made in preparation of the financial statements
- Compliance with legal and regulatory requirements
- The clarity of disclosures and their compliance with relevant reporting requirements

The Committee has reviewed the content of the annual report and accounts and on behalf of the Board is of the view that they are:

- fair, balanced and clear and provides the information necessary for stakeholders to assess the Trust's performance, business model and strategy.
- Consistent with the Annual Governance Statement, Head of Internal Audit Opinion and feedback received from external auditors.

3.12 The Council of Governors

The Council of Governors is chaired by the Trust Chair and is made up of elected Governors and appointed Governors from partner organisations. The Council of Governors plays an essential role in the governance of the Trust. The main duties are:

- Appoint or remove the Chair and other Non-Executive Directors
- Hold the Non-Executive Directors to account, for the performance of the Trust
- Approve the appointment of the Chief Executive
- Decide the remuneration and allowances of the Chair and Non-Executive Directors
- Appoint or remove the external auditor
- Be consulted on the Trust's objective of delivering high quality services
- Be consulted in setting forward business plans (Annual Operating Plan)
- Approve any amendments to the Constitution
- Receive the annual accounts and annual report
- Represent the interests of members and the public

The constituencies are laid down in the Trust's Constitution which can be found on the website at www.shsc.nhs.uk/get-involved/council-governors and outlined in section 2.12.4. Elections take place annually to fill vacant seats.

The Council of Governors met in public 6 times during 2024/25, this included an extraordinary meeting and our annual members meeting. During the year meetings took a hybrid approach in person and on-line. A range of development and workshop sessions have been held with detail available in section 2.12.4. The current list of Governors can also be found on the website at: www.shsc.nhs.uk/get-involved/council-governors

3.12.1 The role of the Council of Governors

Governors play a vital role in governance arrangements of the Trust and contribute to the work of the Trust, together with the Board of Directors, to help improve the quality of services and care. The Council of Governors is representative of the membership of the organisation and brings together the views of the public, service users, carers, staff and other stakeholders into the governance process.

3.12.2 Performance evaluation of the Council of Governors

The Council of Governors undertakes an annual review of its effectiveness and agrees any priorities for the forthcoming financial year.

3.12.3 Composition of the Council of Governors

All Governors serve a three-year term and can hold this position for a total of three terms. Governors must provide a declaration of interest and their compliance with the Fit and Proper Person's Test.

Table A below sets out the constituencies, eligibility criteria and membership numbers of the constituencies and Table B sets out the composition of the Council of Governors throughout the

financial year. The totals represent the number of governors in post as of 31 March 2025. The table also outlines attendance at Council of Governors meetings.

3.12.4 Constituencies, eligibility criteria and membership numbers

There are three elected membership constituencies, within which there are several separate classes. The table below details each one and its eligibility criteria where applicable and the number of members in each class as of 31 March 2025. At the end of March 2025 there were 10249 members (excluding staff).

Table A - Constituencies, eligibility criteria and membership numbers

Constituency	Class	Number of members	Criteria for membership
Public	Southwest	2530	Must live in the following electoral wards: Gleadless Valley, Dore and Totley, Fulwood, Graves Park, Nether Edge and Sharrow, Ecclesall, Beauchief and Greenhill or Crookes, Crosspool.
Public	Southeast	2042	Must live in the following electoral wards: Darnall, Manor Castle, Park and Arbourthorne, Richmond, Birley, Mosborough, Beighton or Woodhouse.
Public	Northwest	1629	Must live in the following electoral wards: Stocksbridge and Upper Don, Stannington, Hillsborough, Walkley, Broomhill and Sharrow Vale, City.
Public	Northeast	2108	Must live in the following electoral wards: West Ecclesfield, East Ecclesfield, Southey, Firth Park, Burngreave, Shiregreen and Brightside.
Public	Rest of England	481	All wards in England.
Service user	Service user	838	Must have received a service or services from the Trust within the last five years.
Service User	Carer	532	Must have cared for someone who has received a service from the Trust in the last five years.
Service user	Young service user or carer	79	A service user or carer but must be 35 years old or younger.
Staff	Allied Health Professions	130	Must have either worked for the Trust continuously for at least 12 months or have a contract of no fixed term.
Staff	Central support	673	
Staff	Support worker and Clinical support	827	Must have either worked for the Trust continuously for at least 12 months or have a contract of no fixed term.
Staff	Medical, clinical and Pharmacy	203	
Staff	Nursing	572	
Staff	Psychology	243	
Staff	Social worker	30	

- Ten members in the service user, carer and young service user / carer constituency have unspecified roles

Table B - Composition of the Council of Governors

Electing/ Appointing body	Governor name	Meetings attended (Including AMM)	Term of office
Public Constituency			
Sheffield Northeast	Vacant seat	N/A	N/A
Sheffield Northeast	Mohammed Khawja Ziauddin	0/6	01.07.2023 to 30.06.2026
Sheffield Northwest	Vacant	N/A	N/A
Sheffield Northwest	Irene Nakamatte	0/2	01.07.2022 to 30.06.2025 <i>Left July 2024</i>
Sheffield Southeast	Chris Digman	4/6	01.07.2023 to 30.06.2026
Sheffield Southeast	Laura Wiltshire	4/4	01.07.2024 to 30.06.2027
Sheffield Southwest	Ben Duke <i>Deputy Lead Governor until 26.09.2024</i> <i>Lead Governor from 27.09.2024</i>	5/6	01.07.2023 to 30.06.2026
Sheffield Southwest	Julie Kitlowski	1/2	01.07.2021 to 30.06.2024
	Alick Bush	4/4	01.07.2024 to 30.06.2027
Outside Sheffield	Dave Palfreyman	2/4	01.07.2024 to 30.06.2027
Staff Constituency			
Nursing Staff Class	Kathleen Myrie	2/6	01.02.2023 to 30.06.2026
Social Worker Staff Class	Vacant seat	N/A	N/A
Medical and Clinical Staff Class	Vacant seat	N/A	N/A
Allied Health Professions Staff Class	Vyvyan Hopkinson	0/2	01.08.2021 to 30.06.2024
	Chinyere Ehosiem	3/4	01.07.2024 to 30.06.2027
Psychology Staff Class	Vacant seat	N/A	N/A

Support Worker Class	Angelito Esguerra	1/6	01.02.2023 to 30.06.2026
Support Central Department Staff Class	Chin Maguire	4/4	01.07.2024 to 30.06.2027

Service Users and Carers Constituency			
Service Users Class	Terry Proudfoot <i>Lead Governor until 26.09.2024</i>	6/6	01.07.2022 to 30.06.2025
	Nicola Hodson	0/0	01.07.2024 to 30.06.2027 <i>Left August 2024</i>
	Jonathan Hall	5/6	01.07.2022 to 30.06.2025
	Rebecca Lawlor	3/6	01.07.2023 to 30.06.2026
	Linda Duckenfield	1/4	01.07.2024 to 30.06.2027
	John Malcomson	4/4	01.07.2024 to 30.06.2027
	Vacant seat	N/A	N/A
	Vacant seat	N/A	N/A
	Vacant seat	N/A	N/A
	Vacant seat	N/A	N/A
Carers Class	Billie Critchlow	6/6	01.07.2022 to 30.06.2025
	Louise Cooper	0/1	01.07.2024 to 30.06.2027 <i>Left October 2024</i>
	Vacant seat	N/A	N/A
	Vacant seat	N/A	N/A

Young Service User and Carer Class	Dr Alistair Brash	0/6	01.07.2022 to 30.06.2025
	Vacant seat	N/A	N/A
Appointed Governors			
Sheffield City Council	Cllr Sophie Thornton	2/3	1.10.2024 to 30.09.2027
	Vacant seat	N/A	N/A
	Vacant seat	N/A	N/A
Staff Consultative Forum	Julie Marsland	5/6	01.07.2023 to 30.06.2026
Sheffield Hallam University	Ross Mallett	3/6	01.09.2023 to 31.08.2026
Sheffield University	Scott Weich	1/2	05.09.2021 to 04.09.2024
	Andrea Fox	2/3	1.10.2024 to 30.09.2027
Sheffield Carers Centre	James Barlow	5/6	22.02.22 to 21.02.2025 22.02.2025 to 21.02.2028
Sheffield Mencap	Dave Swindlehurst	5/6	01.07.2023 to 30.06.2026
Sheffield African Caribbean Mental Health Association	Cecelia Jackson- Chambers	6/6	01.05.2024 to 30.04.2027
Sheffield Pakistani Muslim Centre	Irfan Khan	0/6	01.07.2022 to 30.06.2025
Number of Governors in post as at 31 March (elected and appointed): 25 Vacancies as of 31 March (elected and appointed): 18 Total: 43			

3.12.5 Changes to the Council of Governors

In 2024/25 governor elections took place for 22 electoral vacancies. Of these vacancies, seven of the seats were filled and 15 vacancies remained in the staff, service user, carer and public constituencies.

The staff allied health professional and central support seats were the only contested seats, all other seats were elected unopposed. A robust election process took place with opportunities for members to meet with the Chair, Governors and Non-Executives to find out more about their role.

It is a requirement that Foundation Trusts identify a Lead Governor from within its Council of Governors. Terry Proudfoot's term of office was due to end on 30 June 2024 and following agreement by the Council of Governors this was extended to 26 September 2024. Ben Duke was elected as Lead Governor from the 27 September 2024 for a one-year period, he was previously in the role of Deputy Lead Governor. It was agreed by the Council of Governors that there would not be a Deputy Lead Governor for this term as it is not a statutory requirement.

All Governors are required to comply with the Council of Governors' Code of Conduct, which includes a requirement to declare any interests that may result in a potential conflict in their role as a governor in the Trust and with the Fit and Proper Persons Test.

The register of interests is held by the Board Secretary and is available on the Trust website at www.shsc.nhs.uk/get-involved/council-governors Any disputes are resolved in accordance with the Trust's Constitution.

3.12.6 Holding to account – Forward plans

Each year the Council of Governors is presented with the annual report and accounts including views on forward plans, and the report from the external auditor. Governors' views are sought annually on the Trust's forward plans, strategic, quality and equality objectives. The proposal for the operational plan and strategic priorities for 2024/25 were presented to the formal Council of Governors meeting in April 2024, with the full plan made available following approval at the Board of Directors meeting in May. A mid-year review of progress against the objectives was presented to the formal Council of Governors meeting in October 2024 and in February 2025 the Council of Governors were engaged on the proposed priorities for 2025/26 for the Annual Operating Plan.

3.12.7 The Nomination and Remuneration Committee of the Council of Governors

The committee is chaired by the Trust Chair, except for instances in which the appointment and performance of the Chair are discussed. The Senior Independent Director and the Board Secretary attend the committee to provide support and advice and where appropriate the Director/Deputy Director of People also attend.

The committee is responsible for taking forward recommendations to the Council of Governors concerning appointments, re-appointment or termination of the Chair and Non-Executive Directors prior to the conclusion of their terms of office and review of annual performance. It also receives key reports on appointments for the role of Chief Executive which require approval at the Council of Governors, in advance of discussion at the Council of Governors meetings. In 2024/25, the Nomination and Remuneration Committee met 6 times and was involved in Chair and Non-Executive Appraisals and the recommendation of the re-appointment of the Chair and Non-Executive Directors (effective from October 2025).

Attendance of the Nomination and Remuneration Committee members is shown in the table below

Name	Position	Attendance
Sharon Mays	Chair	6/6
Terry Proudfoot	Service User Lead Governor until September 2025	4/5
Ben Duke	Public Deputy Lead Governor until September 2025 Lead Governor from September 2025	6/6
Billie Critchlow	Carer Governor	5/6
Jonathan Hall	Service User Governor	6/6
David Palfreyman From October 2024	Staff Governor	2/3
James Barlow From November 2024	Appointed Governor	2/2
Anne Dray – attendee	Non-Executive Director and Senior Independent Director in an advisory role	5/5
Deborah Lawrenson – attendee Until October 2024	Director of Corporate Governance (Board Secretary) in an advisory role	3/3
Dawn Pearson From November 2024	Director of Communications and Corporate Governance (Board Secretary) in an advisory role	2/2
Amber Wild – Attendee	Head of Corporate Assurance	4/4
Bethan Devonald-Attendee	Senior Corporate Assurance Officer	4/4

3.12.8 Annual Members Meeting

The Trust held its Annual Members Meeting in September 2024 which was an in- person event and was attended by Governors, members, staff, service users and the public. The event provided an opportunity for members to learn more about the Trust and its services. Staff at SHSC were celebrated for their continued hard work and dedication. There were a range of information stalls highlighting partners and some of the services and projects in SHSC:

Partner stalls:

- Sheffield African Caribbean Mental Health Association (SACMHA)
- Pakistani Muslim Centre
- Gulu Mental Health Partnership
- MENCAP
- Sheffield Carers Centre
- Sheffield Flourish
- Vida Women's group

Sheffield Health and Social care stalls:

- Sustainability
- Research Development Team and Lived Experience Research Partnership
- Staff side
- Engagement, Experience and Partnership
- Improvement and Change
- Council of Governors and Membership
- Values, Engagement and Wellbeing

A video showcase featured the work of the Trust in partnership working, and celebrating the role of coproduction, lived experience, evidence-based and person-centred care in improving health outcomes for the people of Sheffield. Attendees had the opportunity to hear from the Lead Governor and key speakers from the Board about the achievements and challenges over the past year. Further information on membership and how to communicate with Governors can be found on the website: <https://www.shsc.nhs.uk/get-involved> or email foundation.trust@shsc.nhs.uk

3.12.9 Governor activities and involvement in 2024/25

The Board of Directors continues to have regard for the views of the Council of Governors in a range of ways and Governors have received regular internal briefings and communications as required. Examples of opportunities for Governors to engage in the financial year included:

- Drop-in sessions with the Chair
- Drop-in sessions with the corporate assurance team
- Annual Members Meeting (AMM)
- NHS providers Governor Focus Conference
- SHSC Least restrictive practice conference
- Governor observation of board of Director meetings and Board Assurance Committee meetings.
- Input into the communications involvement approach and strategy
- Governor research champion
- Governor induction workshop
- NHS 10-year plan consultation
- Support to Governor elections
- Chair appraisal
- Non-executive director appraisals
- Values into behaviours workshop
- Sun:Rise service user network aimed at improving the range of ways in which service users can be informed and involved in the work of the Trust.
- Carer open door group
- Carer action group
- Better Connected art exhibition
- SHSC research and evidence showcase
- Workshops: finance, interpreting SCP charts, people, recruitment and wellbeing,
- Contributing to the Trust's response to the ten-year plan
- Governor participation in key areas of work, co-production, strategy and service development including with Governor colleagues across the system
- Workshop on giving effective feedback from consistencies

3.12.10 Membership

Foundation Trust status provides an opportunity for the Trust to closely link with, and be influenced by, the people who live in the communities that we serve via our Governors and Members. The Trust's membership is an essential asset and is well represented by the Council of Governors. This is reflected in the diversity of the constituencies into which our membership base is divided. Our aim is to maintain and further develop membership that involves and reflects a wide representation of our local communities.

Engaging with members and the public ensures that the views of local people and those further afield are considered, and this helps to improve the experiences of staff, services users and carers. During 2025/26 we will continue work with our governors and colleagues in engagement, volunteering and research to input into a wider community engagement strategy that took place in 2024/25.

3.12.11 Membership recruitment and engagement

Communication and engagement with members takes place through a variety of channels and these include:

- Staff extranet
- Trust website
- Through the membership database
- Digital media
- Annual Members Meeting
- Links with community groups
- Engagement via our Governors

During 2024/25 the members have been contacted for their input into the Trust strategy refresh.

3.13 Remuneration Report

3.13.1 Annual statement on remuneration

The Board, Remuneration and Nomination Committee, has met on 7 occasions during the year and considered the following matters:

- Executive director's succession planning, exit arrangements and subsequent updates
- Temporary Executive support posts, secondment arrangements and updates
- Executive recruitment approach and materials for the roles of executive director of nursing professions and quality, and director of operations and subsequent updates
- Executive directors' and Chief Executive Officer (CEO) appraisals 2024-25 and objectives 2025-26
- Pay award for Trust executive directors and senior managers outside of Agenda for Change
- Review of the terms of reference
- Review of the work programme
- Annual review of effectiveness and annual report from the committee to the audit and risk committee and the Board
- Trust response to the messenger report, specifically related to CEO / executive directors
- Review of executive pay made to ensure equal pay and recognition

Salma Yasmeen

Chief Executive

Date: 27 June 2025

3.13.2 Executive Directors' remuneration

The Remuneration Committee of the Board of Directors comprises the Non-Executive Directors. The committee is chaired by Sharon Mays, the Trust Chair, and is responsible for supporting and approving the recruitment of Directors to Board, determining the remuneration and terms and conditions of service of the Directors (including the Chief Executive) to ensure that they are properly remunerated having regard to the Trust's circumstances.

The Chief Executive, Director of People and Deputy Director of People attend the committee's meetings by invitation in an advisory capacity. The committee meets regularly throughout the year to make decisions on the appropriate remuneration and terms and conditions of service of the Directors, and any Very Senior Manager outside of Agenda for Change. 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 ensuring the Chief Executive and Executive Team performance is monitored through the Trust appraisal process and taken into consideration if salary increases above national recommendations are being considered.

During 2024/25, the committee has delivered its key responsibilities as set out in the terms of reference, including consideration of executive portfolios and executive team appointments or exit arrangements, and remuneration thereof. This reflects the changes in staffing in the executive team, including the interim arrangements for covering the role of the Executive Director of Nursing Quality and Professions, substantive recruitment to that post, arrangements for covering the role of the Director of Operations and recruitment to an interim position of Director of Performance and Delivery. The Chief Executive undertakes annual appraisals with all members of the executive team,

and progress on objectives is assessed at monthly one-to-one meetings with each Director.

The Board's Nomination and Remuneration Committee reviews the remuneration of Directors annually, considering information on remuneration rates for comparable jobs in the National Health Service.

Executive roles	Postholder and Start date
Chief Executive	Chief Executive Salma Yasmeen, July 2023
Executive Director of Nursing, Quality, and professions	Executive Director of Nursing, Quality, and professions, Salli Midgely, June 2023- October 2024. Caroline Johnson was an interim post from October 2024 and became substantive the post in November 2025.
Executive Director of Finance	Executive Director of Finance Phillip Easthope, Executive Director of Finance January 2016
Director of Operations (non-voting)	Director of Operations (non-voting) Neil Robertson from March 2024 to February 2025 with interim cover from March 2025 by Helen Smart.
Director of Corporate Governance (non-voting)	Director of Corporate Governance (non-voting) Deborah Lawrenson from April 2022 until November 2024. Job role changed to associate director of communication and corporate governance from November 2024 with Dawn Pearson as a replacement.
Director of Strategy (non-voting)	Director of Strategy (non-voting) James Drury January 2024
Executive Director of People	Executive Director of People Caroline Parry January 2021
Executive Medical Director	Executive Medical Director Helen Crimlisk, Interim since March 2024.
Director of Performance and Delivery	Director of Performance and Delivery Gulnaz Akthar, December 2024 (interim post from NHSE) extended until March 2026.

The remuneration levels are determined with reference to the Chief Executive salary and the associated Annex A pay ranges. Performance-related pay is not applied under current arrangements. The salary component for Directors supports the short and long-term strategic objectives of the Trust. It assists us 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. Salaries are set considering national guidance for very senior managers (including Annex A), benchmarking information and the relationship with the salaries available to other staff. There is provision on termination of the contract, for the payment of salary in lieu of outstanding leave. Two posts in the Executive Team attract a salary exceeding the £150,000 threshold warranting specific mention – these are the Chief Executive and the Executive Medical Director (interim post of which the majority is consultant pay grades). (noting that from April 2025 this threshold changes to £170,000) It is expected that the VSM pay framework to be published will also provide a revised salary banding and guidance.

3.13.3 Non-Executive Directors' remuneration

It is for the Council of Governors, in a general meeting, to determine the remuneration, allowances and other terms and conditions of office of the Chair and the Non-Executive Directors, considering the recommendations made to it by the Nomination and Remuneration Committee. It is the

responsibility of the Council of Governors' Nomination and Remuneration Committee to ensure performance is monitored for the 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 Nomination and Remuneration Committee for the past year are reported on in Section 3.12.7 of this report.

Details of the remuneration paid to all the Directors during 2023/24 and 2024/25 are shown in Table A in the next section 3.13.4. The policies applied, and descriptions of these policies are included in Table B. The non-executive directors' duration of office is reported in section 3.4.2 of this report.

3.13.4 Directors' remuneration and pension entitlements

Executive directors are members of the NHS-defined benefit pension scheme managed by the NHS Pension Authority.

Table A – Salaries and Allowances 2024/25

Name and title	Period 1 April 2024 to 31 March 2025					
	Salary and Fees (bands of £5,000) £'000	Taxable Benefits (rounded to the nearest £100) £	Annual Performance Related Bonuses (bands of £5,000) £'000	Long Term Performance Report Bonuses (bands of £5,000) £'000	Pension Related Benefits (bands of £2,500) £'000	Total (bands of £5,000) £'000
S Yasmeen, Chief Executive	165 - 170	1,400	-	-	42.5 - 45	210 - 215
H Crimlisk, Interim Medical Director	215 - 220	-	-	-	42.5 - 45	260 - 265
P Easthope, Executive Director of Finance, Digital and Performance	135 - 140	-	-	-	22.5 - 25	160 - 165
C Parry, Executive Director of People	110 - 115	1,100	-	-	27.5 - 30	140 - 145
N Robertson, Director of Operations	125 - 130	-	-	-	42.5 - 45	170 - 175
J Drury, Director of Strategy	120 - 125	-	-	-	47.5 - 50	170 - 175
C Johnson, Executive Director of Nursing, Professions and Quality (from 01.11.2024)	50 - 55	-	-	-	45 - 47.5	95 - 100
S Mays, Non Executive Chair	45 - 50	-	-	-	-	45 - 50
H Smart, Interim Director of Operations (from 17.02.2025)	15 - 20	-	-	-	-	15 - 20
A Dray, Non-Executive Director	10 - 15	-	-	-	-	10 - 15
O McLellan, Non-Executive Director	10 - 15	-	-	-	-	10 - 15
Dr O Fadahunsi-Oluwole, Non-Executive Director	10 - 15	-	-	-	-	10 - 15
H Smith, Non-Executive Director	10 - 15	-	-	-	-	10 - 15
B Stone, Associate Non-Executive Director	10 - 15	-	-	-	-	10 - 15
M Dundon, Non-Executive Director (to 31.07.2024)	0 - 5	-	-	-	-	0 - 5
D Lawrenson, Director of Corporate Governance & Board Secretary (to 31.10.2024)	65 - 70	-	-	-	-	65 - 70
S Midgley, Executive Director of Nursing, Professions and Quality (to 06.10.2024)	65 - 70	-	-	-	-	65 - 70

Gulnaz Akhtar joined the Board of Directors from December 2024 as Director of Performance and Delivery. Gulnaz is employed by NHS England and has been in role as a support offer from NHS England, therefore no remuneration is reported in the table above.

All Pension related benefits' shows the increase in 'lifetime' pension which has arisen in the year. The sum reported reflects the amount by which the annual pension received on retirement age has increased in the year, multiplied by 20 (the average number of years a pension is paid to members of the NHS scheme following retirement). 'All pension related benefits' exclude employee contributions as directed in the Finance Act 2004.

Where a salary amount sits exactly on a pay boundary then the salary is reported at the lower band. For example, if an employee had a salary of £50,000, they would be shown in the salary band (£'000) 45-50.

Where an employee has been in post for part of the year, their pay and pension amount is time apportioned to reflect time in post. Any start and end dates are shown in the table.

Name and title	Period 1 April 2023 to 31 March 2024					
	Salary and Fees (bands of £5,000) £'000	Taxable Benefits (rounded to the nearest £100) £	Annual Performance Related Bonuses (bands of £5,000) £'000	Long Term Performance Report Bonuses (bands of £5,000) £'000	Pension Related Benefits (bands of £2,500) £'000	Total (bands of £5,000) £'000
S Yasmeen, Chief Executive (from 01.07.23)	120 - 125	1,300	-	-	32.5 - 35	150 - 155
J Ditheridge, Chief Executive (left 30.06.23)	55 - 60	-	-	-	-	55 - 60
P Easthope, Executive Director of Finance, IMST and Performance	130 - 135	-	-	-	-	130 - 135
Dr M Hunter, Executive Medical Director (to 29.02.24)	180 - 185	14,300	-	-	-	195 - 200
J Drury, Director of Strategy (from 01.01.24)	25 - 30	-	-	-	2.5 - 5	30 - 35
P Keeling, Director of Strategy (left 31.07.23)	35 - 40	-	-	-	-	35 - 40
D Lawrenson, Director of Corporate Governance and Board Secretary	100 - 105	-	-	-	-	100 - 105
S Midgley, Executive Director of Nursing and Professions	125 - 130	-	-	-	-	125 - 130
C Parry, Executive Director of People	100 - 105	2,700	-	-	25 - 27.5	130 - 135
N Robertson, Director of Operations and Transformation	120 - 125	-	-	-	-	120 - 125
L Casey, Director of Estates and Facilities (from 18.03.24)	0 - 5	-	-	-	-	0 - 5
H Crimlisk, Interim Medical Director (from 01.03.24)	10 - 15	-	-	-	2.5 - 5	15 - 20
S Mays, Chair	45 - 50	-	-	-	-	45 - 50
A Dray, Non-Executive Director	10 - 15	-	-	-	-	10 - 15
H Smith, Non-Executive Director	10 - 15	-	-	-	-	10 - 15
Dr O Fadahunsi-Oluwole, Non-Executive Director	10 - 15	-	-	-	-	10 - 15
Prof. B Stone, Non-Executive Director	5 - 10	-	-	-	-	5 - 10
O McLellan, Non-Executive Director	10 - 15	-	-	-	-	10 - 15
M Dundon, Non-Executive Director	10 - 15	-	-	-	-	10 - 15

Table B – Senior managers’ remuneration – future policy table

Component	Description
Salary and allowances for 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.
Other remuneration	No executive currently receives payment under this component.
Taxable benefits	Other than salary sacrifice lease cars no executive currently receives payment under this component.
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.

Note: There were no new components of the remuneration packages. There were no changes made to existing components of the remuneration packages. The Executive Directors’ remuneration levels are referenced to the Chief Executive’s and any increases set through the Remunerations and Nominations Committee. The remuneration for all other employees of the Trust is set by Agenda for Change or other relevant agreed contractual arrangements.

Two executive directors leased a vehicle through the Trust’s Salary Sacrifice Lease Car Scheme (S Yasmeen and C Parry).

3.13.5 Fair Pay Disclosures

	April 2024 to March 2025	April 2023 to March 2024
Band of highest paid director's total (remuneration £000)	215 - 220	210-215
Median total remuneration	32,324	27,596
Ratio of median remuneration to midpoint of the highest paid director's band	6.7	7.7

NHS foundation trusts are required to disclose the relationship between the remuneration of the highest-paid director in their organisation and the lower quartile, median and upper quartile remuneration of the organisation's workforce.

The banded remuneration of the highest-paid director in the organisation in the financial year 2024/25 was £217,500 (2023/24, £212,500). This is a change between years of 2%.

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

For employees of the Trust as a whole, the range of remuneration in 2024/25 was £22,816 to £217,341. The comparative remuneration range for 2023/24 was £10,300 to £270,000 (If the full year effect of the consultant pay award is applied the reported range would have been £10,300 to £276,000). The percentage change in average employee remuneration (based on total for all employees on an annualised basis divided by full time equivalent number of employees) between years is noted in the table overleaf.

No employees received remuneration in excess of the highest-paid director in 2024/25 (one in 2023/24). The highest paid employee in 2023/24 was a medical consultant who worked part-time and their annualised costs came out as the highest. That consultant was employed by the Trust but seconded part time to NHS England. The pay value quoted covered both the pay whilst working for the Trust along with the secondment work, which was recovered by the Trust, an element for clinical excellence award and consultant pay award.

3.13.6 Fair Pay Multiples

Pay Ratio Information

		25% employees v mid point highest paid director	50% employees v mid point highest paid director	75% employees v mid point highest paid director
2024/2025				
Highest paid director				
Basic and allowances		217,341	217,341	217,341
Pay and benefit		217,341	217,341	217,341
All employees				
Basic and allowances		25,674	32,324	44,962
Total pay and benefit		25,674	32,324	44,962
Ratio (pay and benefits)		8.5	6.7	4.8
2023/2024				
Highest paid director				
Basic and allowances		129,503	129,503	129,503
Pay and benefit		212,500	212,500	212,500
All employees				
Basic and allowances		22,383	27,596	42,618
Total pay and benefit		22,383	27,596	42,618
Ratio (pay and benefits)		9.5	7.7	5.0

Year on year movements %

	Average	25% employees v mid point highest paid director	50% employees v mid point highest paid director	75% employees v mid point highest paid director
Highest paid director	2	2	2	2
All employees	32	15	17	6

The Trust has refined its methodology for calculating median pay and percentiles for 2024/25. The use of an annualised whole time equivalent basis for bank staff is the main contributor to the increase in reported values year on year, over and above annual pay rises.

3.13.7 Highest Paid Director Comparator

	2024/2025	2023/2024	% Change
Total Pay and Benefit	217,500	212,500	2%

The Fair Pay Disclosures in section 2.13.5 uses annualised costs where employees are part time. This section also includes the gross staff cost when employees are on secondment. The Directors Remuneration and Pension Entitlement section 3.13.4 uses time apportionment when employees are not in post for the full year.

3.13.8 Directors and governor expenses

The table below shows the number and aggregate value of expenses paid to Directors and Governors for 2024/25 and prior year 2023/24.

	Number of individuals who held office at any point during the year		Number who claimed expenses during the year		Amount claimed in total £00	
Role	2024 / 25	2023 / 24	2024 / 25	2023 / 24	2024 / 25	2023 / 24
Governors	31	31	3	0	1	0
Directors	10	12	4	4	14	6

Please note that values are in hundreds of pounds (eg. 1 = £100)

3.13.9 Pension Benefits

Period 1 April 2024 to 31 March 2025							
Name and title	Real Increase in Pension at pension age (bands of £2,500)	Real Increase in Pension Lump Sum at pension age (bands of £2,500)	Total Accrued Pension at pension age at 31 March 2024 (bands of £5,000)	Lump sum at pension age related to accrued pension at 31 March 2024 (bands of £5,000)	Cash Equivalent Transfer Value at 31 March 2025	Cash Equivalent Transfer Value at 31 March 2024	Real Increase/ (Decrease) in Cash Equivalent Transfer Value
	£'000	£'000	£'000	£'000	£'000	£'000	£'000
S Yasmeen, Chief Executive	2.5 - 5	0 - 2.5	35 - 40	50 - 55	700	604	36
H Crimlisk, Interim Medical Director	2.5 - 5	0 - 2.5	70 - 75	185 - 190	154	94	36
P Easthope, Executive Director of Finance, Digital and Performance	0 - 2.5	0	40 - 45	100 - 105	821	736	17
C Parry, Executive Director of People	0 - 2.5	0	10 - 15	0	233	185	23
N Robertson, Director of Operations	2.5 - 5	0 - 2.5	40 - 45	110 - 115	991	871	46
J Drury, Director of Strategy	2.5 - 5	0 - 2.5	25 - 30	65 - 70	594	501	44
H Smart, Interim Director of Operations (from 17.02.2025)	0 - 2.5	0	0	0	5	0	(1)
C Johnson, Executive Director Of Nursing, Professions and Quality (from 01.11.2024)	0	0	35 - 40	95 - 100	836	665	46
D Lawrenson, Director of Corporate Governance & Board Secretary (to 31.10.2024)	0	0	0 - 5	0	32	813	(540)
S Midgley, Executive Director of Nursing, Professions and Quality (to 06.10.2024)	0 - 2.5	0	80 - 85	215 - 220	1,929	1,806	(7)

Pensions figures included in the above table are for Senior Managers that have pensions paid directly by SHSC and include all of their NHS Service not just pension payments that relate to 2024/25.

Where an employee has been in post for part of the year, their pension amount is time apportioned to reflect time in post. H Smart, C Johnson, D Lawrenson and S Midgley were in post for part of the year.

Dr H Crimlisk has no CETV applicable for 1995 scheme in either year.

Period 1 April 2023 to 31 March 2024							
Name and title	Real Increase in Pension at pension age (bands of £2,500)	Real Increase in Pension Lump Sum at pension age (bands of £2,500)	Total Accrued Pension at pension age at 31 March 2024 (bands of £5,000)	Lump sum at pension age related to accrued pension at 31 March 2024 (bands of £5,000)	Cash Equivalent Transfer Value at 31 March 2025	Cash Equivalent Transfer Value at 31 March 2024	Real Increase/ (Decrease) in Cash Equivalent Transfer Value
	£'000	£'000	£'000	£'000	£'000	£'000	£'000
S Yasmeen, Chief Executive (from 1st July 2023)	0 - 2.5	0	30 - 35	45 - 50	604	437	80
P Easthope, Executive Director of Finance, IMST and Performance	0	30 - 32.5	35 - 40	95 - 100	736	544	119
Dr M Hunter, Executive Medical Director	0	12.5 - 15	50 - 55	140 - 145	1,188	916	144
J Drury, Director of Strategy (from 1st January 2024)	0 - 2.5	0	20 - 25	55 - 60	501	444	2
D Lawrenson, Director of Corporate Governance and Board Secretary	0	7.5 - 10	30 - 35	85 - 90	813	671	60
S Midgley, Executive Director of Nursing and Professions	0	0 - 2.5	75 - 80	210 - 215	1,806	1,484	155
C Parry, Executive Director of People	0 - 2.5	0	10 - 15	0	185	121	37
N Robertson, Director of Operations and Transformation	0	30 - 32.5	35 - 40	100 - 105	871	644	145
H Crimlisk, Interim Medical Director (from 1st March 2024)	0 - 2.5	0	60 - 65	170 - 175	94	1,424	(1,476)

3.13.10 Service contract obligations

There is a requirement to notify of any outside business interests, contracts or 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.

There were no obligations to the Trust from service contracts within senior managers' contracts in 2024/25.

3.13.11 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 or becoming disqualified from holding office as an Executive Director.

3.13.12 Statement of consideration of employment conditions elsewhere in the Trust

The Remuneration and Nomination Committee took explicit account of the Agenda for Change pay award which was effective from April 2024

3.14 Staff Report

3.14.1 Staff numbers and staff costs

Analysis of average staff numbers for the full year 2024/25:

Average number of employees (whole time equivalent basis)	Permanent	Other	2024/25 Total	2023/24 Total
Medical and Dental	155	8	163	158
Administration and Estates	634	9	643	675
Healthcare Assistants and Other Support Staff	669	115	784	823
Nursing, Midwifery and Health Visiting Staff	507	38	545	539
Scientific, Therapeutic and Technical Staff	343	2	345	353
Other	6	-	6	7
Total average numbers	2,314	172	2,486	2,555
Of which:				
Number of employees (WTE) engaged on capital projects	30	5	35	39

Below is a breakdown of Directors, Senior Managers and employees.

Gender Split (at 31 March 2025)	Male	Female
Director	5	9
Senior manager (Incl. VSM)	164	421
Employees (excluding above)	494	1582

3.14.2 Sickness absence

The sickness absence rates for the Trust can be found on the NHS Digital website at <https://digital.nhs.uk/data-and-information/publications/statistical/nhs-sickness-absence-rates>

3.14.3 How we support equality, diversity and inclusion (equality report)

We publish separate reports focused on our diversity and inclusion policies, initiatives and longer-term ambitions, these reports include our performance against national targets, barriers we have identified and our plans to overcome them. Our reports are published on our web site.

- Our Equality Objectives and Equality Diversity and Inclusion Strategic Overview Action Plan is published here.
- Delivering our Equality Objectives is now part of our annual Operational Plan which is reported on through the Operational Plan reports to our Board.
- We publish a separate Annual Equality and Human Rights Report which includes information on our progress against these each year.
- Our Annual Workforce Disability Equality Standard Report outlines our actions on Disability equality.
- Our Annual Workforce Race Equality Standard Report outlines our actions on Race equality.

You can read these reports and reports from previous years at www.shsc.nhs.uk/about-us/equality-diversity-and-inclusion. Equality Delivery System Reports are also published in this section.

3.14.4 Supporting disabled employees

The Trust continue to be a Disability Confident Employer including offering a guaranteed interview to disabled applicants who meet the essential requirements of the role. Using Trac (recruitment system) to advertise our roles, this allows the Trust to keep personal information confidential during shortlisting but also provides a flagging system so we know if a person should be considered under our guaranteed interview policy.

A Disabled Staff Policy sets out our policy approach and focuses on a social model of disability, with lived experience as an essential and desirable criterion in many of our roles. The policy supports the provision of adjustments and Disability Related leave.

The Trust 2024 Annual Workforce Disability Equality Standard Report which can be found here: <https://www.shsc.nhs.uk/sites/default/files/2024-11/WorkforceDisabilityEqualityStandardReport2024.pdf>

This provides details of the percentage of Disabled staff in our organisation in different pay bands and their experience in our organisation, the report also highlights our 2024/25 action on disability, this is co-produced with the Disabled Staff Network Group.

3.14.5 Modern Slavery

The Trust takes a zero-tolerance approach to modern slavery and human trafficking and has taken several steps to ensure that it does not take place in any part of our supply chains. Any identified concerns regarding modern slavery and human trafficking are escalated as part of the organisational safeguarding process working in conjunction with our partner agencies. Our full modern slavery statement is published on our website pursuant to section 54 of the Modern Slavery Act 2015: <https://www.shsc.nhs.uk/about-us/statements-and-reporting>. This includes a list of the actions we have already taken.

3.14.6 Staff engagement and consultation

The performance section of the annual report provides further details on the staff survey results and key findings. This can be found in section 2.

3.14.7 Staff Survey - What we have heard from our staff and how we have responded

The survey is aligned to the [NHS People Promise](#) to track progress against its ambition to make the NHS the workplace we all want it to be. The survey is commissioned by [NHS England](#) and NHS Improvement and is key to delivery of the NHS Long Term Workforce Plan.

The results from the 2024 survey were published in March 2025. The Trust heard from 62% (1614) of our substantive staff in the survey, a rise from 52% (1329) participants in 2023. It was also pleasing to see increases in participation from ethnically diverse staff rising from 209 participants in 2023 to 314 in 2024.

The bank staff survey response rate was 34% (92) of our bank staff, a rise from 28% (77) responses in 2023.

3.14.7.1 Staff Survey 2024 Results

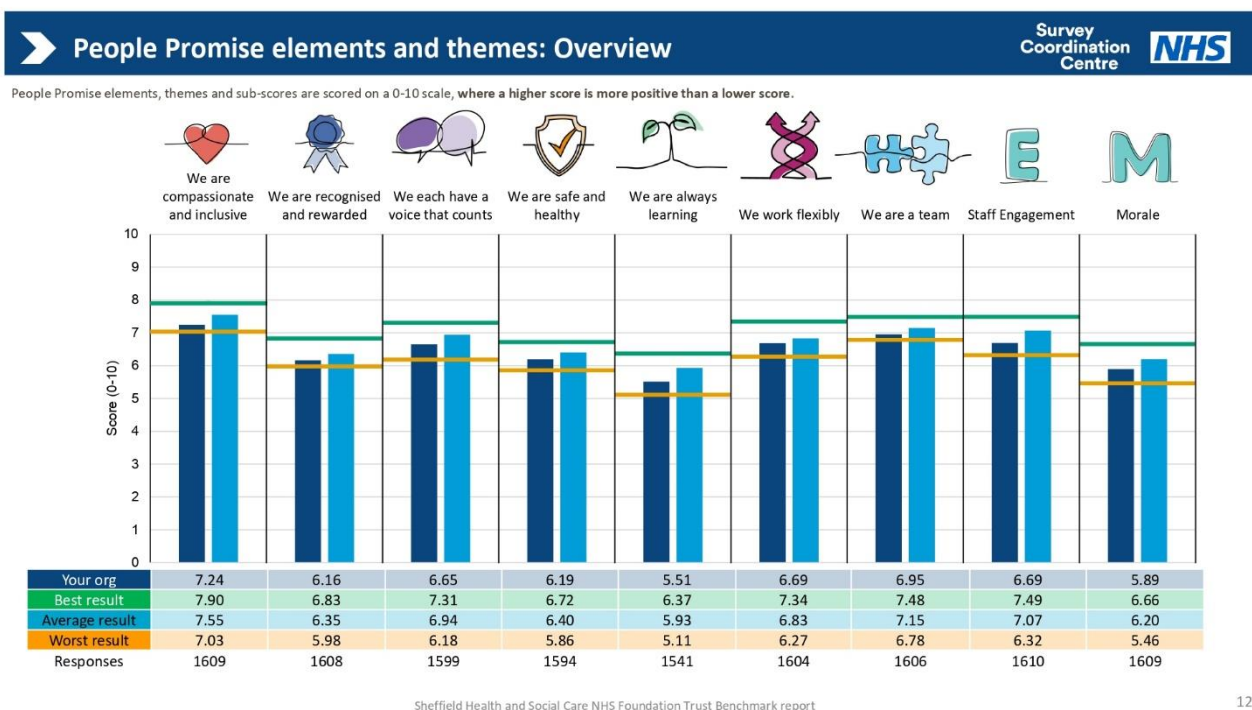
Our 2024 substantive survey results show marginal improvements across the full question set in staff engagement and experience. The bank staff results show a positive increase in engagement with 71% of the questions increasing and 25% decreasing. Other questions were unchanged which is a positive reversal of the 2023 results.

The Trust recognise that we are slightly behind the average scores of 50 mental health and learning disability trusts nationally. Despite improvements across most People Promise themes and sub themes. Advocacy scores are a key indicator of how staff feel about working for SHSC and the care we provide. It is vital and reassuring to see positive movement in our 2024 results.

The Trust most improved question in 2023 'I would recommend my organisation as a place to work' continues to improve. Between 2021-2024, there has been a 10% increase in our scores.

3.14.7.2 People Promise

Three out of the seven 'People Promise' elements have increased from 2023 results, together with staff engagement and morale. The Trust also maintained position across the remaining four out of the seven People Promise elements.



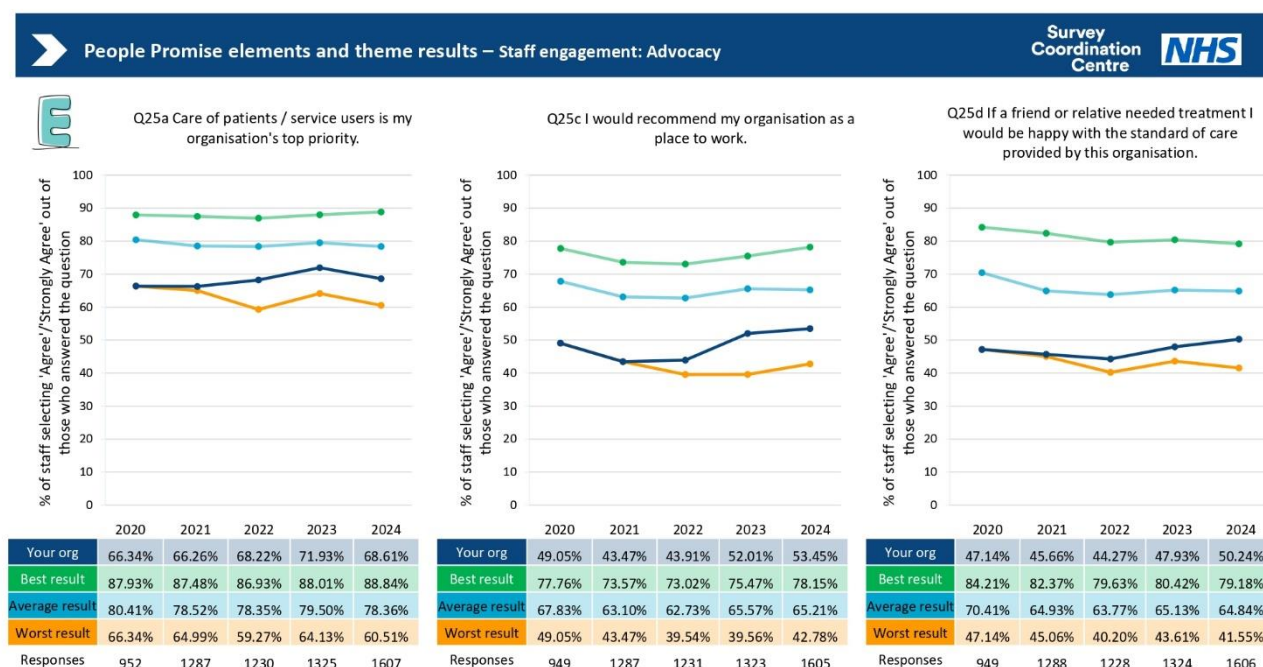
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(Source: National NHS Staff Survey Results Benchmarking Report 2025)

3.14.7.3 People Promise scores 2023-2024

People Promise theme	Trust score 2023	Trust score 2024
We are compassionate and inclusive	7.31	7.26
We are recognised and rewarded	6.24	6.20
We each have a voice that counts	6.69	6.67
We are safe and healthy	6.15	6.21
We are always learning	5.55	5.55
We work flexibly	6.76	6.70
We are a team	6.96	6.97
Staff engagement	6.69	6.71
Morale	5.85	5.90

3.14.7.4 Advocacy

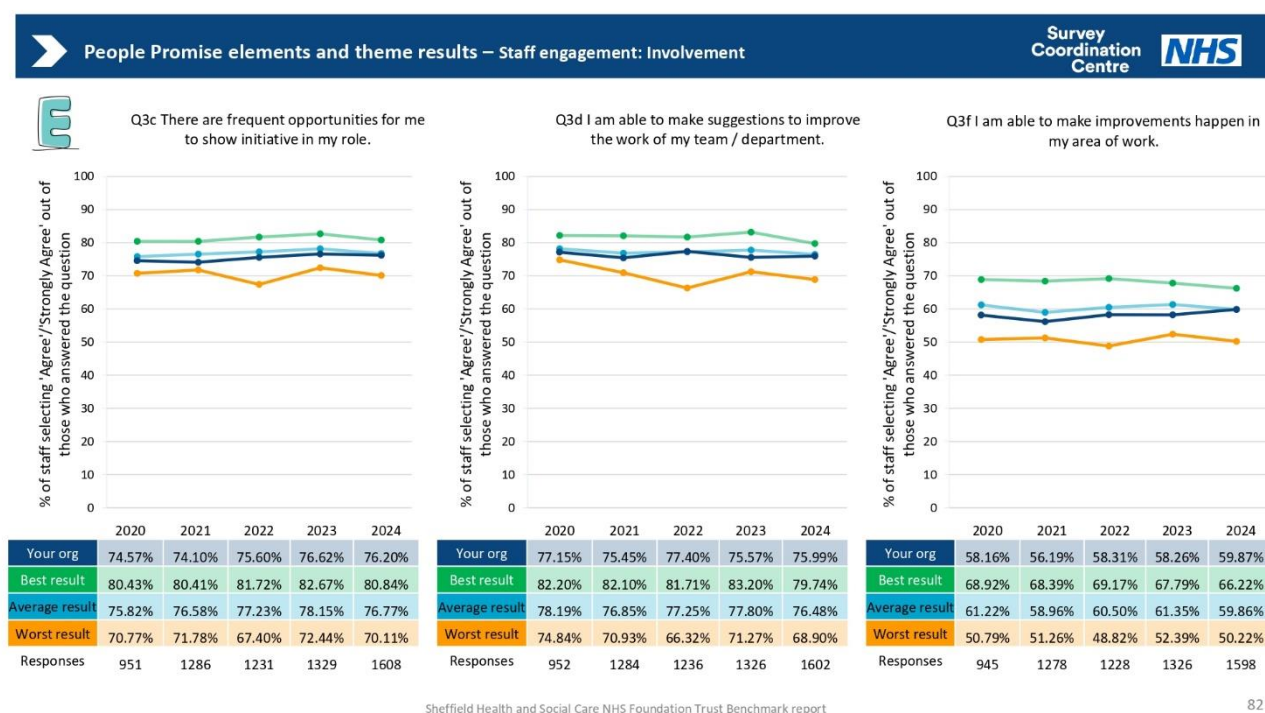


Sheffield Health and Social Care NHS Foundation Trust Benchmark report

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(Illustration 3 – SHSC's advocacy results against national comparator group: 2020-24)

3.14.7.5 Positive themes from results analysis are:



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(Illustration 4 – SHSC's improvement results against national comparator group: 2020-24)

3.14.8 Themes that need improvement:

We have heard our staff voice through our national and local surveys and are using this to improve our staff experience. In 2024 we held events in partnership with external organisations to support staff who experience discrimination in their work. We continue to develop our reward and recognition and have more people nominated for Shine awards than ever before and recognised long service. We have used our results from the 2024 survey to inform bids for investment to support staff wellbeing.

3.14.9 Examples of activity to improve what working experiences for staff at SHSC, and to improve advocacy are highlighted below

Our commitment to understand what sits behind why people advocate working for the Trust, and exploring what motivates people to come to work, advocate for the care our people provide and prioritising care as an organisation is part of what we do. Over this last year we have:

- Worked closely with our wellbeing champions to build advocacy and engagement so that our 2024 staff survey numbers increase. This has meant that more people have taken part. We are particularly proud of the fact that our facilities and estates team were more engaged using paper surveys, and we had more diversity in responses due to an increase from colleagues who are non-white.
- Trust champions provided teams with local support and information to equip people to make their voice count and championed the 'we said, we did' campaign and played an active role in talking about our wellbeing offers. One Wellbeing Champion commented 'I always fill in my staff survey to acknowledge how much hard work has gone into making the Trust work.'
- The staff well-being and engagement group (SWEG) took place monthly, with all staff invited to attend. Staff bring examples of their engagement work to share with colleagues, promoting the great work taking place across teams and services as well as matters of concern and

importance to discuss. Sometimes these are escalated through our governance channels and into people committee. An initiative to further widen the reach of talking about staff wellbeing and engagement continues. The Trust remain committed to engaging our workforce through:

- Staff 'Shine' awards which took place in February 2025.
- Executive visits to services and teams throughout the year.
- In conversation with the Chief Executive each month – an open space for colleagues to talk about anything that feels important
- Executive huddles to ensure effective communication is delivered through leadership
- A monthly cascade delivered by the Chief Executive with support from lead Directors which is then shared to be cascaded to frontline staff and teams.
- A bimonthly face to face leadership group in a setting outside of work to encourage sharing of information, workshops and learning.
- A summer of developing Trust Values through extensive engagement, co-design and conversation, led through the delivery group to ensure our values are lived through our behaviours.

3.14.10 Health and safety

The well-established Trust Health and Safety Committee acts as the focal point for all matters relating to the management of fire, security and health and safety. It provides advice and assurance to the Trust Board and its committee structure on all matters relating to fire, security, health and safety. The committee supports the improvement of health and safety leadership, management commitment and employee participation and ensures health and safety management systems and processes are continually developed and monitored to the highest standards and 119inimize risk to all.

Work within the last year has continued to see the production of an annual report and board level director training. In addition, as part of monitoring effectiveness of the Committee new sub-groups have been introduced, Operational Fire and Security Group and Operational Health and Safety Group, both of which will provide a consultative forum to discuss and monitor the implementation of the Trust's health and safety policy that will further ensure that staff health, safety and welfare is protected and promoted within the Trust.

3.14.11 Gender Pay Gap

We published our 2024 Gender Pay Gap in May 2024. This can be viewed through the Government Gender Pay Gap reporting portal [Sheffield Health and Social Care NHS Foundation Trust gender pay gap report for 2024-25 reporting year](#)

Our narrative Gender Pay Gap report ([15 Public BoD May 2024 Gender Pay Gap report .pdf](#)) was received by our Board in May 2024 and highlights, in detail, progress toward reducing our gender pay gaps.

3.14.12 Trade Union Facility Time

The Trust annually reports on our trade union facility time. For 2024/25 this is as follows:

Percentage of time spent on facilities	Number of representatives
100%	5
50%-100%	0
25%-50%	0
15%-25%	0
10%-15%	2
5%-10%	3
0%-5%	8
0%	8
Total	26

3.14.13 Trade union representatives and full-time equivalents

The Trust has 26 Trade Union representatives across BMA, UNISON, UNITE and RCN and 25.6 full-time equivalents.

3.14.14 Percentage of time spent on facility time

Percentage of working hours spent on facility time	Number of representatives
0%	8
1 to 50%	13
51 to 99%	0
100%	5
Total	26

3.14.15 Percentage of pay bill spent on facility time

Total pay bill: £126,827,737

Total cost of facility time: £246,759

The percentage of pay spent on facility time: 0.19%

3.14.16 Paid trade union activities

Hours spent on paid facility time: 10032

Hours spent on paid trade union activities: 1195.5

Percentage of total paid facility time hours spent on paid TU activities: 11.92%

3.14.17 Expenditure on consultancy

Expenditure on Consultancy is £437,730 per draft account. This is subject to audit checks.

3.14.18 Off-payroll engagements

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

Table 1: For all off-payroll engagements as of 31 March 2024, for more than £245 per day:

Off-payroll engagement	Number
Number of existing engagements as of 31 March 2024	11
Of which:	
Number that has existed for less than one year at time of reporting	7
Number that has existed for between one and two years at time of reporting.	3
Number that has existed for between two and three years at time of reporting.	1
Number that has existed for between three and four years at time of reporting.	0
Number that has existed for four years or more years at time of reporting.	0

Table 2: For all off-payroll appointments engaged at any point during the year ended 31 March 2025, for more than £245 per day:

Off-payroll engagement	Number
Number of temporary off payroll workers engaged between 1 April 2024 and 31 March 2025	44
Of which:	
Number assessed as not subject to off payroll legislation	0
Number subject to off-payroll legislation and determined as in-scope of IR35	44
Number subject to off-payroll legislation and determined as out of scope of IR35	0
Number of engagements reassessed for compliance or assurance purposes during the year	0
Number of engagements that saw a change to IR35 status following review	0

Table 3: For any off-payroll engagements of Board members, and/or senior officials with significant financial responsibility, between 1 April 2024 and 31 March 2025:

	Number
Number of off-payroll engagements of board members, and/or senior officials with significant financial responsibility, during the financial year.	0
Number of individuals that have been deemed 'board members and/or senior officials with significant financial responsibility' during the financial year. This figure must include both off-payroll and on-payroll engagements.	11

3.14.19 Exit packages

The tables below summarise the total number of exit packages agreed during the year and the previous financial year. Included within these are compulsory redundancies and other schemes including MARS (Mutually Agreed Resignation Scheme) applications.

The tables show packages agreed in year, irrespective of the actual date of accrual or payment.

2024/2025			
Exit package cost band (including any special payment element)	Number of compulsory redundancies	Number of other departures agreed	Total number of exit packages by cost band
<10,000	1	-	1
10,000 - 25,000	1	-	1
25,001 - 50,000	2	-	2
50,001 - 100,000	3	-	3
100,001 - 150,000	-	-	-
150,001 - 200,000	-	-	-
>200,001	-	-	-
Total number of exit	7	-	7
Total cost (£000s)	297	-	297

2023/2024			
Exit package cost band (including any special payment element)	Number of compulsory redundancies	Number of other departures agreed	Total number of exit packages by cost band
<10,000	1	-	1
10,000 - 25,000	4	-	4
25,001 - 50,000	5	-	5
50,001 - 100,000	2	-	2
100,001 - 150,000	-	-	-
150,001 - 200,000	-	-	-
>200,001	-	-	-
Total number of exit	12	-	12
Total cost (£000s)	381	-	381

The table below discloses non-compulsory departures and values of associated payments. The

table shows packages agreed in year, irrespective of the actual date of 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 below will not necessarily match the total numbers in the exit packages table above which represents the number of individuals.

	2024/25		2023/24	
	Agreements	Total value of agreements	Agreements	Total value of agreements
	Number	£000	Number	£000
Voluntary redundancies including early retirement contractual costs	0	0	0	0
Contractual payments in lieu of notice	7	297	12	381
Total				
Of which: Non-contractual payments requiring HMT approval made to individuals where the payment value was more than 12 months of their annual salary	0	0	0	0

3.14.20 Staff turnover

Information on our turnover of staff can be found on the NHS Digital website at [NHS workforce statistics - NHS England Digital](#)

3.14.21 Countering fraud, bribery and corruption

The Director of Finance is responsible for ensuring compliance with the NHS Counter Fraud Authority strategy for countering fraud, bribery and corruption and the application of the related Government and NHS Counter Fraud Authority adopted Counter Fraud Functional Standards. These have replaced the Standards for Providers. Our Counter Fraud Service is provided by 360 Assurance and the Local Counter Fraud Specialist attends meetings of the Audit and Risk Committee to provide updates on progress against the annual work plan and compliance across the full range of 13 Functional Standards.

Staff are trained in fraud awareness, and we actively promote the mechanisms for staff to report any concerns. All concerns of fraud, bribery and corruption at the Trust is referred to the Local Counter Fraud Specialist and addressed in accordance with the Trust's Fraud, Bribery and Corruption Policy. The Local Counter Fraud Specialist reports annually on all work undertaken, including the outcome of investigations.

3.15 Code of Governance Disclosures

3.15.1 Our commitment to good governance

Over the last year there has been continued commitment to improving corporate and quality governance arrangements. Our focus has been to ensure all parts of our organisation are better aware of the quality, safety and effectiveness of the care we provide and that the right decisions are taken by the right people, at the right time, to maintain and improve quality.

It is for the Council of Governors, in a general meeting, to determine the remuneration, allowances and other terms and conditions of office of the Chair and the Non-Executive Directors, considering

the recommendations made to it by the Nomination and Remuneration Committee.

It is the responsibility of the Council of Governors' Nomination and Remuneration Committee to ensure performance is monitored for the 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 Nomination and Remuneration Committee for the past year are reported in Section 3.12.7 of this report.

3.15.2 Compliance with the provisions of the Code

SHSC 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 2024, is based on the principles of the UK Corporate Governance Code issued in 2012. The revised Code 2024 has been used for the 2024/25 annual report. In 2024/25 the Trust complied with all relevant requirements of the Code.

The Trust has moved away from four-year terms for Non-Executive Directors to three-year terms for newly appointed Non-Executive Directors. Measures put in place to comply with the requirements of the Care Quality Commission inspections are well developed and the organisation has retained System Oversight Framework (SOF) segment three throughout the year. The Trust was recognised for improvements made and moved to system oversight from regional oversight to system oversight regarding quality reporting.

3.15.3 Disclosure of corporate governance arrangements

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

A 2.1	The Board of Directors ensures that the Trust actively addresses opportunities to work with other providers to tackle shared challenges through entering into partnership arrangements such as provider collaboratives. This ensures that services meet the needs of the population so the approach to delivering any improvement or change is through clear information, communication and involvement. Ensuring co-production, quality improvement, addressing health inequalities and sustainability drive the required outcome.	Sections 1.3 1.5
A.2.3	The Trust fosters a culture of continuous improvement, ensuring that positive practices are identified, shared, and embedded across the organisation to enhance overall safety and quality of care, building a culture that is values led, inclusive and supports the wellbeing of our staff.	Section 1.6 2.3.4
A.2.8	Partnerships bring together a range of stakeholders to set priorities and develop plans for service delivery and improvement. This collaborative approach enables agencies to align their strategies and directly contribute to improvement priorities across both Sheffield and the wider South Yorkshire system. During 2024 the Trust continued to share best practice and work in collaboration with Sheffield partners and the South Yorkshire system.	Section 1.3 1.5 2.3

B.2.6	<p>The Board of Directors considers the following voting Non- Executive Directors to be independent in character and judgement:</p> <p>I. Sharon Mays (Chair) II. Heather Smith III. Anne Dray IV. Dr Olayinka Monisola Fadahunsi-Oluwole V. Owen McLellan VI. Mark Dundon</p> <p>The Board of Directors holds this view in relation to all the above - mentioned directors for the following reasons:</p> <ul style="list-style-type: none"> • None of them are employed by the Trust or has been in the last two years • None of them has, or has had, within the last two 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 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 has served on the Board of this NHS Foundation Trust for more than six years from the date of their first appointment. • None of them is an appointed representative of the trust's university medical or dental school. 	Section 3.4.2
B2.13	Individual director attendance at Board of Directors and committee meetings 2024/25 is detailed in section 3.6 of the report. Responsibilities are clearly set out with the individual committee terms of reference, and standing orders which are agreed by the Board of Directors and published on the website annually.	Section 3.6
B2.17	The Board of Directors is responsible for all key strategic decisions. It has established several committees with clear terms of reference and levels of delegation to undertake a detailed review of areas of Trust business. Clarity of roles and responsibilities within governance arrangements are provided in the Standing Orders of the Board of Directors and the Council of Governors.	3.3 3.6 3.12
C2.5	No external agencies were engaged to support the Council of Governors in the appointment of the chair and non-executive director during 2024-2025.	Section 3.12.7
C2.8	The Nomination and Remuneration Committee of the Council of Governors meets and receives considerations from the Board of Directors on any skills required for any appointments to Chair or Non-Executive roles and receives and approves job descriptions, recruitment and appointment processes. The main role and responsibilities of the nominations committee are available publicly through the written terms of references that are approved annually at the Council of Governors meeting.	Section 3.12.7

C4.2	The Board of Directors regularly reviews its composition and considers the current composition reflects the skills and competencies required for the Trust to fulfil its obligations. The Board of Directors 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.	Section 3.4
C4.7	In 2024/25 the Board of Directors commissioned an externally supported well-led review. This included a focus on the new CQC quality statements. The organisation commissioned to undertake the review was with the Good Governance Institute (GGI). No connections with the trust or individual directors have been identified.	Section 3.2
C4.13	The board of directors ensures it retains the necessary skills across its directors and works with the council of governors through the Nomination and Remuneration committee to ensure there is appropriate succession planning to reflect Board composition, skills, experience and diversity. The Remuneration and Nomination Committee makes determination of the composition, balance, skill mix and succession planning of the Board of Directors, as well as advising on appropriate remuneration and terms and conditions of service of the Chief Executive, executive directors and directors	Section 3.3. 3.7 3.12
C5.15	The Trust's membership is an essential asset and is well represented by the Council of Governors. Communication and engagement with members takes place through a variety of channels. During 2024/25 the members have been contacted for their input into the Trust strategy refresh	Section 3.12.
D2.4	An explanation of the work of the Audit and Risk Committee can be found in the report which includes any significant statements the committee considered in relation to financial statements, operations and compliance, and how these issues were addressed, It also contains 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.	Section 3.7
D2.6	The Directors are responsible for preparing the annual report and accounts, and consider the report, taken as a whole, to be a fair, balanced and clear account of the performance of the organisation during the financial year.	Section 2.0
D2.7	The Board of Directors and its committees receive and scrutinise the risks to achieving strategic objectives through the Board Assurance Framework and the Corporate Risk registers. Work has taken place by the Board of Directors to determine current risk appetite with updated appetite statements captured and reflected on the Board Assurance Framework and the Risk Management Framework. A healthy culture of risk discussion is encouraged at all levels to support effective corporate and clinical risk management with risk registers in place to ensure risks are identified, escalated and managed effectively.	Section 3.17
D2.8	The Audit and Risk Committee provides the Board of Directors with an independent and objective review of the system of internal control and overall assurance process associated with managing risk, including the key elements of the risk management strategy, the way in which risk (or change in risk) is identified, evaluated, transferred and controlled, and risk appetite is applied. A summary of the principal risks faced and how these have affected the delivery of objectives, how they have changed, how they have been mitigated and any emerging risks that may affect future performance.	Section 2.17

D2.9	The directors have adopted the going-concern basis in preparing the accounts, following the definition of going concern in the public sector adopted by HM Treasury's Financial Reporting Manual.	Section 2.3.8
E2.3	Details regarding Director remuneration can be found within the Remuneration Report within the salaries and allowances table.	Section 3.13
Appendix B, para 2.3 (not in Schedule A)	The constituencies, eligibility criteria and membership numbers of the constituencies sets out the composition of the Council of Governors throughout the financial year. The totals represent the number of governors in post as of 31 March 2025. It is a requirement that Foundation Trusts identify a Lead Governor from within its Council of Governors, and the nominated lead governors during 2024-25 are identified with table B of the report.	Section 3.12.10
Appendix B, para 2.14 (not in Schedule A)	Communication and engagement with members takes place through a variety of channels. Members who wish to communicate with Governors or Directors may do so via the Trust's website where contact details are clearly stated.	Section 3.12.11
Appendix B, para 2.15 (not in Schedule A)	The Board of Directors continues to have regard for the views of the Council of Governors in a range of ways and Governors have received regular internal briefings and communications as required. Examples of opportunities for Governors to engage in the financial year are included within the report. 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 through Board of Directors meeting updates on the affairs of the Council of Governors and Trust's members. Board members are appraised of members' opinions at the Annual Members Meeting where views are canvassed.	Section 3.12
Additional requirement of FT ARM resulting from legislation	The Council of Governors has not had to exercise its powers under paragraph 10c of Schedule 7 of the NHS Act 2006 during the financial year.	

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

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

- Trust Constitution
- Standing Orders of the Board of Directors and the Council of Governors
- Standing Financial Instructions and Scheme of Delegation
- Annual Governance Statement
- Codes of Conduct and Standards of Business Conduct
- Annual Operating Plan
- Annual Report

3.15.5 NHS oversight framework

NHS England's NHS Oversight Framework²⁴ provides the framework for overseeing systems including providers and identifying potential support needs. NHS organisations are allocated to one of four 'segments'.

A segmentation decision indicates the scale and general nature of support needs, from no specific support needs (segment 1) to a requirement for mandated intensive support (segment 4). A segment does not determine specific support requirements. By default, all NHS organisations are allocated to segment 2 unless the criteria for moving into another segment are met. These criteria have two components:

- a) objective and measurable eligibility criteria based on performance against the six oversight themes using the relevant oversight metrics (the themes are: quality of care, access and outcomes; people; preventing ill-health and reducing inequalities; leadership and capability; finance and use of resources; local strategic priorities)
- b) additional considerations focused on the assessment of system leadership and behaviours, and improvement capability and capacity.

An NHS foundation trust will be in segment 3 or 4 only where it has been found to be in breach or suspected of breach of its licence conditions.

Segmentation

NHS England and NHS Improvement reviewed the Trust's performance and information available to it in the year and confirmed that the Trust remains in Segment 3.

In response to the South Yorkshire system financial position the system is operating under NHS England's Investigation and Implementation (I&I) process from April 2024, to ensure the system better understands the financial challenges, and to provide support in the form of intervention to assist systems to deliver agreed plans.

This segmentation information is the trust's position as at April 2025. Current segmentation information for NHS trusts and foundation trusts is published on the NHS England website: <https://www.england.nhs.uk/publication/nhs-system-oversight-framework-segmentation/>.

3.16 Statement of the Chief Executive's responsibilities as the Accounting Officer of Sheffield Health and 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 England.

NHS England has given accounts directions which require Sheffield Health and 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 SHSC NHS Foundation Trust and of its income and expenditure, other items of comprehensive income and cash flows for the financial year.

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

- observe the Accounts Direction issued by NHS England, including the relevant accounting and disclosure requirements, and apply suitable accounting policies on a consistent basis.
- make judgements and estimates on a reasonable basis
- State whether applicable accounting standards as set out in the NHS Foundation Trust Annual Reporting Manual (and the Department of Health and Social Care Group Accounting Manual) have been followed, and disclose and explain any material departures in the financial statements
- ensure that the use of public funds complies with the relevant legislation, delegated authorities and guidance
- confirm that the annual report and accounts, taken as a whole, is fair, balanced and understandable and provides the information necessary for patients, regulators and stakeholders to assess the NHS foundation trust's performance, business model and strategy, and
- prepare the financial statements on a going concern basis and disclose any material uncertainties over going concern.

The accounting officer is responsible for keeping proper accounting records which disclose with reasonable accuracy at any time the financial position of the NHS foundation trust and enable them to ensure that the accounts comply with requirements outlined in the above-mentioned Act.

The Accounting Officer is also responsible for safeguarding the assets of the NHS foundation trust and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

As far as I am aware, there is no relevant audit information of which the foundation trust's auditors are unaware, and I have taken all the steps that I ought to have taken to make myself aware of any relevant audit information and to establish that the entity's auditors are aware of that information. To the best of my knowledge and belief, I have properly discharged the responsibilities set out in the NHS Foundation Trust Accounting Officer Memorandum.

Salma Yasmeen

Chief Executive

Date: 27 June 2025

3.17 Annual Governance Statement

3.17.1 Scope of responsibility

As Accountable Officer, I have responsibility for maintaining a sound system of internal control that supports the achievement of the NHS Trust's policies, aims and objectives, whilst safeguarding the public funds and departmental assets for which I am personally responsible, in accordance with the responsibilities assigned to me. I am also responsible for ensuring that SHSC (the Trust') is administered prudently and economically and that resources are applied efficiently and effectively. I also acknowledge my responsibilities as set out in the NHS Trust Accountable Officer Memorandum.

3.17.2 The purpose of the system of internal control

The system of internal control is designed to manage risk to a reasonable level rather than to eliminate all risk of failure to achieve policies, aims and objectives; it can therefore only provide reasonable and not absolute assurance of effectiveness. The system of internal control is based on an ongoing process designed to identify and prioritise the risks to the achievement of the policies, aims and objectives of the Trust, to evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively and economically. The system of internal control has been in place in the Trust for the year ended 31 March 2025 and up to the date of approval of the annual report and accounts.

3.17.3 Capacity to handle risk

Our Board has overall responsibility and accountability for setting the strategic direction of the Trust and ensuring there are sound systems in place for the management of risk.

Assurance is gained from a wide range of sources that are systematic, supported by evidence and incorporated within a robust governance process. The Board of Directors achieves this through the work of its assurance committees, by audit and other independent inspections, and by systematic collection and scrutiny of performance data, to evidence the achievement of objectives.

This is delivered through the following governance systems:

- Executive Management Team (EMT) - this group has been formally strengthened in the financial year as a formal strategic, operational and performance decision making forum under the leadership of the Chief Executive. EMT executes the planning and delivery of the Trust strategy, operational plans and Trust priorities and these are delivered through the values of the Trust. EMT also supports collective action on the key priorities and in managing risks, providing assurance around governance and overseeing reports prior to their receipt through board assurance committees. This group was supported in 2024/25 through the introduction of an Operational Management Group reporting into EMT and providing oversight on all aspects of our operational delivery.
- Board assurance committees - The Board of Directors and its committees receive and scrutinise the risks to achieving our strategic objectives through the Board Assurance Framework and the Corporate Risk registers. The Audit and Risk Committee has delegated responsibility for monitoring the risk management and assurance systems within the Trust.
- Performance reviews - All operational services have a consistent and established integrated performance and quality review framework that ensures day-to-day performance is reviewed. The Executive team conducts quarterly performance reviews and bi-annual well-

led reviews of all departments and this process has been reviewed and strengthened during the financial year.

- Clear improvement priorities - Priorities have been developed, agreed and are represented in our delivery plans. These priorities will ensure clarity of purpose, and that each improvement priority has a defined timeframe, milestones and agreed measurements to ensure we can understand the progress made, outcomes delivered and agreed governance oversight.
- Managing risks to the delivery of safe and effective services - The Board Assurance Framework sets out the Trust's strategic objectives, the risk to achieving them and the control and assurance mechanisms that have been put in place to manage risks and deliver the objectives. A healthy culture of risk discussion is encouraged at all levels to support effective corporate and clinical risk management with risk registers in place to ensure risks are identified, escalated and managed effectively.
- All members of staff have a significant role to play in identifying, assessing and managing risk. To support staff, the Trust engenders a fair and open environment. The Trust's culture promotes the reporting of all incidents and staff are encouraged to follow alternative feedback mechanisms, including through the Freedom to Speak Up (FTSU) Guardian, the Guardian of Safe Working and/or through the Trust's FTSU (whistleblowing) policy which was updated during the financial year and reflects national requirements.
- Ensuring the delivery of our plan - We have put in place a range of actions to deliver the strategic priorities and key deliverables against our Annual Operational Plan. The Annual Operational Plan has monitoring arrangements in place explicitly linked with the Board Assurance Framework risks. Progress against the plan is reported to our Executive Management Team, Finance and Performance Committee and received at the Board of Directors on a quarterly basis with a six-month report received at Council of Governors and engagement with them on priorities. Corrective action is taken where required.
- The internal audit plan includes a yearly review of the Trust's approach to risk management. The recommendations and learning identified from such reviews are taken forward, to support improvements and the embedding of risk management in the Trust. The Audit and Risk Committee maintains oversight of the internal audit plans and internal audit reports are also received at the executive management team and relevant board committees for assurance and for monitoring delivery of actions.
- Leadership arrangements for risk management are detailed in the Trust's risk management framework which was updated during the financial year. The risk management framework outlines our approach to risk and the accountability arrangements including the responsibilities of the Board of Directors and its Committees, Executive Directors and all staff.

Work has taken place by the Board of Directors to determine current risk appetite with updated appetite statements captured and reflected on the Board Assurance Framework and the Risk Management Framework. A Risk Oversight Group, reporting to the Audit and Risk committee and the Executive Management Team continues to strengthen, confirm and challenge around risks on the Corporate Risk register, support cascading risk appetite statements across the organisation and understanding of requirements and to support development of the review of the Risk Management Framework during the year.

3.17.4 Risk and Control Framework

The Trust recognises that positive and managed risk taking is essential for growth, development and innovation. Risks are not seen as barriers to change and improvement; instead, they are recognised, considered and managed effectively as part of service improvements.

The Trust's Risk Management Framework was refreshed and approved by the Audit and Risk Management Committee and the Board of Directors in July 2024. It describes the Trust's strategic approach to safety and risk management; it follows the principles of good governance and sets out the Trust's governance arrangements for risk, together with defining levels of authority, accountability, responsibility, transfer and escalation for risk management.

Risks are graded according to their severity and likelihood of occurrence, using a 5x5 risk grading matrix based upon guidance produced by the former National Patient Safety Agency with controls and actions identified to mitigate risks down to their target score.

High level risks rated at 12 or above, as well as risks which are considered to affect more than one directorate (which may be below 12), are considered for entry onto the Corporate Risk Register (CRR). Risks are recorded on an electronic risk management database (Ulysses), which is separated into teams and directorates with risks held at corporate, directorate or team level.

All recorded risks have an accountable individual and are reviewed and monitored by the appropriate operational governance group. Each directorate is required to have a risk register lead responsible for managing and maintaining their risk register.

Risks on the CRR are overseen by lead Directors, received, monitored and undergo confirm and challenge through the Risk Oversight Group, Executive Management Team, and Board assurance committees with the CRR received at each public Board of Directors meeting.

The CRR is administered by the Head of Corporate Assurance supported, reporting to the Associate Director of Communications and Corporate Governance (Board Secretary).

During 2024/25 work has continued to ensure that all risks scoring 12 or above held locally and not yet escalated onto the CRR, were appropriately reviewed and escalated where required. This was supported by a programme of risk management training with teams and individuals, and scheduled monthly support meetings with general managers and service lead to ensure staff are equipped to manage risk in a way appropriate to their authority and duties.

The table below outlines the highest corporate risks as of 31 March 2025, actions and mitigations in place to address them:

Highest corporate risks as at 31 March 2025	Example of actions completed or underway
Risk that the integrity and safety of the fire doors have been compromised caused by inadequate maintenance through a sufficient Planned Preventative Maintenance (PPM) regime	The Board received updates on actions from the independent survey, and this is monitored at the Finance and Performance Committee.
Risk of failure to deliver required level of savings for 2024/25	The Board received detailed updates on delivery of savings required and carried forward implications to the new financial year. This is monitored by the Finance and Performance Committee.

Demand for the ADHD pathway greatly outweighs the resource and capacity of the service.	During the year, the risks relating to waiting time in specialist service were separated into risks relating to gender identity service and ADHD services, and following a review of by NHS England
Risk to patient health and wellbeing due to the exponential increase in demand on gender identity services that is resulting in very long waiting times	During the year, the risks relating to waiting time in specialist service was separated into risks relating to gender identity service and ADHD services, and following a review of by NHS England
There is a risk that a safe EPR (RIO) is not implemented and adopted by staff	The risk is monitored at the EPR programme Board, and the Board has received regular updates on the risks and Issues that are being actively managed
A risk to patient safety due medical staffing and recruitment challenges	The board received updates on are ongoing recruitment efforts and this is monitored at the People Committee.
There is a risk to the quality and safety of patient care caused by delays in accessing an acute hospital bed in Sheffield	The Board has received regular assurance of progress on the Home First Programme and in particular delivery of the OOA Recovery Plan
There is a risk of deterioration in mental health and safety of patients and carers, caused by a lack of access to available mental health beds, resulting in patients being supported in the community by the older adult (OA) home treatment team	The Board received detailed updates on the Home First Programme to focus on reducing OOA and creating space to make quality and sustainable improvements across services for patients at pace.

The Board of Directors reviews its risk appetite at least annually, aligning it to revised strategic objectives alongside the development of the Board Assurance Framework. Risk appetite is reflected on the CRR and the Board Assurance Framework.

The Trust's approach is to minimise exposure to risk that impacts on patient safety and the quality of our services. However, it accepts and encourages an increased degree of risk relating to innovation, providing the innovation is consistent with the achievement of patient safety and quality improvements.

Risks are also highlighted via incidents (including serious incidents), service user experience, complaints, concerns, safeguarding issues and claims, with patient safety reports received at Quality Assurance Committee and Board of Directors.

Staff are actively encouraged to report all incidents and near misses to enable the Trust to learn from such events and improve service user safety and we have a strong reporting culture. Work is taking place as a system and through the provider collaborative to develop board assurance frameworks and risk registers which will be reflected into those of the Trust where appropriate.

3.17.4.1 Board Assurance Framework (BAF)

The BAF is received at assurance committees throughout the year and monitored, overall, at the Audit and Risk Committee and Board of Directors.

It outlines risks to delivery of the Trust's strategic aims and priorities. It is used to monitor levels of assurance received at the Board of Directors and in committees regarding the robustness of the Trust's system of internal controls and whether the risks are being effectively managed.

All reports received at all Board Assurance Committees and the Board of Directors are required to demonstrate links with the BAF and detail on key risks and how these are being mitigated.

2024/25 BAF identified fourteen strategic risks. During the year improvements have been made to the framework including the introduction of milestones; more granular detail on levels of assurance and clarity on alignment of gaps with associated actions and owners. The BAF and Risk Management received significant assurance through the internal audit process.

The Trust has published a register of interests, including gifts and hospitality, for decision-making staff (as defined by the Trust with reference to the guidance) on the website, as required by the 'Managing Conflicts of Interest in the NHS' guidance.

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

Control measures are in place to ensure that all the organisation's obligations under equality, diversity and human rights legislation are complied with. Reporting around Human Rights and Equality, Diversity and Inclusion continued to be strengthened in 2024/25, and detailed board development sessions have been held.

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

complied with.

The Green Plan has been refreshed and simplified to provide a focused, time bound and measurable action plan for green plan delivery and this was approved by the Board of Directors as part of its sustainability strategy and commitment to this agenda in January 2025.

3.17.4.2 Financial Monitoring oversight arrangements

The Trust financial governance processes have been strengthened during 2024/25 building on the changes implemented in the second half of 2023/24. The South Yorkshire system in operating under NHS England's Investigation and Improvement process and work was undertaken across the system to assess financial controls and make improvements to assist delivery of agreed plans. We have amended expenditure approval requirements, including strengthening controls on agency expenditure, reducing usage and hourly rates of high-cost agency and vacancy control. Further strengthened our understanding, review and reporting of overspending areas with target reductions for all teams/services as part of our recovery plans. We implemented controls to stop all non-essential expenditure.

3.17.4.3 Oversight of Transformation Programmes

Effective portfolio management, led by the Transformation Portfolio Board, plays a pivotal role in realising our vision. By ensuring that projects and programmes align with our strategic objectives, the Transformation Board helps to ensure that we are focused on the right priorities at the right time. This is achieved through the following key responsibilities:

- Providing Strategic Direction: Ensuring that projects are aligned with our strategic aims and that all initiatives are coherent and will meet these objectives.
- Oversight of Delivery: Monitoring the progress of strategic programmes, reviewing their delivery, and addressing emerging challenges or issues.
- Managing Dependencies: Evaluating interdependencies within the portfolio, making recommendations to pause or slow certain initiatives where other priorities take precedence.
- Ensuring Benefits Realisation: Overseeing the establishment of baselines, outcome measures, and benefits realisation plans to track and measure the success of projects.
- Identifying Resource Needs: Ensuring that the necessary resources are identified and allocated to support the delivery of strategic outcomes, where required.
- Strategic Risk Oversight: Identifying and reviewing strategic risks, while also overseeing and monitoring actions to mitigate these risks.
- Stakeholder Engagement: Overseeing communication and engagement plans, ensuring that internal and external stakeholders are informed and involved in the portfolio's progress.
- Monitoring Capacity and Stability: Assessing the organisation's capacity to manage the overall level of change and ensuring business stability during transformation initiatives.

In 2024, the shape of the portfolio evolved, with the inclusion of several new and critical programmes:

- Older Adults Community Teams Project: Redesigning services to ensure outstanding care for service users.
- Home First Programme: Enabling people to receive care at home with support from community and voluntary sector teams or providing high-quality care in a hospital setting until patients are ready for support at home.
- Gleadless and Heeley 24/7 Neighbourhood Mental Health Centre: Providing a community-based support service for individuals with serious mental illness or complex needs and their carers.
- We Are Our Values Programme: Embedding a shared set of behaviours to support high quality service delivery and innovation, forming the cornerstone of our cultural improvement efforts.

Additionally, the Transformation Portfolio Board agreed to close the Community Facilities Programme. As a result, services previously based at St George's have been successfully relocated to more suitable premises. It also provided accommodation for the Assertive Outreach Team and Sheffield Community Forensic Team, allowing Fulwood House to be fully vacated.

The Board also continued its oversight of the Primary and Community Mental Health Transformation, Learning Disabilities Programme, and Community Mental Health Team Programme, all of which are scheduled for closure in 2025.

In 2024, the reporting from the Transformation Portfolio Board to the Board of Directors and its subcommittees has significantly improved. A more focused and detailed report on the portfolio, including key dependencies, progress, and risks, has provided enhanced assurance and clearer, decision-ready information for escalation when needed.

With the launch of the Improvement and Change Framework in 2025, we will refine our approach to programme delivery. The new framework will emphasise continuous improvement throughout the programme lifecycle, foster enhanced collaboration and teamwork, and ensure that a strong focus on impact and outcomes drives all programme activities. This refined approach, supported by the Improvement and Change Delivery Group, will ensure that we continue to deliver meaningful and lasting improvements for the people we serve.

3.17.4.4 Emergency Preparedness Resilience and Response (EPRR)

Sheffield Health and Social Care Foundation Trust (SHSC) have a statutory obligation to ensure that we are prepared, resilient, and responsive to internal and external critical and major incidents. To achieve this, the Trust operates a robust programme to ensure that plans are in place and systems of continuous learning.

In 2023, NHS England revised the core standards that govern EPRR nationally. The standards prior to this had been in place for several years and there was a significant change to the core requirement of an organisation that we had to be assessed on in Quarter 4 of 2023/2024. The assessment against these standards was a pilot across Northeast, Yorkshire and Humber. On completion of this new assessment process, we were rated as non-compliant, as were all other Trust's and the Integrated Care Board across South Yorkshire.

Following the assessment, an action plan has been put in place that will bring us to compliance over the next two years. The action plan was approved by the SHSC Board of Directors in December 2023, and we are making good progress in improving our position and expect to meet requirements by the autumn of 2025.

As per the requirements of NHS England, SHSC have robust governance in place since the changes to the standards, which includes an Accountable Emergency Officer who is a Board Director, a tier 2 EPRR group, which reports quarterly to the Audit and Risk Committee.

SHSC continues to work with local and region partners in preparing for critical incidents, which includes continuous learning and memorandums of understanding to support mutual aid.

Last year (2024), SHSC was only 10% compliant with the NHSE EPRR Core Standards. As of 2025, SHSC is now compliant with 65% of the NHS England (NHSE) EPRR Core Standards. Despite significant improvement, our overall position is still non-compliant. We aim to be 85% compliant by the end of this year and fully compliant by 2026/27, which is in line with other mental health trusts nationally.

3.17.4.5 Public stakeholder involvement in managing risks

The Trust works to continuously improve its approach to engaging service users, carers, governors and partners to learn from individuals' experiences and enable continuous quality improvements in

all areas of our business; this has included particularly effective partnerships with organisations such as Sheffield Flourish to broaden engagement with our communities and through a very active programme of coproduction for all strategies, major plans and initiatives.

Service users, carers, governors and partners engage in the Trust's governance structures and actively take part in groups across the organisation to contribute to planning and service improvement and significant engagement has taken place to support the development of the Patient Safety Incident Framework (PSIRF).

The number of service user and carer networks, co-led by service users and carers, continues to develop and thrive, enabling services to improve their care in line with service user and carer experience feedback.

Partnership working has continued through the South Yorkshire Integrated Care Board, Sheffield Health Care Partnership and South Yorkshire Mental Health, Learning Disability and Autism Provider Collaborative.

The Trust's Chair took over the lead chair role for the Mental Health, Learning Disability and Autism Provider Collaborative during the year and joined the Board of NHS Providers as a mental health trust chair representative.

As a Foundation Trust we serve the people of Sheffield and beyond and have staff and public members and a broad-ranging Council of Governors. The overall role of the Council of Governors is to assist the Trust in its drive to continue to raise standards and to hold our Board of Directors to account on this. The Council of Governors receives updates on the Trust's compliance against regulations and standards and has been asked for views on topics such as updated strategic priorities, planned service changes, annual operating plan, quality account priorities and equality priorities. Governors have also participated in system governance change sessions with colleagues from other organisations.

A Governor's Development Programme was in place throughout the year with detail on activities outlined in section 2.12.9.

In addition to this, Chair drop-in sessions have continued, and Governor observation of Board assurance committees was made available for Governors with observers in place for all assurance committees.

3.17.4.6 Clear responsibilities, roles and systems to support good governance and management

Clarity of roles and responsibilities within our governance arrangements are provided in:

- The Constitution including the Schedule of Matters Reserved by the Board
- Standing Orders, Reservation and Delegation of Powers, incorporated in the Scheme of Delegation and Standing Financial Instructions - reviewed in 2024/25
- The Scheme of Delegation of functions included in the Mental Health Act code of practice – reviewed in 2024/25
- The terms of reference for Board committees and operational committees –reviewed annually
- Our programme and project management arrangements.
- There are several systems to support good governance including:
 - The Insight clinical record system – which was replaced with an electronic patient record system called RIO in March 2025

- The Ulysses Risk Management System which enables us to manage and report incidents, record risks and supports our serious incident processes
- The e-rostering system which supports safe staffing in our services
- The patient acuity tool which supports staffing numbers and skill mix to maintain effective care and safe staffing
- Our finance system, Integra
- The Electronic Staff Record (ESR) supports the recording, reporting and control of activities related to the training, learning and development of staff.

3.17.4.7 Appropriate and accurate information being effectively processed, challenged and acted upon

Our performance metrics and their targets are reviewed and refreshed each year as part of our business planning processes and review of our performance framework. Benchmarking and other external sources of information are used as appropriate and when available. Evidence of information being challenged and acted upon is provided in the minutes of Board and its committees which are available to the public.

The Cyber Information Governance and Artificial Intelligence assurance Group oversaw the Trust's statutory duties and assured quality in regard to data and information, with oversight of information governance under the remit of the Audit and Risk Committee.

3.17.4.8 Senior Leadership and Structure

I am ultimately responsible and accountable for the Trust's provision of safe services and for ensuring that the systems on which the Board of Directors relies to govern the organisation are effective. I have been supported in these duties by members of the executive team.

The following substantive appointments were made in 2024/25 as outlined in section 3.4. All other members of the Executive Team were substantive prior to the start of the financial year:

Executive	Role	Date commenced
Dr. Caroline Johnson	Executive Director of Nursing, Professions and Quality	Interim from October 2024 and substantively appointed from November 2024
Gulnaz Akhtar	Director of performance and delivery	December 2024 (interim post from NHSE) extended until March 2026.
Helen Smart	Director of operations	Joined as interim in March 2025

There is a balance of directors with internally and externally focused roles. Director portfolios are regularly reviewed to ensure appropriate balance and capacity is in place to meet the needs of the Trust.

The Council of Governors, Trust Board and Executive team are operating in an environment of external change and a wider system pressure where risk is constant and at high level. The Board Assurance Framework as referenced earlier in the AGS is updated to reflect this and will continue to develop as system and collaborative risks are finalised.

3.17.4.9 Staff training

Staff training and development needs regarding risk management and safety are described in the Trust's Mandatory Training Policy. Staff receive appropriate training relevant to the requirements of their role. All staff receive an introduction to the organisation and core training (risk management, health and safety, equality and human rights, information governance, safeguarding and infection control).

More specific training is provided, dependent upon the individual's job role or work location, and includes incident reporting and investigation, Safeguarding Adults and Children, Mental Health Act, Mental Capacity Act, First Aid and Life Support (including resuscitation), Clinical Risk Assessment and Management, Medicines Management and Respect (managing violence and aggression). Development and training needs are reflected in personal development plans (PDPs) over and above mandatory training requirements.

Overall compliance with mandatory training at the end of March 2025 was 88.9% with eight areas being below 80% compliance.

Mandatory training is kept under continuous review with floor to senior level reporting and monitoring in place. Individuals and managers receive reminders throughout the year, individuals can see their own data, and managers are able to see data for their teams.

3.17.5 Quality governance arrangements

The Board ensures a robust approach to quality governance through the Quality Committee which is a subcommittee of the Board. The Committee provides assurance to the Board on the probity of the Trust and supports the other Board Committees in the achievement of clinical effectiveness and safe outcomes for service users, maintaining positive service user and carer experience and equality and inclusion. Clinical directorates have established clinical governance structures which report through the corporate governance structures to Board.

Daily safety huddles review every incident reported through Ulysses (our risk management system). This helps us to identify themes and to take appropriate action when things go wrong. The huddle is attended by clinical and corporate staff including representatives from safeguarding, physical health, infection prevention and control and health and safety, together with our patient safety partners. Any incidents of concern are escalated to the Executive Director of Nursing, Professions and Quality, together with our Head of Nursing. The level of learning response we require, following an incident, is determined by our Patient Safety Overview Panel, which meets weekly. This panel provides an oversight for our investigation and learning processes and assurance regarding the quality of our learning and how effectively this learning is shared across the organisation (and wider where appropriate). This learning is included in a quarterly learning report that is presented to our Clinical Quality and Safety Group, which meets monthly. This group reports into the Quality Assurance Committee, which is a formal sub-committee of the Board of Directors.

During 2024/25 we commissioned the Good Governance Improvement organisation to carry out an in-depth review of our approach to quality governance. We continue to work with them and will incorporate their findings into our governance systems as we move forwards into 2025/26. During the latter half of this year, we began considering what our future strategy needs to look like. We held lots of forums and workshops to engage as many staff, service users, experts by experience, volunteers and members as we could. We will continue to review and refresh our Trust Strategy as we move into 2025/26.

Our quality strategy (2022-2026) is one of the enabling strategies that sits alongside our overarching Clinical and Social Care Strategy, enabling the implementation of this strategy. Our current quality

strategy defines the principle to be 'The Best We Can Be', leading person-centred health and social care across Sheffield and supporting delivery of the Integrated Care System mental health and learning disability priorities. We are committed to ensuring that high standards of quality and patient care are delivered for our service users, whether they are resident within local Trust inpatient areas or placed out of area with external providers.

In line with the overarching strategy refresh, work on our quality strategy will commence during 2025/26 to ensure it remains aligned to the overarching strategy. This strategy review will provide clarity for partners, staff and the public and to ensure we focus on the areas that will have the most impact and improve service user and staff experience.

Our governing committees retain oversight of strategy development and progress and have received regular progress reports on all strategies that underpin the delivery of our Clinical and Social Care Strategy.

The Patient Safety Incident Response Framework (PSIRF) became operational in November 2023, and we have continued to embed it in 2024/25. The Trust's PSIRF plan sets out how we will develop and maintain effective systems and processes for responding to patient safety incidents for the purpose of learning and improving patient safety.

PSIRF enables us to choose which incidents we prioritise for a full investigation (there are some mandated examples), and which we will respond to differently – for example, by conducting a multidisciplinary review involving gathering teams around the table to discuss learning from an incident, or a facilitated debrief with individual teams. The purpose of these types of learning responses is to collaborate with key frontline teams to understand the barriers they experience in providing care and to empower teams to take local action to resolve these. PSIRF also encourages the voice of the patient within these learning responses.

When we developed our PSIRF implementation plan, our Patient Safety Specialist, along with clinical staff and people with lived experience called "Patient Safety Partners", reviewed data from several years to identify which areas we needed to focus on to make the biggest impact in improving the quality of care. During 2024/25, we have reviewed and refreshed our implementation plan (PSIRP) to enable us to focus on the top priority areas. This revised version of our implementation plan has been approved internally through our governance systems and has been shared with the Sheffield Integrated Care Board.

The Trust declared our first Patient Safety Incident Investigation under the new framework at the end of the last financial year and have declared a further three this year. We are working on the learning that these processes have provided.

The internal auditors are helping us to strengthen our arrangements in this area, which we will build into our PSIRF developments going forward. In addition, collaborate with our commissioners to ensure our PSIRF and our PSIRP are focused on the priority areas for the Trust.

Finally, the Trust has continued to develop our quarterly learning reports, which are shared widely through our learning hub and pull together themes from incidents, complaints, safeguarding concerns, service user and family feedback and our regulators to ensure that we understand what our quality priorities are and take the necessary steps to enhance these.

3.17.5.1 Culture and Quality Visits

Any service that delivers patient care can have a closed culture. All services have been assessed for risk of closed culture, based on the criteria identified within the work completed by CQC on closed cultures and then prioritised based on risk profile. Culture and Quality visits are based on a set of quality standard metrics related to the standards set out by the CQC which also give opportunities to highlight the positive work taking place within the organisation to improve staff

wellbeing.

A smaller number of Culture and Quality visits than planned were completed in 2024, in part due to a temporary vacancy in the Care Standards Officer role but also because Culture and Quality visit are suspended to allow for the completion of the Fundamental Standards Visits. The Culture and Quality visit programme recommences in April 2025. In total 8 Culture and Quality visits took place in 2024. Key themes and areas for celebration, improvement and action are shared with the teams' post visit through their local governance arrangements. There are 15 services yet to be visited since the programme recommenced.

The Culture and Quality visits did not find any evidence of closed cultures, however there was evidence of a need for improvements in communication to patients and their family in the Sheffield Eating Disorder Service and an improvement plan is underway in this area.

There was clear evidence of extremely good quality and cultures in many of the services visited and this was highlighted in the Gender Identity service where the visit was completed with people who had used or were actively using the service. They showed improved standards and improved communication with people waiting for their service. There was clear evidence of regular team meetings including team allocation, MDT and governance meetings.

The Assertive Outreach Team's morale and culture were good. We saw evidence of this in staff feedback, the general ethos of the team in terms of valuing and respecting the views from all staff disciplines and in the team's approach to supporting one another and service users. There is a low staff turnover and high regard for staff wellbeing, with good systems in place for supervision and ensuring staff safety. There was clear evidence of regular team meetings including huddles/team allocation, MDT and governance meetings with shared decision making around care and treatment of service users. In terms of improvements the team are considering how to further the physical health monitoring and care offered to service users and considering ways to increase co-production in service development.

The Community Enhanced Recovery Team (CERT) Staff on the whole stated that they "love the team" and find it "supportive", "compassionate" and "proactive".

The Leadership Team were described as supportive and encouraging with reflective practice and time to decompress being encouraged and welcomed. In terms of improvements the team are working on developing a more holistic approach to delivering the service, linked to closer collaboration with service users. They are considering meeting attendance, governance and structure: Some staff were unsure if they were 'allowed' to attend certain meetings or which meetings they should attend. If staff miss meetings there is no current process to ensure that information is shared. They are also planning to review their webpage on intranet/internet to ensure reflects the service as it currently is.

The Trust triangulates service performance across a range of indicators relating to care standards, quality, workforce and finance at service level through a performance framework. All operational services have a consistent and established integrated performance and quality review framework that ensures day-to-day performance is reviewed.

3.17.5.2 Fundamental Standards of Care (FSoc) Visits

Initially introduced in October 2021 in response to the Section 29A warning notice issued by CQC, the methodology and approach has been reviewed and refined following the completion of each programme of visits based on learning and feedback from participants, staff and service users.

The visits, undertaken by a team of staff across all disciplines, are designed to measure the extent to which the standards of care set out within key Trust policies are delivered in our bed-based

settings. An extensive assessment tool, which incorporates the previous '15 steps challenge' element, is used to record the findings of the visits. Individual areas develop their own improvement plans, on the back of the assessment tool and the learning and recommendations from the visits are shared with relevant oversight committees.

During 2024/25 additional monitoring visits have occurred to ensure an embeddedness of good practice. Key highlights from our 2024/25 visits included:

- All areas visited scored above average (confident) on the 15-step challenge. These questions look at things like the environment, how welcoming the areas being visited were and whether important information about safety etc. was provided.
- All areas held a formal Daily Safety Huddle that included multidisciplinary membership.
- Feedback received from patients/residents indicated that their concerns were listened to and that their needs were being met. The step-down unit at Beech, Stanage Ward and Forest Close were areas that were given particularly high praise by people using their services.
- The relatives and carers interviewed as part of the visits praised the staff and services for the care their loved ones were receiving. Our two nursing homes (Woodland View and Birch Avenue), Stanage Ward, G1 and Dovedale Ward received the highest praises from families during the visits

There were several areas for improvement identified during the visits, including

- The overall standard of documentation within the Electronic Patient Record was found to be 'acceptable'. There were areas of extremely good practice in this area (Forest Close and Stanage Ward), however, in other areas improvements were needed to take this element to 'outstanding'. This work is already underway.
- Most services fell short of meeting their mandatory training compliance requirements, this was particularly around 'face to face' training attendance. This is monitored through our Integrated Performance and Quality report monthly, overseen by the People Committee.
- Environmental refurbishments were required in some areas (Dovedale ward, Woodland View Nursing Home and Forest Close in particular). Other areas had refurbishments underway, or planned, at the time of the visits.
- A small number of areas were identified as needing to provide more meaningful and regular activity for service users/residents (Dovedale 2 ward and Birch Avenue in particular).

In summary, the FSC visits highlighted lots of positive initiatives, showing high-quality patient/resident focused care and treatment with plenty of collaborative narrative from services users, relatives and carers. The areas highlighted for improvement will continue as we move into 2025/26.

3.17.5.3 Board Visits

Board visits support Non-Executive and Executive Directors to visit services and to hear the views and experiences of staff and, more recently, service users. The principles in place for the visits are:

- Listen – to listen directly to staff and service users in services/teams to hear their views and experiences.
- Ask – ask questions to learn more about the service, for example, good practice for sharing and potential areas of concern.
- Assure – the information from the visit will support assurance at Board and service level.

During 2024/25, 35 Board visits were undertaken. The Trust continue to review the approach to these visits and have, this year, introduced the opportunity for teams to share with Board members the areas they felt visitors to the service should be curious about, to provide additional insights. Teams now also actively look for ways Board members can speak directly with the people who use their services. Corporate teams were also added to the visits schedule for 2024/25.

3.17.5.4 Directorate Performance Reviews

The Trust triangulates service performance across a range of indicators relating to care standards, quality, workforce and finance at service level through a performance framework. Directorate Performance Reviews are chaired by the Director of Finance and attended by members of the executive leadership team. The review provides the opportunity to positively challenge performance in clinical and corporate services across the organisation and to gather insights regarding elements of the CQC well led domain.

3.17.5.5 Learning from Good Practice

Learning from positive practice is as important as learning from things that go wrong, and this is an area that we are working to continuously strengthen. Our senior leaders and communications team share learning through a variety of mechanisms such as our Cascade, Collective Leadership forum, our intranet 'Jarvis' and the weekly Chief Executive briefing. In addition to these communication mechanisms learning positive and negative is shared through the governance processes and team meetings. There are also various events and conferences arranged across the year where positive practice is shared and celebrated, such as our annual Celebration of Research and Innovation Conference. In 2025/26 we are introducing a new Learning and Improvement Group which will ensure that learning from incidents, complaints, safeguarding and claims is shared and that positive improvement initiatives to address concerns is shared.

Together, these approaches foster a culture of continuous improvement, ensuring that positive practices are identified, shared, and embedded across the organisation to enhance overall safety and quality of care.

3.17.6 information governance and data security

The management and monitoring of information risks is the responsibility of the Trust's Senior Information Risk Owner (SIRO) supported by the Caldicott Guardian, the Information Governance Team and the Data Protection Officer.

The Data Security Protection Toolkit has changed to adopt the National Cyber Security Centre's Cyber Assessment Framework (CAF) as its basis for cyber security and IG assurance. The CAF is not designed with an expectation that Trusts should (ever) reach 'Achieved' on all outcomes. Instead, NHSE will set a minimum achievement level for each outcome, which collectively over all outcomes is known as a CAF profile.

In line with this change at a national level, we changed the structure of our tier two groups in 24/25 (following a reflective exercise with stakeholders including Chief Clinical Information Officer, Chief Nursing Information Officer, SIRO, Chief Digital Information Officer, Information Governance Manager and Data Protection Officer), to improve the management of Cyber, Information Governance and Artificial Intelligence. We now have a specific group (which meets bimonthly) jointly chaired by SIRO and Caldicott Guardian to provide rigour and challenge that is accountable to the Audit and Risk Committee. We have a suite of Information Governance policies which provide a framework for the creation, use, safe handling and storage of all records and information.

During 2024, 173 information governance incidents were reported by staff, at an average of 14 per month. Five incidents during this period were reportable to the Information Commissioner's Office (ICO). For four of these incidents the ICO has concluded no further action is required. They are still investigating one.

In 23/24's annual report we mentioned that a backlog of several hundred subject access requests (requests from patients and others for their patient record) was found. In line with our governance, this was reported to the ICO, who investigated and requested a formal recovery plan. This recovery

plan was drafted and executed over the next six months and the ICO closed their investigation in 24/25.

During 2024, eleven High Severity Cyber Security Alerts from the National Cyber Security Centre (NCSC). These alerts are issued when the UK government becomes aware of security vulnerabilities and gives UK public sector bodies instruction to patch software to keep systems secure. Of the eleven issued only four were applicable to our technology infrastructure. We actioned these within the fourteen-day period as required by NCSC. We improved our cyber security overall, by implementing Multi Factor Authentication on our applications. An extra level of security is now in place for anyone accessing information remotely.

Our Data Security and Protection Toolkit (DSPT) rating for 2023/24 was 'Approaching Standards' and a plan was agreed with NHS England to move towards 'Standards Met'. The implementation of our Rio will enhance our performance in relation to the DSPT and we are working towards submission of the revised DSPT, which incorporates the National Cyber Security Centre's Cyber Assessment Framework (CAF), in June 2025.

Information Governance training is mandated for all staff to complete annually, with new starters required to complete this within five days of commencement in post. This training is supplemented with role/department specific training.

3.17.7 Working in partnership and establishment of the Mental Health, Learning Disability and Autism Collaborative

The collaborative is a partnership driven by a commitment to improve outcomes and experience of mental health, learning disabilities and autism services for the population in South Yorkshire. The members of the collaborative are:

- Rotherham, Doncaster and South Humber NHS Foundation Trust (RDaSH)
- Sheffield Children's NHS Foundation Trust (SCFT)
- Sheffield Health and Social Care NHS Foundation Trust (SHSC)
- South West Yorkshire Partnership NHS Foundation Trust (SWYPFT)

Organisations have worked together over the years but have now formalised this by becoming a collaborative. We have done this to accelerate work on improving services where we can add value by working collectively and making a greater positive difference to people.

Each of the organisations in the collaborative remains responsible for the care and treatment that they provide, and this is managed through existing governance in the individual organisations. In addition to this, we have a moral and statutory obligation to work together, therefore, a South Yorkshire Mental Health, Learning Disability and Autism (SY MHLDA) Provider Collaborative Board has been developed with Chairs and Chief Executives from each trust and representation from the South Yorkshire Integrated Care Board. Our Board oversees the work of the collaborative and to assist with this work there are also mechanisms for making decisions together.

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

We have a robust committee governance structure in place with the following committees reporting into the Board of Directors:

- Audit and Risk Committee
- Finance and Performance Committee
- Quality Assurance Committee
- People Committee
- Mental Health Legislation Committee

- Remuneration and Nomination Committee

The Board of Directors delegates the day-to-day management of the operational activities of the Trust to Chief Executive supported by the Executive Management Team.

Terms of Reference for all committees have been approved by the Board of Directors, reviews of effectiveness undertaken and annual reports from the committees received in 2024/25.

Regular updates have continued to be provided to the board assurance committees and public Board of Directors on operational efficiency metrics throughout the year, as described earlier in this report, through the Integrated Performance and Quality Report and Performance Framework and this has been strengthened through the inclusion of new dashboards.

The organisation has reviewed and continues to review its leadership at various levels. The internal leadership development programme launched in February 2022, which aims to bring current and future leaders together to challenge their thinking and learning, has continued throughout the year with positive feedback received from participants and from the sector. This will continue in 2025/26.

Financial sign-off of budgets and performance management arrangements are in place with oversight at the Executive Management Team meetings. Budget managers are provided with monthly budget reports for their areas of responsibility to assist them in undertaking this role. Work has taken place to strengthen our arrangements for planning for 2025/26, and the budgets approved and finalised in April 2025.

Improvement in triangulation of data has continued to take place across the Board Assurance committees with escalation and cross referrals taking place between committees and formally captured through a new tracker, and evidenced through our Alert, Advise, Assure (AAA) reports to the Board of Directors. This approach has also been successfully rolled out as a reporting tool from tier two groups into our tier one board assurance committees.

Performance management reviews involve business partners from within the finance directorate to ensure leaders at all levels are properly supported and recovery plans are received and monitored at the appropriate committees with clear evidence of confirm and challenge taking place.

3.17.9 Review of effectiveness

As Accountable Officer, I have responsibility for reviewing the effectiveness of the system of internal control. My review of the effectiveness of the system of internal control is informed by the work of the internal auditors, clinical audit and the executive managers and clinical leads within the Trust who have responsibility for the development and maintenance of the internal control framework. I have drawn on the information provided in this annual report and other performance information available to me.

My review is also informed by comments made by the external auditors in their management letter and other reports, and I met with internal and external auditors periodically (planned) throughout the year. I have been advised on the implications of the result of my review of the effectiveness of the system of internal control by the board and its assurance committees as described in this statement, and a plan to address weaknesses and ensure continuous improvement of the system is in place. The Committees provide 'Alert, Advise, Assure' (AAA) reports, alongside the minutes, after each meeting on the significant matters for consideration. These may include issues of specific interest but will also include control issues or areas where there are gaps in assurance and undertake cross referral across committees which has been a positive addition to our governance arrangements. The report templates for these have been updated in the year to make the matters for consideration clear.

The Audit and Risk Committee provides assurance to the Board of Directors through objective review and monitoring of the Trust's internal control mechanism, such as financial systems, financial information, compliance with the law, governance processes and emergency planning, among others. It monitors the effectiveness of the systems in place for the management of risk and governance, and delivery of the Board Assurance Framework. The committee is also responsible for ensuring the integrity and security of Trust data.

The Quality Assurance Committee provides assurance to the Board of Directors on the quality of care and treatment across the Trust by ensuring there are efficient and effective systems for quality assessment, improvement and assurance, and that service user and carer perspectives are at the centre of the Trust's quality assurance framework.

The Finance and Performance Committee provides assurance to the Board of Directors on the management of the Trust's finances and financial risks, and in relation to performance matters which have developed through the year, as well as progress against transformation projects. The People Committee provides assurance to the Board of Directors on the human resource structures, systems and processes that support employees in the delivery of high quality, safe patient care and to ensure the Trust meets its legal and regulatory duties in relation to its employees.

The Mental Health Legislation Committee provides assurance to the Board of Directors on statutory and regulatory compliance in respect of Mental Health and Human Rights legislation.

The Remuneration and Nomination Committee makes determination of the composition, balance, skill mix and succession planning of the Board of Directors, as well as advising on appropriate remuneration and terms and conditions of service of the Chief Executive, executive directors and directors.

The Non-Executive Directors sit on more than one committee to increase integrated discussions on quality and resource assurance with issues escalated between committees. The Board are kept informed through the AAA reports which is supported by the integrated approach provided through the Integrated Performance and Quality Report (IPQR) received at Committees and Board of Directors.

The clinical audit programme also supports my review of the effectiveness of internal control. This is received and approved at the Quality Assurance Committee, as a delegated duty by the Audit and Risk Committee. The role of the assurance committees in maintaining and reviewing the Trust's systems of internal control are described above.

The internal audit programme overseen at the Audit and Risk Committee provides a further mechanism for supporting this. 360 Assurance, our internal auditors, identify high, medium and low priority recommendations within their audit reports, which are monitored in an internal audit recommendations tracker and reviewed frequently both internally by the Executive Team and with our auditors.

During the financial year the following internal audit reports were received:

- 2024/2025 Data Security and Protection Toolkit - moderate assurance (issued June 2024)
- 2024/2025 Pay expenditure - significant assurance (issued September 2024)
- 2024/2025 Budget setting, reporting and monitoring – significant assurance (issued October 2024)
- 2024/2025 Accounts receivable - significant assurance (issued December 2024)
- 2024/25 Business Planning – significant assurance (issued December 2024)
- 2024/2025 Board Assurance Framework - significant assurance (issued 14 March 2025)

- 2024/2025 Divisional Risk Management – moderate assurance (issued May 2025)
- 2024/2025 Performance Management Framework
- 2024/2025 Absence Management
- 2024/2025 Patient Safety Incident Response Framework (PSIRF)

Regarding closure of internal audit actions the Trust ended the year with 89% first follow up and 98% overall follow up compliance on which it has received significant assurance.

In summary, areas of progress across the year include an overall stable executive leadership team with all roles substantively recruited to, and operational leadership arrangements with the right skills and expertise:

- Robust Board of Directors development plan in place over recent years and being refreshed in 2024/25 (which has included external support), alongside Executive team development, non-executive development; Governor development and staff leadership and management programmes
- Well-established Alert, Assure, Advise (AAA) reports from Committee Chairs to Board of Directors supporting focused discussion on key areas of concern and cross referral of issues between committees
- AAA reporting from tier two groups (groups that report into our board- assurance committees) to the board committees providing annual reports on effectiveness
- Updating of the BAF for 2024/25 – the document and the assurance provided by it receive confirm and challenge at the Board assurance committees in advance of Board of Directors
- Established risk oversight group providing additional rigour and confirm and challenge with oversight at new Executive Management Team meetings.
- Continued grip around closure of Internal and External Audit actions in a timely way
- Continued and improving performance management review processes
- Acceleration in our work around driving Quality Improvement with the Board of Directors having received development sessions and regular reports on progress
- External support has continued during the year in supporting our board development and we have commissioned external support in evaluating our stakeholder engagement with a focus in the new financial year around governance, communications and values into behaviour
- Continuous improvement in the quality of our reporting through board assurance committees and Board of Directors with further work planned in the coming year
- Continued triangulation of data and performance information with board and executive visits and through cross reporting from the board assurance committees. This has improved across the board supported by a refreshed and focused Board of Directors visits programme
- Introduction of strengthened corporate communications and communications through our leadership team with the formal leadership Cascade
- Continued focus on Policy Governance arrangements with reporting through to board assurance committees as appropriate
- Capturing of action plans and third-party reports through our tier one and tier two annual reporting processes up through to the Board of Directors
- During 2024/2025, the warning notice from the CQC had been lifted.
- During 2024/2025, an externally supported stakeholder review and well-led review has taken place.
- This has been a positive year for the organisation in terms of its internal audit outcomes with most assessments providing moderate or significant assurance.
- The Head of Internal Audit (HOIA) provides me with an opinion based on an assessment of the design and operation of the underpinning assurance framework and supporting processes and an assessment of the individual opinions arising from risk-based audit

assignments contained within the internal audit risk-based plan that have been reported throughout the year. The assessment has considered the relative materiality of these areas and management's progress in respect of addressing control weaknesses.

The Head of Internal Audit Opinion is based on three elements:

- The design and operation of the BAF and strategic risk management arrangements
- The outcome of individual audit reports
- The extent to which the Trust has responded to audit recommendations.

3.17.10 Head of Internal Audit Opinion

I am providing an interim opinion of significant assurance that there is generally a sound framework of governance, risk management and control designed to meet the objectives of the system under review and controls are generally being applied consistently.

This position reflects the range of audit opinions provided in-year. There were many positive outcomes across our work programme, however we raised a moderate assurance opinion for a review of Divisional Risk Management, a core area, and further work is required to improve the embeddedness of risk management process within the divisional teams. The Trust's follow-up rate of high and medium risk actions was 92%, which represents an improvement on the year-end position reported.

Any further third-party assurances received by the organisation and made available to us will be taken into account in my final opinion.

3.18 Conclusion

In my opinion, I am assured we have good internal controls in place whilst recognising there is always more work to do. I am assured around the work in place to address any areas of weaknesses in control noted by our Internal Auditors through internal audit reports, and acknowledgement from them of the improvements made ensure we are continuing to demonstrate a positive and demonstrable trajectory of improvement.

To the best of my knowledge, no significant internal control issues have been identified within 2024/25.

Salma Yasmeen

Chief Executive

Date: 27 June 2025

Section 4: Appendices

4.1 independent auditor's report to the members of Council of Governors of Sheffield Health and Social Care NHS Foundation Trust

Report on the audit of the financial statements

Opinion

We have audited the financial statements of Sheffield Health and Social Care NHS Foundation Trust ("the Trust") for the year ended 31 March 2025 which comprise the Statement of Comprehensive Income, Statement of Financial Position, Statement of Changes in Taxpayers' Equity and Statement of Cash Flows, and the related notes, including the accounting policies in note 1.

In our opinion the financial statements:

- give a true and fair view of the financial position of the Trust as at 31 March 2025 and of its income and expenditure for the year then ended; and
- have been properly prepared in accordance with the accounting policies directed by NHS England with the consent of the Secretary of State in February 2025 as being relevant to NHS Foundation Trusts and included in the Department of Health and Social Care Group Accounting Manual 2024/25; and
- have been prepared in accordance with the requirements of the National Health Service Act 2006 (as amended).

Basis for opinion

We conducted our audit in accordance with International Standards on Auditing (UK) ("ISAs (UK)") and applicable law. Our responsibilities are described below. We have fulfilled our ethical responsibilities under, and are independent of the Trust in accordance with, UK ethical requirements including the FRC Ethical Standard. We believe that the audit evidence we have obtained is a sufficient and appropriate basis for our opinion.

Going concern

The Accounting Officer has prepared the financial statements on the going concern basis as they have not been informed by the relevant national body of the intention to either cease the Trust's services or dissolve the Trust without the transfer of its services to another public sector entity. They have also concluded that there are no material uncertainties that could have cast significant doubt over its ability to continue as a going concern for at least a year from the date of approval of the financial statements ("the going concern period").

In our evaluation of the Accounting Officer's conclusions, we considered the inherent risks associated with the continuity of services provided by the Trust over the going concern period.

Our conclusions based on this work:

- we consider that the Accounting Officer's use of the going concern basis of accounting in the preparation of the financial statements is appropriate; and
- we have not identified and concur with the Accounting Officer's assessment that there is not, a material uncertainty related to events or conditions that, individually or collectively, may cast significant doubt on the Trust's ability to continue as a going concern for the going concern period.

However, as we cannot predict all future events or conditions and as subsequent events may result in outcomes that are inconsistent with judgements that were reasonable at the time they were made, the above conclusions are not a guarantee that the Trust will continue in operation.

Fraud and breaches of laws and regulations – ability to detect

Identifying and responding to risks of material misstatement due to fraud

To identify risks of material misstatement due to fraud (“fraud risks”) we assessed events or conditions that could indicate an incentive or pressure to commit fraud or provide an opportunity to commit fraud. Our risk assessment procedures included:

- Enquiring of management, the Audit and Risk Committee and internal audit as to the Trust’s high-level policies and procedures to prevent and detect fraud, including the internal audit function, and the Trust’s channel for “whistleblowing”, as well as whether they have knowledge of any actual, suspected, or alleged fraud.
- Assessing the incentives for management to manipulate reported financial performance because of the need to achieve financial performance targets delegated to the Trust by NHS England
- Reading Board and Audit and Risk Committee minutes.
- Using analytical procedures to identify any unusual or unexpected relationships.

We communicated identified fraud risks throughout the audit team and remained alert to any indications of fraud throughout the audit.

As required by auditing standards, and taking into account possible pressures to meet delegated targets, we performed procedures to address the risk of management override of controls in particular the risk that the Trust management may be in a position to make inappropriate accounting entries. On this audit we did not identify a fraud risk related to revenue recognition due to the block nature of the funding provided to the Trust during the year. We therefore assessed that there was limited opportunity for the Trust to manipulate the income that was reported.

We identified a fraud risk related to expenditure recognition, particularly in relation to the completeness of non-pay expenditure. The setting of a control total can create an incentive for management to understate the level of non-pay expenditure compared to that which has been incurred. The Trust is closely monitored by the local Integrated Care System (ICS) and operating within a system that is under pressure financially.

In determining the audit procedures we took into account the results of our evaluation and testing of the operating effectiveness of some of the Trust-wide fraud risk management controls.

We also performed procedures including:

- Identifying journal entries to test based on risk criteria and comparing the identified entries to supporting documentation. These included postings made and approved by the same user, unusual cash journals, and unusual expenditure journals around the year-end.
- Assessing whether the judgements made in making accounting estimates are indicative of a potential bias.
- Performing a search for unrecorded liabilities after year-end to identify and potential missed liabilities by reviewing and sample testing bank statements.
- Performing sample testing over invoices received in the period after 31 March 2025 to determine whether expenditure was recognised in the correct accounting period.

Identifying and responding to risks of material misstatement related to compliance with laws and regulations

We identified areas of laws and regulations that could reasonably be expected to have a material effect on the financial statements from our general sector experience and through discussion with the Accounting Officer and other management (as required by auditing standards), and from inspection of the Trust’s regulatory and legal correspondence and discussed with the Accounting Officer and other management the policies and procedures regarding compliance with laws and regulations.

We communicated identified laws and regulations throughout our team and remained alert to any indications of non-compliance throughout the audit.

The potential effect of these laws and regulations on the financial statements varies considerably.

Firstly, the Trust is subject to laws and regulations that directly affect the financial statements, including the financial reporting aspects of NHS legislation. We assessed the extent of compliance with these laws and regulations as part of our procedures on the related financial statement items.

Secondly, the Trust is subject to many other laws and regulations where the consequences of non-compliance could have a material effect on amounts or disclosures in the financial statements, for instance through the imposition of fines or litigation. We identified the following areas as those most likely to have such an effect: health and safety, data protection laws, anti-bribery, employment law, recognising the nature of the Trust's activities. Auditing standards limit the required audit procedures to identify non-compliance with these laws and regulations to enquiry of the Accounting Officer and other management and inspection of regulatory and legal correspondence, if any. Therefore if a breach of operational regulations is not disclosed to us or evident from relevant correspondence, an audit will not detect that breach.

Context of the ability of the audit to detect fraud or breaches of law or regulation

Owing to the inherent limitations of an audit, there is an unavoidable risk that we may not have detected some material misstatements in the financial statements, even though we have properly planned and performed our audit in accordance with auditing standards. For example, the further removed non-compliance with laws and regulations is from the events and transactions reflected in the financial statements, the less likely the inherently limited procedures required by auditing standards would identify it.

In addition, as with any audit, there remained a higher risk of non-detection of fraud, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal controls. Our audit procedures are designed to detect material misstatement. We are not responsible for preventing non-compliance or fraud and cannot be expected to detect non-compliance with all laws and regulations.

Other information in the Annual Report

The Accounting Officer is responsible for the other information, which comprises the information included in the Annual Report, other than the financial statements and our auditor's report thereon. Our opinion on the financial statements does not cover the other information and, accordingly, we do not express an audit opinion or, except as explicitly stated below, any form of assurance conclusion thereon.

Our responsibility is to read the other information and, in doing so, consider whether, based on our financial statements audit work, the information therein is materially misstated or inconsistent with the financial statements or our audit knowledge. Based solely on that work:

- we have not identified material misstatements in the other information; and
- in our opinion the other information included in the Annual Report for the financial year is consistent with the financial statements.

Remuneration and Staff Reports

In our opinion the parts of the Remuneration and Staff Reports subject to audit have been properly prepared, in all material respects, in accordance with the NHS Foundation Trust Annual Reporting Manual 2024/25.

Accounting Officer's responsibilities

As explained more fully in the statement set out on page 128, the Accounting Officer is responsible for the preparation of financial statements that give a true and fair view. They are also responsible for: such internal control as they determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error; assessing the Trust's ability to continue as a going concern, disclosing, as applicable, matters related to going concern; and using the going concern basis of accounting unless they have been informed by the relevant national body of the intention to either cease the services provided by the Trust or dissolve the Trust without the transfer of its services to another public sector entity.

Auditor's responsibilities

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue our opinion in an auditor's report. Reasonable assurance is a high level of assurance, but does not guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of the financial statements.

A fuller description of our responsibilities is provided on the FRC's website at www.frc.org.uk/auditorsresponsibilities.

REPORT ON OTHER LEGAL AND REGULATORY MATTERS

Report on the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources

Under the Code of Audit Practice, we are required to report if we identify any significant weaknesses in the arrangements that have been made by the Trust to secure economy, efficiency and effectiveness in its use of resources.

We have nothing to report in this respect.

Respective responsibilities in respect of our review of arrangements for securing economy, efficiency and effectiveness in the use of resources

As explained more fully in the statement set out on page 128, the Accounting Officer is responsible for ensuring that the Trust has put in place proper arrangements for securing economy, efficiency and effectiveness in its use of resources.

Under Section 62(1) and paragraph 1(d) of Schedule 10 of the National Health Service Act 2006 we have a duty to satisfy ourselves that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources.

We are not required to consider, nor have we considered, whether all aspects of the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources are operating effectively. We are also not required to satisfy ourselves that the Trust has achieved value for money during the year.

We planned our work and undertook our review in accordance with the Code of Audit Practice and related statutory guidance, having regard to whether the Trust had proper arrangements in place to ensure financial sustainability, proper governance and to use information about costs and performance to improve the way it manages and delivers its services. Based on our risk assessment, we undertook such work as we considered necessary.

Statutory reporting matters

We are required by Schedule 2 to the Code of Audit Practice to report to you if:

- we issue a report in the public interest under paragraph 3 of Schedule 10 of the National Health Service Act 2006; or
- we make a referral to the Regulator under paragraph 6 of Schedule 10 of the National Health Service Act 2006 because we have reason to believe that the Trust, or a director or officer of the Trust, is about to make, or has made, a decision which involves or would involve the incurring of expenditure which is unlawful, or is about to take, or has taken, a course of action which, if pursued to its conclusion, would be unlawful and likely to cause a loss or deficiency.

We have nothing to report in these respects.

THE PURPOSE OF OUR AUDIT WORK AND TO WHOM WE OWE OUR RESPONSIBILITIES

This report is made solely to the Council of Governors of the Trust, as a body, in accordance with Schedule 10 of the National Health Service Act 2006. Our audit work has been undertaken so that we

might state to the Council of Governors of the Trust, as a body, those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Council of Governors of the Trust, as a body, for our audit work, for this report, or for the opinions we have formed.

DELAY IN CERTIFICATION OF COMPLETION OF THE AUDIT

As at the date of this audit report, we are unable to confirm that we have completed our work in respect of the trust accounts consolidation pack of the Trust for the year ended 31 March 2025 because we have not received confirmation from the NAO that the NAO's audit of the Department of Health and Social Care accounts is complete.

Until we have completed this work, we are unable to certify that we have completed the audit of Sheffield Health and Social Care NHS Foundation Trust for the year ended 31 March 2025 in accordance with the requirements of Schedule 10 of the National Health Service Act 2006 and the NAO Code of Audit Practice.

Rashpal Khangura

for and on behalf of KPMG LLP

Chartered Accountants

1 Sovereign Square

Sovereign Street

Leeds

LS1 4DA

United Kingdom

30 June 2025

4.2 Annual Accounts

Sheffield Health and Social Care NHS Foundation Trust
Annual accounts for the year ended 31 March 2025

Foreword to the accounts

Sheffield Health and Social Care NHS Foundation Trust

These accounts, for the year ended 31 March 2025, have been prepared by Sheffield Health and Social Care NHS Foundation Trust in accordance with paragraphs 24 & 25 of Schedule 7 within the National Health Service Act 2006.

Signed

Name Salma Yasmeen

Job title Chief Executive

Date 27 June 2025

Statement of Comprehensive Income

		2024/25	2023/24
	Note	£000	£000
Operating income from patient care activities	3	154,509	135,138
Other operating income	4	24,609	24,494
Operating expenses	7,9	(178,274)	(168,537)
Operating surplus/(deficit) from continuing operations		844	(8,904)
Finance income	11	2,019	2,438
Finance expenses	12	(61)	(89)
PDC dividends payable		(2,686)	(2,512)
Net finance costs		(728)	(163)
Other gains / (losses)	13	-	-
Corporation tax expense		-	-
Surplus / (deficit) for the year from continuing operations		116	(9,068)
Surplus / (deficit) on discontinued operations and the gain / (loss) on disposal of discontinued operations	15	-	-
Surplus / (deficit) for the year		116	(9,068)
Other comprehensive income			
Will not be reclassified to income and expenditure:			
Impairments	8	(241)	(1,251)
Revaluations	18	838	174
Other recognised gains and losses		-	-
asset	37	-	191
Other reserve movements		-	(135)
Total comprehensive income / (expense) for the period		713	(10,089)

Statement of Financial Position

		31 March 2025 £000	31 March 2024 £000
	Note		
Non-current assets			
Intangible assets	15	11,006	8,146
Property, plant and equipment	16	65,516	63,594
Right of use assets	19	6,208	6,896
Investment property	20	-	-
Investments in associates and joint ventures	21	-	-
Other investments / financial assets	21	-	-
Receivables	24	172	212
Other assets	26	-	-
Total non-current assets		82,902	78,848
Current assets			
Inventories	23	75	74
Receivables	24	9,346	9,687
Other investments / financial assets	21	-	-
Other assets	26	-	-
Non-current assets for sale and assets in disposal groups	27.1	12,596	12,000
Cash and cash equivalents	28	41,828	38,963
Total current assets		63,845	60,725
Current liabilities			
Trade and other payables	29	(17,726)	(13,475)
Borrowings	31	(581)	(581)
Other financial liabilities	32	-	-
Provisions	33	(132)	(248)
Other liabilities	30	(138)	(414)
Liabilities in disposal groups	27.2	-	-
Total current liabilities		(18,577)	(14,718)
Total assets less current liabilities		128,170	124,855
Non-current liabilities			
Trade and other payables	29	-	-
Borrowings	31	(4,116)	(4,754)
Other financial liabilities	32	-	-
Provisions	33	(816)	(853)
Other liabilities	30	-	-
Total non-current liabilities		(4,932)	(5,607)
Total assets employed		123,238	119,248
Financed by			
Public dividend capital		52,038	48,761
Revaluation reserve		26,419	25,822
Financial assets reserve		-	-
Other reserves		-	-
Merger reserve		-	-
Income and expenditure reserve		44,781	44,665
Total taxpayers' equity		123,238	119,248

The notes on pages 161 to 212 form part of these accounts.

Name	Salma Yasmeen
Position	Chief Executive
Date	27 June 2025

Statement of Changes in Taxpayers Equity for the year ended 31 March 2025

	Public dividend capital	Revaluation reserve	Financial assets reserve	Other reserves	Merger reserve	Income and expenditure reserve	Total
	£000	£000	£000	£000	£000	£000	£000
Taxpayers' and others' equity at 1 April 2024 - brought forward	48,761	25,822	-	-	-	44,665	119,248
Surplus/(deficit) for the year	-	-	-	-	-	116	116
Impairments	-	(241)	-	-	-	-	(241)
Revaluations	-	838	-	-	-	-	838
Public dividend capital received	3,277	-	-	-	-	-	3,277
Other reserve movements	-	-	-	-	-	-	-
Taxpayers' and others' equity at 31 March 2025	52,038	26,419	-	-	-	44,781	123,238

Statement of Changes in Taxpayers Equity for the year ended 31 March 2024

	Public dividend capital	Revaluation reserve	Financial assets reserve	Other reserves	Merger reserve	Income and expenditure reserve	Total
	£000	£000	£000	£000	£000	£000	£000
Taxpayers' and others' equity at 1 April 2023 - brought forward	46,359	26,899	-	-	-	53,677	126,935
Surplus/(deficit) for the year	-	-	-	-	-	(9,068)	(9,068)
Impairments	-	(1,251)	-	-	-	-	(1,251)
Revaluations	-	174	-	-	-	-	174
Remeasurements of the defined net benefit pension scheme liability/asset	-	-	-	-	-	191	191
Public dividend capital received	2,402	-	-	-	-	-	2,402
Other reserve movements	-	-	-	-	-	(135)	(135)
Taxpayers' and others' equity at 31 March 2024	48,761	25,822	-	-	-	44,665	119,248

Information on reserves

Public dividend capital

Public dividend capital (PDC) is a type of public sector equity finance based on the excess of assets over liabilities at the time of establishment of the predecessor NHS organisation. Additional PDC may also be issued to trusts by the Department of Health and Social Care. A charge, reflecting the cost of capital utilised by the trust, is payable to the Department of Health as the public dividend capital dividend.

Revaluation reserve

Increases in asset values arising from revaluations are recognised in the revaluation reserve, except where, and to the extent that, they reverse impairments previously recognised in operating expenses, in which case they are recognised in operating income. Subsequent downward movements in asset valuations are charged to the revaluation reserve to the extent that a previous gain was recognised unless the downward movement represents a clear consumption of economic benefit or a reduction in service potential.

Financial assets reserve

This reserve comprises changes in the fair value of financial assets measured at fair value through other comprehensive income. When these instruments are derecognised, cumulative gains or losses previously recognised as other comprehensive income or expenditure are recycled to income or expenditure, unless the assets are equity instruments measured at fair value through other comprehensive income as a result of irrevocable election at recognition.

Merger reserve

This legacy reserve reflects balances formed on previous mergers of NHS bodies.

Income and expenditure reserve

The balance of this reserve is the accumulated surpluses and deficits of the trust.

Statement of Cash Flows

		2024/25	2023/24
	Note	£000	£000
Cash flows from operating activities			
Operating surplus / (deficit)		844	(8,904)
Non-cash income and expense:			
Depreciation and amortisation	7.1	3,969	3,844
Net impairments	8	(357)	3,982
Non-cash movements in on-SoFP pension liability		-	(18)
(Increase) / decrease in receivables and other assets		294	2,814
(Increase) / decrease in inventories		(1)	(20)
Increase / (decrease) in payables and other liabilities		3,077	(5,847)
Increase / (decrease) in provisions		(166)	(487)
Net cash flows from / (used in) operating activities		7,661	(4,636)
Cash flows from investing activities			
Interest received		2,039	2,427
Purchase and sale of financial assets / investments		-	-
Purchase of intangible assets		(4,225)	(2,979)
Sales of intangible assets		-	-
Purchase of PPE and investment property		(2,610)	(8,679)
Sales of PPE and investment property		-	-
Net cash flows from / (used in) investing activities		(4,796)	(9,231)
Cash flows from financing activities			
Public dividend capital received		3,277	2,402
Public dividend capital repaid		-	-
Movement on loans from DHSC		-	-
Movement on other loans		-	-
Other capital receipts		-	-
Capital element of lease rental payments		(638)	(596)
Capital element of PFI, LIFT and other service concession payments		-	-
Interest on loans		-	-
Other interest		-	-
Interest paid on lease liability repayments		(48)	(56)
Interest paid on PFI, LIFT and other service concession obligations		-	-
PDC dividend (paid) / refunded		(2,591)	(2,634)
Financing cash flows of discontinued operations		-	-
Cash flows from (used in) other financing activities		-	-
Net cash flows from / (used in) financing activities		-	(884)
Increase / (decrease) in cash and cash equivalents		2,865	(14,751)
Cash and cash equivalents at 1 April - brought forward		38,963	53,715
Prior period adjustments		-	-
Cash and cash equivalents at 1 April - restated		38,963	53,715
Cash and cash equivalents transferred under absorption accounting	42	-	-
Unrealised gains / (losses) on foreign exchange		-	-
Cash and cash equivalents at 31 March	28.1	41,828	38,963

Notes to the Accounts

Note 1 Accounting policies and other information

Note 1.1 Basis of preparation

NHS England has directed that the financial statements of the Trust shall meet the accounting requirements of the Department of Health and Social Care Group Accounting Manual (GAM), which shall be agreed with HM Treasury. Consequently, the following financial statements have been prepared in accordance with the GAM 2024/25 issued by the Department of Health and Social Care. The accounting policies contained in the GAM follow International Financial Reporting Standards to the extent that they are meaningful and appropriate to the NHS, as determined by HM Treasury, which is advised by the Financial Reporting Advisory Board. Where the GAM permits a choice of accounting policy, the accounting policy that is judged to be most appropriate to the particular circumstances of the Trust for the purpose of giving a true and fair view has been selected. The particular policies adopted are described below. These have been applied consistently in dealing with items considered material in relation to the accounts.

Accounting convention

These accounts have been prepared under the historical cost convention modified to account for the revaluation of property, plant and equipment, intangible assets, inventories and certain financial assets and financial liabilities.

Note 1.2 Going concern

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

Sheffield Health and Social Care NHS Foundation Trust ("SHSC") achieved foundation trust status on 1 July 2008 and have been operating as a going concern since then.

Note 1.3 Interest in other entities

NHS charitable funds

Sheffield Health and Social Care NHS Foundation Trust (SHSC) is related to Sheffield Hospitals Charitable Trust, under the umbrella registration of 1059043-3. The Trust is not a corporate trustee of the charity. The Trust assessed its relationship to the charitable trust and determined that it is not a subsidiary because the Trust does not have powers to govern the financial and operational policies of the charitable trust to obtain benefits from its activities for its stakeholders. Because of this relationship the Trust will not be consolidating the Sheffield Hospitals Charity into their accounts. The Department of Health and Social Care corresponds directly with NHS charities who are independent of their linked trust (with independent trustees) to obtain the information they require to consolidate into Department of Health and Social Care group. Sheffield Hospitals Charity is one such charity. During 2024/25 the Trust did not receive any donations through the charity.

Note 1.4 Revenue from contracts with customers

Where income is derived from contracts with customers, it is accounted for under IFRS 15. The GAM expands the definition of a contract to include legislation and regulations which enables an entity to receive cash or another financial asset that is not classified as a tax by the Office of National Statistics (ONS).

Revenue in respect of goods/services provided is recognised when (or as) performance obligations are satisfied by transferring promised goods/services to the customer and is measured at the amount of the transaction price allocated to those performance obligations. At the year end, the Trust accrues income relating to performance obligations satisfied in that year. Where the Trust's entitlement to consideration for those goods or services is unconditional a contract receivable will be recognised. Where entitlement to consideration is conditional on a further factor other than the passage of time, a contract asset will be recognised. Where consideration received or receivable relates to a performance obligation that is to be satisfied in a future period, the income is deferred and recognised as a contract liability.

Revenue from NHS contracts

The main source of income for the Trust is contracts with commissioners for health care services. Funding envelopes are set at an Integrated Care System (ICS) level. The majority of the Trust's NHS income is earned from NHS commissioners under the NHS Payment Scheme (NHSPS). The NHSPS sets out rules to establish the amount payable to trusts for NHS-funded secondary healthcare.

Aligned payment and incentive contracts form the main payment mechanism under the NHSPS. API contracts contain both a fixed and variable element. Under the variable element, providers earn income for elective activity (both ordinary and day case), out-patient procedures, out-patient first attendances, diagnostic imaging and nuclear medicine, and chemotherapy delivery activity. The precise definition of these activities is given in the NHSPS. Income is earned at NHSPS prices based on actual activity. The fixed element includes income for all other services covered by the NHSPS assuming an agreed level of activity with 'fixed' in this context meaning not varying based on units of activity. Elements within this are accounted for as variable consideration under IFRS 15 as explained below.

The Trust also receives income from commissioners under Commissioning for Quality Innovation (CQUIN) and Best Practice Tariff (BPT) schemes. Delivery under these schemes is part of how care is provided to patients. As such CQUIN and BPT payments are not considered distinct performance obligations in their own right; instead they form part of the transaction price for performance obligations under the overall contract with the commissioner and are accounted for as variable consideration under IFRS 15. Payment for CQUIN and BPT on non-elective services is included in the fixed element of API contracts with adjustments for actual achievement being made at the end of the year. BPT earned on elective activity is included in the variable element of API contracts and paid in line with actual activity performed.

Where the relationship with a particular integrated care board is expected to be a low volume of activity (annual value below £0.5m), an annual fixed payment is received by the provider as determined in the NHSPS documentation. Such income is classified as 'other clinical income' in these accounts.

Elective recovery funding provides additional funding to integrated care boards to fund the commissioning of elective services within their systems. Trusts do not directly earn elective recovery funding, instead earning income for actual activity performed under API contract arrangements as explained above. The level of activity delivered by the trust contributes to system performance and therefore the availability of funding to the trust's commissioners.

Mental health provider collaboratives

NHS led provider collaboratives for specialised mental health, learning disability and autism services involve a lead NHS provider taking responsibility for managing services, care pathways and specialised commissioning budgets for a population. As lead provider for [specify collaborative name], the Trust is accountable to NHS England and as such recognises the income and expenditure associated with the commissioning of services from other providers in these accounts. Where the trust is the provider of commissioned services, this element of income is recognised in respect of the provision of services, after eliminating internal transactions.

Revenue from research contracts

Where research contracts fall under IFRS 15, revenue is recognised as and when performance obligations are satisfied. For some contracts, it is assessed that the revenue project constitutes one performance obligation over the course of the multi-year contract. In these cases it is assessed that the Trust's interim performance does not create an asset with alternative use for the Trust, and the Trust has an enforceable right to payment for the performance completed to date. It is therefore considered that the performance obligation is satisfied over time, and the Trust recognises revenue each year over the course of the contract. Some research income alternatively falls within the provisions of IAS 20 for government grants.

Note 1.5 Other forms of income

Grants and donations

Government grants are grants from government bodies other than income from commissioners or trusts for the provision of services. Where a grant is used to fund revenue expenditure it is taken to the Statement of Comprehensive Income to match that expenditure. Where the grant is used to fund capital expenditure, it is credited to the Statement of Comprehensive Income once conditions attached to the grant have been met. Donations are treated in the same way as government grants.

Apprenticeship service income

The value of the benefit received when accessing funds from the Government's apprenticeship service is recognised as income at the point of receipt of the training service. Where these funds are paid directly to an accredited training provider from the Trust's Digital Apprenticeship Service (DAS) account held by the Department for Education, the corresponding notional expense is also recognised at the point of recognition for the benefit.

Note 1.6 Expenditure on employee benefits

Short-term employee benefits

Salaries, wages, and employment-related payments such as social security costs and the apprenticeship levy are recognised in the period in which the service is received from employees. The cost of annual leave entitlement earned but not taken by employees at the end of the period is accrued in the financial statements only for those employees permitted to carry-forward leave into the following period. In all other cases such leave is forfeited and lost at the end of the financial year.

Pension costs

NHS Pension Scheme

Past and present employees are covered by the provisions of the two NHS Pension Schemes. Both schemes are unfunded, defined benefit schemes that cover NHS employer, general practices and other bodies, allowed under the direction of Secretary of State for Health and Social Care in England and Wales. The scheme is not designed in a way that would enable employers to identify their share of the underlying scheme assets and liabilities. Therefore, the scheme is accounted for as though it is a defined contribution scheme: the cost to the trust is taken as equal to the employer's pension contributions payable to the scheme for the accounting period. The contributions are charged to operating expenses as they become due.

Additional pension liabilities arising from early retirements are not funded by the scheme except where the retirement is due to ill-health. The full amount of the liability for the additional costs is charged to the operating expenses at the time the Trust commits itself to the retirement, regardless of the method of payment.

Local Government Pension Scheme

Some employees are members of the Local Government Pension Scheme which is a defined benefit pension scheme. The scheme assets and liabilities attributable to these employees can be identified and are recognised in the Trust's accounts. The assets are measured at fair value, and the liabilities at the present value of future obligations.

The increase in the liability arising from pensionable service earned during the year is recognised within operating expenses. The net interest cost during the year arising from the unwinding of the discount on the net scheme liabilities is recognised within finance costs. Remeasurements of the defined benefit plan are recognised in the income and expenditure reserve and reported in the Statement of Comprehensive Income as an item of 'other comprehensive income'.

The Trust applies an asset ceiling when a net surplus arises in the Local Government Pension Scheme. This reduces the surplus to nil for the purposes of the Trust's accounts. This is done because the Trust does not consider that it has control of the asset.

NEST Pension Scheme

The Trust is a member of the National Employment Savings Trust (NEST) pension scheme which operates as a defined contribution plan. The Trust pays contributions into a fund but has no legal or constructive obligation to make further payments if the fund does not have sufficient assets to pay all employee entitlements post employment. The Trust's obligation is therefore limited to the amount it agrees to contribute to the fund and effectively place actuarial and investment risk on the employee. The amount recognised in the period is the contribution payable in exchange for service rendered by employees during the period.

Note 1.7 Expenditure on other goods and services

Expenditure on goods and services is recognised when, and to the extent that they have been received, and is measured at the fair value of those goods and services. Expenditure is recognised in operating expenses except where it results in the creation of a non-current asset such as property, plant and equipment.

Note 1.8 Property, plant and equipment

Recognition

Property, plant and equipment is capitalised where:

- it is held for use in delivering services or for administrative purposes
- it is probable that future economic benefits will flow to, or service potential be provided to, the Trust
- it is expected to be used for more than one financial year
- the cost of the item can be measured reliably
- the item has cost of at least £5,000, or
- collectively, a number of items have a cost of at least £5,000 and individually have cost of more than £250, where the assets are functionally interdependent, had broadly simultaneous purchase dates, are anticipated to have similar disposal dates and are under single managerial control.

Where a large asset, for example a building, includes a number of components with significantly different asset lives, eg, plant and equipment, then these components are treated as separate assets and depreciated over their own useful lives.

Subsequent expenditure

Subsequent expenditure relating to an item of property, plant and equipment is recognised as an increase in the carrying amount of the asset when it is probable that additional future economic benefits or service potential deriving from the cost incurred to replace a component of such item will flow to the enterprise and the cost of the item can be determined reliably. Where a component of an asset is replaced, the cost of the replacement is capitalised if it meets the criteria for recognition above. The carrying amount of the part replaced is de-recognised. Other expenditure that does not generate additional future economic benefits or service potential, such as repairs and maintenance is charged to the Statement of Comprehensive Income in the period in which it is incurred.

Measurement

Valuation

All property, plant and equipment assets are measured initially at cost, representing the costs directly attributable to acquiring or constructing the asset and bringing it to the location and condition necessary for it to be capable of operating in the manner intended by management.

Assets are measured subsequently at valuation. Assets which are held for their service potential and are in use (ie operational assets used to deliver either front line services or back office functions) are measured at their current value in existing use. Assets that were most recently held for their service potential but are surplus with no plan to bring them back into use are measured at fair value where there are no restrictions on sale at the reporting date and where they do not meet the definitions of investment properties or assets held for sale.

Revaluations of property, plant and equipment are performed with sufficient regularity to ensure that carrying values are not materially different from those that would be determined at the end of the reporting period. Current values in existing use are determined as follows:

- Land and non-specialised buildings – market value for existing use
- Specialised buildings – depreciated replacement cost on a modern equivalent asset basis.

For specialised assets, current value in existing use is interpreted as the present value of the asset's remaining service potential, which is assumed to be at least equal to the cost of replacing that service potential. Specialised assets are therefore valued at their depreciated replacement cost (DRC) on a modern equivalent asset (MEA) basis. An MEA basis assumes that the asset will be replaced with a modern asset of equivalent capacity and location requirements of the services being provided.

Properties in the course of construction for service or administration purposes are carried at cost, less any impairment loss. Cost includes professional fees and, where capitalised in accordance with IAS 23, borrowings costs. Assets are revalued and depreciation commences when the assets are brought into use.

IT equipment, transport equipment, furniture and fittings, and plant and machinery that are held for operational use are valued at depreciated historic cost where these assets have short useful lives or low values or both, as this is not considered to be materially different from current value in existing use.

Depreciation

Items of property, plant and equipment are depreciated over their economic or useful lives consistent with their economic or service delivery benefits to the Trust. Freehold land is considered to have an infinite life and is not depreciated.

Property, plant and equipment reclassified as 'held for sale' ceases to be depreciated upon reclassification. Assets under construction are not depreciated until they are brought into use.

Revaluation gains and losses

Revaluation gains are recognised in revaluation reserve, except where they are a reversal of revaluation decreases (impairments) that have previously been recognised in operating expenses, in which case they are recognised in operating income.

Revaluation losses are charged to the revaluation reserve to the extent that there is an available balance for the asset concerned, and thereafter are charged to operating expenses.

Gains and losses recognised in the revaluation reserve are reported in the Statement of Comprehensive Income as an item of 'other comprehensive income'.

Impairments

In accordance with the GAM, impairments that arise from a clear consumption of economic benefits or of service potential in the asset are charged to operating expenses. A compensating transfer is made from the revaluation reserve to the income and expenditure reserve of an amount equal to the lower of (i) the impairment charged to operating expenses; and (ii) the balance in the revaluation reserve attributable to that asset before the impairment.

An impairment that arises from a clear consumption of economic benefit or of service potential is reversed when the circumstances that gave rise to the loss is reversed. Reversals are recognised in operating expenditure to the extent that the asset is restored to the carrying amount it would have had if the impairment had never been recognised. Any remaining reversal is recognised in the revaluation reserve. Where, at the time of the original impairment, a transfer was made from the revaluation reserve to the income and expenditure reserve, an amount is transferred back to the revaluation reserve when the impairment reversal is recognised.

Other impairments are treated as revaluation losses. Reversals of 'other impairments' are treated as revaluation gains.

De-recognition

Assets intended for disposal are reclassified as 'held for sale' once the criteria in IFRS 5 are met. The sale must be highly probable and the asset available for immediate sale in its present condition.

Following reclassification, the assets are measured at the lower of their existing carrying amount and their fair value less costs to sell. Depreciation ceases to be charged and the assets are not revalued, except where the 'fair value less costs to sell' falls below the carrying amount. Assets are de-recognised when all material sale contract conditions have been met.

Property, plant and equipment which is to be scrapped or demolished does not qualify for recognition as 'held for sale' and instead is retained as an operational asset and the asset's useful life is adjusted. The asset is de-recognised when scrapping or demolition occurs.

Donated assets and Government grant funded assets

Donated and grant funded property, plant and equipment assets are capitalised at their fair value on receipt. The donation/grant is credited to income at the same time, unless the donor has imposed a condition that the future economic benefits embodied in the grant are to be consumed in a manner specified by the donor, in which case, the donation/grant is deferred within liabilities and is carried forward to future financial years to the extent that the condition has not yet been met.

The donated and grant funded assets are subsequently accounted for in the same manner as other items of property, plant and equipment.

Useful lives of property, plant and equipment

Useful lives reflect the total life of an asset and not the remaining life of an asset. The range of useful lives is shown in the table below:

	Minimum life - years	Maximum life - years
Buildings, excluding dwellings	15	50
Plant and machinery	5	15
Transport equipment	3	7
Information technology	3	7
Furniture and fittings	7	10

Freehold land, assets under construction or development, investment properties, and assets held for sale are not depreciated. Depreciation is charged to write off the costs or valuation of property, plant and equipment and intangible assets, less any residual value, on a straight-line basis over their estimated useful lives.

The estimated economic useful life of an asset is the period over which the Trust expects to obtain economic benefits or service potential from the asset. This is specific to the Trust and may be shorter than the physical life of the asset itself. Estimated useful lives and residual values are reviewed each year end, with the effect of any changes recognised on a prospective basis. At each financial year end, the Trust checks whether there is any indication that its property, plant and equipment or intangible assets have suffered an impairment. If there is indication of such an impairment, the recoverable amount of the asset is estimated to determine whether there has been a loss. Intangible assets not yet available for use are tested for impairment annually at the financial year end.

Note 1.9 Intangible assets

Recognition

Intangible assets are non-monetary assets without physical substance controlled by the Trust. They are capable of being sold separately from the rest of the Trust's business or arise from contractual or other legal rights. Intangible assets are recognised only where it is probable that future economic benefits will flow to, or service potential be provided to, the Trust and where the cost of the asset can be measured reliably.

Internally generated intangible assets

Internally generated goodwill, brands, mastheads, publishing titles, customer lists and similar items are not capitalised as intangible assets.

Expenditure on research is not capitalised. Expenditure on development is capitalised when it meets the requirements set out in IAS 38.

Software

Software which is integral to the operation of hardware, eg an operating system, is capitalised as part of the relevant item of property, plant and equipment. Software which is not integral to the operation of hardware, eg application software, is capitalised as an intangible asset where it meets recognition criteria.

Measurement

Intangible assets are recognised initially at cost, comprising all directly attributable costs needed to create, produce and prepare the asset to the point that it is capable of operating in the manner intended by management.

Subsequently intangible assets are measured at current value in existing use. Where no active market exists, intangible assets are valued at the lower of depreciated replacement cost and the value in use where the asset is income generating. Revaluations gains and losses and impairments are treated in the same manner as for property, plant and equipment. An intangible asset which is surplus with no plan to bring it back into use is valued at fair value where there are no restrictions on sale at the reporting date and where they do not meet the definitions of investment properties or assets held for sale.

Intangible assets held for sale are measured at the lower of their carrying amount or fair value less costs to sell.

Amortisation

Intangible assets are amortised over their expected useful lives in a manner consistent with the consumption of economic or service delivery benefits.

Economic lives of intangible assets

Useful lives reflect the total life of an asset and not the remaining life of an asset. The Trust's range of useful lives are shown below:

	Minimum life - years	Maximum life - years
Information technology	3	10
Software licences	3	7
Licences and trademarks	3	7
Other (purchased)	3	7
Goodwill	3	7

The maximum life for Information Technology intangible assets has been increased to 10 years. This relates to the Electronic Patient Record which has been capitalised in 2024/25 and has been deployed in parallel with a 10 year supplier support contract.

Note 1.10 Inventories

Inventories are valued at the lower of cost and net realisable value. The cost of inventories is measured using the first in, first out (FIFO) method.

Between 2020/21 and 2023/24 the Trust received inventories including personal protective equipment from the Department of Health and Social Care at nil cost. In line with the GAM and applying the principles of the IFRS Conceptual Framework, the Trust has accounted for the receipt of these inventories at a deemed cost, reflecting the best available approximation of an imputed market value for the transaction based on the cost of acquisition by the Department. Distribution of inventories by the Department ceased in March 2024.

Note 1.11 Cash and cash equivalents

Cash is cash in hand and deposits with any financial institution repayable without penalty on notice of not more than 24 hours. Cash equivalents are investments that mature in 3 months or less from the date of acquisition and that are readily convertible to known amounts of cash with insignificant risk of change in value.

In the Statement of Cash Flows, cash and cash equivalents are shown net of bank overdrafts that are repayable on demand and that form an integral part of the Trust's cash management. Cash, bank and overdraft balances are recorded at current values.

Note 1.12 Financial assets and financial liabilities**Recognition**

Financial assets and financial liabilities arise where the Trust is party to the contractual provisions of a financial instrument, and as a result has a legal right to receive or a legal obligation to pay cash or another financial instrument. The GAM expands the definition of a contract to include legislation and regulations which give rise to arrangements that in all other respects would be a financial instrument and do not give rise to transactions classified as a tax by ONS.

This includes the purchase or sale of non-financial items (such as goods or services), which are entered into in accordance with the Trust's normal purchase, sale or usage requirements and are recognised when, and to the extent which, performance occurs, ie, when receipt or delivery of the goods or services is made.

Classification and measurement

Financial assets and financial liabilities are initially measured at fair value plus or minus directly attributable transaction costs except where the asset or liability is not measured at fair value through income and expenditure. Fair value is taken as the transaction price, or otherwise determined by reference to quoted market prices or valuation techniques.

Financial assets or financial liabilities in respect of assets acquired or disposed of through leasing arrangements are recognised and measured in accordance with the accounting policy for leases described below.

Financial assets are classified as subsequently measured at amortised cost, fair value through income and expenditure or fair value through other comprehensive income.

Financial liabilities are classified as subsequently measured at amortised cost or fair value through income and expenditure.

Financial assets and financial liabilities at amortised cost

Financial assets and financial liabilities at amortised cost are those held with the objective of collecting contractual cash flows and where cash flows are solely payments of principal and interest. This includes cash equivalents, contract and other receivables, trade and other payables, rights and obligations under lease arrangements and loans receivable and payable.

After initial recognition, these financial assets and financial liabilities are measured at amortised cost using the effective interest method less any impairment (for financial assets). The effective interest rate is the rate that exactly discounts estimated future cash payments or receipts through the expected life of the financial asset or financial liability to the gross carrying amount of a financial asset or to the amortised cost of a financial liability.

Interest revenue or expense is calculated by applying the effective interest rate to the gross carrying amount of a financial asset or amortised cost of a financial liability and recognised in the Statement of Comprehensive Income and a financing income or expense. In the case of loans held from the Department of Health and Social Care, the effective interest rate is the nominal rate of interest charged on the loan.

Impairment of financial assets

For all financial assets measured at amortised cost including lease receivables, contract receivables and contract assets, SHSC recognises an allowance for expected credit losses.

The Trust adopts the simplified approach to impairment for contract and other receivables, contract assets and lease receivables, measuring expected losses as at an amount equal to lifetime expected losses. For other financial assets, the loss allowance is initially measured at an amount equal to 12-month expected credit losses (stage 1) and subsequently at an amount equal to lifetime expected credit losses if the credit risk assessed for the financial asset significantly increases (stage 2).

For financial assets that have become credit impaired since initial recognition (stage 3), expected credit losses at the reporting date are measured as the difference between the asset's gross carrying amount and the present value of estimated future cash flows discounted at the financial asset's original effective interest rate.

Expected losses are charged to operating expenditure within the Statement of Comprehensive Income and reduce the net carrying value of the financial asset in the Statement of Financial Position.

De-recognition

Financial assets are de-recognised when the contractual rights to receive cash flows from the assets have expired or the Trust has transferred substantially all the risks and rewards of ownership.

Financial liabilities are de-recognised when the obligation is discharged, cancelled or expires.

Note 1.13 Leases

A lease is a contract or part of a contract that conveys the right to use an asset for a period of time in exchange for consideration. An adaptation of the relevant accounting standard by HM Treasury for the public sector means that for NHS bodies, this includes lease-like arrangements with other public sector entities that do not take the legal form of a contract. It also includes peppercorn leases where consideration paid is nil or nominal (significantly below market value) but in all other respects meet the definition of a lease. The trust does not apply lease accounting to new contracts for the use of intangible assets.

The Trust determines the term of the lease term with reference to the non-cancellable period and any options to extend or terminate the lease which the Trust is reasonably certain to exercise.

The Trust as lessee

Initial recognition and measurement

At the commencement date of the lease, being when the asset is made available for use, the Trust recognises a right of use asset and a lease liability.

The right of use asset is recognised at cost comprising the lease liability, any lease payments made before or at commencement, any direct costs incurred by the lessee, less any cash lease incentives received. It also includes any estimate of costs to be incurred restoring the site or underlying asset on completion of the lease term.

The lease liability is initially measured at the present value of future lease payments discounted at the interest rate implicit in the lease. Lease payments includes fixed lease payments, variable lease payments dependent on an index or rate and amounts payable under residual value guarantees. It also includes amounts payable for purchase options and termination penalties where these options are reasonably certain to be exercised.

Where an implicit rate cannot be readily determined, the Trust's incremental borrowing rate is applied. This rate is determined by HM Treasury annually for each calendar year. A nominal rate of 4.72% applied to new leases commencing in 2024 and 4.81% to new leases commencing in 2025.

The trust does not apply the above recognition requirements to leases with a term of 12 months or less or to leases where the value of the underlying asset is below £5,000, excluding any irrecoverable VAT. Lease payments associated with these leases are expensed on a straight line basis over the lease term or other systematic basis. Irrecoverable VAT on lease payments is expensed as it falls due.

Subsequent measurement

As required by a HM Treasury interpretation of the accounting standard for the public sector, the Trust employs a revaluation model for subsequent measurement of right of use assets, unless the cost model is considered to be an appropriate proxy for current value in existing use or fair value, in line with the accounting policy for owned assets. Where consideration exchanged is identified as significantly below market value, the cost model is not considered to be an appropriate proxy for the value of the right of use asset.

The Trust subsequently measures the lease liability by increasing the carrying amount for interest arising which is also charged to expenditure as a finance cost and reducing the carrying amount for lease payments made. The liability is also remeasured for changes in assessments impacting the lease term, lease modifications or to reflect actual changes in lease payments. Such remeasurements are also reflected in the cost of the right of use asset. Where there is a change in the lease term or option to purchase the underlying asset, an updated discount rate is applied to the remaining lease payments.

The Trust as lessor

The Trust assesses each of its leases and classifies them as either a finance lease or an operating lease. Leases are classified as finance leases when substantially all the risks and rewards of ownership are transferred to the lessee. All other leases are classified as operating leases.

Where the Trust is an intermediate lessor, classification of the sublease is determined with reference to the right of use asset arising from the headlease.

Finance leases

Amounts due from lessees under finance leases are recorded as receivables at the amount of the Trust's net investment in the leases. Finance lease income is allocated to accounting periods to reflect a constant periodic rate of return on the Trust's net investment outstanding in respect of the leases.

Operating leases

Income from operating leases is recognised on a straight-line basis or another systematic basis over the term of the lease. Initial direct costs incurred in negotiating and arranging an operating lease are added to the carrying amount of the leased asset and recognised as an expense on a straight-line basis over the lease term.

Note 1.14 Provisions

The Trust recognises a provision where it has a present legal or constructive obligation of uncertain timing or amount; for which it is probable that there will be a future outflow of cash or other resources; and a reliable estimate can be made of the amount. The amount recognised in the Statement of Financial Position is the best estimate of the resources required to settle the obligation.

Where the effect of the time value of money is significant, the estimated risk-adjusted cash flows are discounted using HM Treasury's discount rates effective from 31 March 2025:

		Nominal rate	Prior year rate
Short-term	Up to 5 years	4.03%	4.26%
Medium-term	After 5 years up to 10 years	4.07%	4.03%
Long-term	After 10 years up to 40 years	4.81%	4.72%
Very long-term	Exceeding 40 years	4.55%	4.40%

HM Treasury provides discount rates for general provisions on a nominal rate basis. Expected future cash flows are therefore adjusted for the impact of inflation before discounting using nominal rates. The following inflation rates are set by HM Treasury, effective from 31 March 2025:

	Inflation rate	Prior year rate
Year 1	2.60%	3.60%
Year 2	2.30%	1.80%
Into perpetuity	2.00%	2.00%

Early retirement provisions and injury benefit provisions both use the HM Treasury's post-employment benefits discount rate of 2.40% in real terms (prior year: 2.45%).

Clinical negligence costs

NHS Resolution operates a risk pooling scheme under which the Trust pays an annual contribution to NHS Resolution, which, in return, settles all clinical negligence claims. Although NHS Resolution is administratively responsible for all clinical negligence cases, the legal liability remains with the Trust. The total value of clinical negligence provisions carried by NHS Resolution on behalf of the Trust is disclosed at note 33.2 but is not recognised in the Trust's accounts.

Non-clinical risk pooling

The Trust participates in the Property Expenses Scheme and the Liabilities to Third Parties Scheme. Both are risk pooling schemes under which the Trust pays an annual contribution to NHS Resolution and in return receives assistance with the costs of claims arising. The annual membership contributions, and any excesses payable in respect of particular claims, are charged to operating expenses when the liability arises.

Note 1.15 Contingencies

Contingent assets (that is, assets arising from past events whose existence will only be confirmed by one or more future events not wholly within the entity's control) are not recognised as assets, but are disclosed in note 34 where an inflow of economic benefits is probable.

Contingent liabilities are not recognised, but are disclosed in note 34, unless the probability of a transfer of economic benefits is remote.

Contingent liabilities are defined as:

- possible obligations arising from past events whose existence will be confirmed only by the occurrence of one or more uncertain future events not wholly within the entity's control; or
- present obligations arising from past events but for which it is not probable that a transfer of economic benefits will arise or for which the amount of the obligation cannot be measured with sufficient reliability.

Note 1.16 Public dividend capital

Public dividend capital (PDC) is a type of public sector equity finance based on the excess of assets over liabilities at the time of establishment of the predecessor NHS organisation. HM Treasury has determined that PDC is not a financial instrument within the meaning of IAS 32.

The Secretary of State can issue new PDC to, and require repayments of PDC from, the Trust. PDC is recorded at the value received.

A charge, reflecting the cost of capital utilised by the Trust, is payable as public dividend capital dividend. The charge is calculated at the rate set by HM Treasury (currently 3.5%) on the average relevant net assets of the Trust during the financial year. Relevant net assets are calculated as the value of all assets less the value of all liabilities, with certain additions and deductions as defined in the PDC dividend policy issued by the Department of Health and Social Care.

This policy is available at

<https://www.gov.uk/government/publications/guidance-on-financing-available-to-nhs-trusts-and-foundation-trusts>.

In accordance with the requirements laid down by the Department of Health and Social Care (as the issuer of PDC), the dividend for the year is calculated on the actual average relevant net assets as set out in the "pre-audit" version of the annual accounts. The dividend calculated is not revised should any adjustment to net assets occur as a result the audit of the annual accounts.

Note 1.17 Value added tax

Most of the activities of the Trust are outside the scope of VAT and, in general, output tax does not apply and input tax on purchases is not recoverable. Irrecoverable VAT is charged to the relevant expenditure category or included in the capitalised purchase cost of fixed assets. Where output tax is charged or input VAT is recoverable, the amounts are stated net of VAT.

Note 1.18 Corporation tax

The Finance Act 2004 amended Section 519A of the Income and Corporation Taxes Act 1998 to empower HM Treasury to charge corporation tax on non-core activities of the Trust where profits exceed £50,000 per annum. This covers activities that fall outside healthcare provision and are not in support of any activities that add viability to the core functions of the Trust. These activities are subject to regular review. The Trust carried the review of corporation tax liability of its non-healthcare activities for the financial year 2024/25 and no activities ancillary to patient and health care earned £50,000 or more in income for the year.

Note 1.19 Climate change levy

Expenditure on the climate change levy is recognised in the Statement of Comprehensive Income as incurred, based on the prevailing chargeable rates for energy consumption.

Note 1.20 Foreign exchange

The functional and presentational currency of the Trust is sterling.

A transaction which is denominated in a foreign currency is translated into the functional currency at the spot exchange rate on the date of the transaction.

Where the Trust has assets or liabilities denominated in a foreign currency at the Statement of Financial Position date:

- monetary items are translated at the spot exchange rate on 31 March
- non-monetary assets and liabilities measured at historical cost are translated using the spot exchange rate at the date of the transaction and
- non-monetary assets and liabilities measured at fair value are translated using the spot exchange rate at the date the fair value was determined.

Exchange gains or losses on monetary items (arising on settlement of the transaction or on re-translation at the Statement of Financial Position date) are recognised in income or expense in the period in which they arise.

Exchange gains or losses on non-monetary assets and liabilities are recognised in the same manner as other gains and losses on these items.

Note 1.21 Third party assets

Assets belonging to third parties in which the Trust has no beneficial interest (such as money held on behalf of patients) are not recognised in the accounts. However, they are disclosed in a separate note to the accounts in accordance with the requirements of HM Treasury's *FReM*.

Note 1.22 Losses and special payments

Losses and special payments are items that Parliament would not have contemplated when it agreed funds for the health service or passed legislation. By their nature they are items that ideally should not arise. They are therefore subject to special control procedures compared with the generality of payments. They are divided into different categories, which govern the way that individual cases are handled. Losses and special payments are charged to the relevant functional headings in expenditure on an accruals basis.

The losses and special payments note is compiled directly from the losses and compensations register which reports on an accrual basis with the exception of provisions for future losses.

Note 1.23 Gifts

Gifts are items that are voluntarily donated, with no preconditions and without the expectation of any return. Gifts include all transactions economically equivalent to free and unremunerated transfers, such as the loan of an asset for its expected useful life, and the sale or lease of assets at below market value.

Note 1.24 Transfers of Functions

For functions that have been transferred to the Trust from another NHS body, the transaction is accounted for as a transfer by absorption. The assets and liabilities transferred are recognised in the accounts using the book value as at the date of transfer. The assets and liabilities are not adjusted to fair value prior to recognition.

For property, plant and equipment assets and intangible assets, the cost and accumulated depreciation / amortisation balances from the transferring entity's accounts are preserved on recognition in the Trust's accounts. Where the transferring body recognised revaluation reserve balances attributable to the assets, the Trust makes a transfer from its income and expenditure reserve to its revaluation reserve to maintain transparency within public sector accounts

For functions that the Trust has transferred to another NHS body, the assets and liabilities transferred are de-recognised from the accounts as at the date of transfer. The net loss / gain corresponding to the net assets/ liabilities transferred is recognised within expenses / income, but not within operating activities. Any revaluation reserve balances attributable to assets de-recognised are transferred to the income and expenditure reserve.

Note 1.25 Early adoption of standards, amendments and interpretations

No new accounting standards or revisions to existing standards have been early adopted in 2024/25.

Note 1.26 Standards, amendments and interpretations in issue but not yet effective or adopted

IFRS 17 Insurance Contracts – Application required for accounting periods beginning on or after 1 January 2021, but not yet adopted by the FReM: early adoption is not therefore permitted.

The Trust has considered the above new standards, interpretation, and amendments to published standards that are not yet effective and concluded that IFRS 17 is currently not relevant to the Trust or would not have a significant impact on the Trust's financial statements, apart from some additional disclosures.

IFRS 18 was issued in April 2024 and applies to periods beginning on or after 1 January 2027. The standard has not yet been adopted by FRAB for inclusion within the FReM and therefore it is not yet possible to confirm how this will impact on our accounts in the future.

Changes to non-investment asset valuation – Following a thematic review of non-current asset valuations for financial reporting in the public sector, HM Treasury has made a number of changes to valuation frequency, valuation methodology and classification which are effective in the public sector from 1 April 2025 with a 5 year transition period. NHS bodies are adopting these changes to an alternative timeline.

Changes to subsequent measurement of intangible assets and PPE classification / terminology to be implemented for NHS bodies from 1 April 2025:

- Withdrawal of the revaluation model for intangible assets. Carrying values of existing intangible assets measured under a previous revaluation will be taken forward as deemed historic cost.
- Removal of the distinction between specialised and non-specialised assets held for their service potential. Assets will be classified according to whether they are held for their operational capacity.

These changes are not expected to have a material impact on these financial statements.

Changes to valuation cycles and methodology to be implemented for NHS bodies in later periods:

- A mandated quinquennial revaluation frequency (or rolling programme) supplemented by annual indexation in the intervening years.
- Removal of the alternative site assumption for buildings valued at depreciated replacement cost on a modern equivalent asset basis. The approach for land has not yet been finalised by HM Treasury.

The impact of applying these changes in future periods has not yet been assessed. PPE and right of use assets currently subject to revaluation have a total book value of £58,619k as at 31 March 2025. Assets valued on an alternative site basis have a total book value of £nil at 31 March 2025.

Note 1.27 Critical judgements and key sources of estimation uncertainty

The following are the judgements, apart from those involving estimations (see below) that management has made in the process of applying the Trust's accounting policies and that have the most significant effect on the amounts recognised in the financial statements:

In the application of the Trust's accounting policies, management is required to make judgements, estimates and assumptions about the carrying amounts of assets and liabilities that are not readily apparent from other sources. The Trust confirms that it has not used any key assumptions concerning the future or had any key sources of estimation uncertainty at the end of the reporting period that have risk of causing material adjustments to the carrying amounts of assets and liabilities within the next financial year that need to be disclosed under IAS1.

It is impracticable to disclose the extent of the possible effects of an assumption or another source of estimation uncertainty at the end of the reporting period. Based on existing knowledge, outcomes within the next financial year that are different from the assumption around the valuation of our land, property, plant and equipment could require a material adjustment to the carrying amount of the asset or liability recorded in Note 16.1.

The Trust applies an asset ceiling when a net surplus arises in the Local Government Pension Scheme. This reduces the surplus to nil for the purposes of the Trust's accounts. This is done because the Trust does not consider that it has control of the asset

Note 1.28 Sources of estimation uncertainty

The main area of estimation uncertainty within the Trust is the carrying value of the property portfolio and the assumptions used in the determination of fair value at the Statement of Financial Position date. To minimise the risk of material misstatement, a full property valuation was commissioned by the Trust at the 31 March 2024 year end.

The Trust's standard policy is to carry out full revaluation of land and buildings every five years, with provision for tabletop revaluations in intervening years. A tabletop revaluation was undertaken in March 2025.

Most of the Trust's fixed assets are specialised assets, used to deliver healthcare services for the Trust, except Wardsend Road (office space). The Specialised assets were revalued at their "depreciated replacement cost" or fair value for those that were added to the portfolio of assets. This technique involves assessing all the costs of providing a modern equivalent asset using pricing at the valuation date.

Provisions have been calculated after recognising obligating events during the year and include estimates and assumptions relating to the carrying amounts and timing of anticipated payments. Litigation provisions are based on estimates provided through NHS Resolution and injury benefit provisions calculated on figures from NHS Business Services Authority. Refer to Paragraph 1.15 for further details.

Further areas of estimation are around net liability to pay pensions in respect of staff who transferred to the Trust from Sheffield City Council. This estimation depends on judgements relating to the discount rate used, the rate at which salaries are projected to increase, changes in the retirement ages, mortality rates, and expected returns on pension fund assets. Consulting actuaries, Hymans Robertson, engaged by the South Yorkshire Pensions Authority, provide the Trust with expert advice on assumptions applied in the valuation of these pensions.

Note 2 Operating Segments

The Trust has one operating segment, the provision of health and social care.

All its revenues are derived from within the United Kingdom.

Details of operating income by classification are provided under Note 3 following.

Note 3 Operating income from patient care activities

All income from patient care activities relates to contract income recognised in line with accounting policy 1.4

Note 3.1 Income from patient care activities (by nature)	2024/25	2023/24
	£000	£000
Mental health services		
Income from commissioners under API contracts*	138,341	121,501
Services delivered under a mental health collaborative	4,600	4,428
Income for commissioning services in a mental health collaborative	-	-
Clinical partnerships providing mandatory services (including S75 agreements)	1,736	1,817
Clinical income for the secondary commissioning of mandatory services	-	-
Other clinical income from mandatory services	1,032	2,052
All services		
Private patient income	-	-
National pay award central funding***	306	31
Additional pension contribution central funding**	8,437	5,256
Other clinical income	56	54
Total income from activities	154,509	135,138

*Aligned payment and incentive contracts are the main form of contracting between NHS providers and their commissioners. More information can be found in the 2024/25 NHS Payment Scheme documentation.

<https://www.england.nhs.uk/pay-syst/nhs-payment-scheme/>

**Increases to the employer contribution rate for NHS pensions since 1 April 2019 have been funded by NHS England. NHS providers continue to pay at the former rate of 14.3% with the additional amount being paid over by NHS England on providers' behalf. The full cost of employer contributions (23.7%, 2023/24: 20.6%) and related NHS England funding (9.4%, 2023/24: 6.3%) have been recognised in these accounts.

***Additional funding was made available directly to providers by NHS England in 2024/25 and 2023/24 for implementing the backdated element of pay awards where government offers were finalised after the end of the financial year. NHS Payment Scheme prices and API contracts are updated for the weighted uplift in in-year pay costs when awards are finalised.

Note 3.2 Income from patient care activities (by source)

	2024/25	2023/24
	£000	£000
Income from patient care activities received from:		
NHS England	11,140	7,405
Integrated care boards	136,977	119,351
Department of Health and Social Care	-	-
Other NHS providers	4,600	4,460
NHS other	-	-
Local authorities	1,736	3,869
Non-NHS: private patients	-	-
Non-NHS: overseas patients (chargeable to patient)	-	-
Injury cost recovery scheme	-	-
Non NHS: other	56	54
Total income from activities	154,509	135,138
Of which:		
Related to continuing operations	154,509	135,138
Related to discontinued operations	-	-

Note 3.3 Overseas visitors (relating to patients charged directly by the provider)

	2024/25	2023/24
	£000	£000
Income recognised this year	-	-
Cash payments received in-year	-	-
Amounts added to provision for impairment of receivables	-	-
Amounts written off in-year	-	-

Note 4 Other operating income

	2024/25			2023/24		
	Contract income	Non-contract income	Total	Contract income	Non-contract income	Total
	£000	£000	£000	£000	£000	£000
Research and development	3,695	-	3,695	2,304	-	2,304
Education and training	10,419	4	10,422	10,503	294	10,797
Non-patient care services to other bodies	4,654		4,654	6,176		6,176
Income in respect of employee benefits accounted on a gross basis	5,629		5,629	4,658		4,658
Receipt of capital grants and donations and peppercorn leases		-	-		-	-
Charitable and other contributions to expenditure		-	-		22	22
Support from the Department of Health and Social Care for mergers		-	-		-	-
Revenue from finance leases (variable lease receipts)		-	-		-	-
Revenue from operating leases		151	151		151	151
Amortisation of PFI deferred income / credits		-	-		-	-
Other income	57	-	57	386	-	386
Total other operating income	24,455	155	24,609	24,027	468	24,494

Of which:

Related to continuing operations	24,609	24,494
Related to discontinued operations	-	-

Note 5.1 Additional information on contract revenue (IFRS 15) recognised in the period

There was no revenue recognised in the 2024/25 reporting period that was included in within contract liabilities at the previous period end (nil 2023/24).

Note 5.2 Transaction price allocated to remaining performance obligations

There are no transaction price allocated to remaining performance obligations in 2024/25 (nil 2023/24).

Note 5.3 Income from activities arising from commissioner requested services

There was no income arising from commissioner requested services in 2024/25 (nil 2023/24) recognised in the reporting period that was included in within contract liabilities at the previous period end (nil 2023/24).

Note 5.4 Profits and losses on disposal of property, plant and equipment

The Trust did not dispose of any Property, Plant and Equipment in 2023/24. The contract for the sale of Fulwood land and adjacent leased car park was signed in December 2021 and deposit receipted. The property was reclassified as "held for sale" and the sale value of £12 million. The sale has been delayed and is expected to proceed in 2025/26.

Note 5.5 Fees and charges

The following disclosure is of income from charges to service users where the full cost of providing that service exceeds £1 million and is presented as the aggregate of such income. The cost associated with the service that generated the income is also disclosed.

No material fees and charges to service users to report at 31 March 2025.

Note 6 Operating leases - Sheffield Health and Social Care NHS Foundation Trust as lessor

This note discloses income generated in operating lease agreements where Sheffield Health and Social Care NHS Foundation Trust is the lessor.

Sheffield Teaching Hospitals FT occupy part of 3 sites that belong to the Trust (Lightwood, Limbrick and Michael Carlisle Centre). The Trust considers this to be an operating lease and therefore accounts for it as a lease under IFRS16 where the Trust is the lessor.

Note 6.1 Operating lease income

	2024/25 £000	2023/24 £000
Lease receipts recognised as income in year:		
Minimum lease receipts	151	151
Variable lease receipts / contingent rents	-	-
Total in-year operating lease income	151	151

Note 6.2 Future lease receipts

	31 March 2025 £000	31 March 2024 £000
Future minimum lease receipts due in:		
- not later than one year	151	151
- later than one year and not later than two years	151	151
- later than two years and not later than three years	-	-
- later than three years and not later than four years	-	-
- later than four years and not later than five years	-	-
- later than five years	-	-
Total	302	302

Note 7.1 Operating expenses

	2024/25	2023/24
	£000	£000
Purchase of healthcare from NHS and DHSC bodies	44	72
Purchase of healthcare from non-NHS and non-DHSC bodies	16,561	10,715
Purchase of social care	-	-
Staff and executive directors costs	120,169	117,115
Remuneration of non-executive directors	123	128
Supplies and services - clinical (excluding drugs costs)	285	301
Supplies and services - general	4,140	2,771
Drug costs (drugs inventory consumed and purchase of non-inventory drugs)	989	1,094
Inventories written down	2	2
Consultancy costs	438	288
Establishment	477	658
Premises	5,901	6,723
Transport (including patient travel)	1,701	1,541
Depreciation on property, plant and equipment	3,641	3,496
Amortisation on intangible assets	328	348
Net impairments	(357)	3,982
Movement in credit loss allowance: contract receivables / contract assets	241	17
Movement in credit loss allowance: all other receivables and investments	-	-
Increase/(decrease) in other provisions	36	(20)
Change in provisions discount rate(s)	2	(33)
Fees payable to the external auditor		
audit services- statutory audit	235	191
other auditor remuneration (external auditor only)	-	-
Internal audit costs	97	81
Clinical negligence	676	697
Legal fees	126	121
Insurance	49	22
Research and development	3,745	2,000
Education and training	17,406	14,373
Expenditure on short term leases	-	-
Expenditure on low value leases	141	102
Variable lease payments not included in the liability	-	-
Early retirements	9	12
Redundancy	297	-
Charges to operating expenditure for on-SoFP IFRIC 12 schemes (e.g. PFI / LIFT)	-	-
Charges to operating expenditure for off-SoFP PFI / LIFT schemes	-	-
Car parking & security	484	459
Hospitality	-	-
Losses, ex gratia & special payments	43	90
Grossing up consortium arrangements	-	-
Other services, eg external payroll	186	285
Other	58	906
Total	178,274	168,537
Of which:		
Related to continuing operations	178,274	168,537
Related to discontinued operations	-	-

Note 7.2 Other auditor remuneration

Nil in 2024/25 (nil 2023/24)

Note 7.3 Limitation on auditor's liability

The limitation on auditor's liability for external audit work is £1 million (2023/24: £1 million).

Note 8 Impairment of assets

	2024/25 £000	2023/24 £000
Net impairments charged to operating surplus / deficit resulting from:		
Loss or damage from normal operations	-	-
Over specification of assets	-	-
Abandonment of assets in course of construction	-	-
Unforeseen obsolescence	-	-
Loss as a result of catastrophe	-	-
Changes in market price	(357)	3,982
Other	-	-
Total net impairments charged to operating surplus / deficit	(357)	3,982
Impairments charged to the revaluation reserve	241	1,251
Total net impairments	(116)	5,233

The Trust carried out a table top valuation of their lands and buildings in 2024/25. Land values have increased £694k overall (Forest Close £132k, Grenoside £94k, Lightwood £211k and Nether Edge Hospital £140k). The total net surplus for buildings was £260k for the year.

Note 9 Employee benefits

	2024/25	2023/24
	Total	Total
	£000	£000
Salaries and wages	104,752	97,305
Social security costs	10,164	9,975
Apprenticeship levy	503	526
Employer's contributions to NHS pensions	21,260	17,197
Pension cost - other	307	359
Other post employment benefits	-	-
Other employment benefits	-	-
Termination benefits	297	381
Temporary staff (including agency)	3,156	7,726
Total gross staff costs	140,438	133,469
Recoveries in respect of seconded staff	-	-
Total staff costs	140,438	133,469
Of which		
Costs capitalised as part of assets	2,148	2,434

Note 9.1 Retirements due to ill-health

During 2024/25 there were 3 early retirements from the trust agreed on the grounds of ill-health (2 in the year ended 31 March 2024). The estimated additional pension liabilities of these ill-health retirements is £206k (£205k in 2023/24).

These estimated costs are calculated on an average basis and will be borne by the NHS Pension Scheme.

Note 10 Pension costs

Past and present employees are covered by the provisions of the two NHS Pension Schemes. Details of the benefits payable and rules of the Schemes can be found on the NHS Pensions website at www.nhsbsa.nhs.uk/pensions. Both are unfunded defined benefit schemes that cover NHS employers, GP practices and other bodies, allowed under the direction of the Secretary of State in England and Wales. They are not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, each scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS body of participating in each scheme is taken as equal to the contributions payable to that scheme for the accounting period.

In order that the defined benefit obligations recognised in the financial statements do not differ materially from those that would be determined at the reporting date by a formal actuarial valuation, the FReM requires that "the period between formal valuations shall be four years, with approximate assessments in intervening years". An outline of these follows:

a) Accounting valuation

A valuation of scheme liability is carried out annually by the scheme actuary (currently the Government Actuary's Department) as at the end of the reporting period. This utilises an actuarial assessment for the previous accounting period in conjunction with updated membership and financial data for the current reporting period, and is accepted as providing suitably robust figures for financial reporting purposes. The valuation of the scheme liability as at 31 March 2025, is based on valuation data as at 31 March 2024, updated to 31 March 2025 with summary global member and accounting data. In undertaking this actuarial assessment, the methodology prescribed in IAS 19, relevant FReM interpretations, and the discount rate prescribed by HM Treasury have also been used.

The latest assessment of the liabilities of the scheme is contained in the report of the scheme actuary, which forms part of the annual NHS Pension Scheme Accounts. These accounts can be viewed on the NHS Pensions website and are published annually. Copies can also be obtained from The Stationery Office.

b) Full actuarial (funding) valuation

The purpose of this valuation is to assess the level of liability in respect of the benefits due under the schemes (taking into account recent demographic experience), and to recommend contribution rates payable by employees and employers.

The latest actuarial valuation undertaken for the NHS Pension Scheme was completed as at 31 March 2020. The results of this valuation set the employer contribution rate payable from 1 April 2024 at 23.7% of pensionable pay (previously 20.6%). The core cost cap cost of the scheme was calculated to be outside of the 3% cost cap corridor as at 31 March 2020. However, when the wider economic situation was taken into account through the economic cost cap cost of the scheme, the cost cap corridor was not similarly breached. As a result, there was no impact on the member benefit structure or contribution rates.

Note 10.1 Nest Pension Scheme

The Trust is a member of the National Employment Savings Trust (NEST) pension scheme that is defined contribution scheme. The Trust pays contributions into NEST but have obligation to make additional payments if the fund does not have sufficient assets to pay all of the employees' entitlements to post-employment benefits. The Trust's obligation is limited to the amount agreed as its contribution to the fund on behalf of employees and place actuarial and investment risk on them as members of NEST. The amount recognised on the financial statements is the contribution paid on behalf of members.

In addition to the NEST Pension Scheme the Local Authority (South Yoorkshire Pensions) employer contributions are shown below to show the total employer costs for non NHS pension schemes.

	2024/25	2023/24
	£000	£000
Employer's Contributions - NEST	50	57
Employer's Contributions SYPA	258	302
Total Non NHS Pension Scheme Contributions	<u>308</u>	<u>359</u>

The number of NEST members at the end of 2024/25 was 138 (120 for 2023/24).

Note 11 Finance income

Finance income represents interest received on assets and investments in the period.

	2024/25	2023/24
	£000	£000
Interest on bank accounts	2,019	2,438
Total finance income	2,019	2,438

Note 12.1 Finance expenditure

Finance expenditure represents interest and other charges involved in the borrowing of money or asset financing.

	2024/25	2023/24
	£000	£000
Interest expense:		
Interest on lease obligations	48	56
Total interest expense	48	56
Unwinding of discount on provisions	13	13
Other finance costs	-	20
Total finance costs	61	89

Note 12.2 The late payment of commercial debts (interest) Act 1998

	2024/25	2023/24
	£000	£000
Total liability accruing in year under this legislation as a result of late payments	-	-
Amounts included within interest payable arising from claims made under this legislation	-	-
Compensation paid to cover debt recovery costs under this legislation	-	-

Note 13 Other gains / (losses)

	2024/25	2023/24
	£000	£000
Gains on disposal of assets	-	-
Losses on disposal of assets	-	-
Total gains / (losses) on disposal of assets	-	-
Gains / (losses) on foreign exchange	-	-
Fair value gains / (losses) on investment properties	-	-
Fair value gains / (losses) on financial assets / investments	-	-
Fair value gains / (losses) on financial liabilities	-	-
Recycling gains / (losses) on disposal of financial assets mandated as fair value through OCI	-	-
Gains/(losses) on remeasurement of finance lease receivables (lessor)	-	-
Gains/(losses) on termination of finance leases (lessor)	-	-
Other gains / (losses)	-	-
Total other gains / (losses)	-	-

Note 14 Discontinued operations

	2024/25	2023/24
	£000	£000
Operating income of discontinued operations	-	-
Operating expenses of discontinued operations	-	-
Gain on disposal of discontinued operations	-	-
(Loss) on disposal of discontinued operations	-	-
Corporation tax expense attributable to discontinued operations	-	-
Total	-	-

Note 15.1 Intangible assets - 2024/25

	Software licences £000	Internally generated information technology £000	Intangible assets under construction £000	Other (purchased) £000	Total £000
Valuation / gross cost at 1 April 2024 - brought forward	1,954	-	7,373	-	9,327
Additions	-	-	3,188	-	3,188
Reclassifications	405	10,156	(10,561)	-	-
Valuation / gross cost at 31 March 2025	2,359	10,156	0	-	12,515
Amortisation at 1 April 2024 - brought forward	1,181	-	-	-	1,181
Provided during the year	328	-	-	-	328
Amortisation at 31 March 2025	1,509	-	-	-	1,509
Net book value at 31 March 2025	850	10,156	0	-	11,006
Net book value at 1 April 2024	773	-	7,373	-	8,146

Note 15.2 Intangible assets - 2023/24

	Software licences £000	Internally generated information technology £000	Intangible assets under construction £000	Other (purchased) £000	Total £000
Valuation / gross cost at 1 April 2023 - as previously stated	1,954	-	3,357	-	5,311
Additions	-	-	4,016	-	4,016
Valuation / gross cost at 31 March 2024	1,954	-	7,373	-	9,327
Amortisation at 1 April 2023 - as previously stated	833	-	-	-	833
Provided during the year	348	-	-	-	348
Amortisation at 31 March 2024	1,181	-	-	-	1,181
Net book value at 31 March 2024	773	-	7,373	-	8,146
Net book value at 1 April 2023	1,121	-	3,357	-	4,478

Note 16.1 Property, plant and equipment - 2024/25

	Land £000	Buildings excluding dwellings £000	Assets under construction £000	Plant & machinery £000	Transport equipment £000	Information technology £000	Furniture & fittings £000	Total £000
Valuation/gross cost at 1 April 2024 - brought forward	10,842	48,514	1,527	1,036	825	2,356	834	65,934
Transfers by absorption	-	-	-	-	-	-	-	-
Additions	-	-	4,517	-	-	-	-	4,517
Impairments	-	(244)	-	-	-	-	-	(244)
Reversals of impairments	-	360	-	-	-	-	-	360
Revaluations	694	(1,904)	-	-	-	-	-	(1,210)
Reclassifications	-	1,644	(2,583)	24	-	784	131	0
Transfers to / from assets held for sale	(246)	(373)	-	-	-	-	-	(619)
Disposals / derecognition	-	-	-	-	(23)	-	-	(23)
Valuation/gross cost at 31 March 2025	11,290	47,998	3,461	1,060	802	3,140	965	68,716
Accumulated depreciation at 1 April 2024 - brought forward	-	563	-	445	215	987	130	2,340
Transfers by absorption	-	-	-	-	-	-	-	-
Provided during the year	-	2,177	-	129	110	416	122	2,953
Impairments	-	-	-	-	-	-	-	-
Reversals of impairments	-	-	-	-	-	-	-	-
Revaluations	-	(2,047)	-	-	-	-	-	(2,047)
Reclassifications	-	-	-	-	-	-	-	-
Transfers to / from assets held for sale	-	(23)	-	-	-	-	-	(23)
Disposals / derecognition	-	-	-	-	(23)	-	-	(23)
Accumulated depreciation at 31 March 2025	-	669	-	574	302	1,402	252	3,200
Net book value at 31 March 2025	11,290	47,329	3,461	485	500	1,738	713	65,516
Net book value at 1 April 2024	10,842	47,951	1,527	590	609	1,369	704	63,594

Note 16.2 Property, plant and equipment - 2023/24

	Land £000	Buildings excluding dwellings £000	Assets under construction £000	Plant & machinery £000	Transport equipment £000	Information technology £000	Furniture & fittings £000	Total £000
Valuation / gross cost at 1 April 2023 - as previously stated	10,842	45,171	5,159	1,027	695	2,549	734	66,177
Prior period adjustments	-	-	-	-	-	-	-	-
Valuation / gross cost at 1 April 2023 - restated	10,842	45,171	5,159	1,027	695	2,549	734	66,177
Transfers by absorption	-	-	-	-	-	-	-	-
Additions	-	-	7,177	-	-	-	-	7,177
Impairments	-	(5,287)	-	-	-	-	-	(5,287)
Reversals of impairments	-	54	-	-	-	-	-	54
Revaluations	-	(1,782)	-	-	-	-	-	(1,782)
Reclassifications	-	10,358	(10,809)	76	170	103	102	-
Transfers to / from assets held for sale	-	-	-	-	-	-	-	-
Disposals / derecognition	-	-	-	(67)	(40)	(296)	(2)	(405)
Valuation/gross cost at 31 March 2024	10,842	48,514	1,527	1,036	825	2,356	834	65,934
Accumulated depreciation at 1 April 2023 - as previously stated	-	502	-	394	170	842	29	1,937
Prior period adjustments	-	-	-	-	-	-	-	-
Accumulated depreciation at 1 April 2023 - restated	-	502	-	394	170	842	29	1,937
Transfers by absorption	-	-	-	-	-	-	-	-
Provided during the year	-	2,017	-	118	85	441	103	2,764
Impairments	-	-	-	-	-	-	-	-
Reversals of impairments	-	-	-	-	-	-	-	-
Revaluations	-	(1,956)	-	-	-	-	-	(1,956)
Reclassifications	-	-	-	-	-	-	-	-
Transfers to / from assets held for sale	-	-	-	-	-	-	-	-
Disposals / derecognition	-	-	-	(67)	(40)	(296)	(2)	(405)
Accumulated depreciation at 31 March 2024	-	563	-	445	215	987	130	2,340
Net book value at 31 March 2024	10,842	47,951	1,527	590	609	1,369	704	63,594
Net book value at 1 April 2023	10,842	44,669	5,159	632	524	1,707	705	64,240

Note 16.3 Property, plant and equipment financing - 31 March 2025

	Land	Buildings excluding dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000
Owned - purchased	11,290	46,481	3,461	485	500	1,738	713	64,668
Owned - donated/granted	-	848	-	-	-	-	-	848
Total net book value at 31 March 2025	11,290	47,329	3,461	485	500	1,738	713	65,516

Note 16.4 Property, plant and equipment financing - 31 March 2024

	Land	Buildings excluding dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000
Owned - purchased	10,842	47,065	1,527	590	609	1,369	704	62,708
Owned - donated/granted	-	886	-	-	-	-	-	886
Total net book value at 31 March 2024	10,842	47,951	1,527	590	609	1,369	704	63,594

Note 16.5 Property plant and equipment assets subject to an operating lease (Trust as a lessor) - 31 March 2025

	Land	Buildings excluding dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000
Subject to an operating lease	-	302	-	-	-	-	-	302
Not subject to an operating lease	11,290	47,027	3,461	485	500	1,738	713	65,214
Total net book value at 31 March 2025	11,290	47,329	3,461	485	500	1,738	713	65,516

The building assets subject to an operating lease are: Michael Carlisle Centre, Lightwood and Limbrick where Sheffield Teaching Hospitals occupy 12%, 16% and 11% respectively.
This is unchanged from 2023/24

Note 16.6 Property plant and equipment assets subject to an operating lease (Trust as a lessor) - 31 March 2024

	Land	Buildings excluding dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000
Subject to an operating lease	-	302	-	-	-	-	-	302
Not subject to an operating lease	10,842	47,649	1,527	590	609	1,369	704	63,292
Total net book value at 31 March 2024	10,842	47,951	1,527	590	609	1,369	704	63,594

Note 17 Donations of property, plant and equipment

There were no donations of Property, Plant and Equipment in 2023/24.

Note 18 Revaluations of property, plant and equipment

A valuation of land and buildings was carried out in year with an effective date of 31 March 2025.

All property, plant and equipment are measured at cost on acquisition, representing the cost directly attributable to acquiring or constructing the asset and bringing it to the location and condition necessary for it to be capable of operating in the manner intended by management. Assets that are held for their service potential and are in use are measured subsequently at their current value in existing use. Assets that were most recently held for their service potential but are surplus are measured at fair value without depreciation charged if they are not in use. Assets that are Held for Sale are held at the fair value or market value if that is established. Assets held for sale are not subject to depreciation and should be fully decommissioned before transfer to "asset held for sale".

Land and buildings in use at the Trust are valued at their revalued cost on the Statement of Financial Position. This is fair value at the date of revaluation less any subsequent accumulated depreciation and impairment losses. Full revaluations at the Trust are scheduled every five years with a desk top revaluation in intervening years. Revaluation may be carried out where management feels there is a marked shift in asset valuations due to external factors. These valuations are carried out by professionally qualified valuers in accordance with Royal Institution of Chartered Surveyors (RICS) Appraisal and Valuation Manual.

Fair values are determined as follows:

- Land and non-specialised buildings – market value for existing use
- Specialised buildings – depreciated replacement cost

Note 19 Leases - Sheffield Health and Social Care NHS Foundation Trust as a lessee

The Trust has applied IFRS 16 to account for lease arrangements from 1 April 2022.

The Right of Use assets included in note 18.1 are as follows:

Centre Court and Distington House (Headquarters Building)
Exchange Works
President Park
Fitzwilliam Street
The Circle (ended November 2023)
Charnock Health Centre
Leadmill Rd
Netherthorpe House
Albert Terrace Road
Longley Leasehold
Longley Meadows
Leased car parking spaces

Note 19.1 Right of use assets - 2024/25

	Property (land and buildings) £000	Plant & machinery £000	Transport equipment £000	Information technology £000	Furniture & fittings £000	Intangible assets £000	Total £000	Of which: leased from DHSC group bodies £000
Valuation / gross cost at 1 April 2024 - brought forward	8,135	-	-	-	232	-	8,367	2,666
Transfers by absorption	-	-	-	-	-	-	-	-
Additions	-	-	-	-	-	-	-	-
Remeasurements of the lease liability	-	-	-	-	-	-	-	-
Movements in provisions for restoration / removal costs	-	-	-	-	-	-	-	-
Impairments	-	-	-	-	-	-	-	-
Reversal of impairments	-	-	-	-	-	-	-	-
Revaluations	-	-	-	-	-	-	-	-
Reclassifications	-	-	-	-	-	-	-	-
Disposals / derecognition	-	-	-	-	-	-	-	-
Valuation/gross cost at 31 March 2025	8,135	-	-	-	232	-	8,367	2,666
Accumulated depreciation at 1 April 2024 - brought forward	1,379	-	-	-	92	-	1,471	56
Transfers by absorption	-	-	-	-	-	-	-	-
Provided during the year	642	-	-	-	46	-	688	28
Impairments	-	-	-	-	-	-	-	-
Reversal of impairments	-	-	-	-	-	-	-	-
Revaluations	-	-	-	-	-	-	-	-
Reclassifications	-	-	-	-	-	-	-	-
Disposals / derecognition	-	-	-	-	-	-	-	-
Accumulated depreciation at 31 March 2025	2,021	-	-	-	138	-	2,159	84
Net book value at 31 March 2025	6,114	-	-	-	94	-	6,208	2,582
Net book value at 1 April 2024	6,756	-	-	-	140	-	6,896	2,610
Net book value of right of use assets leased from other NHS providers								2,582
Net book value of right of use assets leased from other DHSC group bodies								-

Note 19.2 Right of use assets - 2023/24

	Property (land and buildings) £000	Plant & machinery £000	Transport equipment £000	Information technology £000	Furniture & fittings £000	Intangible assets £000	Total £000	Of which: leased from DHSC group bodies £000
Valuation / gross cost at 1 April 2023 - brought forward	8,135	-	-	-	232	-	8,367	2,666
Prior period adjustments	-	-	-	-	-	-	-	-
Valuation / gross cost at 1 April 2023 - restated	8,135	-	-	-	232	-	8,367	2,666
Transfers by absorption	-	-	-	-	-	-	-	-
Additions	-	-	-	-	-	-	-	-
Remeasurements of the lease liability	-	-	-	-	-	-	-	-
Movements in provisions for restoration / removal costs	-	-	-	-	-	-	-	-
Impairments	-	-	-	-	-	-	-	-
Reversal of impairments	-	-	-	-	-	-	-	-
Revaluations	-	-	-	-	-	-	-	-
Reclassifications	-	-	-	-	-	-	-	-
Disposals / derecognition	-	-	-	-	-	-	-	-
Valuation/gross cost at 31 March 2024	8,135	-	-	-	232	-	8,367	2,666
Accumulated depreciation at 1 April 2023 - brought forward	693	-	-	-	46	-	739	28
Prior period adjustments	-	-	-	-	-	-	-	-
Accumulated depreciation at 1 April 2023 - restated	693	-	-	-	46	-	739	28
Transfers by absorption	-	-	-	-	-	-	-	-
Provided during the year	686	-	-	-	46	-	732	28
Impairments	-	-	-	-	-	-	-	-
Reversal of impairments	-	-	-	-	-	-	-	-
Revaluations	-	-	-	-	-	-	-	-
Reclassifications	-	-	-	-	-	-	-	-
Disposals / derecognition	-	-	-	-	-	-	-	-
Accumulated depreciation at 31 March 2024	1,379	-	-	-	92	-	1,471	56
Net book value at 31 March 2024	6,756	-	-	-	140	-	6,896	2,610
Net book value at 1 April 2023	7,442	-	-	-	186	-	7,628	2,638
Net book value of right of use assets leased from other NHS providers								2,610
Net book value of right of use assets leased from other DHSC group bodies								-

Note 19.3 Revaluations of right of use assets

Right of use assets were first recognised in 2022/23 in line with IFRS16. Accurate valuations were used at time of inception. The majority of leases are linked to lease payments made which have not materially changed in 2024/25.

Note 19.4 Reconciliation of the carrying value of lease liabilities

Lease liabilities are included within borrowings in the statement of financial position. A breakdown of borrowings is disclosed in note 31.1.

	2024/25	2023/24
	£000	£000
Carrying value at 1 April	5,335	5,931
Prior period adjustments	-	-
Carrying value at 1 April - restated	5,335	5,931
Transfers by absorption	-	-
Lease additions	-	-
Lease liability remeasurements	-	-
Interest charge arising in year	48	56
Early terminations	-	-
Lease payments (cash outflows)	(686)	(652)
Other changes	-	-
Carrying value at 31 March	4,697	5,335

Lease payments for short term leases, leases of low value underlying assets and variable lease payments not dependent on an index or rate are recognised in operating expenditure.

These payments are disclosed in Note 7.1. Cash outflows in respect of leases recognised on-SoFP are disclosed in the reconciliation above.

Note 19.5 Maturity analysis of future lease payments

	Total	Of which leased from DHSC group bodies:	Total	Of which leased from DHSC group bodies:
	31 March 2025	31 March 2025	31 March 2024	31 March 2024
	£000	£000	£000	£000
Undiscounted future lease payments payable in:				
- not later than one year;	581	8	581	8
- later than one year and not later than five years;	1,606	38	1,927	39
- later than five years.	2,510	1,076	2,827	1,100
Total gross future lease payments	4,697	1,122	5,335	1,147
Finance charges allocated to future periods	-	-	-	-
Net lease liabilities at 31 March 2025	4,697	1,122	5,335	1,147
Of which:				
Leased from other NHS providers		1,122		1,147
Leased from other DHSC group bodies		-		-

Note 19.6 Leases - other information

The cashflow for IFRS16 leases in 2024/25 is £581,000. The actual lease expenditure for 2024/25 is £658,000, the difference of £77,000 is the impact of IFRS16

There are no sale and leaseback transactions during the year.

Note 20 Investment Property

The Trust had no investment in properties in 2024/25 or 2023/24.

Note 20.1 Investment property income and expenses

There were no investments in associates and joint ventures in 2024/25 or 2023/24.

Note 21 Other investments / financial assets (non-current)

There were no other investments or financial assets in 2024/25 or 2023/24.

Note 22 Disclosure of interests in other entities

Subsidiaries are entities where the Trust has power to exercise control. The Trust has control when it can affect the variable returns from the other entity through its power to direct relevant activities. Their accounts should then be consolidated into the Trust's. The income, expenses, assets, liabilities, equity, and reserves of the subsidiary are consolidated in full into the appropriate financial statement lines. The capital and reserves attributable to non-controlling interests are included as a separate item in the Statement of Financial Position. Appropriate adjustments are made on consolidation where the subsidiary's accounting policies are not aligned with the Trust or where the subsidiary's accounting date is not coterminous. Subsidiaries that are classified as 'held for sale' are measured at the lower of their carrying amount or 'fair value less costs to sell'.

The Trust had no interests in other entities during 2024/25 or 2023/24.

Note 23 Inventories

	31 March 2025 £000	31 March 2024 £000
Drugs	75	74
Work In progress	-	-
Consumables	0	0
Energy	-	-
Other	-	-
Total inventories	75	74
of which:		
Held at fair value less costs to sell	-	-

Inventories recognised in expenses for the year were £813k (2023/24: £988k). Write-down of inventories recognised as expenses for the year were £2k (2023/24: £2k).

In response to the COVID 19 pandemic, the Department of Health and Social Care centrally procured personal protective equipment and passed these to NHS providers free of charge. During 2023/24 the Trust received £22k of items purchased by DHSC. Distribution of inventory by the Department ceased in March 2024.

These inventories were recognised as additions to inventory at deemed cost with the corresponding benefit recognised in income. The utilisation of these items is included in the expenses disclosed above.

Note 24.1 Receivables

	31 March 2025 £000	31 March 2024 £000
Current		
Contract receivables	8,075	8,033
Contract assets	-	-
Capital receivables	-	-
Allowance for impaired contract receivables / assets	(308)	(67)
Allowance for other impaired receivables	-	-
Deposits and advances	-	-
Prepayments (non-PFI)	1,107	1,232
PFI prepayments - capital contributions	-	-
PFI lifecycle prepayments	-	-
Interest receivable	170	190
Finance lease receivables	-	-
Operating lease receivables	-	-
PDC dividend receivable	-	67
VAT receivable	292	211
Corporation and other taxes receivable	-	-
Other receivables	10	21
Total current receivables	9,346	9,687
Non-current		
Contract receivables	-	-
Contract assets	-	-
Capital receivables	-	-
Allowance for impaired contract receivables / assets	-	-
Allowance for other impaired receivables	-	-
Deposits and advances	-	-
Prepayments (non-PFI)	48	79
PFI prepayments - capital contributions	-	-
PFI lifecycle prepayments	-	-
Interest receivable	-	-
Finance lease receivables	-	-
Operating lease receivables	-	-
VAT receivable	-	-
Corporation and other taxes receivable	-	-
Other receivables	124	133
Total non-current receivables	172	212
Of which receivable from NHS and DHSC group bodies:		
Current	4,712	4,977
Non-current	124	133

Note 24.2 Allowances for credit losses

	2024/25		2023/24	
	Contract receivables and contract assets	All other receivables	Contract receivables and contract assets	All other receivables
	£000	£000	£000	£000
Allowances as at 1 April - brought forward	67	-	50	-
Prior period adjustments			-	-
Allowances as at 1 April - restated	67	-	50	-
Transfers by absorption	-	-	-	-
New allowances arising	-	-	-	-
Changes in existing allowances	241	-	17	-
Reversals of allowances	-	-	-	-
Utilisation of allowances (write offs)	-	-	-	-
Changes arising following modification of contractual cash flows	-	-	-	-
Foreign exchange and other changes	-	-	-	-
Allowances as at 31 Mar 2025	308	-	67	-

The Trust had small amounts of receivable that required credit losses to be recognised. Receivables are impaired when there is no likelihood of the debt being recovered in full. The impairment maybe based on legal advice, insolvency of debtors, or other economic factors. Impaired receivables are written off only when all available means of recovery have been exhausted. The nature of the Trust's business generally means that no collateral is held against outstanding receivables.

Note 24.3 Exposure to credit risk

No material exposure to credit risk was identified at 31 March 2025.

Note 25 Finance leases (Sheffield Health and Social Care NHS Foundation Trust as a lessor)

The Trust does not have any lease arrangements classified as finance leases where the Trust is the lessor.

Note 26 Other assets

No other assets held in 2024/25 or 2023/24.

Note 27.1 Non-current assets held for sale and assets in disposal groups

	2024/25	2023/24
	£000	£000
NBV of non-current assets for sale and assets in disposal groups at 1 April	12,000	12,000
Prior period adjustment		-
NBV of non-current assets for sale and assets in disposal groups at 1 April - restated	12,000	12,000
Transfers by absorption	-	-
Assets classified as available for sale in the year	596	-
Assets sold in year	-	-
Impairment of assets held for sale	-	-
Reversal of impairment of assets held for sale	-	-
Assets no longer classified as held for sale, for reasons other than sale	-	-
NBV of non-current assets for sale and assets in disposal groups at 31 March	12,596	12,000

The contract to sell Fulwood land and the adjacent leasehold car park was signed in December 2021.

Contracts to relocate headquarters were signed in March 2022 and the land was assigned as an asset held for sale for the financial year ending 31 March 2022. The sale has been delayed and is now expected to proceed in 2025/26 and so the land continues to be classified as an asset held for sale.

The Trust's St Georges property was reclassified to asset held for sale in 2024/25 and is expected to proceed in 2025/26.

Note 27.2 Liabilities in disposal groups

There were no liabilities relating to disposal groups in 2024/25 or 2023/24.

Note 28.1 Cash and cash equivalents movements

Cash and cash equivalents comprise cash at bank, in hand and cash equivalents. Cash equivalents are readily convertible investments of known value which are subject to an insignificant risk of change in value.

	2024/25	2023/24
	£000	£000
At 1 April	38,963	53,715
Prior period adjustments		-
At 1 April (restated)	38,963	53,715
Transfers by absorption	-	-
Net change in year	2,865	(14,752)
At 31 March	41,828	38,963
Broken down into:		
Cash at commercial banks and in hand	93	72
Cash with the Government Banking Service	41,735	38,891
Deposits with the National Loan Fund	-	-
Other current investments	-	-
Total cash and cash equivalents as in SoFP	41,828	38,963
Bank overdrafts (GBS and commercial banks)	-	-
Drawdown in committed facility	-	-
Total cash and cash equivalents as in SoCF	41,828	38,963

Note 28.2 Third party assets held by the trust

Sheffield Health and Social Care NHS Foundation Trust held cash and cash equivalents which relate to monies held by the Trust on behalf of patients or other parties and in which the trust has no beneficial interest. This has been excluded from the cash and cash equivalents figure reported in the accounts.

	31 March 2025	31 March 2024
	£000	£000
Bank balances	43	33
Monies on deposit	-	-
Total third party assets	43	33

Note 29.1 Trade and other payables

	31 March 2025 £000	31 March 2024 £000
Current		
Trade payables	1,699	1,265
Capital payables	3,575	2,705
Accruals	8,028	5,344
Receipts in advance and payments on account	-	-
PFI lifecycle replacement received in advance	-	-
Social security costs	1,246	1,284
VAT payables	-	-
Other taxes payable	1,356	1,188
PDC dividend payable	28	-
Pension contributions payable	1,794	1,689
Other payables	-	-
Total current trade and other payables	17,726	13,475
Non-current		
Trade payables	-	-
Capital payables	-	-
Accruals	-	-
Receipts in advance and payments on account	-	-
PFI lifecycle replacement received in advance	-	-
VAT payables	-	-
Other taxes payable	-	-
Other payables	-	-
Total non-current trade and other payables	-	-
Of which payables from NHS and DHSC group bodies:		
Current	955	888
Non-current	-	-

Note 29.2 Early retirements in NHS payables above

The payables note above includes amounts in relation to early retirements as set out below:

	31 March 2025 £000	31 March 2025 Number	31 March 2024 £000	31 March 2024 Number
- to buy out the liability for early retirements over 5 years	-		-	
- number of cases involved		-		-

Note 30 Other liabilities

	31 March 2025 £000	31 March 2024 £000
Current		
Deferred income: contract liabilities	138	414
Deferred grants	-	-
Deferred PFI credits / income	-	-
Other deferred income	-	-
Total other current liabilities	138	414
Non-current		
Deferred income: contract liabilities	-	-
Deferred grants	-	-
Deferred PFI credits / income	-	-
Other deferred income	-	-
Net pension scheme liability	-	-
Total other non-current liabilities	-	-

Changes in the net pension scheme liability is the result of independent professional actuary valuation commissioned by South Yorkshire Pension Authority. High UK corporate bond yields have resulted in high accounting discount rates which results in significantly lower values on pension obligations compared to previous years. As a result the pension scheme is showing as a net asset. However, as the Trust has no control of the asset and is unlikely to receive any benefit from the net asset value the asset ceiling of £0 has been applied (£0 in 2023/24). There is no asset or receivable balance recognised and liabilities have been reduced to zero (£0 in 2023/24).

Note 31.1 Borrowings

	31 March 2025 £000	31 March 2024 £000
Current		
Lease liabilities	581	581
Obligations under PFI, LIFT or other service concession contracts	-	-
Total current borrowings	581	581
Non-current		
Lease liabilities	4,116	4,754
Obligations under PFI, LIFT or other service concession contracts	-	-
Total non-current borrowings	4,116	4,754

Note 31.2 Reconciliation of liabilities arising from financing activities

	Loans from DHSC £000	Other loans £000	Lease Liabilities £000	PFI and LIFT schemes £000	Total £000
Carrying value at 1 April 2024	-	-	5,335	-	5,335
Cash movements:					
Financing cash flows - payments and receipts of principal	-	-	(638)	-	(638)
Financing cash flows - payments of interest	-	-	(48)	-	(48)
Non-cash movements:					
Application of effective interest rate	-	-	48	-	48
Other changes	-	-	-	-	-
Carrying value at 31 March 2025	-	-	4,697	-	4,697

	Loans from DHSC £000	Other loans £000	Lease Liabilities £000	PFI and LIFT schemes £000	Total £000
Carrying value at 1 April 2023	-	-	5,931	-	5,931
Cash movements:					
Financing cash flows - payments and receipts of principal	-	-	(596)	-	(596)
Financing cash flows - payments of interest	-	-	(56)	-	(56)
Non-cash movements:					
Application of effective interest rate	-	-	56	-	56
Other changes	-	-	-	-	-
Carrying value at 31 March 2024	-	-	5,335	-	5,335

Note 32 Other financial liabilities

	31 March 2025 £000	31 March 2024 £000
Current		
Derivatives held at fair value through income and expenditure	-	-
Other financial liabilities	-	-
Total current other financial liabilities	-	-
Non-current		
Derivatives held at fair value through income and expenditure	-	-
Other financial liabilities	-	-
Total non-current other financial liabilities	-	-

Note 33.1 Provisions for liabilities and charges analysis

	Pensions: early departure costs £000	Pensions: injury benefits £000	Legal claims £000	Re- structuring £000	Equal Pay (including Agenda for Change) £000	Redundancy £000	Other £000	Total £000
At 1 April 2024	-	535	103	0	-	76	387	1,101
Transfers by absorption	-	-	-	-	-	-	-	-
Change in the discount rate	-	2	-	-	-	-	(1)	1
Arising during the year	-	7	29	-	-	-	(1)	35
Utilised during the year	-	(50)	(58)	-	-	(76)	(25)	(209)
Reclassified to liabilities held in disposal groups	-	-	-	-	-	-	-	-
Reversed unused	-	-	-	-	-	-	-	-
Unwinding of discount	-	13	-	-	-	-	7	20
At 31 March 2025	-	507	74	0	-	(0)	367	948
Expected timing of cash flows:								
- not later than one year;	-	48	74	-	-	-	10	132
- later than one year and not later than five years;	-	182	-	-	-	-	24	206
- later than five years.	-	277	-	0	-	(0)	333	610
Total	-	507	74	0	-	(0)	367	948

The provision of £507,000 relates to Injury Benefits which are payable to current and former members of staff who suffered injury at work. These cases were adjudicated by the NHS Pensions Authority. £507,000 is the payment due to claimants at the end of 2024/25 and payable over their expected life. The figures are adjusted for inflation and any increase in life expectancy (2023/24 £535,000).

Legal claims relate to claims brought against the Trust for Employer's Liability or Public Liability. These cases are handled by NHS Resolution, which provides estimates of the Trust's probable liability. Actual costs incurred are subject to the outcomes of court cases or legal out of court agreements. Settlement costs and legal costs may vary from the provisions put through the accounts. NHS Resolutions cover costs that are more than £10,000 for Employer's liability cases, and £3,000 for Public Liability cases.

The redundancy provision related to staff redeployment and structural changes following de-commissioning of services. It has now been fully utilised.

Dilapidation provisions of £220,000 are included under the 'Other' heading. This provision was included for property leased by the Trust that required restructuring and redesign to suit the Trust's operational needs and standards.

Note 33.2 Clinical negligence liabilities

At 31 March 2025, £2,628k was included in provisions of NHS Resolution in respect of clinical negligence liabilities of Sheffield Health and Social Care NHS Foundation Trust (31 March 2024: £2,139k).

Note 34 Contingent assets and liabilities

	31 March 2025	31 March 2024
	£000	£000
Value of contingent liabilities		
NHS Resolution legal claims	(51)	(58)
Employment tribunal and other employee related litigation	-	-
Redundancy	-	-
Other	-	-
Gross value of contingent liabilities	(51)	(58)
Amounts recoverable against liabilities	-	-
Net value of contingent liabilities	(51)	(58)
Net value of contingent assets	-	-

Legal claims contingent liabilities represent the consequences of losing all current third party legal claim cases. The contingent liabilities are based on the estimations provided by NHS Resolution for cases with a possibility of an outflow of resources of 50% or above.

At any point in time, the Trust may also have received notices of potential legal claims or other correspondence which may ultimately lead to a financial liability, but for which there is, as yet, insufficient information to assess the likelihood or value of such matters. One such matter relating to a health and safety incident could result in progression to prosecution and a potential fine, however the likelihood and the amount are uncertain at this time.

Note 35 Contractual capital commitments

	31 March 2025	31 March 2024
	£000	£000
Property, plant and equipment	231	1,481
Intangible assets	568	417
Total	799	1,898

Note 36 Other financial commitments

There are no other financial commitments at 31 March 2025.

Note 37 Defined benefit pension schemes

Some Trust employees who were transferred from Sheffield City Council elected to remain with the Local Government Pension Scheme, administered by the South Yorkshire Pensions Authority, which is a defined benefit pension scheme. The assets and liabilities attributable to these employees can be identified and are recognised in the Trust's accounts. The assets are measured at fair value, and the liabilities at the present value of future obligations. The increase in the liability arising from pensionable service earned during the year is recognised within operating expenses. The net interest cost during the year arising from the unwinding of the discount on the net scheme liabilities is recognised within finance costs. Re-measurements of the defined benefit plan are recognised in the income and expenditure reserve and reported in the Statement of Comprehensive Income as an item of 'other comprehensive income'. These postings were previously offset by the terms of the partnership agreement which ceased in April 2023.

The terms of the previous partnership "back to back" agreement with Sheffield City Council ('the Council') provided that any long-term pension liability arising from the scheme would be funded by the Council, except for any pension changes which relate to salary increases more than any local government grading agreements. This was removed following the end of the partnership agreement and therefore, with effect from 2023/24, the Trust has not recognised a receivable amount from Sheffield City Council.

The total defined benefit pension loss for 2024/25 in respect of the local government scheme administered by South Yorkshire Pensions Authority was £215,000 (2023/24 loss of £296,000).

A pension deficit of nil was included in the Statement of Financial Position as at 31 March 2025 following implementation of the asset ceiling (31 March 2024 - £nil).

Estimation of the net liability to pay pensions depends on several complex judgements. A firm of consulting actuaries is engaged by South Yorkshire Pensions Authority to provide expert advice about the assumptions made, such as mortality rates and expected returns on pension fund assets.

Pension increases or revaluations for public sector schemes are based on the Consumer Prices Index ("CPI") measure of price inflation.

The main actuarial assumptions used at the date of the statement of financial position in measuring the present value of defined benefit scheme liabilities are:

	2025	2024
	%	%
Rate of increase in salaries	3.40	3.40
Rate of increase in pensions and deferred pensions	2.80	2.80
Discount rate	5.80	4.80

Other assumption for valuations 2024/25

Life expectancy is based on the Fund's VitaCurves with improvements in line with the CMI 2023 model, with a 15% weighting of 2023 (and 2022) data, a 0% weighting of 2021 (and 2020) data, standard smoothing (Sk7), initial adjustment of 0.25% and a long term rate of improvement of 1.5% p.a. for both males and females.

Based on these assumptions, the average future life expectancies at age 65 are summarised below:

	Males	Females
Current pensioners	20.5 years	22.4 years
Future pensioners *	19.4 years	24.3 years

* Figures assume members aged 45 as at the last formal valuation date.

The fair value of the scheme's assets and liabilities recognised in the balance sheet were as follows:

	Scheme Assets		Scheme Assets	
	31-Mar-25		31-Mar-24	
	£'000	%	£'000	%
Equities	19,474	70%	19,696	70%
Government Bonds		0%		0%
Other Bonds	5,513	20%	5,846	21%
Property	2,247	8%	2,247	8%
Cash / Liquidity/Other	418	2%	394	1%
Total fair value of assets	27,652		28,183	100%
Present value of defined benefit obligation	(17,447)		(20,195)	
Net retirement benefit deficit	10,205		7,988	

IAS19 requires that rather than recognising the expected gain during the year from scheme assets in finance income and the interest cost during the year arising from the unwinding of the discount on the scheme liabilities recognised in finance costs; the net interest cost during the year is presented within finance costs. Actuarial gains and losses are not presented; rather the re-measurements of the defined benefit plan are disclosed and recognised in the income and expenditure reserve.

Note 37.1 Changes in the defined benefit obligation and fair value of plan assets during the year

	2024/25	2023/24
	£000	£000
Present value of the defined benefit obligation at 1 April	(20,195)	(20,066)
Current service cost	(215)	(286)
Interest cost	(956)	(944)
Contribution by plan participants	(58)	(71)
Remeasurement of the net defined benefit (liability) / asset:		
- Actuarial (gains) / losses	3,151	430
Benefits paid	826	742
Present value of the defined benefit obligation at 31 March	(17,447)	(20,195)
Plan assets at fair value at 1 April	20,195	19,857
Interest income	916	934
Remeasurement of the net defined benefit (liability) / asset:		
- Actuarial gain / (losses)	(1,357)	1,105
- Changes in the effect of limiting a net defined benefit asset to the asset ceiling	(1,794)	(1,344)
Contributions by the employer	255	314
Contributions by the plan participants	58	71
Benefits paid	(826)	(742)
Plan assets at fair value at 31 March	17,447	20,195
Plan surplus/(deficit) at 31 March	-	-

The SYPA scheme above had a net asset value as at 31 March 2025 of £10.205m (£7.987m at 31 March 2024) as provided by the scheme's Actuary. However, an asset ceiling of £0 has been applied (£0 in 2023/24).

Note 37.2 Reconciliation of the present value of the defined benefit obligation and the present value of the plan assets to the assets and liabilities recognised in the balance sheet

	31 March 2025	31 March 2024
	£000	£000
Present value of the defined benefit obligation	(17,447)	(20,195)
Plan assets at fair value	17,447	20,195
Net defined benefit (obligation) / asset recognised in the SoFP	-	-
Fair value of any reimbursement right	-	-
Net (liability) / asset after the impact of reimbursement rights	-	-

Note 37.3 Amounts recognised in the SoCI

	2024/25	2023/24
	£000	£000
Current service cost	(215)	(286)
Interest expense / income	(40)	(10)
Past service cost	-	-
Gains/(losses) on curtailment and settlement	-	-
Total net (charge) / gain recognised in SOCI	(255)	(296)

Note 38 Financial instruments

Note 38.1 Financial risk management

IFRS 7, 'Financial Instruments: Disclosures', requires disclosure of the role that financial instruments have had during the period in creating or changing the risks faced by the Trust. Because of the continuing service provider relationship that the Trust has with NHS Integrated Care Boards and the way those Integrated Care Boards are financed, the Trust is not exposed to the degree of financial risk faced by other businesses. The Trust has limited powers to borrow or invest surplus funds on their own and financial assets and liabilities are generated by day-to-day operational activities rather than being held to change the risks facing the Trust in undertaking its activities.

The Trust's treasury management operations are carried within the parameters defined formally within the Trust's Standing Financial Instructions and policies agreed by the Board of Directors.

Currency risk

The Trust is principally a domestic organisation with majority of transactions, assets and liabilities being in the UK and sterling based. The Trust has no overseas operations. The Trust therefore has low exposure to currency rate fluctuations.

Credit risk

As the majority of the Trust's income comes from contracts with NHS Integrated Care Boards and public sector bodies, they have low exposure to credit risk. The maximum exposure at the end of the financial year would be in receivables from customers, as disclosed in the receivables note.

Liquidity risk

Most of the Trust's operating costs are incurred under contracts with NHS Integrated Care Boards, local authorities and other government bodies which are financed from resources voted annually by Parliament. The Trust finances capital expenditure from funds from their cash reserves or through loans and funds from the PDC. Because of this, the Trust's exposure to liquidity risk is minimal.

Note 38.2 Carrying values of financial assets

	Held at amortised cost	Held at fair value through I&E	Held at fair value through OCI	Total book value
	£000	£000	£000	£000
Carrying values of financial assets as at 31 March 2025				
Trade and other receivables excluding non financial assets	7,617	-	-	7,617
Other investments / financial assets	-	-	-	-
Cash and cash equivalents	41,828	-	-	41,828
Total at 31 March 2025	49,445	-	-	49,445

	Held at amortised cost	Held at fair value through I&E	Held at fair value through OCI	Total book value
	£000	£000	£000	£000
Carrying values of financial assets as at 31 March 2024				
Trade and other receivables excluding non financial assets	8,033	-	-	8,033
Other investments / financial assets	-	-	-	-
Cash and cash equivalents	38,963	-	-	38,963
Total at 31 March 2024	46,996	-	-	46,996

Note 38.3 Carrying values of financial liabilities

	Held at amortised cost	Held at fair value through I&E	Total book value
	£000	£000	£000
Carrying values of financial liabilities as at 31 March 2025			
Loans from the Department of Health and Social Care	-	-	-
Obligations under leases	4,697	-	4,697
Obligations under PFI, LIFT and other service concession contracts	-	-	-
Other borrowings	-	-	-
Trade and other payables excluding non financial liabilities	13,113	-	13,113
Other financial liabilities	-	-	-
Provisions under contract	-	-	-
Total at 31 March 2025	17,810	-	17,810

	Held at amortised cost	Held at fair value through I&E	Total book value
	£000	£000	£000
Carrying values of financial liabilities as at 31 March 2024			
Loans from the Department of Health and Social Care	-	-	-
Obligations under leases	5,335	-	5,335
Obligations under PFI, LIFT and other service concession contracts	-	-	-
Other borrowings	-	-	-
Trade and other payables excluding non financial liabilities	9,314	-	9,314
Other financial liabilities	-	-	-
Provisions under contract	-	-	-
Total at 31 March 2024	14,649	-	14,649

Note 38.4 Maturity of financial liabilities

The following maturity profile of financial liabilities is based on the contractual undiscounted cash flows. This differs to the amounts recognised in the statement of financial position which are discounted to present value.

	31 March 2025	31 March 2024
	£000	£000
In one year or less	13,899	9,895
In more than one year but not more than five years	1,606	1,927
In more than five years	2,510	2,827
Total	18,015	14,649

Note 38.5 Fair values of financial assets and liabilities

The fair value of the Trust's financial assets and financial liabilities at 31 March 2025 equates to book value.

Note 39 Losses and special payments

	2024/25		2023/24	
	Total number of cases Number	Total value of cases £000	Total number of cases Number	Total value of cases £000
Losses				
Cash losses	-	-	-	-
Fruitless payments and constructive losses	-	-	-	-
Bad debts and claims abandoned	-	-	-	-
Stores losses and damage to property	43	24	59	89
Total losses	43	24	59	89
Special payments				
Compensation under court order or legally binding arbitration award	-	-	-	-
Extra-contractual payments	-	-	-	-
Ex-gratia payments	24	3	7	1
Special severance payments	-	-	-	-
Extra-statutory and extra-regulatory payments	-	-	-	-
Total special payments	24	3	7	1
Total losses and special payments	67	27	66	90
Compensation payments received				

Note 40 Gifts

There were no gifts paid in 2024/25 (nil 2023/24)

Note 41 Related parties

Sheffield Health and Social Care NHS Foundation Trust is a corporate body established by order of the Secretary of State for Health.

During the year the Trust had transactions with several organisations with which key employees or directors of the Trust have some form of relationship. These are detailed below:

Related Party (Register of interest 2024/25)	Income £'000	Expenditure £'000	Receivable £'000	Payable £'000
NHS Provider	-	31	-	-
NHS England	12,910	-	240	36
Tees Esk Wear Valley NHS FT	-	19	-	-
Nottingham CityCare Partnership CIC	-	5	-	-
Sheffield Childrens NHS FT	1,306	48	515	37
Sheffield Flourish	-	123	-	30
University of Sheffield	363	1,175	432	736
Leeds & York Partnership NHS Trust	40	22	20	2
Royal College of Psychiatrists	33	23	-	5
Restraint Reduction Network	-	4	-	-
Sheffield Hospitals Charity	28	-	-	8
University of Huddersfield	-	-	-	3
The NHS Confederation	-	12	-	-
	14,680	1,462	1,207	857

The relationships are:

- One member of the board is a board/ trustee member and director of NHS Provider and part of the NHS England Chair's Advisory Group
- One Non-Executive Director is a board member of Nottingham CityCare Partnership
- One Non-Executive Director is a board member at Sheffield Flourish and a Professor at University of Sheffield.
- One Director is a specialist advisor at Royal College of Psychiatrists and associate director of teaching and senior lecturer at University of Sheffield.
- One Director is a voting member of the Sheffield Hospitals Charity
- One Director is a National Specialty Advisor at NHSE/I and their spouse is a consultant at Sheffield Teaching Hospital
- One Director is a Trustee for the Restraint Reduction Network
- One Director is seconded from York place, Humber and North Yorkshire ICB
- One Director is seconded from NHS England
- One board member has a spouse employed in management capacity at Leeds & York Partnership NHS Trust
- One board member has a relative employed in management capacity at Tees Esk Wear Valley NHS FT

Amounts owed to related parties are unsecured, interest-free and have no fixed terms of repayment. The balances will be settled in cash. No guarantees have been given or received. No expenses are recognised in year in respect of bad or doubtful debts due from related parties.

The Trust is required, under International Accounting Standard 24 'Related Party Disclosures', to disclose any related party transactions. The objective of IAS 24 is to draw attention to the possibility that the reported financial results may have been influenced by related parties. The Trust deals directly with the organisations listed above without any influence from the individuals that sit within their positions of influence.

There were no direct payments to related parties for 2024/25 (2023/24 £nil). Further details of Executive and Non-Executive Directors' salaries and pensions can be found in the Remuneration Report in the Annual Report.

Other related parties

The value of SHSC's transactions with other related parties during the year is given below:

	2024/25		2023/24	
	Income	Expenditure	Income	Expenditure
	£000	£000	£000	£000
Department of Health and Social Care	2,183	-	2,076	-
Other NHS bodies *	162,013	2,259	142,372	2,213
Other WGA *	10	32,696	-	28,907
Other bodies *	1,747	104	4,013	170
	<u>165,953</u>	<u>35,059</u>	<u>148,461</u>	<u>31,290</u>

The value of receivables and payables balances held with related parties at 31 March 2025 was:

	2024/25		2023/24	
	Receivables	Payables	Receivables	Payables
	£000	£000	£000	£000
Department of Health and Social Care	287	-	298	-
Other NHS bodies *	4,416	960	4,574	1,255
Other WGA	292	4,376	211	4,314
Other bodies	732	90	890	135
	<u>5,727</u>	<u>5,426</u>	<u>5,973</u>	<u>5,704</u>

The value of balances (other than salary) with related parties in relation to the provision for impairment of receivables as at 31 March 2025 have been raised where deemed appropriate.

The Department of Health and Social Care ("the Department") is the parent department of the Trust and is regarded as a related party.

During the year, the Trust had material transactions with the Department, and other entities for which the Department is regarded as the parent Department.

These entities are listed below:

- NHS South Yorkshire Integrated Care Board
- Health Education England
- NHS England - Yorkshire and the Humber Local Office
- NHS England - Yorkshire and the Humber Commissioning Hub
- NHS Derby and Derbyshire Integrated Care Board
- Derbyshire Healthcare NHS Foundation Trust
- Nottinghamshire Healthcare NHS Foundation Trust
- Rotherham Doncaster and South Humber NHS Foundation Trust
- Sheffield Children's NHS Foundation Trust
- Sheffield Teaching Hospitals NHS Foundation Trust
- Leeds and York Partnership NHS Foundation Trust
- NHS Resolution
- NHS Business Services Authority.

The Trust also had several transactions with central government departments and local government bodies, most significantly with:

- Sheffield City Council
- South Yorkshire Pension Authority
- HM Revenues and Customs
- NHS Pension Scheme

Note 42 Prior period adjustments

No prior period adjustments reported at 31 March 2025.

Note 43 Events after the reporting date

The sale of Fulwood House was not completed as anticipated by 27th June 2025. Sheffield Health & Social Care have started the process to re-market the site for sale.

4.3 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.

AfC – Agenda for Change

Agenda for Change (AfC) is the current grading and pay system for NHS staff, with the exception of doctors, dentists, apprentices and some senior managers.

Amortisation

Depreciation of Intangible Assets.

Annual Governance Statement (AGS)

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 Held for Sale (AHFS)

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.

Board Assurance Framework (BAF)

Outlines risks to delivery of the Trust's strategic aims and priorities.

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.

Control Total

An agreed financial control total for all NHS Providers, calculated on a Trust-by-Trust basis and designed to ensure the NHS provider sector achieves financial balance.

Access to the Provider Sustainability Fund is dependent on agreement and delivery of the control total.

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.

Care Quality Commission (CQC)

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.

Department of Health and Social Care (DHSC)

DHSC is a ministerial department that supports ministers to lead the nation's health and social care.

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.

EPR

Electronic Patient Record

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 statements

Another term for the annual accounts.

Foundation Trust Annual Reporting Manual (FT ARM)

The guidance document, published annually by NHS England, sets out the accounting requirements for Foundation Trust's Annual Report. Previously included technical guidance on the Accounts, which is now provided within the Department of Health and Social Care (DHSC) Government Accounting 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.

DHSC Government Accounting Manual (GAM)

Provides the accounting guidance for all NHS bodies, now including Foundation Trusts. Guidance specific to Foundation Trusts in respect of the Annual Report is still included in the Foundation Trust Annual Reporting Manual (FT ARM).

IFRS (International Financial Reporting Standards)

The professional standards organisations 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 previous years.

Intangible asset

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

Inventories

Stocks such as clinical supplies, medical equipment, pharmacy stock.

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.

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 and Social Care 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.

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.

Provider Sustainability Fund (PSF)

PSF replaces the 'Sustainability and Transformation Fund' (STF) from year 2018/19 and it is the additional funding administered by NHS Improvement, which is intended to incentivise Trusts to achieve their Control Totals. It breaks down into three areas - Finance, General Distribution and Bonus.

Public Dividend Capital (PDC)

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 (PDC 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.

Section 136

Section 136 is part of the Mental Health Act that gives police emergency powers to detain an individual if they think they have a mental disorder, they're in a public place and need immediate help. A Section 136 suite is a facility for people who are detained by the Police under Section 136 of the Mental Health Act.

Service Line Reporting (SLR)

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

System Oversight Framework

The System Oversight Framework is designed to help NHS providers attain, and maintain, ratings of 'Good' or 'Outstanding'. The Framework doesn't give a performance assessment in its own right. It applies from 1 October 2016 and replaces the Monitor Risk Assessment Framework and the NHS Trust Development Authority Accountability Framework.

South Yorkshire Integrated Care System (ICS)

Integrated Care Systems are a way of working, collaboratively, between a range of health and social care organisations, to help improve people's health. South Yorkshire ICS is a group of local Organisations that embrace similar aims in the provision of the broad spectrum of healthcare.

Statement of Cash Flows (SOCF)

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

Statement of Changes in Taxpayers' Equity (SOCITE)

This statement shows the changes in reserves and public dividend capital during the period.

Statement of Comprehensive Income (SOCI)

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 (SOFP)

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.

Use of Resources Metric

The new approach replacing the previous Financial Sustainability Risk Rating. The Use of Resources rating measures 5 metrics; Capital Service Cover, Liquidity, Income and Expenditure Margin, Income and Expenditure Variance from Plan and Agency spend, with equal weightings (1 being the highest overall score). The Financial Sustainability Risk Rating previously only measured the first four on equal weightings.

VCSE

Voluntary, Community and Social Enterprise

4.4 Contact details

Address

Sheffield Health and Social Care NHS Foundation Trust Centre
Court,
Atlas Way
Sheffield, S4
7QQ

Telephone

0114 2716310 (24 hour switch board)

Website www.shsc.nhs.uk

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 Team.

Email: communications@shsc.nhs.uk

Telephone: 0114 2264082

Membership

If you want to become a member of the Trust or want to find out more about the services we provide, please contact the Board Secretary on 0114 2718825.

Contacting members of the Council of Governors

The Governors can be contacted by emailing governors@shsc.nhs.uk or by phoning 0114 2718825.

Freedom of Information

To make a Freedom of Information Act request, please email FOI@shsc.nhs.uk

For more information or if you would like this document provided in a different language or large print please contact:

Communications Department
Sheffield Health and Social Care NHS Foundation Trust Centre
Court,
Atlas Way
Sheffield,
S4 7QQ

Telephone: 0114 2264082

Email: shsc@infreemation.co.uk